



Clerk and Standards Officer:
Roger Mennie
Head of Democratic and Legal
Services
Dundee City Council

City Chambers
DUNDEE
DD1 3BY

16th September, 2020

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER
REPRESENTATIVES OF THE PERFORMANCE AND
AUDIT COMMITTEE OF DUNDEE CITY HEALTH AND
SOCIAL CARE INTEGRATION JOINT BOARD
(See Distribution List attached)

Dear Sir or Madam

PERFORMANCE AND AUDIT COMMITTEE

I refer to the agenda of business issued in relation to the above meeting to be held on Tuesday, 22nd September, 2020 and now enclose the undernoted report which should be read as a replacement for the one issued.

Yours faithfully

VICKY IRONS
Chief Officer

AGENDA

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(Report No PAC29-2020 by the Chief Finance Officer, copy attached)

PERFORMANCE AND AUDIT COMMITTEE
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(* - DENOTES VOTING MEMBER)

<u>Role</u>	<u>Recipient</u>
Elected Member (Chair)	Councillor Ken Lynn *
Elected Member	Bailie Helen Wright *
NHS Non Executive Member	Jenny Alexander *
NHS Non Executive Member	Donald McPherson*
Chief Officer	Vicky Irons
Chief Finance Officer	Dave Berry
Registered medical practitioner employed by the Health Board and not providing primary medical services	James Cotton
Chief Social Work Officer	Diane McCulloch
Chief Internal Auditor	Tony Gaskin
Staff Partnership Representative	Raymond Marshall
Person providing unpaid care in the area of the local authority	Martyn Sloan

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Elected Member – Proxy	Councillor Margaret Richardson
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Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
NHS Tayside (Chief Executive)	Grant Archibald
NHS Non Executive Member – Proxy	Norman Pratt
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
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Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership	Kathryn Sharp
NHS Tayside (Communications rep)	Jane Duncan
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
NHS (PA to Tony Gaskin)	Carolyn Martin
Audit Scotland (Audit Manager)	Anne Marie Machan
Dundee City Council (Secretary to Dave Berry)	Pauline Harris
NHS Tayside (PA to James Cotton)	Jodi Lyon

ITEM No ...21.....



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 22 SEPTEMBER 2020

REPORT ON: AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2019/20

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC29-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to note and approve the proposed Dundee Integration Joint Board Annual Audit Plan 2019/20 as submitted by the IJB's appointed External Auditor (Audit Scotland)

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Notes the content of this report;
- 2.2 Approves the proposed Audit Plan for 2019/20 as submitted by Audit Scotland (attached as Appendix 1).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Dundee Integration Joint Board's (IJB) assigned External Auditor for 2019/20 is Audit Scotland who have produced their Annual Audit Plan in relation to the 2019/20 financial year. This plan contains an overview of the planned scope and timing of their audit work and is carried out in accordance with International Standards on Auditing (ISAs), and the Code of Audit Practice. This plan sets out the independent auditors work necessary to provide an opinion on the annual accounts and to meet the wider scope requirements of public sector audit. The wider scope of public audit includes assessing arrangements for financial sustainability, financial management, governance and transparency and value for money.

4.2 In preparing this audit plan, Audit Scotland has drawn from a wide range of information such as IJB reports and other published documentation, attendance at IJB meetings and discussions with staff and have identified a number of main risk areas in relation to Dundee IJB. These are categorised as being financial statements risks and wider dimension risks with associated audit testing noted within the plan under Exhibit 1. These risks are summarised below:

Financial statement issues and risks:

- 1) Risk of material misstatement caused by management override of controls
- 2) Risk of material misstatement caused by fraud in expenditure
- 3) Hospital acute services budget (set aside)
- 4) Financial accounting records
- 5) Compliance with the Local Authority Accounts (Scotland) Regulations 2014
- 6) Annual accounts audit process

Wider Dimension Risks:

- 7) Financial sustainability
- 8) IJB Strategic and Commissioning plan and transformation
- 9) Financial Management – Budget Setting
- 10) Governance – improvement actions
- 11) Inquiry into Mental Health Services in Tayside
- 12) Risk Management
- 13) Board member attendance
- 14) Leadership and governance
- 15) Vacant position – registered medical practitioner providing primary care
- 16) Best Value
- 17) Implementation of improvement actions and audit recommendations
- 18) Internal audit plan - slippage

- 4.3 Once the audit is complete, Audit Scotland will submit an independent auditor's report to the members of Dundee City Integration Joint Board and the Accounts Commission, summarising the results of the audit of the annual accounts. They will also provide the IJB and the Controller of Audit with an annual report on the audit containing observations and recommendations on significant matters which have arisen in the course of the audit.
- 4.4 The auditor will give an opinion on the financial statements prepared by the IJB as to whether:
- the financial statements give a true and fair view of the state of affairs of Dundee City Integration Joint Board as at 31 March 2020 and of its income and expenditure for the year then ended.
 - the annual accounts have been properly prepared in accordance with International Financial Reporting Standards as adopted by the European Union, as interpreted and adapted by the 2019/20 Code of Practice on Local Authority Accounting in the United Kingdom.
 - whether the annual accounts have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, the Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.
- 4.5 The unaudited annual accounts were submitted to the IJB at its meeting on the 25th August 2020. Due to the IJB working under the Essential Business Process at the end of June 2020, the Chief Finance Officer signed the draft accounts at the end of June 2020 in order to formally submit them to Audit Scotland to enable the audit process to commence. It is acknowledged that the Covid-19 crisis has caused significant disruption to the provision of services and the governance arrangements around those services. Accordingly, provisions made in the Coronavirus (Scotland) Act 2020 in relation to the publication of statutory reports provide some flexibility around reporting requirements and timescales associated with the statutory accounts process as set out within the Local Authority Accounts (Scotland) Regulations 2014. This particularly relates to the potential postponement of the publication of the unaudited accounts, associated inspection periods and publication of the audited accounts with a 2 month extension available if required. Audit Scotland have advised that it is likely that the audit process will be complete by late October 2020 therefore the audited accounts will be presented to the meeting of the Performance and Audit Committee to be held on 24th November 2020 for final sign off in line with the revised requirements.
- 4.6 The annual audit fee set for Dundee City Integration Joint Board is £28,390 for 2019/20 (£25,000 for 2018/19) which is a 13.6% increase. All IJB's have had fee increases applied of 6% to reflect the costs of audit input required to complete the audits. Audit Scotland have also applied an increase in the Auditors remuneration element of the fee locally to reflect the high number of risks identified which will be required to be followed up during the audit.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it forms part of the IJB's statutory governance process. Any risks identified through the annual accounts process will be reflected in the relevant Integration Joint Board or Performance and Audit Committee Reports.

7.0 CONSULTATIONS

7.1 The Chief Officer, Audit Scotland and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

DATE: 01 September 2020

Dundee City Integration Joint Board

Annual Audit Plan 2019/20



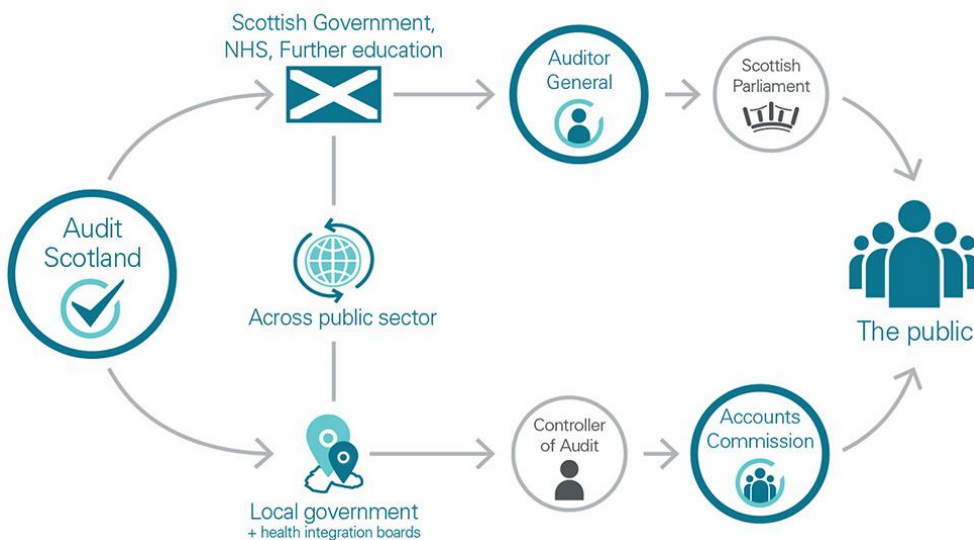
 AUDIT SCOTLAND

Prepared for Dundee City Integration Joint Board
March 2020

Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- The Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance.
- The Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government.
- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



About us

Our vision is to be a world-class audit organisation that improves the use of public money.

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

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Risks and planned work

1. This annual audit plan contains an overview of the planned scope and timing of our audit which is carried out in accordance with International Standards on Auditing (ISAs), the Code of Audit Practice, and guidance on planning the audit. This plan sets out the work necessary to allow us to provide an independent auditor's report on the annual accounts and meet the wider scope requirements of public sector audit.
2. The wider scope of public audit contributes to assessments and conclusions on financial management, financial sustainability, governance and transparency and value for money.


Adding value


3. We aim to add value to the Dundee City Integration Joint Board through our external audit work by being constructive and forward looking, by identifying areas for improvement and by recommending and encouraging good practice. In so doing, we intend to help the Integration Joint Board promote improved standards of governance, better management and decision making and more effective use of resources.


Audit risks


4. Based on our discussions with staff, attendance at committee meetings and a review of supporting information we have identified the following main risk areas for Dundee City Integration Joint Board (the IJB). We have categorised these risks into financial statements risks and wider dimension risks. The key audit risks, which require specific audit testing, are detailed in [Exhibit 1](#).


Exhibit 1 2019/20 Significant audit risks


 Audit Risk	Source of assurance	Planned audit work
Financial statements risks		
<p>1 Risk of material misstatement caused by management override of controls</p> <p>ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. This includes consideration of the risk of management override of controls to change the position disclosed in the financial statements.</p>	<ul style="list-style-type: none"> • Owing to the nature of this risk, assurances from management are not applicable in this instance. 	<ul style="list-style-type: none"> • Detailed testing of journal entries. • Review of accounting estimates. • Focused testing of accruals and prepayments. • Evaluation of significant transactions that are outside the normal course of business. • Service auditor assurances obtained from the auditors of Dundee City Council and NHS Tayside over the completeness, accuracy and


 Audit Risk	Source of assurance	Planned audit work
		allocation of the income and expenditure.
<p>2 Risk of material misstatement caused by fraud in expenditure</p> <p>The Code of Audit Practice requires us to cover the risk of fraud over expenditure. The expenditure of the IJB is processed through the financial systems of Dundee City Council and NHS Tayside. There is a risk that non IJB related expenditure is incorrectly posted to IJB account codes.</p>	<ul style="list-style-type: none"> • Robust budget monitoring. • Assurances provided to the IJB by Dundee City Council and NHS Tayside on the completeness and accuracy of transactions coded to IJB account codes. 	<ul style="list-style-type: none"> • Obtain assurances from the auditors of Dundee City Council and NHS Tayside over the accuracy, completeness and appropriate allocation of the IJB ledger entries.
<p>3 Acute hospital set aside budget</p> <p>The “set aside” budget is the IJB’s share of the budget for delegated acute services provided by large hospitals on behalf of the IJB.</p> <p>The figure is estimated based on prior year data and activity levels provided by NHS National Services Scotland’s Information Services Division.</p> <p>There is a risk that the income and expenditure of the IJB is misstated in 2019/20 due to the lack of current activity information. There is also a risk that the sum set aside recorded in the annual accounts will not reflect actual hospital use in 2019/20.</p>	<ul style="list-style-type: none"> • The IJB continues to work with NHS Tayside to agree an appropriate mechanism. • The IJB will consider Scottish Government guidance when available. • The IJB will implement a commissioning approach against the hospital and set aside budgets. • Further develop the planned and unscheduled care approaches under a collaborative management arrangement. 	<ul style="list-style-type: none"> • Engage with officers to ensure that a robust mechanism has been developed to quantify the IJB’s set aside income and expenditure. • Monitor Scottish Government guidance on the treatment of set aside in the 2019/20 financial statements to establish whether the financial statements are compliant.
<p>4 Financial accounting records</p> <p>The 2018/19 financial ledger had not been fully updated to reflect all accounting entries prior to the production of the annual accounts.</p> <p>There is a risk that the accounting records may not include all transactions and balances. This could impact on the IJB’s ability to demonstrate that the annual accounts show a true and fair view of its financial position.</p>	<ul style="list-style-type: none"> • The financial ledger will be fully updated to reflect all accounting entries prior to the approval of the annual accounts. 	<ul style="list-style-type: none"> • Agree the 2019/20 annual accounts to the financial ledger and supporting financial information from the parent bodies. • Obtain assurances from the auditors of Dundee City Council and NHS Tayside over the accuracy, completeness and appropriate allocation of the IJB ledger entries.
<p>5 Compliance with the Local Authority Accounts (Scotland) Regulations 2014</p> <p>The 2018/19 annual accounts did not comply with the Local Authority Accounts (Scotland) Regulations 2014. The Chief Officer was on leave until after 30 September 2019 which meant</p>	<ul style="list-style-type: none"> • Arrangements have been reviewed for the availability of the officers required to sign the annual accounts, to ensure the accounts are signed immediately 	<ul style="list-style-type: none"> • Continue to meet with key finance officers throughout the year to ensure plans are in place to ensure compliance with the 2014 statutory regulations.

 Audit Risk	Source of assurance	Planned audit work
<p>the 2018/19 annual accounts were not signed, approved and authorised for issue until after the required date set out in the 2014 statutory regulations.</p> <p>There is a risk that the IJB fails to comply with the statutory regulations related to the 2019/20 annual accounts.</p>	<p>after they are approved by the Performance and Audit Committee.</p>	
<p>6 Annual accounts audit process</p> <p>Whilst we note the commitment of key IJB finance officers, during the 2019/20 and 2018/19 audits we have encountered slow responses to audit queries.</p> <p>There is a risk that the 2019/20 annual accounts audit timetable cannot be achieved. This could result in the IJB annual accounts not being published by the 30 September 2020 deadline as required by the 2014 regulations.</p>	<ul style="list-style-type: none"> • Senior leadership commitment to annual accounts preparation and timetable. • The IJB plans to provide annual accounts and relevant working papers by agreed timescales. • Plans are in place to recruit a Deputy Chief Finance Officer. 	<ul style="list-style-type: none"> • Continue to meet with finance officers throughout the year to ensure the timetable for receipt of the unaudited annual accounts and working papers is met to allow the audit to be progressed in a timely manner.
Wider dimension risks		
<p>7 Financial sustainability</p> <p>The IJB cannot demonstrate its services are sustainable in the future. Medium to long-term financial plans are yet to be developed.</p> <p>The financial monitoring position as at December 2019 noted a projected overspend of £3.897 million. This will be offset by the IJB's non-earmarked reserves leaving £3.336 million to be met by the partners' risk sharing agreement.</p> <p>The likely year end reserve balance after offset of overspends is £0.300 million of earmarked reserves.</p> <p>There is a risk that the IJB services are not sustainable and the IJB is unable to achieve improvements in health and social care services.</p>	<ul style="list-style-type: none"> • A 1-5 year financial plan will be presented to the Board on 28 April 2020 for approval. • The IJB is working to identify solutions to develop more sustainable service models through its transformation programme. 	<ul style="list-style-type: none"> • Review ongoing budget monitoring and progress made on meeting savings targets and dealing with cost pressures. • Review of the IJB's recovery plan agreed with Dundee City Council and NHS Tayside. • Review the 1-5 year financial plan. • Review the Chief Finance Officer's evidence to support the going concern assumption for the 2019/20 annual accounts.
<p>8 IJB strategic and commissioning plan and transformation</p> <p>The Board approved the 2019-22 Strategic and Commissioning Plan in March 2019. The IJB stated it would monitor progress of the plan on an ongoing basis, and report through its Integrated Strategic Planning Group, to the Board and its partners. The Board is yet to be provided with an update on progress.</p>	<ul style="list-style-type: none"> • The Integrated Strategic Planning Group and transformation group review will be completed. • An update on progress against the Strategic and Commissioning Plan will be presented to a 	<ul style="list-style-type: none"> • Monitor progress with Strategic and Commissioning Plan and transformation reporting to the Board.

 Audit Risk	Source of assurance	Planned audit work
<p>We also note detailed updates on the IJB's transformation programme are not reported to the Board on a regular basis.</p> <p>We have been advised that the Integrated Strategic Planning Group and the transformation group terms of reference and membership are being reviewed with the view to combine the groups.</p> <p>There is a risk that the Board are not aware of whether strategic priorities are being achieved. Nor are they aware of the rate of progress being made with the transformation programme.</p>	<p>future meeting of the Board. (Auditor note: A date has not been provided for this).</p> <ul style="list-style-type: none"> • Further development of transformation reporting to the Board. 	
<p>9 Financial management – budget setting</p> <p>The IJB awaits the formal budget offers from NHS Tayside and Dundee City Council for its 2020/21 budget.</p> <p>There is a risk that these figures will not be finalised before the start of the 2020/21 financial year and the IJB will be operating without a formally agreed budget.</p>	<ul style="list-style-type: none"> • Continuous discussions between the IJB, NHS Tayside and Dundee City Council to provide the most up to date position regarding budget setting. • The latest budget update taken to the Board includes indicative figures. • The 2020/21 budget will be presented to the Board on 28 April 2020 for approval. 	<ul style="list-style-type: none"> • Ongoing monitoring of 2019/20 budget setting and reporting to the Board.
<p>10 Governance – improvement actions</p> <p>The 2019 Ministerial Strategic Group (MSG) self-evaluation completed by the IJB in 2019 noted a significant number of governance improvement actions. These included: ensuring the IJB's S95 officer is appropriately supported; the Chief Officer is effectively supported and empowered to act on behalf of the IJB; and clinical and care governance arrangements are effective, coherent and joined up.</p> <p>There is a risk that the governance arrangements including clinical and care governance arrangements are not appropriate or operating effectively.</p>	<ul style="list-style-type: none"> • The IJB will continue to work with the statutory partners to progress the implementation of the identified actions. • An MSG action plan update will be reported to the Board in March 2020. • The core functions mapping exercise will be completed and reported to the Board. 	<ul style="list-style-type: none"> • Monitor developments with the implementation of the MSG action plan and reporting to the Board. • Consider the outcome of the core functions mapping exercise and reporting to the Board. • Review the Chief Finance Officer's evidence to support the IJB's 2019/20 Annual Governance Statement.
<p>11 Inquiry into Mental Health Services in Tayside</p> <p>In February 2020 the 'Trust and Respect Final Report of the Independent Inquiry into Mental Health</p>	<ul style="list-style-type: none"> • In February 2020 the Board considered a report with information about the publication of the 	<ul style="list-style-type: none"> • Monitor the response of the IJB and its partners to the mental health inquiry.

 Audit Risk	Source of assurance	Planned audit work
<p>Services in Tayside' was published. The report includes 51 improvement areas for partners across Tayside, including the IJB, to address in providing mental health services. The findings from the inquiry corroborate the IJB's findings from the MSG self-evaluation.</p> <p>There is a risk of service failures if the Tayside wider partners and the IJB do not work in a coherent way to fully address the inquiry findings, including ensuring the clinical and care governance arrangements are effective, coherent and joined up.</p>	<p>inquiry and about the collaborative approach that is being taken in response to the inquiry's findings.</p> <ul style="list-style-type: none"> In April 2020 the Board will receive a further report detailing the inquiry action plan and progress being made in relation to the findings of the report. 	
<p>12 Risk management</p> <p>Following the September 2018 internal audit report - risk maturity review, a number of actions continue to be progressed by the IJB. This includes updating the IJB's risk strategy to develop and build effective risk management arrangements and clarifying the arrangements between the IJB, its parent bodies and the two other IJBs within the Tayside area.</p> <p>We also note the strategic risk register was last presented to the Board in May 2018.</p> <p>Until the risk management arrangements are fully developed and embedded by the IJB and across the Tayside partnerships there is a risk that exposure to risks may not be highlighted and appropriately mitigated through suitable management controls.</p> <p>There is also a risk that members are not cited on the current risks facing the IJB undermining their ability to challenge and scrutinise.</p>	<ul style="list-style-type: none"> Follow up meetings with partners across Tayside have commenced. The updated Strategic Risk Register will be presented to the 28 April IJB. 	<ul style="list-style-type: none"> Monitor progress with the implementation of the internal audit report - risk maturity review action plan including progress with the joint working. Monitor strategic risk management and register updates to the Board.
<p>13 Board member attendance</p> <p>The February 2020 meeting of the Performance and Audit Committee (PAC) was cancelled due to voting members vacancies or non-attendance of members.</p> <p>Whilst for 2019/20 the PAC has complied with its terms of reference to meet at least three times each financial year, a risk remains that the Board and the PAC are unable to discharge their duties if meetings do not take place as planned.</p>	<ul style="list-style-type: none"> A new NHS Tayside voting member has been appointed to the Board and the PAC. NHS Tayside has appointed a proxy member for the NHS voting members. 	<ul style="list-style-type: none"> Review the IJB's attendance records for the Board and PAC meetings.

 Audit Risk	Source of assurance	Planned audit work
<p>14 Leadership and governance</p> <p>During 2019/20 there has been significant change in the membership of the Board and the PAC. There is evidence that training and support has not been sufficient to meet the needs of members.</p> <p>There is a risk that leadership and governance arrangements are not effective if members are not sufficiently trained and supported.</p>	<ul style="list-style-type: none"> • A programme of development and training opportunities will be developed and co-ordinated alongside those of Dundee City Council and NHS Tayside for new and existing members. 	<ul style="list-style-type: none"> • Monitor progress with the development and uptake of training and development opportunities.
<p>15 Vacant position – registered medical practitioner providing primary care</p> <p>The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 stipulates that a non-voting position of ‘registered medical practitioner whose name is included in the list of primary medical services performers’ is appointed to the Board.</p> <p>We reported in the 2018/19 annual audit report that the nominated member for this role had been unable to attend the majority of meetings in 2018/19. The previous nominee has now stood down and a replacement is yet to be identified.</p> <p>The IJB is not complying with the legislation and there is a risk that appropriate professional care expertise is not provided to the Board.</p>	<ul style="list-style-type: none"> • The IJB has written to NHS Tayside to seek a nomination for the position. 	<ul style="list-style-type: none"> • Monitor progress with the appointment of a replacement.
<p>16 Best Value</p> <p>The statutory duty of Best Value applies to all public bodies in Scotland. There is currently no mechanism in place within the IJB to formally review how it is meeting its Best Value responsibilities.</p> <p>The IJB is unable to demonstrate that it is meeting its statutory duty to deliver Best Value.</p>	<ul style="list-style-type: none"> • Learning from other IJBs reporting with regards to Best Value. 	<ul style="list-style-type: none"> • Monitor progress with Best Value reporting.
<p>17 Implementation of improvement actions and recommendations</p> <p>In addition to the MSG action plan, the IJB has a number of other improvement action plans which it has committed to implement. Many, but not all of the action plans are included in the Governance Action Plan report which is presented to the PAC.</p> <p>The improvement action plans include internally identified actions (performance management and risk management), scrutiny bodies’</p>	<ul style="list-style-type: none"> • The PAC monitor the implementation of agreed action plans. • Further development of the Governance Action Plan to include all improvement action plans. 	<ul style="list-style-type: none"> • Monitor developments with the Governance Action Plan and reporting to the PAC.

	Audit Risk	Source of assurance	Planned audit work
	<p>improvement actions (e.g. the Care Inspectorate); and internal and external audit actions and recommendations. There is evidence of continuing slippage in delivery across all areas of improvement.</p> <p>There is a risk that the commitments set out in the IJB's Strategic and Commissioning Plan may not be delivered timeously if improvement actions are not sufficiently coordinated and not delivered within the agreed timescales.</p>		
18	<p>Internal audit plan – slippage</p> <p>There continues to be slippage in reporting on internal audit work to the PAC. The 2018/19 plan has not been completed which has impacted on the delivery of the 2019/20 plan.</p> <p>We have been advised that this is, in part, due to managements difficulty with providing the necessary resource to support the internal audit process. The PAC has agreed for 2019/20 that internal audit deliver the remaining reviews from 2018/19.</p> <p>There is a risk that members may not be able to scrutinise key risk areas timeously if internal audit reports are delayed. Also, the Chief Finance Officer may not receive the assurances required to compile the 2019/20 Annual Governance Statement.</p>	<ul style="list-style-type: none"> The internal audit plan going forward will be risk assessed in recognition that the 2019/20 plan cannot be delivered as planned. Internal audit provides a comprehensive year-end review of the overall arrangements which is supported by other completed work. 	<ul style="list-style-type: none"> Continue to monitor progress with delivery and reporting against the internal audit plan. Review the Chief Finance Officer's evidence to support the IJB's 2019/20 Annual Governance Statement.
Source: Audit Scotland			

5. In ISA 240, there is a presumed risk of fraud in the recognition of income, in financial statements. The IJB is wholly funded by NHS Tayside and Dundee City Council, therefore we conclude that there is no risk of material misstatement caused by fraud in income recognition that needs audit coverage in 2019/20.

Statutory report

6. On 27 February 2020 the Accounts Commission published a [statutory report](#) on Fife Integration Joint Board (IJB). Whilst the report relates to Fife IJB the Accounts Commission reported "that Fife IJB is not the only IJB nationally to face significant challenges". The statutory report also noted that "The responsibilities of the Board itself – and thus its relationship with its partners Fife Council and NHS Fife need to be clearer and adhered to". This chimes with the findings of the Dundee City IJB MSG self-evaluation and the recent inquiry report into Mental Health Services in Tayside.
7. We recommend that the Dundee City IJB carry out a self-assessment against the Fife IJB statutory report, to identify areas where improvements are needed. As part of our 2019/20 audit we will monitor and report on how Dundee City IJB performs compared to the findings in the statutory report.

Reporting arrangements

8. Audit reporting is the visible output for the annual audit. All annual audit plans and the outputs as detailed in [Exhibit 2](#), and any other outputs on matters of public interest will be published on our website: www.audit-scotland.gov.uk.
9. Matters arising from our audit will be reported on a timely basis and will include agreed action plans. Draft management reports will be issued to the relevant officer(s) to confirm factual accuracy.
10. We will provide an independent auditor's report to Dundee City Integrated Joint Board and Accounts Commission setting out our opinions on the annual accounts. We will provide the Chief Officer and Accounts Commission with an annual report on the audit containing observations and recommendations on significant matters which have arisen during the audit.

Exhibit 2 2019/20 Audit outputs

Audit Output	Target date	Committee Date
Annual Audit Plan	17 March 2020	24 March 2020
Proposed Annual Audit Report*	15 September 2020	22 September 2020
Independent Auditor's Report	22 September 2020	22 September 2020

* The Annual Audit Report cannot be finalised until after the independent auditor's report is signed.

Source: Audit Scotland

Audit fee

11. The proposed audit fee for the 2019/20 audit of Dundee City IJB is £28,390 (2018/19: £25,000), a 13.6% increase. All IJBs have had fee increases of 6% this year to reflect the costs of audit input required to complete the audits. The additional fee increase for Dundee City IJB reflects the high number of risks that we have identified which we will be required to follow up during the audit. It is also to cover the work required to resolve the high number of issues that we have identified through the annual accounts audit process over the term of our audit appointment.
12. Our audit approach assumes receipt of the unaudited annual accounts, with a complete working papers package on 30 June 2020. Where our audit cannot proceed as planned through, for example, late receipt of incomplete unaudited annual accounts, or slippage in the agreed timetable, a supplementary fee may be levied. An additional fee may also be required in relation to any work or other significant exercises outwith our planned audit activity.

Responsibilities

Performance and Audit Committee and Chief Finance Officer

13. Audited bodies have the primary responsibility for ensuring the proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance, propriety and regularity that enable them to successfully deliver their objectives.
14. The audit of the annual accounts does not relieve management or the Performance and Audit Committee as those charged with governance, of their responsibilities.

Appointed auditor

15. Our responsibilities as independent auditors are established by the 1973 Act for local government and the Code of Audit Practice (including supplementary guidance) and guided by the Financial Reporting Council's Ethical Standard.
16. Auditors in the public sector give an independent opinion on the financial statements and other information within the annual accounts. We also review and report on the arrangements within the audited body to manage its performance and use of resources. In doing this, we aim to support improvement and accountability.

Audit scope and timing

Annual accounts

- 17.** The annual accounts, which include the financial statements, will be the foundation and source for most of the audit work necessary to support our judgements and conclusions. We also consider the wider environment and challenges facing the public sector. Our audit approach includes:
- understanding the business of Dundee City Integration Joint Board and the associated risks which could impact on the financial statements
 - identifying major transaction streams, balances and areas of estimation and understanding how Dundee City Integration Joint Board will include these in the financial statements
 - assessing the risks of material misstatement in the financial statements
 - determining the nature, timing and extent of audit procedures necessary to provide us with sufficient audit evidence as to whether the financial statements are free of material misstatement.
- 18.** We will give an opinion on whether the financial statements:
- give a true and fair view of the state of affairs of Dundee City Integration Joint Board as at 31 March 2020 and of its income and expenditure for the year then ended
 - have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2019/20 Code; and
 - have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.



characteristics



responsibilities



principal activities



risks



governance arrangements

Other information in the annual accounts

- 19.** We also review and report on statutory other information published within the annual accounts including the management commentary, annual governance statement and the remuneration report. We give an opinion on whether these have been compiled in accordance with the appropriate regulations and frameworks in our independent auditor's report.
- 20.** We also review the content of the annual report for consistency with the financial statements and with our knowledge. We report any uncorrected material misstatements in statutory other information.

Materiality

- 21.** We apply the concept of materiality in planning and performing the audit. It is used in evaluating the effect of identified misstatements on the audit, and of any uncorrected misstatements, on the financial statements and in forming our opinions in the independent auditor's report.
- 22.** We calculate materiality at different levels as described below. The calculated materiality values for Dundee City Integration Joint Board are set out in [Exhibit 3](#).

Exhibit 3

Materiality values

Materiality	Amount
Planning materiality – This is the figure we calculate to assess the overall impact of audit adjustments on the financial statements. It has been set at 1% of net expenditure for the year ended 31 March 2020 based on the latest audited accounts for 2018/19.	£2.631 million
Performance materiality – This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality this would indicate that further audit procedures should be considered. Using our professional judgement, we have calculated performance materiality at 60% of planning materiality.	£1.578 million
Reporting threshold (i.e., clearly trivial) – We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount. This has been calculated at 2% of planning materiality, rounded.	£53,000



Source: Audit Scotland

Timetable

23. To support the efficient use of resources it is critical that the annual accounts timetable is agreed with us to produce the annual accounts. We have included an agreed timetable at [Exhibit 4](#).

Exhibit 4

Annual accounts timetable

 Key stage	 Date
Consideration of unaudited annual accounts by those charged with governance	23 June 2020
Latest submission date of unaudited annual accounts with complete working papers package	30 June 2020
Latest date for final clearance meeting with Chief Finance Officer	1 September 2020
Issue of Letter of Representation and proposed independent auditor's report	8 September 2020
Agreement of audited unsigned annual accounts	10 September 2020
Issue of proposed Annual Audit Report to those charged with governance	15 September 2020
Independent auditor's report signed	22 September 2020

Internal audit

24. Internal audit is provided by FTF Audit and Management Services (FTF), supported by Dundee City Council's internal audit section. The audit is overseen by FTF's Chief Internal Auditor.
25. As part of our planning process we carry out an annual assessment of the internal audit function to ensure that it operates in accordance with the main requirements of the Public Sector Internal Audit Standards (PSIAS). ISA 610

requires an assessment on whether the work of the internal audit function can be used for the purposes of external audit. This includes:

- the extent to which the internal audit function’s organisational status and relevant policies and procedures support the objectivity of the internal auditors
- the level of competence of the internal audit function
- whether the internal audit function applies a systematic and disciplined approach, including quality control.

26. Overall, we concluded that the internal audit service generally operates in accordance with the PSIAS, although we have observed slippage in the delivery of internal audit plans.

Using the work of internal audit

27. Auditing standards require internal and external auditors to work closely together to make best use of available audit resources. We seek to rely on the work of internal audit wherever possible to avoid duplication. We plan to consider the findings of the work of internal audit as part of our planning process to minimise duplication of effort and to ensure the total resource is used efficiently or effectively.

28. From our initial review of internal audit plans we do not plan to place formal reliance on the work of internal audit to support our financial statements audit opinion this year, but we do plan to use the work of internal audit in selected areas in respect of our wider dimension audit responsibilities.

29. We will review the results of our work on the internal audit risk included in [Exhibit 1](#).

Audit dimensions

30. Our audit is based on four audit dimensions that frame the wider scope of public sector audit requirements as shown in [Exhibit 5](#).

Exhibit 5 Audit dimensions



31. In reporting on the audit dimensions, we will consider the audit evidence obtained from consideration of the risks included in [Exhibit 1](#) of this plan.

Financial sustainability

32. As auditors we consider the appropriateness of the use of the going concern basis of accounting as part of the annual audit. We will also comment on the body's financial sustainability in the longer term. We define this as medium term (two to five years) and longer term (longer than five years) sustainability. We will carry out work and conclude on:

- the effectiveness of financial planning in identifying and addressing risks to financial sustainability in the short, medium and long term
- the appropriateness and effectiveness of arrangements in place to address any identified funding gaps.

Financial management

33. Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively. We will review, conclude and report on:

- whether the IJB has arrangements in place to ensure systems of internal control are operating effectively
- whether the IJB can demonstrate the effectiveness of budgetary control system in communicating accurate and timely financial performance
- how the IJB has assured itself that its financial capacity and skills are appropriate
- whether the IJB has established appropriate and effective arrangements for the prevention and detection of fraud and corruption.

Governance and transparency

34. Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision-making and transparent reporting of financial and performance information. We will review, conclude and report on:

- whether the IJB can demonstrate that the governance arrangements in place are appropriate and operating effectively
- whether there is effective scrutiny, challenge and transparency on the decision-making and finance and performance reports
- the quality and timeliness of financial and performance reporting.

Value for money

35. Value for money refers to using resources effectively and continually improving services. We will review, conclude and report on whether the IJB can demonstrate:

- value for money in the use of resources
- there is a clear link between money spent, output and outcomes delivered
- that outcomes are improving
- that there is sufficient focus on improvement and the pace of it.

36. EU withdrawal: on 31 January 2020, the United Kingdom left the European Union. Work is ongoing with the Scottish Government and the IJB's partner

organisations to ensure that all necessary and appropriate steps are taken to minimise any disruption caused by EU withdrawal.

Best Value

37. Integration Joint Boards have a statutory duty to make arrangements to secure best value. We will review and report on these arrangements.

Independence and objectivity

38. Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements auditors must also comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies. These standards impose stringent rules to ensure the independence and objectivity of auditors. Audit Scotland has robust arrangements in place to ensure compliance with these standards including an annual “fit and proper” declaration for all members of staff. The arrangements are overseen by the Director of Audit Services, who serves as Audit Scotland’s Ethics Partner.
39. The engagement lead (i.e. appointed auditor) for Dundee City Integration Joint Board is Fiona Mitchell-Knight, Audit Director. Auditing and ethical standards require the appointed auditor to communicate any relationships that may affect the independence and objectivity of audit staff. We are not aware of any such relationships pertaining to the audit of Dundee City Integration Joint Board.

Quality control

40. International Standard on Quality Control (UK and Ireland) 1 (ISQC1) requires that a system of quality control is established, as part of financial audit procedures, to provide reasonable assurance that professional standards and regulatory and legal requirements are being complied with and that the independent auditor’s report or opinion is appropriate in the circumstances.
41. The foundation of our quality framework is our Audit Guide, which incorporates the application of professional auditing, quality and ethical standards and the Code of Audit Practice (and supporting guidance) issued by Audit Scotland and approved by the Auditor General for Scotland. To ensure that we achieve the required quality standards Audit Scotland conducts peer reviews and internal quality reviews. Additionally, the Institute of Chartered Accountants of Scotland (ICAS) have been commissioned to carry out external quality reviews.
42. As part of our commitment to quality and continuous improvement, Audit Scotland will periodically seek your views on the quality of our service provision. We welcome feedback at any time and this may be directed to the engagement lead.

Dundee City Integrated Joint Board

Annual Audit Plan 2019/20

If you require this publication in an alternative format and/or language, please contact us to discuss your needs: 0131 625 1500 or info@audit-scotland.gov.uk

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Clerk and Standards Officer:
Roger Mennie
Head of Democratic and Legal
Services
Dundee City Council

City Chambers
DUNDEE
DD1 3BY

15th September, 2020

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER
REPRESENTATIVES OF THE PERFORMANCE AND
AUDIT COMMITTEE OF DUNDEE CITY HEALTH AND
SOCIAL CARE INTEGRATION JOINT BOARD
(See Distribution List attached)

Dear Sir or Madam

PERFORMANCE AND AUDIT COMMITTEE

I would like to invite you to attend a meeting of the above Committee which is to be held remotely on Tuesday, 22nd September, 2020 at 2.00 pm.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at committee.services@dundeecity.gov.uk by no later than 12 noon on Friday, 18th September, 2020.

Apologies for absence should be intimated to Arlene Hay, Committee Services Officer, on telephone 01382 434818 or by e-mail arlene.hay@dundeecity.gov.uk.

Yours faithfully

VICKY IRONS
Chief Officer

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members are reminded that, in terms of the Integration Joint Board's Code of Conduct, it is their responsibility to make decisions about whether to declare an interest in any item on this Agenda and whether to take part in any discussions or voting.

3 MINUTE OF PREVIOUS MEETING - Page 1

The minute of previous meeting of the Committee held on 26th November, 2019 is attached for approval.

4 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP SUMMARY PERFORMANCE REPORT – 2019-2020 QUARTER 4 - Page 5

(Report No PAC16-2020 by the Chief Finance Officer, copy attached).

5 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2020-2021 QUARTER 1 - Page 53

(Report No PAC25-2020 by the Chief Finance Officer, copy attached).

6 DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX AND STANDARD DELAYS – QUARTER 1 2020-2021 - Page 89

(Report No PAC19-2020 by the Chief Finance Officer, copy attached).

7 CARE INSPECTORATE GRADINGS – REGISTERED CARE SERVICES FOR ADULTS (EXCLUDING CARE HOMES) 2019-2020 - Page 101

(Report No PAC18-2020 by the Chief Finance Officer, copy attached).

8 CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS 2019-2020 - Page 127

(Report No PAC17-2020 by the Chief Finance Officer, copy attached).

9 DUNDEE CARERS PARTNERSHIP PERFORMANCE REPORT 2017-2019 - Page 147

(Report No PAC4-2020 by the Chief Finance Officer, copy attached).

10 LOCAL GOVERNMENT BENCHMARKING FRAMEWORK – 2018-2019 PERFORMANCE - Page 183

(Report No PAC2-2020 by the Chief Finance Officer, copy attached).

11 QUARTERLY COMPLAINTS PERFORMANCE – 1st QUARTER 2020-2021 - Page 195

(Report No PAC20-2020 by the Chief Finance Officer, copy attached).

12 RISK MANAGEMENT ACTION PLAN UPDATE - Page 201

(Report No PAC26-2020 by the Chief Finance Officer, copy attached).

13 JOINT INSPECTION (ADULTS): THE EFFECTIVENESS OF STRATEGIC PLANNING IN PERTH AND KINROSS (SEPTEMBER 2019) - Page 207

(Report No PAC10-2020 by the Chief Finance Officer, copy attached).

14 IMPACT OF REPEAT ELECTIVE ACTIVITY ON READMISSION RATES - Page 211

(Report No PAC3-2020 by the Chief Finance Officer, copy attached).

15 ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP - Page 231

(Report No PAC30-2020 by the Cinical Director, copy attached).

16 CLINICAL, CARE AND PROFESSIONAL GOVERNANCE (CCPG) – PERIOD MARCH 2020 – JULY 2020 - Page 239

(Report No PAC31-2020 by the Cinical Director, copy attached).

17 GOVERNANCE ACTION PLAN PROGRESS REPORT - Page 253

(Report No PAC27-2020 by the Chief Finance Officer, copy attached).

18 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT CHARTER - Page 275

(Report No PAC22-2020 by the Chief Finance Officer, copy attached).

19 INTERNAL AUDIT REVIEW – INFORMATION GOVERNANCE AND TECHNOLOGY AS ENABLERS - Page 289

(Report No PAC24-2020 by the Chief Finance Officer, copy attached).

20 INTERNAL AUDIT REVIEW – GOVERNANCE MAPPING - Page 309

(Report No PAC28-2020 by the Chief Finance Officer, copy attached).

21 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT - Page 341

(Report No PAC21-2020 by the Chief Finance Officer, copy attached).

22 AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2019/2020 - Page 347

(Report No PAC29-2020 by the Chief Finance Officer, copy attached).

23 BEST VALUE ARRANGEMENTS AND ASSESSMENT 2019-2020 - Page 373

(Report No PAC23-2020 by the Chief Finance Officer, copy attached).

24 DATE OF NEXT MEETING

The next meeting of the Committee will be held on Tuesday, 24th November, 2020 at 2.00 pm.



At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 26th November, 2019.

Present:-

<u>Members</u>	<u>Role</u>
Ken LYNN (Chairperson)	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Dave BERRY	Chief Finance Officer
James COTTON	Registered medical practitioner employed by the Health Board and not providing primary medical services
David LYNCH	Chief Officer
Diane McCULLOCH	Chief Social Work Officer

Non-members in attendance at the request of the Chief Finance Officer:-

Liz BALFOUR	ISD Scotland
Kara BROWN	Audit Scotland
Barry HUDSON	Internal Audit
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Anne Marie MACHAN	Audit Scotland
Kathryn SHARP	Health and Social Care Partnership
Judith TRIEBS	Internal Audit
Sheila WEIR	Health and Social Care Partnership

Councillor Ken LYNN, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Jenny ALEXANDER	Nominated by Health Board (Non Executive Member)
Nic BEECH	Nominated by Health Board (Non Executive Member)
Raymond MARSHALL	Staff Partnership Representative
Martyn SLOAN	Person providing unpaid care in the area of the local authority

II DECLARATION OF INTEREST

No declarations of interest were made.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of the Committee held on 24th September, 2019 was submitted and approved.

IV AUDIT SCOTLAND REPORT : NHS WORKFORCE PLANNING – PART 2

There was submitted Report No PAC40-2019 by the Chief Finance Officer providing an overview of the Audit Scotland's NHS Workforce Planning – Part 2 report which focused on the clinical workforce in general practice.

Dharshi Santhakumaran, Audit Manager, Audit Scotland, gave a presentation in supplement to the report.

The Performance and Audit Committee agreed:-

- (i) to note the content of the presentation;
- (ii) to note the content of Audit Scotland's NHS Workforce Planning – Part 2 report which was set out in Appendix 1 to the report; and
- (iii) to instruct the Chief Officer to consider the findings of the report when developing the Dundee Health and Social Care Partnership's Integrated Workforce Plan prior to submission to the Integration Joint Board for approval in addition to the Primary Care Improvement Plan.

V CLINICAL, CARE AND PROFESSIONAL GOVERNANCE GROUP – CHAIR'S ASSURANCE REPORT

There was submitted Report No PAC39-21019 by the Clinical Director providing an update on the business of the Dundee Health and Social Care Clinical, Care and Professional Governance Group (CCPGG). An exception report would be submitted to the Clinical Director, in his role of the Chair of the CCPGG to each Performance and Audit Committee to provide assurance of the governance systems and processes within the Dundee Health and Social Care Partnership.

The Performance and Audit Committee agreed:-

- (i) to note the content of the report and the exception report which was attached as Appendix 1 to the report; and
- (ii) to note the assurance provided by the Clinical Director that the governance systems and processes operating within the Health and Social Care Partnership were identifying, monitoring and striving to address the clinical, care and professional governance issues raised within the Partnership.

VI FALLS PERFORMANCE REPORT

There was submitted Report No PAC41-2019 by the Chief Finance Officer providing assurance that in-depth analysis of falls related hospital admissions in Dundee continued to be progressed and provided to relevant professionals and groups in order to support targeted improvement activities.

The Performance and Audit Committee agreed:-

- (i) to note the content of the report and the analysis of falls related hospital admissions detailed in section 5 of the report and Appendix 1 of the report;
- (ii) to note the proposed next steps detailed in section 6 of the report; and
- (iii) to note that further analysis would be carried out and a more clinical report with recommendations would be brought to a future Committee.

VII GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC42-2019 by the Chief Finance Officer providing an update on the progress of the actions set out in the Governance Action Plan.

The Performance and Audit Committee agreed to note the progress made in relation to the actions set out in the Governance Action Plan as outlined in Appendix 1 of the report.

VIII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC43-2019 by the Chief Finance Officer providing a progress update in relation to the current Internal Audit Plan.

The Performance and Audit Committee agreed to note the progress in delivery of the 2018/19 Internal Audit Plan as well as the anticipated position in relation to the 2019/20 Plan as outlined in Appendix 1 of the report.

IX QUARTERLY COMPLAINTS PERFORMANCE – 2ND QUARTER 2019/20

There was submitted Report No PAC44-2019 by the Chief Finance Officer summarising the complaints performance for the Health and Social Partnership in the second quarter of 2019/20. The complaints included complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

The Performance and Audit Committee agreed:-

- (i) to note the complaints handling performance for health and social work complaints set out in the report;
- (ii) to note the work which had been undertaken to address outstanding complaints within the Health and Social Care Partnership; and
- (iii) to note the ongoing work taking place to improve complaints handling, monitoring and reporting within the Health and Social Care Partnership.

X PROGRAMME OF MEETINGS – PERFORMANCE AND AUDIT COMMITTEE – 2020

The Performance and Audit Committee agreed that the programme of meetings over 2020 be as follows:-

<u>Date</u>	<u>Venue</u>	<u>Time</u>
Tuesday, 11th February, 2020	Committee Room 1, 14 City Square	2.00 pm
Tuesday, 24th March, 2020	Committee Room 1, 14 City Square	2.00 pm
Tuesday, 30th June, 2020	Committee Room 1, 14 City Square	2.00 pm
Tuesday, 22nd September, 2020	Committee Room 1, 14 City Square	2.00 pm
Tuesday, 24th November, 2020	Committee Room 1, 14 City Square	2.00 pm

XI MEETINGS OF THE PERFORMANCE AND AUDIT COMMITTEE 2019 - ATTENDANCES

A copy of the Attendance Return for meetings of the Performance and Audit Committee held over 2019 was submitted for information and record purposes.

XII DATE OF NEXT MEETING

The Committee noted that the next meeting of the Performance and Audit Committee would be held in Committee Room 1, 14 City Square on Tuesday, 11th February, 2020 at 2.00 pm.

Ken LYNN, Chairperson.

ITEM No ...4.....



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 22 SEPTEMBER 2020

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP SUMMARY PERFORMANCE REPORT – 2019/20 QUARTER 4

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC16-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2019/20 Quarter 4 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' interim targets.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

- 2.1 Note the content of this report.
- 2.2 Note the performance of Dundee Health and Social Care Partnership, at both Dundee and locality levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 3 and 4) and section 6.
- 2.3 Notes the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' interim targets as summarised in Appendix 1 (table 2).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

- 4.1 In February 2019 the Performance and Audit Committee approved a revised approach to quarterly performance reporting; with summary reports being provided in Quarters 1 and 3 of each financial year and full reports in Quarters 2 and 4 (Article V of the minute of the meeting of the Dundee PAC held on 12 February 2019 refers). Due to the ongoing COVID-19 pandemic response on this occasion a summary report has been provided for Quarter 4 to allow available capacity to continue to be focused on the pandemic response.
- 4.2 The Quarter 4 Performance Report covers local performance against National Health and Wellbeing Indicators 1-23. Appendix 1 provides a summary of performance. Data is provided both at Dundee and Local Community Planning Partnership (LCPP) level (where available). Data is currently not available for eight out of the 13 National Indicators which are not reported using The Health and Social Care Experience Survey (see table 1). The Scottish Government and National Services Scotland, Information Services Division (NSS ISD) are working on the development of definitions and datasets to calculate these indicators nationally. This Q4 report is a summary report due to the pressures created by the Covid 19 pandemic.

- 4.3 The National Health and Wellbeing Indicators 1-9 are reported from The Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially. A summary of the published results from the 2017/18 survey is provided in Appendix 1 (table 1). Full details have been provided previously in 2018/19 Quarter 1 Performance Report (Article IV of the minute of the meeting of the Performance and Audit Committee held on 25 September 2018 refers). This survey was due to be repeated for 2019/20 however due to the current Covid 19 pandemic this has been delayed.
- 4.4 Appendix 1 also summarises performance against targets set in the Measuring Performance Under Integration (MPUI) submission (Article IX of the minute of meeting of the Dundee PAC held on 13 February 2018 refers) for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges. Please note that we are currently unable to provide analysis for balance of care and end of life.
- 4.5 The Quarter 2 Performance Report (full report) and Quarter 3 Performance Report (summary report) for 2019/20 are attached as appendix 2 and 3. These reports were prepared at the end of each quarter but have not previously been submitted to the PAC due to the cancellation of meetings during 2020.

5.0 DATA SOURCES USED FOR MEASURING PERFORMANCE

- 5.1 National data is provided to all partnerships, by NSS ISD, to assist with monitoring against targets set under Measuring Performance under Integration arrangements. This data shows rolling monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously NSS ISD were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+. (Please refer to Table 2).
- 5.2 It was agreed at the PAC held on 19 July 2017 (Article VIII of the minute of the meeting refers) that local data, provided by the NHS Tayside Business Unit will be used to produce more timeous quarterly performance reports against the National Health and Wellbeing Indicators. NHS Tayside Business Unit has provided locality based data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls. (Please refer to Tables 3 and 4).
- 5.3 Data provided by NHS Tayside differs from data provided by NSS ISD; the main differences being that NHS Tayside uses 'board of treatment' and NSS uses 'board of residence' and NHS Tayside uses an admissions based dataset whereas NSS uses a discharge based dataset (NHS Tayside records are more complete but less accurate as NSS data goes through a validation process). As NSS data is discharge based, numbers for one quarter will have been updated the following quarter as records get submitted for those admitted one quarter and discharged a subsequent quarter. By the time NSS release their data, records are (in most cases) 99% complete. The data provided by NHS Tayside Business Unit is provisional and figures should be treated with caution as the methodology used to calculate emergency bed days does not use the record linkage methodology incorporated at NSS. Please note, however, the local trends do match the national trends for emergency bed days analysis.

6.0 QUARTER 4 PERFORMANCE 2019/20

- 6.1 Rolling data from April 2019 to March 2020 demonstrates that performance exceeded 'Measuring Performance Under Integration' targets for emergency admission (numbers and rate), emergency bed day numbers for mental health specialties, number of A+E attendances and rate of bed days lost to code 9 delayed discharges. Emergency admissions as a rate per 1,000 of all A+E attendances, emergency admission numbers from A+E, emergency bed days (rate and numbers) for acute specialties, bed days lost to delayed discharges per 1,000 population (all reasons) (numbers and rate) were **not** met. Please refer to Table 2 in Appendix 1.
- 6.2 Tables 3 and 4 in Appendix 1 summarise performance against the National Health and Wellbeing Indicators at both Dundee and LCPP level using rolling local data from April 2019 to March 2020.

- 6.2.1 Between the baseline year (2015/16) and 2019/20 Quarter 4 there has been **improved** performance in: rate of bed days lost to delayed discharge for people aged 75+ (for both Standard and Complex delays) and emergency bed day rate for people aged 18+. In the same period there has been a **deterioration** in performance in: emergency admission rate for people aged 18+; readmissions rate for people of all ages; and the rate of hospital admissions as a result of a fall for people aged 65+. This is the same pattern of performance as reported in 2019-20 Quarter 3 (report PAC11-2020 refers) and there are therefore no exceptions to report to PAC.
- 6.2.2 Between the baseline year 2015/16 and 2019/20 Quarter 4 there was an improvement in the rate of bed days lost to complex delayed discharges for people aged 75+ across all LCPPS except The Ferry. There was a 68.3% improvement in Dundee and the LCPP rates ranged from a 100% improvement in Maryfield to a 2.4% deterioration in The Ferry.
- 6.2.3 Between the baseline year 2015/16 and 2019/20 Quarter 4 there was an improvement in the rate of bed days lost to standard delayed discharges for people aged 75+ across all LCPPS except The Ferry. There was a 27.7% improvement in Dundee and the LCPPs with the biggest improvements were North East (71.7% improvement), Maryfield (69.4% improvement) and East End (56.8% improvement). In The Ferry there was an increase in standard delays by 8.7%.
- 6.2.4 Emergency bed day rates since 2015/16 have decreased by 13.6% for Dundee, which is an improvement. Every LCPP showed an improvement in 2019/20 Quarter 4 compared with 2015/16 and the biggest improvements were seen in East End, North East and West End, all of which showed a greater than 20% decrease in bed day rates.
- 6.2.5 Emergency admission rates have increased by 4.2% for Dundee since 2015/16 and there were increases in all LCPP areas with the exception of The Ferry (6.1% improvement in the rate). Increases ranged from 2.0% in Coldside to 10.6% in Maryfield.
- 6.2.6 The rate of readmissions in Dundee has increased by 10% since 2015/16. The rate increased (deteriorated) in 6 LCPPs (Lochee 31.0% increase, West End 24.9% increase, Strathmartine 19.7% increase, Coldside 15.2% increase, East End 15.1% increase and Maryfield 7.4% increase). The rate decreased (improved) in 2 LCPP areas (North East 24.7% decrease and The Ferry 9.6% decrease).
- 6.2.7 The rate of hospital admissions as a result of a fall for people aged 65+ in Dundee has increased by 22.0% since 2015/16, which is a deterioration. The rate increased in all LCPP areas. The increases ranged from 2.3% in East End to 44.6% in The Ferry.

7.0 POLICY IMPLICATIONS

- 7.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

8.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against national indicators could affect; outcomes for individuals and their carers and spend associated with poor performance.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Continue to develop a reporting framework which identifies performance against national and local indicators. - Continue to report data quarterly to the PAC to highlight areas of poor performance. - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions.

	- Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

9.0 CONSULTATIONS

9.1 The Chief Officer and the Clerk were consulted in the preparation of this report.

10.0 BACKGROUND PAPERS

10.1 None.

Dave Berry
Chief Finance Officer

DATE: May 2020

Lynsey Webster
Senior Officer

Appendix 1

Table 1: National Health and Wellbeing Indicators 1 to 9

This survey was due to be repeated for 2019/20 however due to the current Covid 19 pandemic this has been delayed.

National Health & Well Being Indicator	Scotland	Dundee	North Lanarkshire	Glasgow	North Ayrshire	Inverclyde	Dunbartonshire	East Ayrshire	Western Isles
1 % of adults able to look after their health very well or quite well	93	93	90	90	91	91	91	92	94
2 % of adults supported at home who agree that they are supported to live as independently as possible	81	84	75	82	80	80	81	80	79
3 % of adults supported at home who agree that they had a say in how their help, care or support was provided	76	78	71	80	70	77	80	74	66
4 % of adults supported at home who agree that their health and care services seemed to be well co-ordinated	74	81	70	76	74	79	79	74	64
5 % of adults receiving any care or support who rate it as excellent or good	80	82	75	79	78	83	81	81	85
6 % of people with positive experience of the care provided by their GP practice	83	84	76	86	80	83	85	76	88
7 % of adults supported at home who agree that their service and support had an impact on improving or maintaining their quality of life	80	85	76	80	82	77	79	77	71
8 % of carers who feel supported to continue in their caring role	37	38	33	38	39	40	40	36	41
9 % of adults supported at home who agree they felt safe	83	87	80	85	80	84	89		86

Source: Scottish Health & Care Experience Survey 2017/18

Key points of note:

Best performing partnership in family is highlighted in green for each indicator

2017/18 results:

- a All indicators show Dundee to be same or higher than Scottish average
- b For indicators 2, 4 & 7 Dundee fared better than all other family members
- c Dundee is in top 3 for all indicators except indicators 6 & 8
- d Indicator 8 returned a poor result for all family members

Compared to Scottish Health & Care Experience Survey 2015/16:

- a All indicators showed a deterioration across Scotland as a whole
- b Improvements for Dundee in indicators 4 & 9
- c No change in indicator 1 for Dundee
- d Deterioration for Dundee in indicators 2-3 & 5-8. Biggest deterioration (6%) in indicators 6 & 8.

Table 2 : Measuring Performance under Integration Summary

Integration Indicator (Annual 18+)	19-20 Target	19-20 Q4 Actual Data	Expected % Difference from 15-16 Baseline	Actual % Difference from 15-16 Baseline		Actual % Difference from 19-20 target		Direction of travel from Q3 to Q4
				2019/20 Q3	2019/20 Q4	2019/20 Q3	2019/20 Q4	
Emergency Admission Rate per 100,000 Dundee Population	12,489	12,069	↑7.27	↑3.27	↑3.66	↓3.72	↓3.36	↑
Emergency Admission Numbers	15,225	14,713	↑7.78	↑3.76	↑4.15	↓3.72	↓3.36	↑
Emergency Admissions Numbers from A&E	7,440	7,605	↑14.76	↑19.10	↑7.31	↑3.63	↑2.14	↓
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances	301	313	↑8.66	↑12.11	↑13.06	↑2.88	↑3.74	↑
Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population	79,301	81,958	↓20.92	↓17.04	↓18.27	↑4.91	↑3.35	↓
Emergency Bed Days Numbers for Acute Specialties	96,674	99,912	↓20.55	↓16.65	↓17.89	↑4.91	↑3.35	↓
Emergency Bed Days Numbers for Mental Health Specialties	42,595	36,180	↓4.39	↓14.55	↓18.79	↓10.63	↓15.06	↓
Accident & Emergency Attendances	24,680	24,318	↑5.30	↑6.23	↑3.76	↑0.88	↓1.47	↓
Number of Bed Days Lost to Delayed Discharges per 1,000 Population (All Reasons)	50	81	↓59.68	↓26.72	↓34.78	↑81.49	↑61.52	↓
Number of Bed Days Lost to Delayed Discharges (All Reasons)	6,105	9,861	↓59.44	↓26.38	↓34.48	↑81.49	↑61.52	↓
Number of Bed Days Lost to Delayed Discharges (Code 9)	3,785	3,707	↓43.24	↓36.52	↓44.41	↑11.84	↓2.06	↓

Source ISD: ISD MSG Indicators

Key:  Improved/Better than previous quarter  Declined/Worse than previous quarter

Key Points:

- a. Targets were met for for emergency admission (numbers and rate), emergency bed day numbers for mental health specialties, number of A+E attendances and rate of bed days lost to code 9 delayed discharges .
- b. Emergency admissions as a rate per 1,000 of all A+E attendances, emergency admission numbers from A+E, emergency bed days (rate and numbers) for acute specialties, bed days lost to delayed discharges per 1,000 population (all reasons) (numbers and rate) were not met.
- c. Emergency admission numbers from A+E, emergency bed days for acute specialties (rate and number), bed days lost to delayed discharges all reasons (rate and numbers) did not meet the target, however performance improved between Q3 and Q4.
- d. Emergency bed days for acute specialties (rate and number) and bed days lost to delayed discharges all reasons (rate and numbers) did not meet the target, however performance improved between the 1516 baseline year and Q4 1920.
- e. Published MSG data has been used to measure performance therefore there may be a discrepancy when comparing with the local performance data.
- f. Time lags in submitting data at NHS Board level can cause significant variations in the data when comparing quarter to another.

Table 3: Performance in Dundee's LCPPs - % change in 2019/20 Q4 against baseline year 2015/16



National Indicator									
	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+4.2%	+6.1%	+9.1%	+2.0%	+6.1%	+4.1%	+10.6%	+4.9%	-6.1%
Emer Bed Days rate per 100,000 18+	-13.6%	-5.2%	-33.7%	-12.1%	-29.5%	-4.1%	-6.2%	-20.5%	-7.8%
Readmissions rate per 1,000 All Ages	+10.0%	+31.0%	+15.1%	+15.2%	-24.7%	+19.7%	+7.4%	+24.9%	-9.6%
Falls rate per 1,000 65+	+22%	+18%	+2.3%	+31.9%	+22.1%	+19.1%	+14.2%	+11.2%	+44.6%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-27.7%	-35.5%	-56.8%	-13.1%	-71.7%	-18.7%	-69.4%	-6.8%	+8.7%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Complex)	-68.3%	-8.2%	-83.5%	-50.5%	-88.8%	-78.7%	-100%	-93.2%	+2.4%

Table 4: Performance in Dundee's LCPPs - LCPP Performance in 2019/20 Q4 compared to the Dundee average

National Indicator									
	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	12,444	14,597	17,264	13,989	12,337	13,621	10,969	8,389	10,348
Emer Bed days rate per 100,000 18+	115,675	154,113	133,568	143,942	86,015	118,312	100,111	77,719	116,154
Readmissions rate per 1,000 All Ages	123	136	143	132	83	139	131	129	89
Falls rate per 1,000 65+	30.4	31.4	28.0	39.4	25.1	30.0	26.5	30.7	29.3
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	380	392	281	481	134	399	183	635	341
Delayed Discharge bed days lost rate per 1,000 75+ (complex)	93	151	87	219	85	89	0	15	42

Source: NHS Tayside

Key:  Improved/Better  Stayed the same  Declined/Worse



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 22 SEPTEMBER 2020

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2019-20 QUARTER 2

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC1-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2019-20 Quarter 2 performance against the National Health and Wellbeing Indicators and ‘Measuring Performance Under Integration’ interim targets.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Notes the content of this report.
- 2.2 Notes the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 and section 6.
- 2.3 Notes the performance of Dundee Health and Social Care Partnership against the ‘Measuring Performance Under Integration’ interim targets as summarised in Appendix 1 (table 2) and section 6.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

- 4.1 In February 2019 the Performance and Audit Committee approved a revised approach to quarterly performance reporting; with summary reports being provided in Quarters 1 and 3 of each financial year and full reports in Quarters 2 and 4 (Article V of the minute of the meeting of the Dundee PAC held on 12 February 2019 refers).
- 4.2 The Quarter 2 Performance Report analyses performance against National Health and Wellbeing Indicators 1-23 and targets set in the Measuring Performance Under Integration (MPUI) submission. 5 of the 23 National Health and Wellbeing Indicators are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost). Benchmarking analysis against other Partnerships, including those that are part of Dundee’s Family Group, is also reported. Appendix 1 provides a summary of performance and Appendix 2 sets out analysis of what the data is telling us and a summary of improvement actions. Data is provided both at Dundee and Local Community Planning Partnership (LCPP) level (where available). Data is currently not available for eight out of the 13 National Indicators which are not reported using The Health and Social Care Experience Survey

(see section 4.3). The Scottish Government and NSS ISD are working on the development of definitions and datasets to calculate these indicators nationally.

- 4.3 The National Health and Wellbeing Indicators 1-9 are reported from The Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially. Full details have been provided previously in 2018-19 Quarter 1 Performance Report (Article IV of the minute of the meeting of the Performance and Audit Committee held on 25 September 2018 refers). A summary of the published results from the 2017-18 survey is provided in Appendix 1 (table 1).
- 4.4 Appendix 1 also summarises performance against targets set in the Measuring Performance Under Integration (MPUI) submission (Article IX of the minute of meeting of the Dundee PAC held on 13 February 2018 refers) for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges. Detail is provided in Appendix 2. Please note that we are currently unable to provide analysis for balance of care and end of life as data is not provided by NSS ISD for these service areas.
- 4.5 This report should be assessed with regard to the demographic and socio economic context of Dundee; high rates of deprivation, an ageing population, frailty and age associated conditions being diagnosed earlier in life than in more affluent Partnerships and deprivation associated mental health illnesses and substance misuse problems.

5.0 DATA SOURCES USED FOR MEASURING PERFORMANCE

- 5.1 National data is provided to all partnerships, by NSS ISD, to assist with monitoring against targets set under Measuring Performance under Integration arrangements. This data shows rolling¹ monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously NSS ISD were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+. (Please refer to Appendix 1, Table 2).
- 5.2 It was agreed at the PAC held on 19 July 2017 (Article VIII of the minute of the meeting refers) that local data, provided by the NHS Tayside Business Unit will be used to produce more timeous quarterly performance reports against the National Health and Wellbeing Indicators. NHS Tayside Business Unit has provided data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls. (Please refer to Appendix 1, Tables 3 and 4).
- 5.3 Data provided by NHS Tayside differs from data provided by NSS ISD; the main differences being that NHS Tayside uses 'board of treatment' and NSS uses 'board of residence' and NHS Tayside uses an admissions based dataset whereas NSS uses a discharge based dataset (NHS Tayside records are more complete but less accurate as NSS data goes through a validation process). As NSS data is discharge based, numbers for one quarter will have been updated the following quarter as records get submitted for those admitted one quarter and discharged a subsequent quarter. By the time NSS release their data, records are (in most cases) 99% complete. The data provided by NHS Tayside Business Unit is provisional and figures should be treated with caution.
- 5.4 Recent guidance from NSS ISD has meant that other Partnerships can no longer be identified when benchmarking, until SMR submissions rates are acceptable and data has been formally published.

¹ Rolling data is used so that quarterly data can be compared with financial years. This means that data for Quarter 2 shows the previous 12 months of data including the current quarter. Therefore, Quarter 2 data includes data from 1 October 2018 to 30 September 2019.

6.0 QUARTER 2 PERFORMANCE 2019-20

6.1 Rolling data from October 2018 to September 2019 demonstrates that performance exceeded 'Measuring Performance Under Integration' targets for emergency admission (numbers and rate) and emergency bed day numbers for mental health specialties. The target for emergency admissions as a rate per 1,000 of all A+E attendances, emergency admission numbers from A+E, emergency bed day rate for acute specialties per 100,000 population, emergency bed day numbers for acute specialties, number of A+E attendances, bed days lost to delayed discharges per 1,000 population (all reasons), number of bed days lost to delayed discharges (all reasons and code 9) were not met. Please refer to Table 2 in Appendix 1.

6.2 For each of the six high level service delivery areas from the National Health and Wellbeing Indicators and MPUI for which data is currently available performance has been assessed against the:

- a) 2015-16 pre-integration baseline;
- b) 2019-20 Measuring Performance under Integration (MPUI) target for Dundee;
- c) 2018-19 performance;
- d) previous quarter (Q1 2019-20); and,
- d) performance of other Partnerships and family group Partnerships in particular.

From this analysis areas of improving/good performance, of mixed performance and of declining/poor performance have been identified. Appendix 2 provides details of planned improvement actions.

6.2.1 Areas of mixed performance

Emergency Admissions (Appendix 1:Tables 2-4 and Appendix 2:Charts 1-5 and Table 5)

- Emergency Admission Rate per 100,000 population and Emergency Admission Numbers both exceeded 2019-20 integration target (table 2, charts 1&2).
- From the 2015/16 baseline, there has been an increase in the Dundee rate by 4.9%, which is a deterioration, and in all LCPPs except one (table 3). However, there has been a slight but consistent improvement since 2017-18 (table 5).
- The rate of Emergency Admissions for Dundee City was higher than the Scottish average – the twelfth most poorly performing partnership in Scotland. However, Dundee City performed the best out of the eight family group partnerships (chart 4).
- The number of emergency admissions from A+E did not meet the 2019-20 MPUI target.
- Emergency Admissions as a Rate per 1,000 of all A&E Attendances did not meet the 2019-20 MPUI target (table 2 & chart 3).

Emergency Bed Days (Appendix 1:Tables 2-4 and Appendix 2:Charts 6-9 and Table 6)

- Both Emergency Bed Day Rate per 100,000 population (chart 1) and Emergency Bed Day Numbers (chart 2) did not meet the 2019-20 MPUI target for acute specialties.
- Both the rate and numbers of emergency bed days have fallen by around 16% (table 2) for acute specialties and 11% (table 3) for all specialties compared to the pre-integration position. However, in order to meet the MPUI 2019-20 target there would have had to be a 21% reduction from the pre integration position.
- Improved rates for all specialties between 2019-20 Quarters 1 and 2 across five LCPPs (chart 5).
- Emergency Bed Day Rate for Dundee City is higher than the Scottish average – the tenth highest in Scotland. However, the Dundee City rate was the second lowest of the 8 family group partnerships (chart 4).

Delayed Discharges (Appendix 1:Tables 2-4 and Appendix 2:Charts 15-20 and Tables 9-11)

- Number of bed days lost (all reasons 18+) did not meet the MPUI target (table 2, charts 15&16).
- Number of bed days lost per 1,000 population (all reasons 75+) is better than Scottish average and Dundee is performing better than all but two family group partnerships (chart 17).
- Improvements of 28% (standard 75+) and 75% (Code 9 75+) from pre-integration position (table 3).
- Over the last year there has been an improvement in the Dundee rate by 20% for Code 9 (75+) delays (table 10) but a deterioration of 36% for standard delays (75+) (table 9).
- Improvements from 2017-18 position in five LCPPs for Code 9 delays (75+) (table 10).
- Improvement from 2017-18 position in five LCPP for standard delays (75+) (table 9).

6.2.2 Areas of declining / poor performance

Accident & Emergency Attendances (Appendix 1:Table 2 and Appendix 2:Chart 10)

- Did not meet the 2019-20 MPUI target (table 2).
- A+E attendances have been increasing since April 2015, which is a deterioration in performance (chart 10).

Readmissions within 28 days of discharge (Appendix 1:Tables 3-4 and Appendix 2:Charts 11-12 and Table 7)

- 2.1% increase in rate per 1,000 admissions on pre-integration position, four LCPPs showing an improvement in performance and four a deterioration (table 3).
- Four LCPPs showed a decreased rate per 1,000 admissions between 2019-20 Quarters 1 and 2, which is an improvement and one LCPP stayed the same (table 7).
- In 2019-20 Quarter 2 LCPP rates per 1,000 admissions vary significantly from 93 in North East to 126 in Lochee (table 7).
- The rate per 1,000 discharges for Dundee City is well above the Scottish average and second poorest performing partnership in Scotland (chart 11).

Falls Admissions (Appendix 1:Tables 3-4 and Appendix 2:Charts 13-14 and Table 8)

- 20.9% worse than pre-integration position and year on year deterioration in rate since 2015-16 (table 3).
- The rate for Dundee City is well above the Scottish average and poorest performing partnership in Scotland (chart 13).
- Small improvements from 2019-20 Quarter 1 in three LCPPs (table 8).
- In 2019-20 Quarter 2 LCPP rates vary from 22.3 falls related admissions per 1,000 in North East to 40.4 in Coldside (table 8).

7.0 POLICY IMPLICATIONS

- 7.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

8.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against national indicators could affect; outcomes for individuals and their carers, spend associated with poor performance if the Partnership's performance is not good.
Risk Category	Financial, Governance, Political
Inherent Risk Level	15 – Extreme Risk (L=3 (possible), I=5 (extreme))
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Continue to develop a reporting framework which identifies performance against national and local indicators. - Continue to report data quarterly to the PAC to highlight areas of poor performance.

	<ul style="list-style-type: none"> - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.
Residual Risk Level	9 – High Risk (L=3(possible), I=3 (moderate))
Planned Risk Level	6 – Moderate Risk (L=2(unlikely), I=3(moderate))
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

9.0 CONSULTATIONS

9.1 The Chief Officer and the Clerk were consulted in the preparation of this report.

10.0 BACKGROUND PAPERS

10.1 None.

Dave Berry
Chief Finance Officer

DATE: 11 February 2020

Lynsey Webster
Senior Officer, Strategy and Performance

Kathryn Sharp
Senior Manager, Strategy and Performance

APPENDIX 1 – Performance Summary

Table 1: National Health & Wellbeing Indicators 1 to 9

National Health & Well Being Indicator	Scotland	Dundee	North Lanarkshire	Glasgow	North Ayrshire	Inverclyde	Dunbartonshire	East Ayrshire	Western Isles
1 % of adults able to look after their health very well or quite well	93	93	90	90	91	91	91	92	94
2 % of adults supported at home who agree that they are supported to live as independently as possible	81	84	75	82	80	80	81	80	79
3 % of adults supported at home who agree that they had a say in how their help, care or support was provided	76	78	71	80	70	77	80	74	66
4 % of adults supported at home who agree that their health and care services seemed to be well co-ordinated	74	81	70	76	74	79	79	74	64
5 % of adults receiving any care or support who rate it as excellent or good	80	82	75	79	78	83	81	81	85
6 % of people with positive experience of the care provided by their GP practice	83	84	76	86	80	83	85	76	88
7 % of adults supported at home who agree that their service and support had an impact on improving or maintaining their quality of life	80	85	76	80	82	77	79	77	71
8 % of carers who feel supported to continue in their caring role	37	38	33	38	39	40	40	36	41
9 % of adults supported at home who agree they felt safe	83	87	80	85	80	84	89		86

Source: Scottish Health & Care Experience Survey 2017/18

Key points of note

Best performing partnership in family group is highlighted in green for each indicator

2017/18 results:

- a All indicators show Dundee to be same or higher than Scottish average
- b For indicators 2, 4 & 7 Dundee performed better than all other family group members
- c Dundee is in top 3 for all indicators except indicators 6 & 8
- d Indicator 8 returned a poor result for all family group members

Compared to Scottish Health & Care Experience Survey 2015/16

- a All indicators showed a deterioration across Scotland as a whole
- b Improvements for Dundee in indicators 4 & 9
- c No change in indicator 1 for Dundee
- d Deterioration for Dundee in indicators 2-3 & 5-8. Biggest deterioration (6%) in indicators 6 & 8

Table 2 : Measuring Performance under Integration Summary

Integration Indicator (Annual 18+)	19-20 Target	19-20 Q2 Actual Data	Expected % Difference from 15-16 Baseline	Actual % Difference from 15-16 Baseline		Actual % Difference from 19-20 target		Direction of travel from Q1 to Q2
				2019/20 Q1	2019/20 Q2	2019/20 Q1	2019/20 Q2	
Emergency Admission Rate per 100,000 Dundee Population	12,489	11,999	↑7.27	↑3.92	↑3.06	↓3.12	↓3.92	↓
Emergency Admission Numbers	15,225	14,628	↑7.78	↑4.41	↑3.55	↓3.12	↓3.92	↓
Emergency Admissions Numbers from A&E	7,440	7,602	↑14.76	↑25.00	↑17.26	↑8.84	↑2.18	↓
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances	301	306	↑8.66	↑18.77	↑8.93	↑9.30	↑1.54	↓
Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population	79,301	83,589	↓20.92	↓17.02	↓16.65	↑9.30	↑5.41	↓
Emergency Bed Days Numbers for Acute Specialties	96,674	101,901	↓20.55	↓16.62	↓16.26	↑4.95	↑5.41	↑
Emergency Bed Days Numbers for Mental Health Specialties	42,595	36,888	↓4.39	↓6.34	↓17.02	↓2.04	↓13.40	↓
Accident & Emergency Attendances	24,680	24,835	↑5.30	↑5.14	↑5.96	↓0.16	↑0.63	↑
Number of Bed Days Lost to Delayed Discharges per 1,000 Population (All Reasons)	50	89	↓59.68	↓33.06	↓28.01	↑66.00	↑78.30	↑
Number of Bed Days Lost to Delayed Discharges (All Reasons)	6,105	10,885	↓59.44	↓82.80	↓27.67	↑65.68	↑78.30	↑
Number of Bed Days Lost to Delayed Discharges (Code 9)	3,785	4,698	↓43.24	↓27.23	↓29.54	↑28.19	↑24.12	↓

Source ISD: ISD MSG Indicators

Key Points of Note:

- Emergency admission numbers and rates have been reducing steadily (improvement) since April 2018 and are meeting the MPUI 2019-20 target.
- Emergency bed day numbers and rates have been reducing steadily since April 2015, however improvements have not been enough to meet the 2019-20 MPUI target to date.
- Bed days lost to delayed discharge have increased steadily since December 2018 (deterioration) and although significant improvement has been made since April 2015, the 2019-20 MPUI target has not been met.
- Published MSG data has been used to measure performance therefore there may be a discrepancy when comparing with the local performance data.
- Be aware – some of the differences show an increase which is positive and some show a decrease which is also positive

Table 3: Performance in Dundee's LCPPs - % change in 2019/20 Q2 against baseline year 2015/16



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+4.9	+5.9	+8.7	+6.0	+6.4	+0.2	+10.1	+8.5	-3.2
Emer Bed Days rate per 100,000 18+	-10.5	-3.6	-21.2	-9.4	-26.5	-4.1	-2.8	-18.1	-2.9
Readmissions rate per 1,000 Admissions All	+2.1%	+21.4%	+1.3%	+6.4%	-15.6%	-5.4	-1.7%	+12.9%	-4.4%
Falls rate per 1,000 65+	+20.9%	+2.5%	+8.8%	+35.2%	+8.5%	+23.7%	-0.3%	+20.7%	+45.4%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-28%	-25%	-46%	-37%	-54%	-26%	-61%	-30%	-19%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-75%	+1%	-87%	-80%	-94%	-99%	-33%	-100%	+41%

Table 4: Performance in Dundee's LCPPs - LCPP Performance in 2019/20 Q2 compared to Dundee



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	12,528	14,565	17,192	14,530	12,378	13,155	10,917	8,679	10,666
Emer Bed days rate per 100,000 18+	118,980	156,285	143,649	147,629	82,772	118,778	103,668	80,333	122,683
Readmissions rate per 1,000 Admissions All	114	126	125	122	93	110	120	117	94
Falls rate per 1,000 65+	30.2	27.2	29.8	40.4	22.3	31.1	23.1	33.3	29.5
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	380	458	348	348	215	365	233	480	252
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	75	166	69	87	49	5	108	1	58

Source: NHS Tayside data

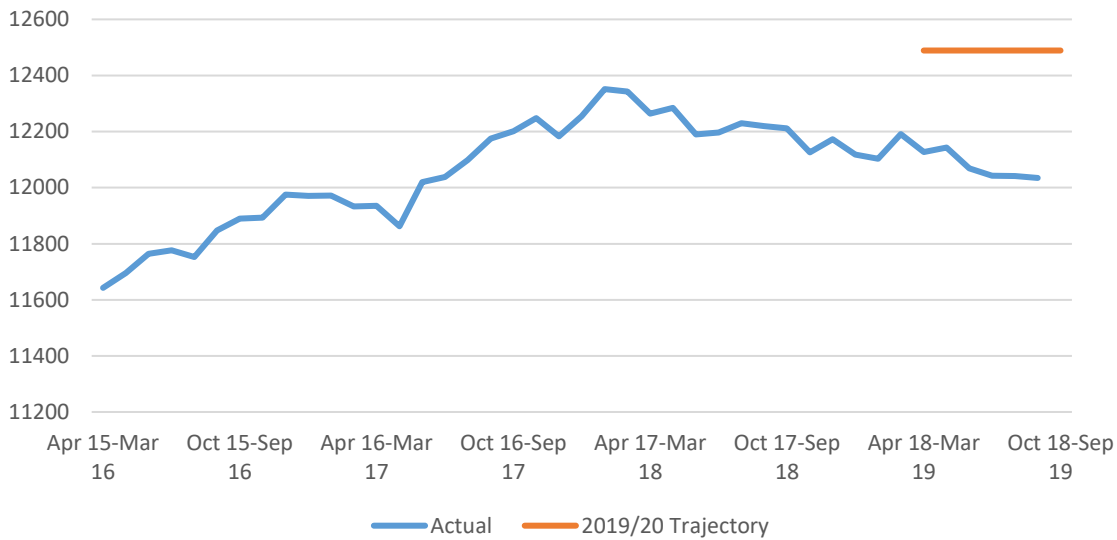
Key: ■ Improved/Better ■ Stayed the same ■ Declined/Worse

APPENDIX 2 - Detailed Performance by Service Delivery Area

Service Delivery Area : Emergency Admissions

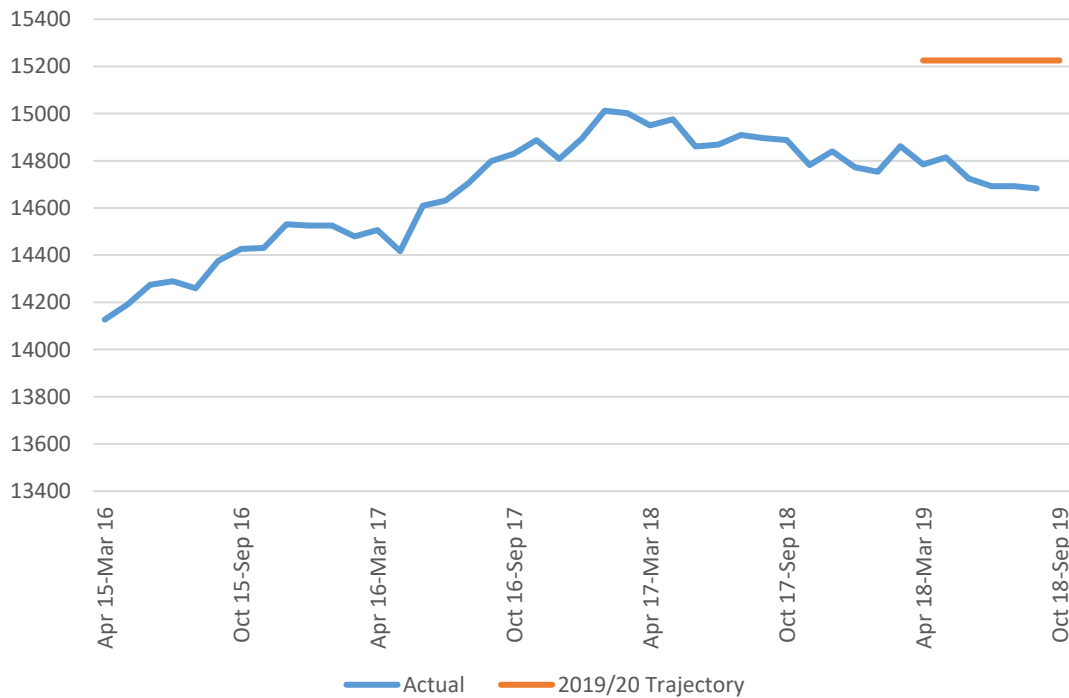
Measuring Performance Under Integration

Chart 1: Emergency Admission Rate per 100,000 Dundee Population 18+ – Performance Against MPUI Target Trajectory



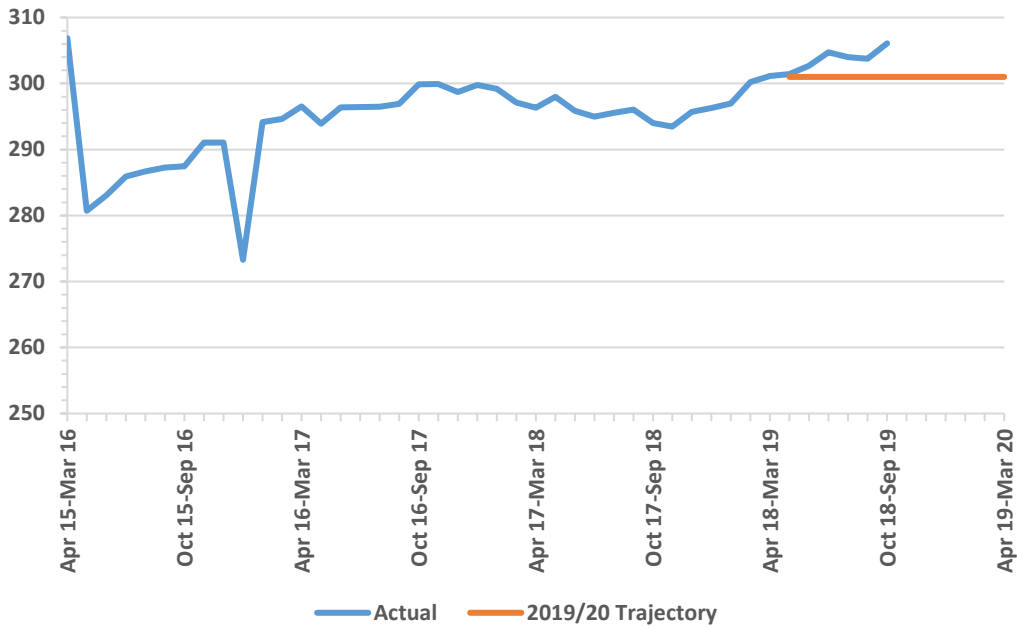
Source ISD: ISD MSG Indicators

Chart 2: Emergency Admission Numbers 18+ - Performance Against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

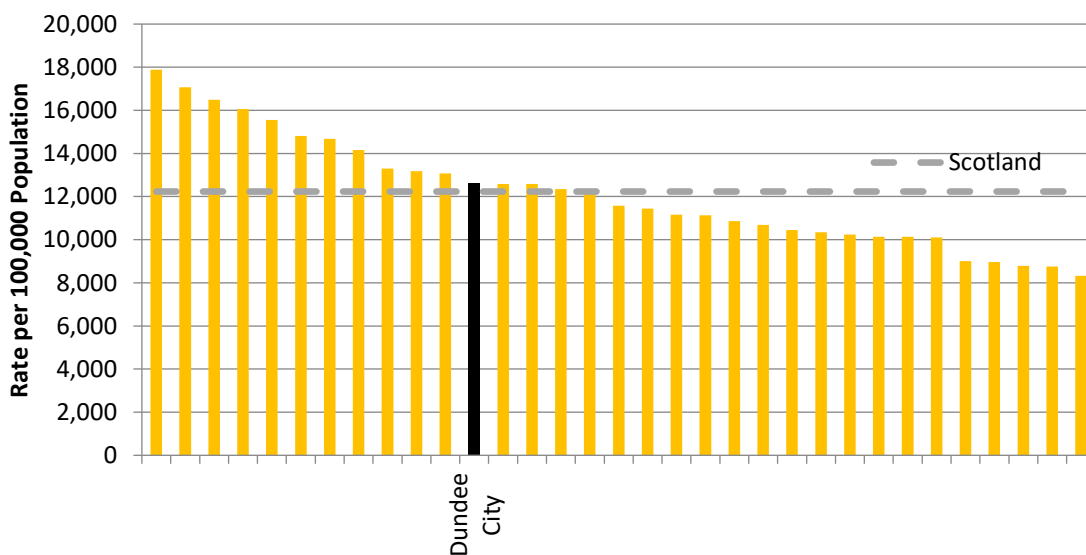
Chart 3: Emergency Admissions Rate per 1,000 of all Accident & Emergency Attendances 18+ - Performance Against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

National Health and Wellbeing Indicator 12 – Emergency Admissions

Chart 4: Emergency Admission Rate 18+ Benchmarking Q1 2019/20

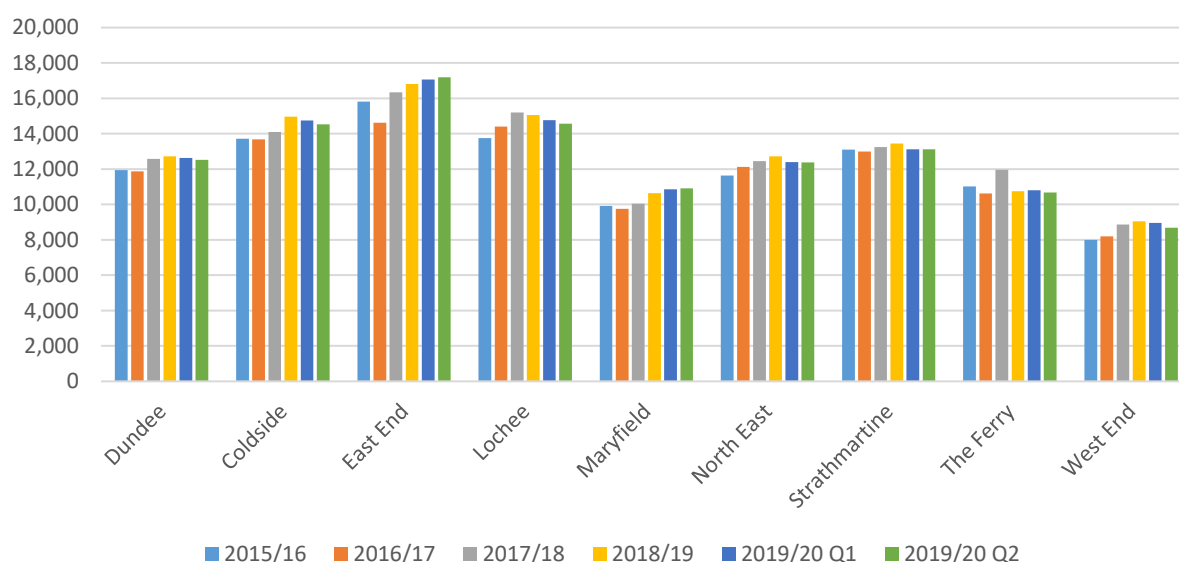


Source ISD: ISD Core Suite of Integration Indicators

Table 5: 2018/19 Rate of Emergency Admissions per 100,000 Population – 18+ by LCPP

	2015/16	2016/17	2017/18	2018/19	2019/20 Q1	2019/20 Q2
Dundee	11,937	11,873	12,578	12,714	12,624	12,528
Coldside	13,713	13,682	14,099	14,961	14,746	14,530
East End	15,822	14,618	16,335	16,816	17,061	17,192
Lochee	13,760	14,407	15,200	15,058	14,760	14,565
Maryfield	9,914	9,753	10,037	10,644	10,855	10,917
North East	11,632	12,129	12,444	12,718	12,403	12,378
Strathmartine	13,091	12,989	13,252	13,435	13,121	13,115
The Ferry	11,022	10,620	11,957	10,756	10,810	10,666
West End	7,999	8,188	8,866	9,052	8,959	8,679

Source: NHS Tayside BSU

Chart 5: Rate of Emergency Admissions per 100,000 Population – 18+ by LCPP

Source: NHS Tayside BSU

Analysis

Benchmarking – ISD Core Suite of Integration Indicators

- The rate of emergency admissions was higher in Dundee (12,621) than the Scottish rate (12,234) (chart 4).
- Q2 2019-20 Dundee performance (12,528) was slightly better than 2018-19 (12,714).
- Dundee performed better than all other family group Partnerships.

Difference from 2015-16 Baseline to Q2 2019-20 - NHS Tayside BSU data

- 4.9% increase in Dundee rate. All LCPPs have shown an increase, which is a deterioration in performance, except for The Ferry which has shown an improvement of 3.2%. (table 3)

- The rate for Dundee increased from 11,937 per 100,000 in 2015-16 and peaked to 12,714 per 100,000 in 2018-19, however the first two quarters in 2019-20 have shown a slight improvement and at Q2 2019-20 the rate was 12,528 per 100,000 Dundee population aged 18+. (table 5)

Performance Trend between Q1 2019/20 and Q2 2019/20 - NHS Tayside BSU data (table 5)

- Overall improvement in Dundee rate (0.8%) with improved rates in West End (3.1%), Coldside (1.5%), Lochee (1.3%), The Ferry (1.3%) and North East (0.2%),
- Declining rates in East End (0.8) and Maryfield (0.6%).

Variation across LCPPs in Q2 2019/20 - NHS Tayside BSU data (table 4 and chart 4)

- West End had the lowest rate with 8,679 emergency admissions per 100,000 people followed by The Ferry (10,666).
- East End had the highest rate with a rate of 17,192 which is almost double the West End rate.

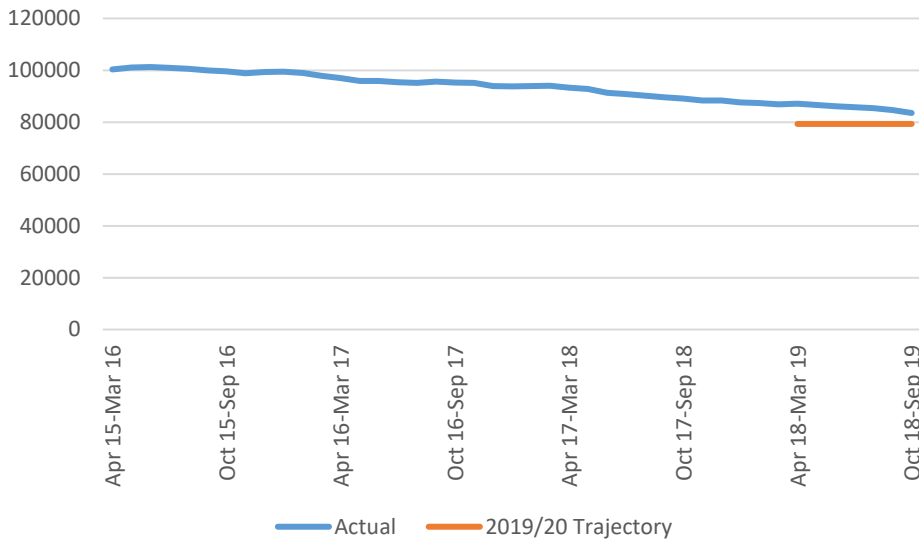
Actions to Improve Performance

Action	HSCP Operational Lead (s)	Timescale for Improvement
Continue to develop Enhanced Community Support (ECS) / Dundee Enhanced Community Support Acute (DESCA)	Mike Andrews	March 2020
Continue to develop Intermediate care options	Jenny Hill	Initial timescale was September 2019, changed to May 2020.
Continue to develop care home team model	Jenny Hill	March 2021
Implement urgent care actions in Primary Care Improvement Plan	Jenny Hill	March 2021
Continue to develop respite options	Jenny Hill	Complete
Undertake care home quality improvement work as part of the Unsheduled Care Board workstream	Jenny Hill	April 2021
Test a rehabilitation facility for younger people with complex needs	Jenny Hill	April 2020
Implement the three ward model outlined in Reshaping Non Acute Care for older people with mental health needs	Jenny Hill	Complete
Development/extension of models for people under 65 with complex needs	Beth Hamilton/Naeema Pervaze	March 2020
Review pathways across the system	Jenny Hill/Beth Hamilton	March 2020

Service Delivery Area: Emergency Bed Days

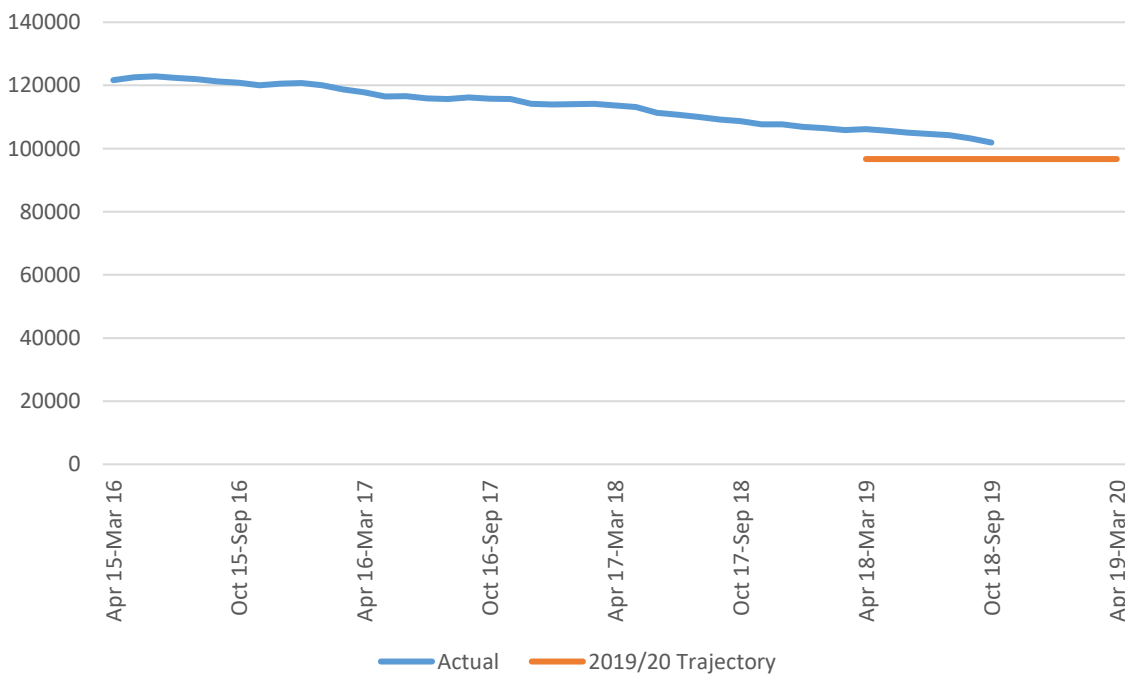
Measuring Performance Under Integration

Chart 6 : Emergency Bed Day Acute Specialty Rate per 100,000 Dundee Population 18+ - Performance Against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

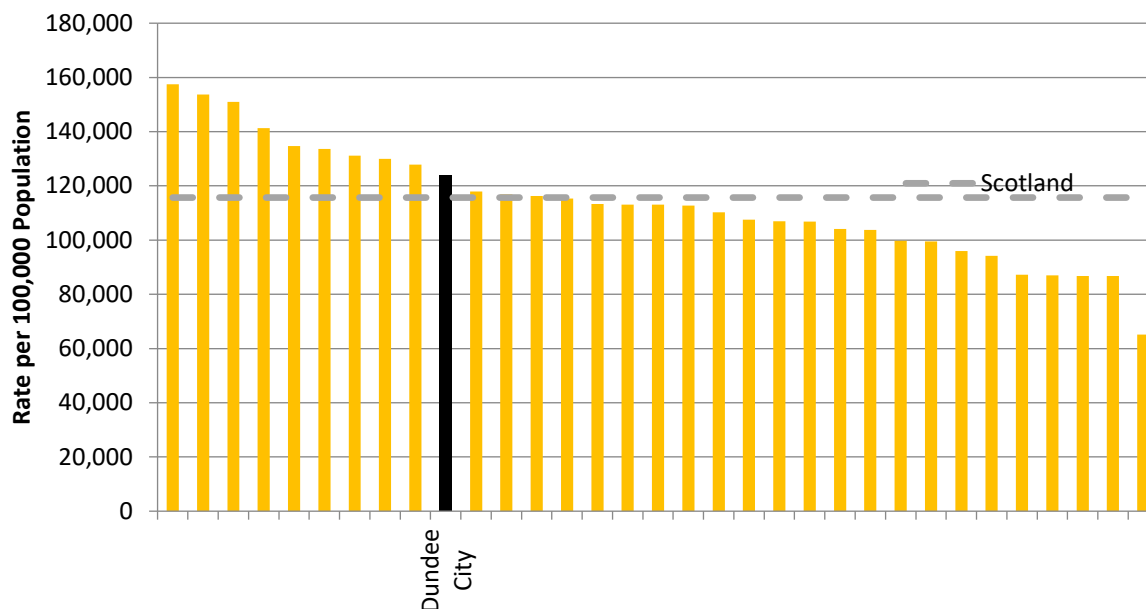
Chart 7: Emergency Bed Day Acute Specialty Numbers 18+ - Performance Against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

National Health and Wellbeing Indicator 13 – Emergency Bed Days

Chart 8: Rate of Emergency Bed Days 18+ Benchmarking Q1 2019/20
(Emergency Bed Days include Acute, Geriatric Long Stay and Mental Health specialties)



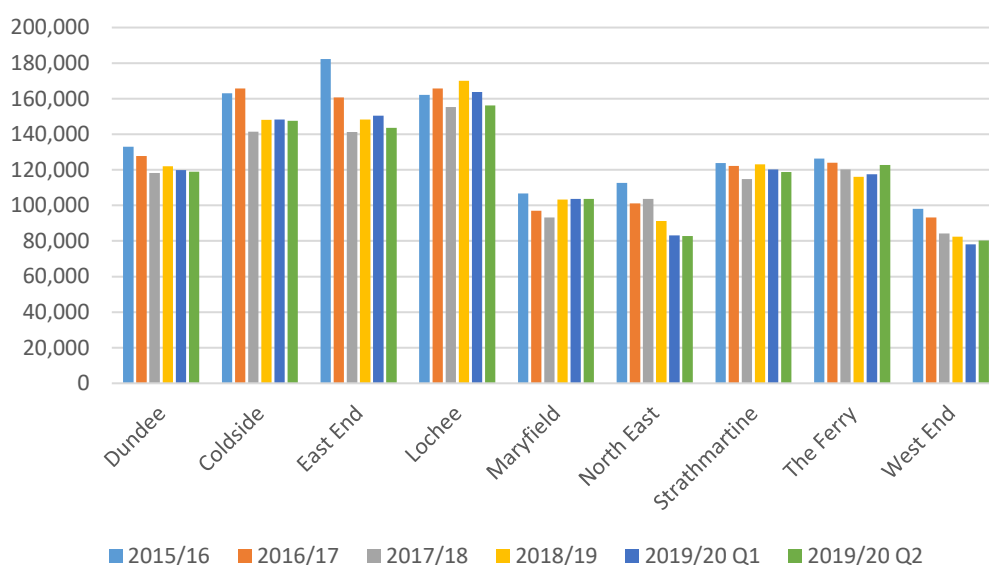
Source : ISD Core Suite of Intefration Indicators

Table 6: Rate of Emergency Bed Days per 100,000 Population - 18+ by LCPP

	2015/16	2016/17	2017/18	2018/19	2019/20 Q1	2019/20 Q2
Dundee	132,959	127,834	118,254	121,945	119,859	118,980
Coldsides	162,998	165,823	141,442	148,022	148,345	147,629
East End	182,267	160,621	141,233	148,204	150,351	143,649
Lochee	162,113	165,775	155,378	170,001	163,749	156,285
Maryfield	106,639	97,080	93,247	103,253	103,606	103,668
North East	112,671	101,067	103,739	91,162	83,154	82,772
Strathmartine	123,877	122,113	114,824	123,178	120,212	118,778
The Ferry	126,326	124,067	120,221	116,014	117,448	122,683
West End	98,143	93,207	84,149	82,395	78,173	80,333

Source: NHS Tayside BSU

Note: Emergency Bed Days for 2018/19Q1 & Q2 has been updated to include Mental Health Beds.

Chart 9: 2018/19 Rate of Emergency Bed Days per 100,000 Population - 18+ by LCPP

Source: NHS Tayside BSU

Analysis

Benchmarking – ISD Core Suite of Integration Indicators

- The emergency bed day rate was higher in Dundee (123,785) than the Scottish rate (115,680). (chart 8)
- There was an improvement in the Dundee rate between 2018-19 (121,945) and Q2 2019-20 (118,980).
- Dundee's rate was 10th highest in Scotland and was the 2nd best performing family group partnership.

Difference from 2015/16 Baseline to Q2 2019/20 - NHS Tayside BSU data

- The rate for Dundee decreased by 13.9% (from 132,959 per 100,000 in 2015/16 to 118,980 per 100,000 in Q2 2019/20), thus showing an improvement in performance. (table 3)
- There was improvement across all LCPPs. (table 3)

Performance Trend between Q1 2019/20 and Q2 2019/20 - NHS Tayside BSU data

- Improvement in overall Dundee rate by 0.7%. (table 6)
- Improved rates across 5 LCPPs. (table 6)
- Deterioration in rates in The Ferry (4.5%), West End (2.8%) and Maryfield (0.1%) (table 6)
- The LCPP showing the biggest improvement was Lochee (4.6%). (table 6)

Variation across LCPPs in Q2 2019/20 - NHS Tayside BSU data

- Lochee (156,285) and Coldside (147,629) had the highest emergency bed day rates. (table 6)
- West End (80,333) and North East (82,772) had the lowest emergency bed day rates. (table 6)

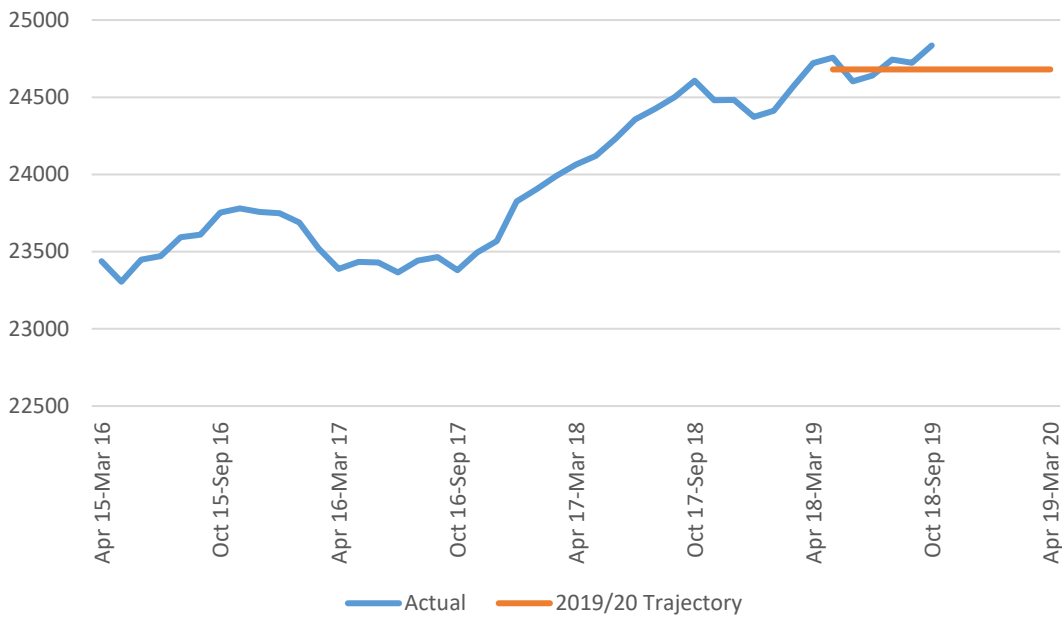
Actions to Improve Performance

Action	HSCP Operational Lead (s)	Timescale for Improvement
Develop Multi-disciplinary Locality Teams (MDT) - MDTs have been created in Community Mental Health Teams with senior practitioner role being trialled to support this.	Mike Andrews/Jan Laing	March 2020
Reconfiguration of Medicine for the Elderly (MFE) rehab and assessment wards.	Krista Reynolds	Complete
Review the way Stroke rehab is provided and develop Early Supported Discharge Service (ESDS) - two neuro Allied Health Professional (AHP) posts appointed to and initial discussions have taken place regarding how to join this up.	Matt Lambert	March 2020
Develop ortho in-reach.	Jenny Hill	Complete
Develop Medicine For the Elderly (MFE) surgery interface.	Jenny Hill	March 2020
Develop Emergency Department / Medicine for Elderly interface.	Jenny Hill	March 2020
Develop care and treatment centres.	Gail Andrews	March 2020

Service Delivery Area: Accident & Emergency

Measuring Performance Under Integration

Chart 10: Accident & Emergency Attendances - Performance Against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

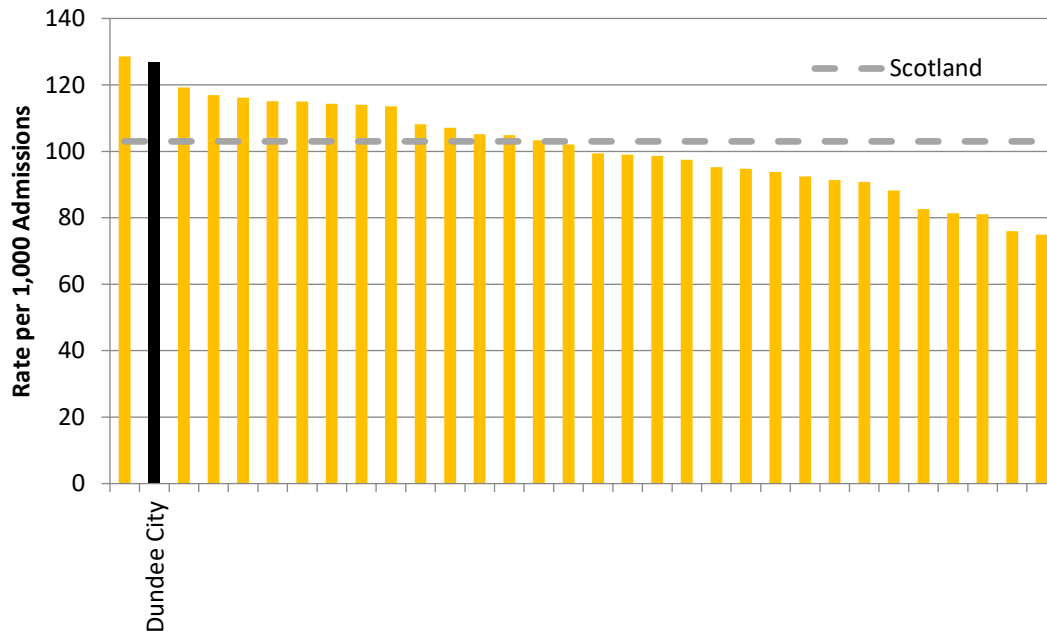
Analysis

- A+E attendances have been increasing since April 2015 and in Q2 2019-20 the 2019-20 target was not met.

Service Delivery Area: Readmissions

National Health and Wellbeing Indicator 14 – Readmissions

Chart 11: Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) Benchmarking Q2 2019/20



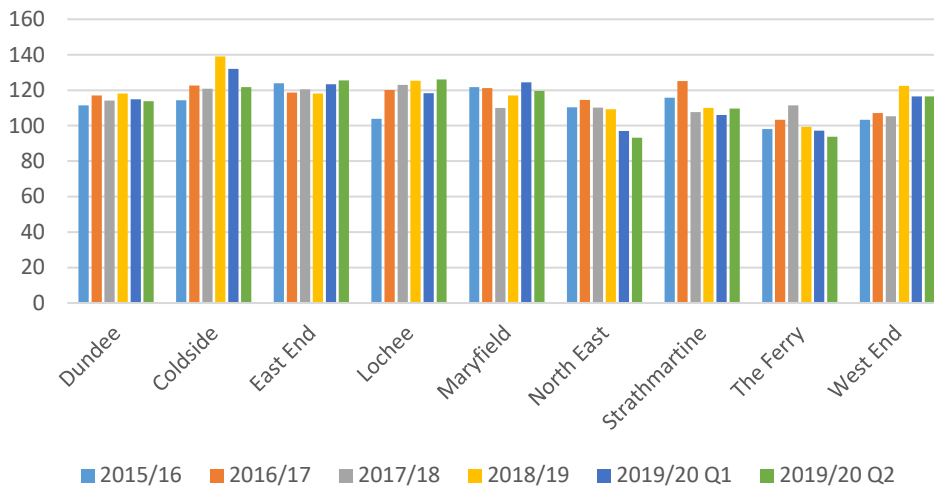
Source: Core Suite of Integration Indicators based on Discharges

Table 7: 2018/19 (Financial Year) Rate of Readmissions within 28 days of discharge per 1,000 admissions - All Ages by LCPP

	2015/16	2016/17	2017/18	2018/19	2019/20 Q1	2019/20 Q2
Dundee	112	117	114	118	115	114
Coldside	114	123	121	139	132	122
East End	124	119	120	118	123	125
Lochee	104	120	123	125	118	126
Maryfield	122	121	110	117	125	120
North East	110	114	110	109	97	93
Strathmartine	116	125	108	110	106	110
The Ferry	98	103	112	99	97	94
West End	103	107	105	123	117	117

Source: NHS Tayside BSU data based on Admissions

Chart 12: (Financial Year) Rate of Readmissions within 28 days of discharge per 1,000 admissions - All Ages by LCPP



Source: NHS Tayside BSU

Analysis

Benchmarking – ISD Core Suite of Integration Indicators

- The rate of readmissions per 1,000 discharges was higher in Dundee (127) than the Scottish rate (103). (chart 11)
- Dundee was the second poorest performing Partnership in Scotland. (chart 11)
- Dundee's rate improved slightly from 2018-19 (118) to Q2 2019-20 (114).

Difference from 2015-16 Baseline to Q2 2019-20 - NHS Tayside BSU data

- 2.1% increase in Dundee rate per 1,000 admissions, which is a deterioration in performance. (table 3)
- Four LCPPs have shown an increase in readmission rates – Lochee (21.4%), West End (12.9%), Coldside (6.4%) and East End (1.3%). Four LCPPs have shown a decrease – North East (15.6%), Strathmartine (5.4%), The Ferry (4.4%) and Maryfield (1.7%). (table 3)

Performance trend between Q1 2019-20 and Q2 2019-20 - NHS Tayside BSU data

- Increased rates of readmission per 1,000 admissions in Lochee (6.6%), Strathmartine (3.3%) and East End (1.8%), which is a deterioration in performance. (table 7)
- No change in West End rate. (table 7)
- The LCPP showing the greatest improvement was Coldside (7.8%). (table 7)

Variation across LCPPs in Q2 2019/20- NHS Tayside BSU data

- The highest readmission rate per 1,000 admissions was in Lochee (126). (table 7)
- The lowest readmission rate per 1,000 admissions was in North East (93). (table 7)

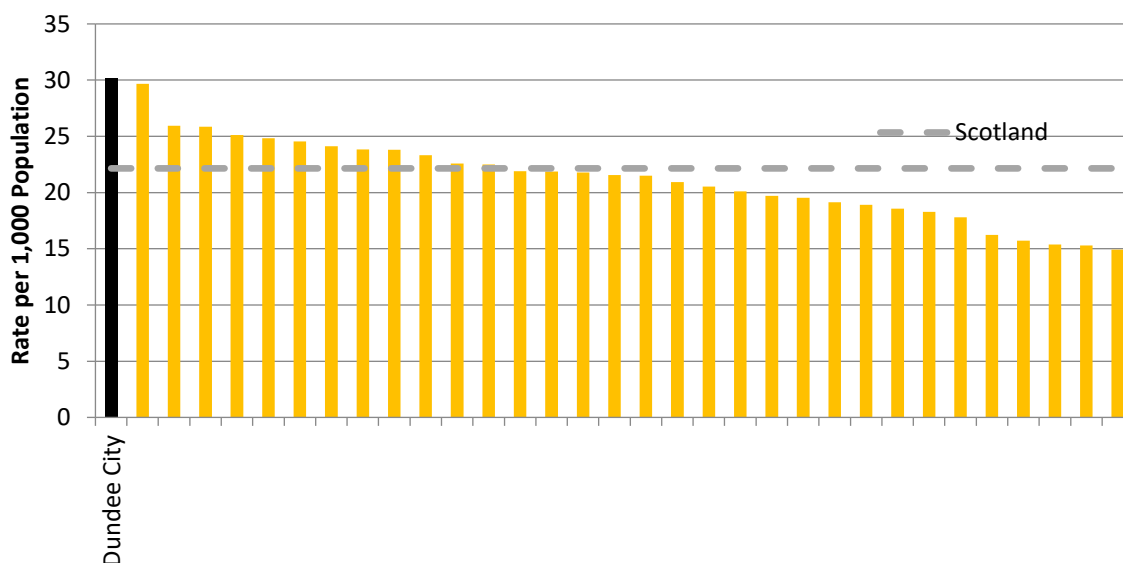
Actions to Improve Performance

Action	HSCP Operational Lead (s)	Timescale for Improvement
Development of locality teams.	Jenny Hill / Beth Hamilton	March 2020
Continue to develop moving assessment to community.	Jenny Hill	March 2021
Assessment / review process to ensure appropriate package of support.	Beth Hamilton	March 2020

Service Delivery Area: Falls

National Health and Wellbeing Indicator 14 – Falls

Chart 13: Falls Admissions Rate 65+ Benchmarking Q1 2019-20

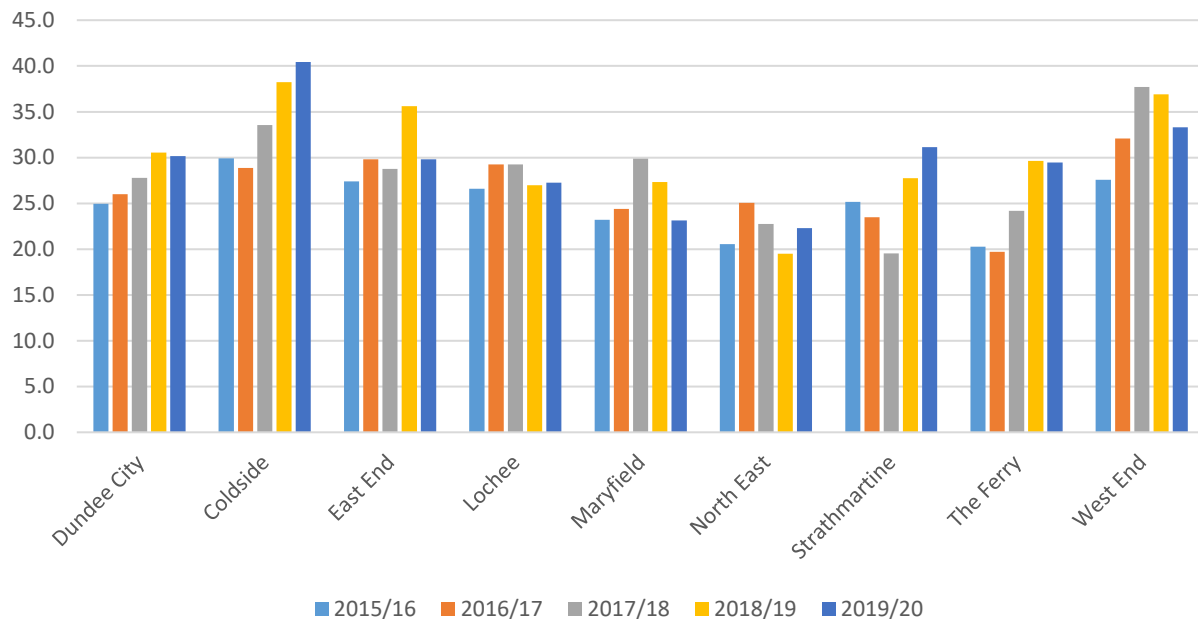


Source: Core Suite of Integration Indicators (NSS ISD)

Table 8: 2019-20 Rate of Falls Admissions per 1,000 Population – 65+ by LCPP

	Apr15- Mar16	Apr16- Mar17	Apr17- Mar18	Apr18 - Mar19	Ju18- Jun19 (Q1)	Oct18- Sep19 (Q2)
Dundee	24.9	26.0	27.8	30.5	29.3	30.2
Coldsides	29.9	28.9	33.6	38.2	36.6	40.4
East End	27.4	29.8	28.8	35.6	31.2	29.8
Lochee	26.6	29.2	29.2	27.0	27.0	27.2
Maryfield	23.2	24.4	29.9	27.3	24.8	23.1
North East	20.5	25.1	22.7	19.5	20.4	22.3
Strathmartine	25.2	23.5	19.5	27.7	26.6	31.1
The Ferry	20.3	19.7	24.2	29.6	30.4	29.5
West End	27.6	32.1	37.7	36.9	33.3	33.3

Source: NHS Tayside BSU

Chart 14: 2018/19 Rate of Falls Admissions per 1,000 Population – 65+ by LCPP

Source: NHS TAYSIDE BSU

Analysis

Benchmarking – ISD Core Suite of Integration Indicators

- The rate of hospital admissions due to a fall in Dundee (30.2) was higher than the Scottish rate (22.2). (chart 13)
- Dundee was the poorest performing partnership in Scotland. (chart 13)
- The Dundee Q2 2019-20 rate (30.2) was about the same as the 2018-19 rate (30.5).

Difference from 2015-16 Baseline to 2019-20 Q2 - NHS Tayside BSU data

- 20.9% increase in Dundee rate, which is a deterioration in performance. (table 3)
- The Dundee rate has shown an increase year on year since the 2015-16 baseline. (table 8)
- Increases were shown in all LCPPs except a very slight decrease in Maryfield (0.3% decrease). The biggest increase was in The Ferry (45.4%). (table 3)

Performance trend between Q1 2019-20 and Q2 2019-20 - NHS Tayside BSU data

- 2.9% increase in Dundee rate, which is a deterioration in performance. (table 8 & chart 14)
- Improved rates in Maryfield (-6.8%), East End (-4.4%) and The Ferry (-3.1%). (table 8 & chart 14)
- No change in West End. (table 8 & chart 14)
- Worsening rates in Strathmartine (+17%), Coldside (+10.5%), North East (+9.1%) & Lochee (+1.1%). (table 8 & chart 14)

Variation across LCPPs in Q2 2019-20 - NHS Tayside BSU data

- Coldside had the highest rate of falls in Dundee with 40.4 falls related hospital admissions per 1,000 population. (table 8)
- North East had the lowest rate with 22.3 falls related hospital admissions per 1,000 population. (table 8)

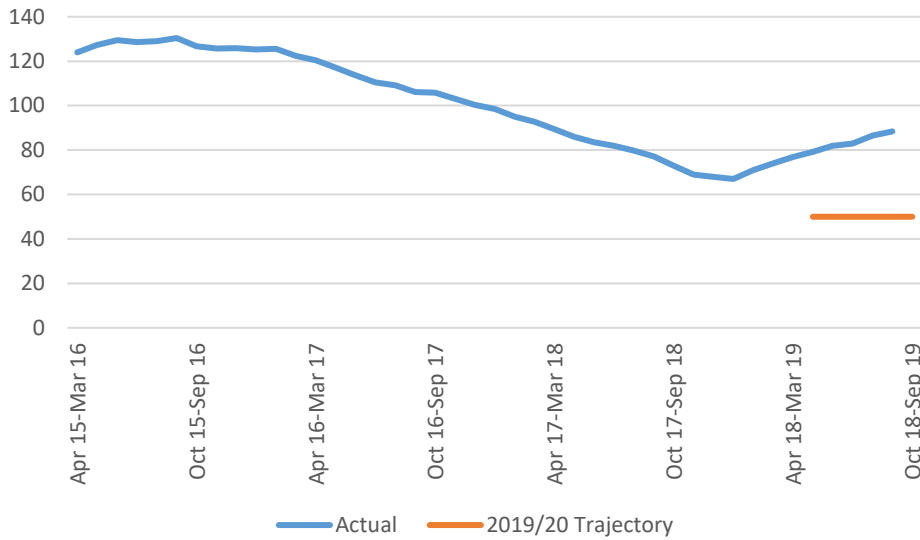
Actions to Improve Performance

Action	HSCP Operational Lead (s)	Timescale for Improvement
Supporting the Scottish Ambulance Service Falls and Frailty Pathways in developing non-conveyance to hospital options, supporting patients remaining in their own homes. Pilots across other areas of the UK have proved positive and we are exploring the feasibility of commencing similar projects in Dundee.	Matthew Kendall	March 2020
The early identification of people at high risk of falls through having a level 1 conversation and/or completion of a level 1 falls referral tool continues to be delivered by an increasing number of partner agencies, and this will be further consolidated across Dundee to support identification of those at risk of falls and appropriate onward signposting to relevant services / activities.	Matthew Kendall	Complete
Opportunities are created for individuals to participate in regular and life-long exercise programmes that include strength and balance to minimise falls risk and prevent further falls and frailty. In developing appropriate programmes, links with local leisure services, volunteer services, walking groups and local exercise groups will be considered as well as training volunteers and staff working with older people including care at home, care homes, day care and sheltered housing.	Matthew Kendall	March 2020
Review of data available to support targeted approach of falls prevention work (NHS, Council, Scottish Ambulance Service (SAS), Fire & Rescue). Explore neighbourhood level data to direct resources to areas most in need. A Tayside Falls Data Group has been established to share good practice and further understand the data and the links between the data and clinical and care delivery.	Matthew Kendall	Initial timescale was December 2019, changed to June 2020

Service Delivery Area : Delayed Discharges

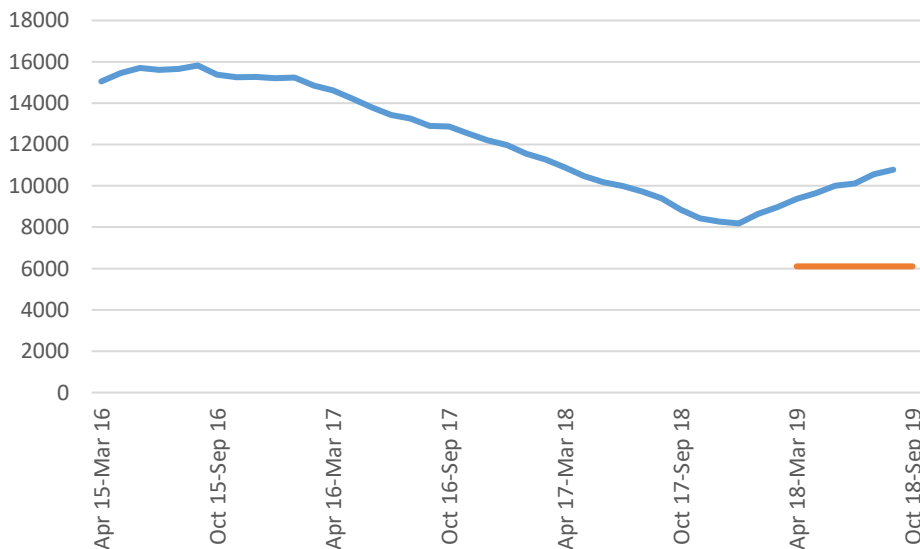
Measuring Performance Under Integration

Chart 15: Bed Days Lost to Delayed Discharges (All Reasons) per 1,000 Dundee Population 18+ – Performance against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

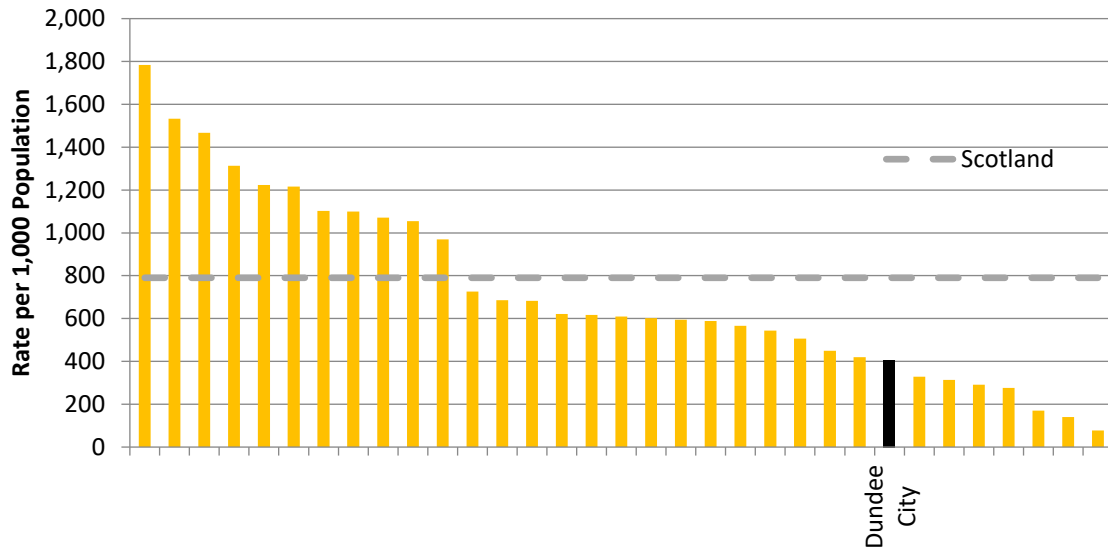
Chart 16: Bed Days Lost to Delayed Discharges (All Reasons) Numbers – Performance against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

National Health and Wellbeing Indicator 19 – Bed Days Lost

Chart 17: Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population Benchmarking 2019/20 Q1



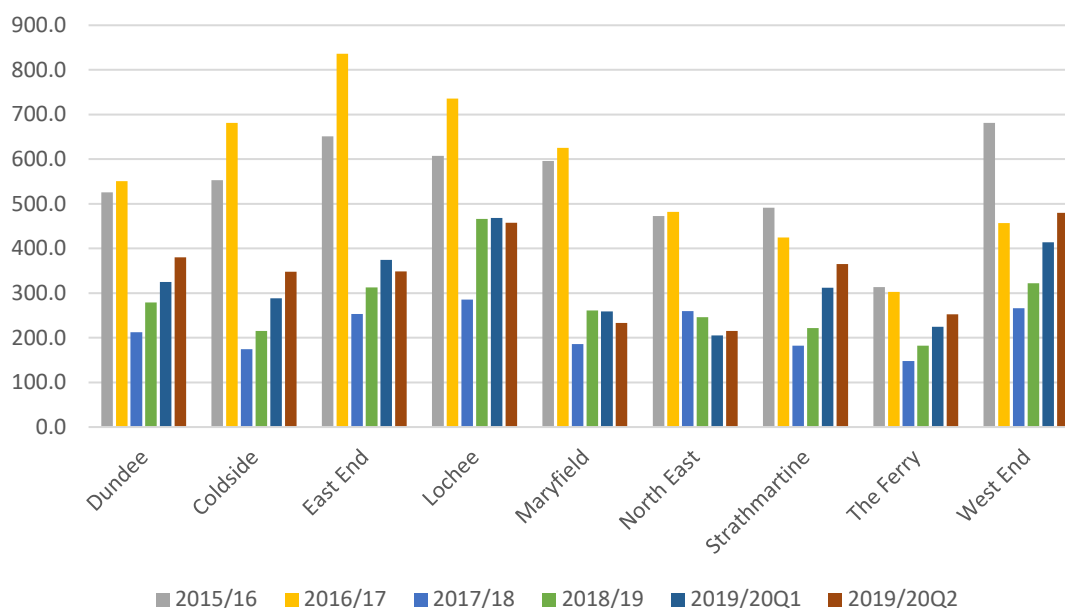
Source: ISD Core Suite of Integration Indicators

Table 9: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population Standard Delays by LCPP

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20Q1	2019/20Q2
Dundee	522.9	552.6	525.9	550.8	212.6	279	325	380
Coldside	534.8	553.1	553.2	681.1	174.5	215	288	348
East End	905.0	771.0	651.0	836.2	253.1	313	374	348
Lochee	504.5	350.5	607.8	735.7	285.6	467	468	458
Maryfield	520.6	528.3	596.3	625.6	185.7	261	259	233
North East	443.8	265.5	472.5	482.1	260.1	246	205	215
Strathmartine	425.7	525.9	491.1	424.8	182.1	222	312	365
The Ferry	425.2	517.6	313.2	302.5	147.6	183	224	252
West End	430.4	830.0	681.4	456.7	266.4	322	414	480

Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).
2017/18, 2018/19 and 2019/20 – ISD National Delayed Discharge Data

Chart 18: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population Standard Delays by LCPP



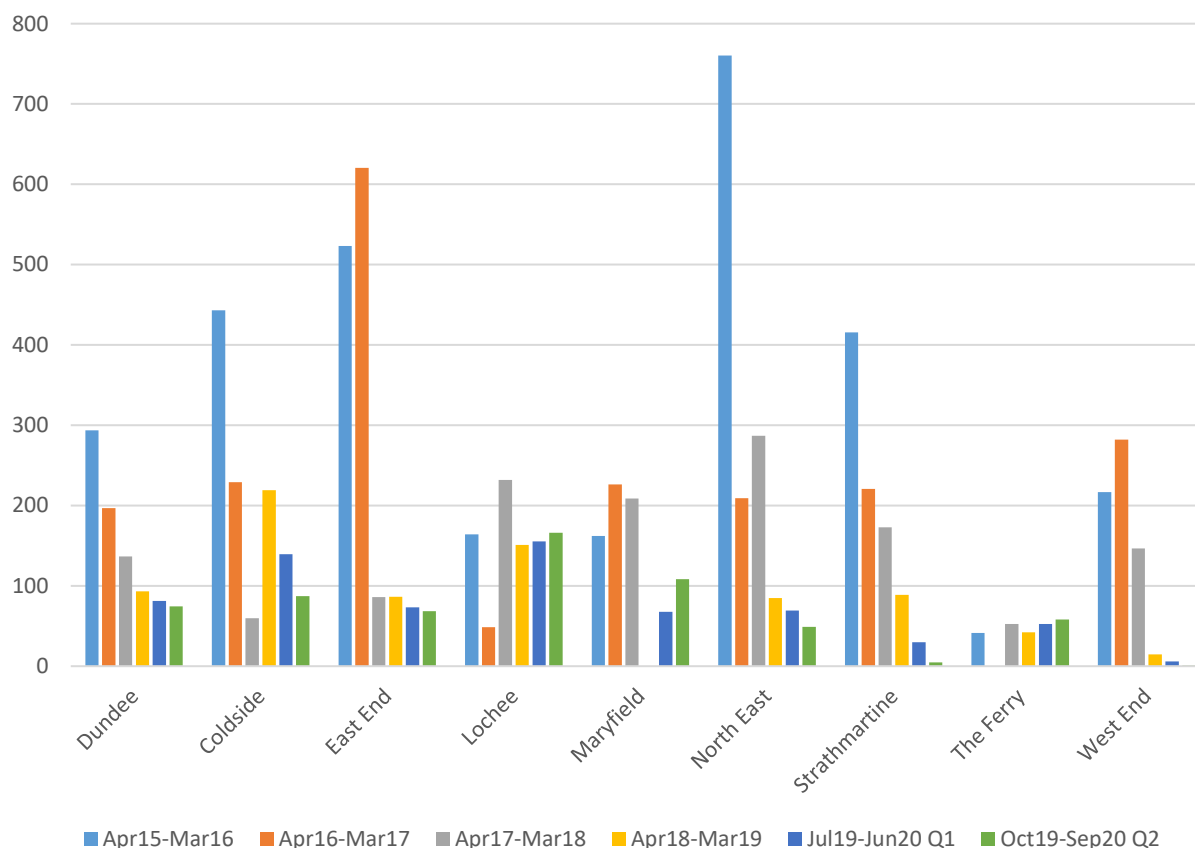
Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).
2017/18 & 2018/19 – ISD National Delayed Discharge Data

Table 10: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population Code 9 Delays by LCPP

	Apr15- Mar16	Apr16- Mar17	Apr17- Mar18	Apr18- Mar19	Jul18- Jun19 Q1	Oct18- Sep19 Q2
Dundee	294	197	137	93	81	75
Coldside	443	229	60	219	139	87
East End	523	620	86	87	73	69
Lochee	164	49	232	151	156	166
Maryfield	162	226	209	0	68	108
North East	760	209	287	85	69	49
Strathmartine	416	221	173	89	30	5
The Ferry	41	0	53	42	53	58
West End	217	282	147	15	6	1

Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).
2017/18, 2018/19 and 2019/20 – ISD National Delayed Discharge Data

Chart 19: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population Code 9 Delays by LCPP



Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).
2017/18 & 2018/19 – ISD National Delayed Discharge Data

Analysis – All, Standard and Code 9 Delays age 75+

Benchmarking (All delays 75+) – ISD Core Suite of Integration Indicators

- The rate of bed days lost due to a delayed discharge in Dundee (406) was considerably lower than the Scottish rate (790). (chart 17)
- Dundee rate deteriorated between 2017-18 (213) and Q2 2019-20 (380).
- Dundee is 8th best performing partnership in Scotland. (chart 17)
- At Q1 2019-20, 2 of the family partnerships performed better than Dundee. (chart 17)

Difference from 2015-16 Baseline to Q2 2019-20

- For All Reasons, the Dundee rate per 1,000 population aged 75+ has fallen by 28%, which is a significant improvement.
- All LCPPs have shown a decrease in the rate of bed days lost per 1,000 population to both Standard and Code 9 Delays for those aged 75+ apart from Lochee and The Ferry which showed an increase in code 9 delays. The increase in Lochee was by 1% and the increase in The Ferry was by 41%. (table 3)
- All LCPPs recorded improved rates in standard bed days lost to delayed discharges per 1,000 population (aged 75+) and these ranged from 19% in The Ferry to 61% in Maryfield. (table 3)
- Improved rates of Code 9 bed days lost to delayed discharges per 1,000 population (aged 75+) ranged from 33% in Maryfield to 100% in West End. There was a deterioration in rates in Lochee (by 1%) and The Ferry (by 41%). (table 3)

Performance Trend between Q1 2018-19 and Q2 2018-19

- Overall deterioration in Dundee rate by 36% for Standard Delays (table 9) but an improvement of 20% for Code 9 Delays (table 10) for those aged 75+.
- Improved rate for Standard Delays in Maryfield (10%), East End (7%) and Lochee (2%) but a deterioration in rates for Coldside (21%), Strathmartine (17%), West End (16%), The Ferry (12%) and North East (5%) (table 9)
- Improved rates for Code 9 Delays in West End (-86%), Strathmartine (-85%), Coldside (-37%), North East (-29%) and East End (-6%) but a deterioration in rates for Maryfield (+59%), The Ferry (+10%) and Lochee (+7%) for those aged 75+. (table 10)

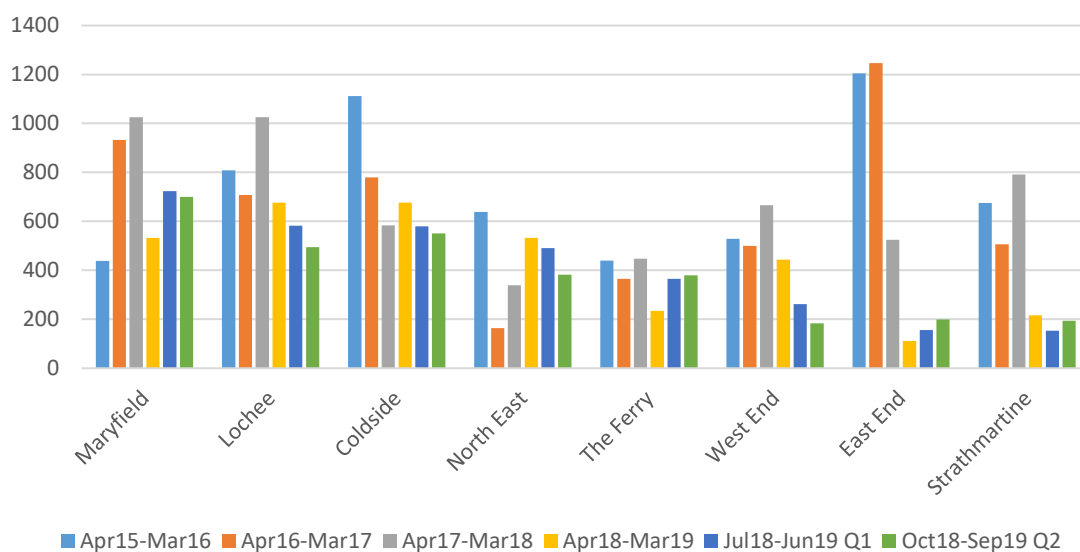
Variation across LCPPs in Q2 2019-20

- West End (480) had the highest rate of Standard Delays for those aged 75+. North East (215) had the lowest rates. (table 9)
- Lochee (166) had the highest rates of Code 9 Delays for those aged 75+. West End had the lowest rate at 1. (table 10)
- Overall, Lochee (624) had the highest rate of delays for All Reasons for those aged 75+. North East had the lowest rate at 264.

Table 11: Number of Bed Days Lost to Code 9 Delayed Discharges - All Ages by LCPP

	Apr15- Mar16	Apr16- Mar17	Apr17- Mar18	Apr18- Mar19	Jul18- Jun19 Q1	Oct18- Sep19 Q2
Dundee	6573	5971	5403	3423	3313	3084
Maryfield	438	933	1025	532	724	700
Lochee	809	708	1025	676	582	494
Coldside	1112	780	584	676	580	551
North East	638	164	339	533	491	382
The Ferry	440	365	447	235	365	380
West End	529	500	666	444	262	184
East End	1204	1246	525	111	156	199
Strathmartine	675	507	792	216	153	194

Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).
2017/18 , 2018/19 & 2019/20– ISD National Delayed Discharge Data

Chart 20: Number of Bed Days Lost to Code 9 Delayed Discharges - All Ages by LCPP

Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).
2017/18 & 2018/19 – ISD National Delayed Discharge Data

Analysis – Code 9 (Complex) Delays All Ages

Difference from 2015-16 baseline to Q2 2019-20

- 53% improvement in bed days lost in Dundee from 2015-16 baseline. (table 11)
- All LCPPs have shown an improvement except for Maryfield who showed a deterioration of 60%. (table 11, chart 20)

Performance trend between Q1 2019-20 and Q2 2019-20

- The number of bed days lost to complex delayed discharges for people all ages in Dundee dropped 7% over the last quarter which is an improvement. (table 11)
- There were fewer complex days lost in Q2 2019-20 in West End (-30%), North East (-22%), Lochee (-15%), Coldside (-5%) and Maryfield (-3%). (table 11)
- There were more days lost in Q2 2019-20 in East End (+28%), Strathmartine (+27%) and The Ferry (+4%) (table 11).

Variation across LCPPs in Q2 2019-20

- Maryfield had the highest number of complex bed days lost for people all ages in Dundee at 700. (table 11)
- West End had the lowest number at 184. (table 11)

Actions to Improve Performance

Action	HSCP Operational Lead (s)	Timescale for Improvement
Develop intermediate care for older people with mental health difficulties.	Angie Smith	Completed
Continue to develop Enhanced Community Support (ECS) / Dundee Enhanced Community Support Acute (DECSA).	Mike Andrews/Louise Burton	March 2020
Develop locality teams.	Jenny Hill / Beth Hamilton	March 2021
Assessment in the community.	Beth Hamilton / Jacqueline Thomson	March 2020
Implementation of Eligibility Criteria.	Jenny Hill /Beth Hamilton	March 2020
Develop community rehab model .	Jenny Hill/Beth Hamilton	July 2020
Continue to develop Discharge to Assess Model through ongoing development of social care and step down resources.	Lynne Morman	March 2020



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 22 SEPTEMBER 2020

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP SUMMARY PERFORMANCE REPORT – 2019/20 QUARTER 3

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC11-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2019/20 Quarter 3 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' interim targets.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

- 2.1 Note the content of this report.
- 2.2 Note the performance of Dundee Health and Social Care Partnership, at both Dundee and locality levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 3 and 4) and section 6.
- 2.3 Notes the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' interim targets as summarised in Appendix 1 (table 2).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

- 4.1 In February 2019 the Performance and Audit Committee approved a revised approach to quarterly performance reporting; with summary reports being provided in Quarters 1 and 3 of each financial year and full reports in Quarters 2 and 4 (Article V of the minute of the meeting of the Dundee PAC held on 12 February 2019 refers).
- 4.2 The Quarter 3 Performance Report covers local performance against National Health and Wellbeing Indicators 1-23. Appendix 1 provides a summary of performance. Data is provided both at Dundee and Local Community Planning Partnership (LCPP) level (where available). Data is currently not available for eight out of the 13 National Indicators which are not reported using The Health and Social Care Experience Survey (see table 1). The Scottish Government and National Services Scotland, Information Services Division (NSS ISD) are working on the development of definitions and datasets to calculate these indicators nationally.

- 4.3 The National Health and Wellbeing Indicators 1-9 are reported from The Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially. A summary of the published results from the 2017/18 survey is provided in Appendix 1 (table 1). Full details have been provided previously in 2018/19 Quarter 1 Performance Report (Article IV of the minute of the meeting of the Performance and Audit Committee held on 25 September 2018 refers).
- 4.4 Appendix 1 also summarises performance against targets set in the Measuring Performance Under Integration (MPUI) submission (Article IX of the minute of meeting of the Dundee PAC held on 13 February 2018 refers) for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges. Please note that we are currently unable to provide analysis for balance of care and end of life.

5.0 DATA SOURCES USED FOR MEASURING PERFORMANCE

- 5.1 National data is provided to all partnerships, by NSS ISD, to assist with monitoring against targets set under Measuring Performance under Integration arrangements. This data shows rolling monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously NSS ISD were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+. (Please refer to Table 2).
- 5.2 It was agreed at the PAC held on 19 July 2017 (Article VIII of the minute of the meeting refers) that local data, provided by the NHS Tayside Business Unit will be used to produce more timely quarterly performance reports against the National Health and Wellbeing Indicators. NHS Tayside Business Unit have provided Locality based data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls. (Please refer to Tables 3 and 4).
- 5.3 Data provided by NHS Tayside differs from data provided by NSS ISD; the main differences being that NHS Tayside uses 'board of treatment' and NSS uses 'board of residence' and NHS Tayside uses an admissions based dataset whereas NSS uses a discharge based dataset (NHS Tayside records are more complete but less accurate as NSS data goes through a validation process). As NSS data is discharge based, numbers for one quarter will have been updated the following quarter as records get submitted for those admitted one quarter and discharged a subsequent quarter. By the time NSS release their data, records are (in most cases) 99% complete. The data provided by NHS Tayside Business Unit is provisional and figures should be treated with caution as the methodology used to calculate emergency bed days does not use the record linkage methodology incorporated at NSS. Please note, however, the local trends do match the national trends for emergency bed days analysis.

6.0 QUARTER 3 PERFORMANCE 2019/20

- 6.1 Rolling data from January 2019 to December 2019 demonstrates that performance exceeded 'Measuring Performance Under Integration' targets for emergency admission (numbers and rate) and emergency bed day numbers for mental health specialties. The target for emergency admissions as a rate per 1,000 of all A+E attendances, emergency admission numbers from A+E, emergency bed days (rate and numbers) for acute specialties, number of A+E attendances, bed days lost to delayed discharges per 1,000 population (all reasons), number of bed days lost to delayed discharges (all reasons and code 9) were **not** met. Please refer to Table 2 in Appendix 1.
- 6.2 Tables 3 and 4 in Appendix 1 summarise performance against the National Health and Wellbeing Indicators at both Dundee and LCPP level using rolling data from January 2019 to December 2019.
- 6.2.8 Between the baseline year (2015/16) and 2019/20 Quarter 3 there has been **improved** performance in: rate of bed days lost to delayed discharge for people aged 75+ (for both Standard and Complex delays) and emergency bed day rate for people aged 18+ (acute and mental health specialties). In the same period there has been a **deterioration** in performance in: emergency admission rate for people aged 18+; readmissions rate for people of all ages; and the rate of hospital admissions as a result of a fall for people aged 65+. This is the same pattern of performance as

reported in 2019-20 Quarter 2 (report PAC1-2020 refers) and there are therefore no exceptions to report to PAC.

- 6.2.9 Between the baseline year 2015/16 and 2019/20 Quarter 3 there was an improvement in the rate of bed days lost to complex delayed discharges for people aged 75+ across all LCPPS. There was a 81.2% improvement in Dundee and the LCPP rates ranged from a 33.7% improvement in Maryfield to a 98.5% improvement in Strathmartine.
- 6.2.10 Between the baseline year 2015/16 and 2019/20 Quarter 3 there was an improvement in the rate of bed days lost to standard delayed discharges for people aged 75+ across all LCPPS except The Ferry and West End. There was a 24.9% improvement in Dundee and the LCPPs with the biggest improvements were Maryfield (70.3% improvement), East End (55.6% improvement) and North East (55.5% improvement). In The Ferry there was an increase in standard delays by 1.9% and in West End there was an increase in standard delays by 1.2%.
- 6.2.11 Emergency bed day rates since 2015/16 have decreased by 11.5% for Dundee, which is an improvement. Every LCPP showed an improvement in 2019/20 Quarter 3 compared with 2015/16 and the biggest improvements were seen in East End, North East and West End, all of which showed a greater than 19% decrease in bed day rates.
- 6.2.12 Emergency admission rates have increased by 4.9% for Dundee since 2015/16 and there were increases in all LCPP areas with the exception of The Ferry (5.1% improvement in the rate). Increases ranged from 2.4% in Strathmartine to 11.5% in Maryfield.
- 6.2.13 The rate of readmissions in Dundee has increased by 7% since 2015/16. The rate increased (deteriorated) in 5 LCPPs (Lochee 28.8% increase, West End 18.7% increase, Coldside 13.9% increase, East End 7.3% increase and Maryfield 1.9% increase). The rate decreased (improved) in 4 LCPP areas (West End 12.4% decrease, The Ferry 5.7% decrease and Strathmartine 0.2% decrease)
- 6.2.14 The rate of hospital admissions as a result of a fall for people aged 65+ in Dundee has increased by 22.8% since 2015/16, which is a deterioration. The rate increased in all LCPP areas. The increases ranged from 7.1% in Lochee to 40.3% in Coldside.

7.0 POLICY IMPLICATIONS

- 7.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

8.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against national indicators could affect; outcomes for individuals and their carers and spend associated with poor performance.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Continue to develop a reporting framework which identifies performance against national and local indicators. - Continue to report data quarterly to the PAC to highlight areas of poor performance. - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.

Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

9.0 CONSULTATIONS

9.1 The Chief Officer and the Clerk were consulted in the preparation of this report.

10.0 BACKGROUND PAPERS

10.1 None.

Dave Berry
Chief Finance Officer

DATE: 27 February 2020

Lynsey Webster
Senior Officer

Table 1: National Health and Wellbeing Indicators 1 to 9

National Health & Well Being Indicator	Scotland	Dundee	North Lanarkshire	Glasgow	North Ayrshire	Inverclyde	Dunbartonshire	East Ayrshire	Western Isles
1 % of adults able to look after their health very well or quite well	93	93	90	90	91	91	91	92	94
2 % of adults supported at home who agree that they are supported to live as independently as possible	81	84	75	82	80	80	81	80	79
3 % of adults supported at home who agree that they had a say in how their help, care or support was provided	76	78	71	80	70	77	80	74	66
4 % of adults supported at home who agree that their health and care services seemed to be well co-ordinated	74	81	70	76	74	79	79	74	64
5 % of adults receiving any care or support who rate it as excellent or good	80	82	75	79	78	83	81	81	85
6 % of people with positive experience of the care provided by their GP practice	83	84	76	86	80	83	85	76	88
7 % of adults supported at home who agree that their service and support had an impact on improving or maintaining their quality of life	80	85	76	80	82	77	79	77	71
8 % of carers who feel supported to continue in their caring role	37	38	33	38	39	40	40	36	41
9 % of adults supported at home who agree they felt safe	83	87	80	85	80	84	89		86

Source: Scottish Health & Care Experience Survey 2017/18

Key points of note

Best performing partnership in family group is highlighted in green for each indicator

2017/18 results:

- a All indicators show Dundee to be same or higher than Scottish average
- b For indicators 2, 4 & 7 Dundee performed better than all other family group members
- c Dundee is in top 3 for all indicators except indicators 6 & 8
- d Indicator 8 returned a poor result for all family group members



Compared to Scottish Health & Care Experience Survey 2015/16

- a All indicators showed a deterioration across Scotland as a whole
- b Improvements for Dundee in indicators 4 & 9
- c No change in indicator 1 for Dundee
- d Deterioration for Dundee in indicators 2-3 & 5-8. Biggest deterioration (6%) in indicators 6 & 8

Table 2 : Measuring Performance under Integration Summary

Integration Indicator (Annual 18+)	19-20 Target	19-20 Q3 Actual Data	Expected % Difference from 15-16 Baseline	Actual % Difference from 15-16 Baseline		Actual % Difference from 19-20 target		Direction of travel from Q2 to Q3
				2019/20 Q2	2019/20 Q3	2019/20 Q2	2019/20 Q3	
Emergency Admission Rate per 100,000 Dundee Population	12,489	12,024	↑7.27	↑3.06	↑3.27	↓3.92	↓3.72	↑
Emergency Admission Numbers	15,225	14,658	↑7.78	↑3.55	↑3.76	↓3.92	↓3.72	↑
Emergency Admissions Numbers from A&E	7,440	7,721	↑14.76	↑17.26	↑19.10	↑2.18	↑3.63	↑
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances	301	317	↑8.66	↑8.93	↑3.19	↑1.54	↑5.24	↑
Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population	79,301	83,197	↓20.92	↓16.65	↓17.04	↑5.41	↑4.91	↓
Emergency Bed Days Numbers for Acute Specialties	96,674	101,423	↓20.55	↓16.26	↓16.65	↑5.41	↑4.91	↓
Emergency Bed Days Numbers for Mental Health Specialties	42,595	38,068	↓4.39	↓17.02	↓14.55	↓13.40	↓10.63	↑
Accident & Emergency Attendances	24,680	24,897	↑5.30	↑5.96	↑6.23	↑0.63	↑0.88	↑
Number of Bed Days Lost to Delayed Discharges per 1,000 Population (All Reasons)	50	91	↓59.68	↓28.01	↓26.72	↑78.30	↑81.49	↑
Number of Bed Days Lost to Delayed Discharges (All Reasons)	6,105	11,080	↓59.44	↓27.67	↓26.38	↑78.30	↑81.49	↑
Number of Bed Days Lost to Delayed Discharges (Code 9)	3,785	4,233	↓43.24	↓29.54	↓36.52	↑24.12	↑11.84	↓

Source ISD: ISD MSG Indicators

Key:  Improved/Better than previous quarter  Declined/Worse than previous quarter

Key Points:

- g. Based on current performance, emergency admission (numbers and rate), emergency admissions as a rate per 1,000 of all A+E attendances, emergency admission numbers from A+E, emergency bed days (rate and numbers) for acute specialties, number of A+E attendances, bed days lost to delayed discharges per 1,000 population (all reasons), number of bed days lost to delayed discharges (all reasons and code 9) are not on track to meet the 2019/20 trajectories.
- h. The Q3 1920 Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population does not meet the 1920 target, however the rate is better than it was in Q2 1920.
- i. The Q3 1920 Number of Bed Days Lost to Delayed Discharges (Code 9) does not meet the 1920 target, however the rate is better than it was in Q2 1920.
- j. Published MSG data has been used to measure performance therefore there may be a discrepancy when comparing with the local performance data. Note late submissions of data may result in % differences reported varying from one quarter to another.
- k. Be aware – some of the differences show an increase which is positive and some show a decrease which is also positive.

Table 3: Performance in Dundee's LCPPs - % change in 2019/20 Q3 against baseline year 2015/16

National Indicator									
	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+4.9	+6.4	+8.7	+5.2	+6.8	+2.4	+11.5	+5.6	-5.1
Emer Bed Days rate per 100,000 18+	-11.5	-6.7	-25.7	-7.3	-23.9	-4.6	-2.0	-19.7	-5.1
Readmissions rate per 1,000 All Ages	+7	+28.8	+7.3	+13.9	-12.4	-0.2	+1.9	+18.7	-5.7
Falls rate per 1,000 65+	+22.8	+7.1	+14.9	+40.3	+15.6	+23.6	+12.4	+16.9	+37.2
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-24.9	-34.1	-55.6	-10.8	-55.5	-8.3	-70.3	+1.2	+1.9
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Complex)	-81.2	-46.9	-92.7	-82.4	-93.9	-98.5	-33.7	-81.3	-40.1

Table 4: Performance in Dundee's LCPPs - LCPP Performance in 2019/20 Q3 compared to the Dundee average

National Indicator									
	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	12,520	14,643	17,192	14,429	12,419	13,409	10,053	8,449	10,457
Emer Bed days rate per 100,000 18+	117,668	151,179	135,478	151,071	85,798	118,156	104,461	78,776	119,892
Readmissions rate per 1,000 All Ages	119	134	133	130	97	116	124	123	93
Falls rate per 1,000 65+	31	29	32	42	24	31	26	32	28
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	395	400	289	494	210	451	177	690	319
Delayed Discharge bed days lost rate per 1,000 75+ (complex)	56	86	37	77	50	7	108	40	25

Source: NHS Tayside data

Key: Improved/Better Stayed the same Declined/Worse



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 22 SEPTEMBER 2020

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2020-21 QUARTER 1

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC25-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2020-21 Quarter 1 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' interim targets.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Notes the content of this report.
- 2.2 Notes the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 and section 6.
- 2.3 Notes the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' interim targets as summarised in Appendix 1 (table 2) and section 6.
- 2.4 Notes the improvement actions planned in each performance area as summarised in Appendix 2.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

- 4.1 In February 2019 the Performance and Audit Committee approved a revised approach to quarterly performance reporting; with summary reports being provided in Quarters 1 and 3 of each financial year and full reports in Quarters 2 and 4 (Article V of the minute of the meeting of the Dundee PAC held on 12 February 2019 refers). Although the Quarter 1 performance report would usually be a summary report, on this occasion a full report has been provided to allow the Performance and Audit Committee to understand and scrutinise early information about the impact of the COVID-19 pandemic on key areas of performance.
- 4.2 The Quarter 1 Performance Report analyses performance against National Health and Wellbeing Indicators 1-23 and targets set in the Measuring Performance Under Integration (MPUI) submission. 5 of the 23 National Health and Wellbeing Indicators are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost). Benchmarking analysis against other Partnerships, including those that are part of Dundee's Local Government Benchmarking Framework Family Group, is also reported.

Appendix 1 provides a summary of performance and Appendix 2 sets out analysis of what the data is telling us and a summary of improvement actions. Data is provided both at Dundee and Local Community Planning Partnership (LCPP) level (where available). Data is currently not available for eight out of the 13 National Indicators which are not reported using The Health and Social Care Experience Survey (see section 4.3). The Scottish Government and Public Health Scotland are working on the development of definitions and datasets to calculate these indicators nationally.

- 4.3 The National Health and Wellbeing Indicators 1-9 are reported from The Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially. Full details have been provided previously in 2018-19 Quarter 1 Performance Report (Article IV of the minute of the meeting of the Performance and Audit Committee held on 25 September 2018 refers). A summary of the published results from the 2017-18 survey is provided in Appendix 1 (table 1). Results from the 2019-20 survey were due to be published, however they have been delayed due to the impact of the COVID-19 pandemic.
- 4.4 Appendix 1 also summarises performance against targets set in the Measuring Performance Under Integration (MPUI) submission (Article IX of the minute of meeting of the Dundee PAC held on 13 February 2018 refers) for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges. Detail is provided in Appendix 2. Please note that we are currently unable to provide analysis for balance of care and end of life as data is not provided by Public Health Scotland for these service areas. Guidance from the Scottish Government was expected early 2020 for the setting of local MPUI targets for 2020-21. Due to the COVID-19 pandemic this has not been received as expected. 2020-21 local targets have not yet been set and therefore 2019-20 targets have been repeated for 2020-21 in the interim. Target setting for 2020-21 will be undertaken as recovery and remobilisation plans progress.
- 4.5 This report should be assessed with regard to the demographic and socio economic context of Dundee; high rates of deprivation, an ageing population, frailty and age associated conditions being diagnosed earlier in life than in more affluent Partnerships and deprivation associated mental health illnesses and substance misuse problems.
- 4.6 The impact of the COVID-19 pandemic on the health and social care needs of the population, how we deliver supports and services, on health inequalities and on the health and wellbeing of our workforce and of unpaid carers has been substantial and wide ranging. Information about the direct impact of the pandemic is shaping and influencing how services are provided, such as the exacerbation of underlying long-term conditions in COVID-19 positive people, but also the indirect impacts, such as the consequences of delayed help and the impact of reduced household incomes on health and wellbeing.
- 4.7 The prioritisation to shift the balance of care and reduce demand on unscheduled care temporarily shifted as Health and Social Care Partnerships adapted processes, procedures and pathways in order to prevent spread of the virus and to maximise hospital capacity to treat Covid 19 patients safely and effectively. This adds a level of complexity to the indicators monitored since 2015/16 to measure how Partnerships are performing towards 'shifting the balance of care'. This report presents indicators for all admission reasons and non covid admission reasons separately where possible and relevant in order to allow scrutiny of performance towards the national indicators for people not diagnosed with Covid 19. All indicators where processes and pathways were affected by the pandemic should be treated with caution and viewed alongside whole system pathways and processes when scrutinising performance.

5.0 DATA SOURCES USED FOR MEASURING PERFORMANCE

- 5.1 National data is provided to all partnerships, by Public Health Scotland, to assist with monitoring against targets set under Measuring Performance under Integration arrangements. This data shows rolling¹ monthly performance for emergency admissions, emergency admissions from

¹ Rolling data is used so that quarterly data can be compared with financial years. This means that data for Quarter 1 shows the previous 12 months of data including the current quarter. Therefore, Quarter 1 data includes data from 1 July 2019 to 30 June 2019.

accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously NSS ISD were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+. (Please refer to Appendix 1, Table 2.)

- 5.2 It was agreed at the PAC held on 19 July 2017 (Article VIII of the minute of the meeting refers) that local data, provided by the NHS Tayside Business Unit will be used to produce more timeous quarterly performance reports against the National Health and Wellbeing Indicators. NHS Tayside Business Unit has provided data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls. From quarter 1 2020-21 the NHS Tayside Business Unit has been providing breakdowns of covid and non covid admission reasons for emergency admissions, emergency bed days, hospital admissions due to a fall and delayed discharges. (Please refer to Appendix 1, Tables 3 and 4).
- 5.3 Data provided by NHS Tayside differs from data provided by NSS ISD; the main differences being that NHS Tayside uses 'board of treatment' and NSS uses 'board of residence' and NHS Tayside uses an admissions based dataset whereas NSS uses a discharge based dataset (NHS Tayside records are more complete but less accurate as NSS data goes through a validation process). As NSS data is discharge based, numbers for one quarter will have been updated the following quarter as records get submitted for those admitted one quarter and discharged a subsequent quarter. By the time NSS release their data, records are (in most cases) 99% complete. The data provided by NHS Tayside Business Unit is provisional and figures should be treated with caution.
- 5.4 Recent guidance from NSS ISD has meant that other Partnerships can no longer be identified when benchmarking, until SMR submissions rates are acceptable and data has been formally published. The quarter 1 2020-21 report uses calendar year 2019 data to benchmark against other Partnerships as Public Health Scotland advised that this is the most current data available which is complete enough to use for benchmarking purposes.

6.0 QUARTER 1 PERFORMANCE 2019-20

- 6.1 Rolling data from July 2020 to June 2021 demonstrates that performance **exceeded** 'Measuring Performance Under Integration' targets for emergency admission (numbers and rate), emergency bed day numbers for mental health specialties, number of A+E attendances, rate of bed days lost to code 9 delayed discharges, emergency admission numbers from A+E and emergency bed days (rate and numbers) for acute specialties. Emergency admissions as a rate per 1,000 of all A+E attendances and bed days lost to delayed discharges per 1,000 population (all reasons) (numbers and rate) were **not** met. Please refer to Table 2 in Appendix 1.
- 6.2 For each of the six high level service delivery areas from the National Health and Wellbeing Indicators and MPUI for which data is currently available performance has been assessed against the:
- 2015-16 pre-integration baseline;
 - 2020-21 Measuring Performance under Integration (MPUI) interim target for Dundee;
 - 2019-20 performance;
 - previous quarter (Q4 2019-20); and,
 - performance of other Partnerships and family group Partnerships in particular.

From this analysis areas of improving/good performance, of mixed performance and of declining/poor performance have been identified. Appendix 2 provides details of planned improvement actions.

6.2.1 *Areas of improving / good performance*

Emergency Admissions (Appendix 1: Tables 2-4 and Appendix 2: Charts 1-5 and Table 5)

- Emergency Admission Rate per 100,000 population and Emergency Admission Numbers both exceeded 2020-21 interim integration target at Q1 2020-21 (table 2, charts 1&2).

- From the 2015/16 baseline, there has been an increase in the Dundee rate of all admissions reasons by 1.3%, which is a deterioration, and in all LCPPs except two (table 3). However, there has been a consistent improvement since 2017-18. (table 5).
- From the 2015/16 baseline, there has been a decrease in the Dundee rate of non-covid admissions reasons by 3.4%, which is an improvement, and in all LCPPs except two (table 3). The rate is the lowest since before the 2015/16 baseline. (table 5)
- The rate of Emergency Admissions for Dundee City was slightly lower than the Scottish average – the fourteenth most poorly performing partnership in Scotland. Dundee performed the best out of the eight family group partnerships (chart 4).
- The number of emergency admissions from A+E met the 2020-21 MPUI interim target.
- Emergency Admissions as a Rate per 1,000 of all A&E Attendances did not meet the 2020-21 MPUI target (table 2 & chart 3).
- Number of accident and emergency attendances bet the 2020-21 MPUI interim target (chart 10).

Emergency Bed Days (Appendix 1:Tables 2-4 and Appendix 2:Charts 6-9 and Table 6)

- Both Emergency Bed Day Rate per 100,000 population (chart 1) and Emergency Bed Day Numbers (chart 2) met the 2020-21 MPUI interim target for acute specialties at Q1 2020-21.
- Both the rate and numbers of emergency bed days have fallen by around 18%, since the 2015-16 baseline (table 2) for acute specialties.
- From the 2015/16 baseline, there has been a decrease in the Dundee rate of all admissions reasons by 20.4% for all specialties. There was an improvement across all LCPPs (table 3). The rate is the lowest since before the 2015/16 baseline. (table 6)
- From the 2015/16 baseline, there has been a decrease in the Dundee rate of non-covid admissions reasons by 21.5% for all specialties, which is an improvement. There was an improvement across all LCPPs (table 3). The rate is the lowest since before the 2015/16 baseline. (table 6)
- Improved rates for all specialties between 2019-20 Quarter 4 and 2020-21 Quarter 1 across all but 1 LCPPs for all admission reasons and non covid admission reasons (table 6).
- Emergency Bed Day Rate for Dundee City is slightly higher than the Scottish average – the eleventh highest in Scotland. However, the Dundee City rate was the third lowest of the 8 family group partnerships (chart 4).

Delayed Discharges (Appendix 1:Tables 2-4 and Appendix 2:Charts 15-20 and Tables 9-11)

- Number of bed days lost (all reasons 18+) did not meet the MPUI target (table 2, charts 15&16).
- Number of bed days lost per 1,000 population (all reasons 75+) is better than Scottish average and Dundee is performing better than all but two family group partnerships (chart 17).
- Improvements of 42% (standard 75+) and 78% (Code 9 75+) from pre-integration position (table 3).
- Over the last quarter there has been an improvement in the Dundee rate by 19% for standard (75+) delays (table 10) but a deterioration of 13% for code 9 delays (75+) (table 9).

6.2.2 Areas of declining / poor performance

Readmissions within 28 days of discharge (Appendix 1:Tables 3-4 and Appendix 2:Charts 11-12 and Table 7)

- 16.7% increase in rate per 1,000 admissions on pre-integration position, two LCPPs showing an improvement in performance and six a deterioration (table 3).
- All LCPPs showed an increased rate per 1,000 admissions between 2019-20 Quarters 4 and 2020-21 Q1, which is a deterioration in performance (table 7).
- In 2020-21 Quarter 1 LCPP rates per 1,000 admissions vary significantly from 93 in North East to 147 in East End (table 7).
- The rate per 1,000 discharges for Dundee City is well above the Scottish average and the poorest performing partnership in Scotland (chart 11).
- The reason for the increase in rate is due to the reduction in total number of admissions due to the COVID-19 pandemic, which is the denominator used to calculate performance against this indicator.

- The number of readmissions decreased in Dundee between 2015/16 and Q1 2020/21 by 128. There were decreases in number of readmissions in 5 LCPPs (12 in Maryfield, 21 in East End, 31 in Strathmartine, 66 in The Ferry and 86 in North East). There were increases in number of readmissions in 3 LCPPs (10 in Coldside, 33 in West End and 45 in Lochee).
- The number of readmissions decreased in Dundee between Q4 19/20 and Q1 2020/21 by 42. There were decreases in number of readmissions in 6 LCPPs (1 in North East, 3 in Maryfield, 5 in West End, 10 in The Ferry, 16 in East End and 19 in Lochee). There were increases in number of readmissions in 2 LCPPs (6 in Coldside and 6 in Strathmartine).

Falls Admissions (Appendix 1:Tables 3-4 and Appendix 2:Charts 13-14 and Table 8)

- 18.6% worse than pre-integration position although better than the 2018-19 and 2019-20 position (table 3).
- The rate for Dundee City is well above the Scottish average and poorest performing partnership in Scotland (chart 13).
- Small improvements between Quarter 4 2019-20 and Quarter 1 2020-21 in four LCPPs (table 8).
- In 2020-21 Quarter 1 LCPP rates vary from 19.7 falls related admissions per 1,000 in North East to 40.0 in Coldside (table 8).
- The analysis of hospital admissions due to a fall data can be split by covid and non-covid admission reasons. Analysis identified that falls hospital admissions due to Covid 19 were extremely low and made little change to the overall rates, therefore this detail has not been included in this performance report. There were 14 Covid related falls admissions in total since the outbreak began. Should patterns or rates of falls admissions due to Covid increase significantly in subsequent quarters, the detail will be included in quarterly reporting.

7.0 POLICY IMPLICATIONS

- 7.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

8.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against national indicators could affect; outcomes for individuals and their carers, spend associated with poor performance if the Partnership's performance is not good.
Risk Category	Financial, Governance, Political
Inherent Risk Level	15 – Extreme Risk (L=3 (possible), I=5 (extreme))
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Continue to develop a reporting framework which identifies performance against national and local indicators. - Continue to report data quarterly to the PAC to highlight areas of poor performance. - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.
Residual Risk Level	9 – High Risk (L=3(possible), I=3 (moderate))
Planned Risk Level	6 – Moderate Risk (L=2(unlikely), I=3(moderate))

Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.
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9.0 CONSULTATIONS

9.1 The Chief Officer, Head of Service, Health and Community Care and the Clerk were consulted in the preparation of this report.

10.0 BACKGROUND PAPERS

10.1 None.

Dave Berry
Chief Finance Officer

DATE: 02 September 2020

Lynsey Webster
Senior Officer, Strategy and Performance

APPENDIX 1 – Performance Summary

Table 1: National Health & Wellbeing Indicators 1 to 9

National Health & Well Being Indicator	Scotland	Dundee	North Lanarkshire	Glasgow	North Ayrshire	Inverclyde	Dunbartonshire	East Ayrshire	Western Isles
1 % of adults able to look after their health very well or quite well	93	93	90	90	91	91	91	92	94
2 % of adults supported at home who agree that they are supported to live as independently as possible	81	84	75	82	80	80	81	80	79
3 % of adults supported at home who agree that they had a say in how their help, care or support was provided	76	78	71	80	70	77	80	74	66
4 % of adults supported at home who agree that their health and care services seemed to be well co-ordinated	74	81	70	76	74	79	79	74	64
5 % of adults receiving any care or support who rate it as excellent or good	80	82	75	79	78	83	81	81	85
6 % of people with positive experience of the care provided by their GP practice	83	84	76	86	80	83	85	76	88
7 % of adults supported at home who agree that their service and support had an impact on improving or maintaining their quality of life	80	85	76	80	82	77	79	77	71
8 % of carers who feel supported to continue in their caring role	37	38	33	38	39	40	40	36	41
9 % of adults supported at home who agree they felt safe	83	87	80	85	80	84	89		86

Source: Scottish Health & Care Experience Survey 2017/18

Data relating to indicators 1-9 for 2019-20 was originally due to be published in April 2020 but, due to staff redeployment during the COVID-19 pandemic, the publication was delayed.

Key points of note

Best performing partnership in family group is highlighted in green for each indicator

2017/18 results:

- a All indicators show Dundee to be same or higher than Scottish average
- b For indicators 2, 4 & 7 Dundee performed better than all other family group members
- c Dundee is in top 3 for all indicators except indicators 6 & 8
- d Indicator 8 returned a poor result for all family group members

Compared to Scottish Health & Care Experience Survey 2015/16



- a All indicators showed a deterioration across Scotland as a whole
- b Improvements for Dundee in indicators 4 & 9
- c No change in indicator 1 for Dundee
- d Deterioration for Dundee in indicators 2-3 & 5-8. Biggest deterioration (6%) in indicators 6 & 8

Table 2 : Measuring Performance under Integration Summary

Integration Indicator (Annual 18+)	20-21 interim Target	20-21 Q1 Actual Data	15-16 Baseline	Expected % Difference from 15-16 Baseline	Actual % Difference from 15-16 Baseline		Actual % Difference from 20-21 target		Direction of travel from Q4 to Q1
					2019/20 Q4	2020/21 Q1	2019/20 Q4		
Emergency Admission Rate per 100,000 Dundee Population	12,489	11,651	11,643	↑7.27	↑3.66	↑0.07	↓3.36	↓6.71	Better
Emergency Admission Numbers	15,225	14,203	14,127	↑7.78	↑4.15	↑0.54	↓3.36	↓6.71	Better
Emergency Admissions Numbers from A&E	7,440	7,160	6,483	↑14.76	↑17.31	↑10.44	↑2.14	↓3.61	Better
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances	301	322	277	↑8.66	↑13.06	↑16.44	↑3.74	↑6.85	Worse
Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population	79,301	76,190	100,284	↓20.92	↓18.27	↓24.02	↑3.35	↓3.92	Better
Emergency Bed Days Numbers for Acute Specialties	96,674	92,881	121,683	↓20.55	↓17.89	↓23.67	↑3.35	↓3.92	Better
Emergency Bed Days Numbers for Mental Health Specialties	42,595	32,630	44,552	↓4.39	↓18.79	↓26.76	↓15.06	↓23.34	Better
Accident & Emergency Attendances	24,680	22,230	23,437	↑5.30	↑3.76	↓5.15	↓1.47	↓9.93	Better
Number of Bed Days Lost to Delayed Discharges per 1,000	50	68	124	↓59.68	↓34.78	↓45.50	↑61.52	↑34.97	Better

Population(All Reasons)									
Number of Bed Days Lost to Delayed Discharges (All Reasons)	6,105	9,861	15,050	↓59.44	↓26.38	↓34.48	↑81.49	↑61.52	Better
Number of Bed Days Lost to Delayed Discharges (Code 9)	3,785	3,707	6,668	↓43.24	↓36.52	↓44.41	↑11.84	↓2.06	Better

Source ISD: ISD MSG Indicators

Key:  Improved/Better than previous quarter  Declined/Worse than previous quarter

Key Points:

- Emergency admission (numbers and rate) emergency bed day numbers for mental health specialties, number of A+E attendances, bed days lost to delayed discharges code 9 (number and rate), emergency admission numbers from A+E, emergency bed days (rate and numbers) for acute specialties **met** the 2020/21 targets.
- Emergency admissions as a rate per 1,000 of all A+E attendances and bed days lost to delayed discharges per 1,000 population (all reasons) **did not meet** the 2020/21 targets
- The Q1 2020/21 Emergency admissions from A+E and rate per 1,000 of all A+E attendances did not meet the 2020/21 target and performance is worse than it was in Q4 2019/20.
- Published MSG data has been used to measure performance therefore there may be a discrepancy when comparing with the local performance data. Note late submissions of data may result in % differences reported varying from one quarter to another.

Table 3: Performance in Dundee's LCPPs - % change in Q1 2020-21 against baseline year 2015/16



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+ (Covid and Non Covid)	+1.3	+2.5	+6.9	+0.7	+1.67	+3.35	+7.46	-1.62	-9.15
Emer Admissions rate per 100,000 18+ (Non Covid Only)	-3.4	-2.1	+1.6	-3.7	-4.3	-1.7	+2.4	-5.4	-13.4
Emer Bed Days rate per 100,000 18+ (Covid and Non Covid)	-20.4	-18.5	-32.6	-17.8	-19.1	-14.2	-19.2	-21.9	-17.6
Emer Bed Days rate per 100,000 18+ (Non Covid Only)	-21.5	-19.4	-34.0	-19.0	-20.5	-15.4	-20.4	-22.4	-18.9
Readmissions rate per 1,000 Admissions All	+16.7	+36.6	+18.3	+23.2	-15.7	+21.0	+15.1	+33.8	-2.3
Hospital admissions due to falls rate per 1,000 65+	+18.6	-2.8	+6.1	+33.8	-4.0	+9.1	+1.5	+25.6	+53.8
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-42%	-52%	-68%	-26%	-70%	-37%	-78%	-22%	-6%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-78%	-12%	-99%	-72%	-81%	-95%	-12%	-82%	-12%

Table 4: Performance in Dundee's LCPPs - LCPP Performance in Q1 2020-21 compared to Dundee



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+ (Covid and Non Covid)	12,095	14,098	16,911	13,818	11,826	13,592	10,654	7,870	10,014
Emer Admissions rate per 100,000 18+ (Non Covid Only)	11,526	13,475	16,075	13,204	11,134	12,868	10,153	7,569	9,548
Emer Bed days rate per 100,000 18+ (Covid and Non Covid)	105,878	132,101	122,849	133,954	91,190	106,231	86,154	76,680	104,142
Emer Bed days rate per 100,000 18+ (Non Covid Only)	104,373	130,596	120,372	132,017	89,616	104,776	84,891	76,144	102,459
Readmissions rate per 1,000 Admissions All*	130	142	147	141	93	140	140	138	96
Hospital admissions due to falls rate per 1,000 65+	29.6	25.9	29.1	40.0	19.7	27.5	23.5	34.6	31.1
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	308	292	210	409	143	311	128	531	293
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	71	144	5	125	143	22	143	40	14

Source: NHS Tayside data

*covid admission reasons not available

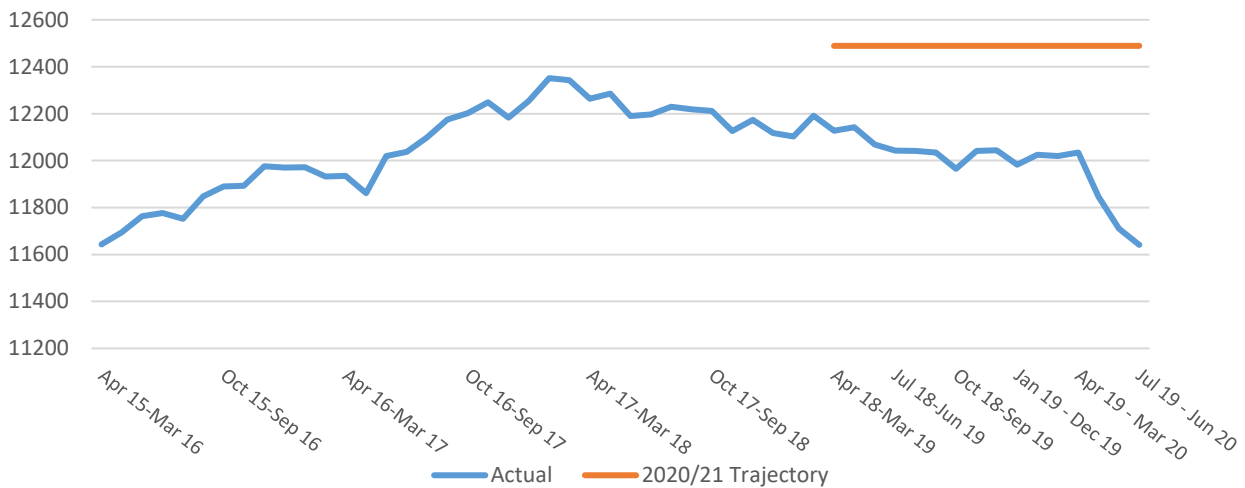
Key: Improved/Better Stayed the same Declined/Worse

APPENDIX 2 - Detailed Performance by Service Delivery Area

Service Delivery Area : Emergency Admissions

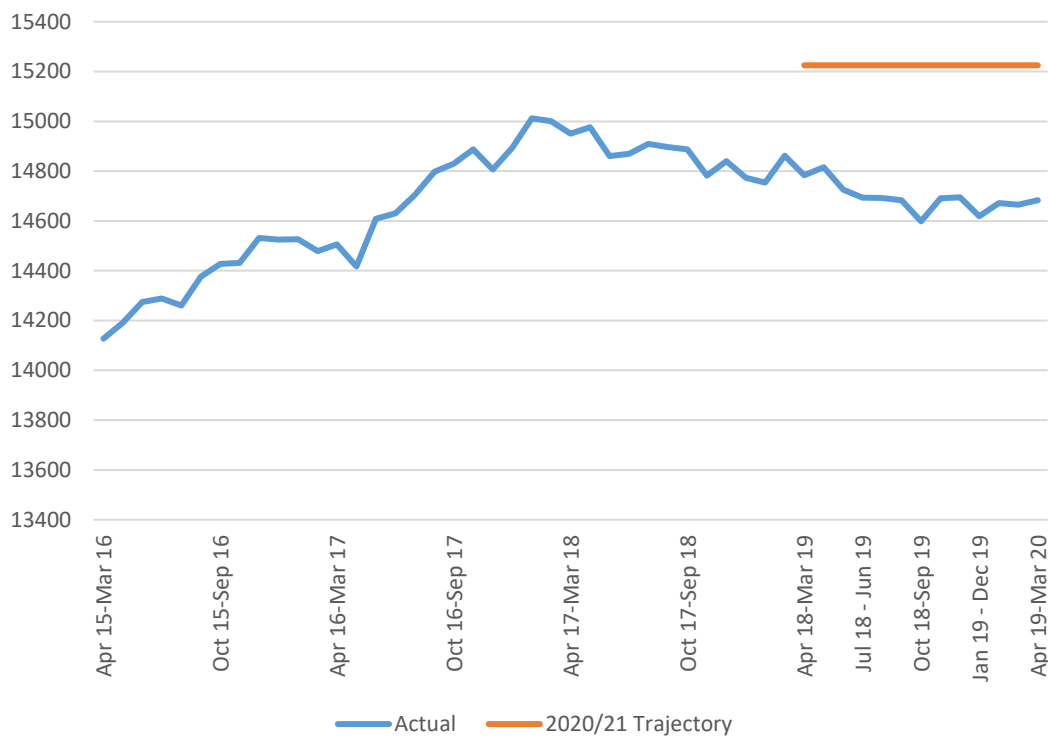
Measuring Performance Under Integration

Chart 1: Emergency Admission Rate per 100,000 Dundee Population 18+ – Performance Against MPUI Target Trajectory



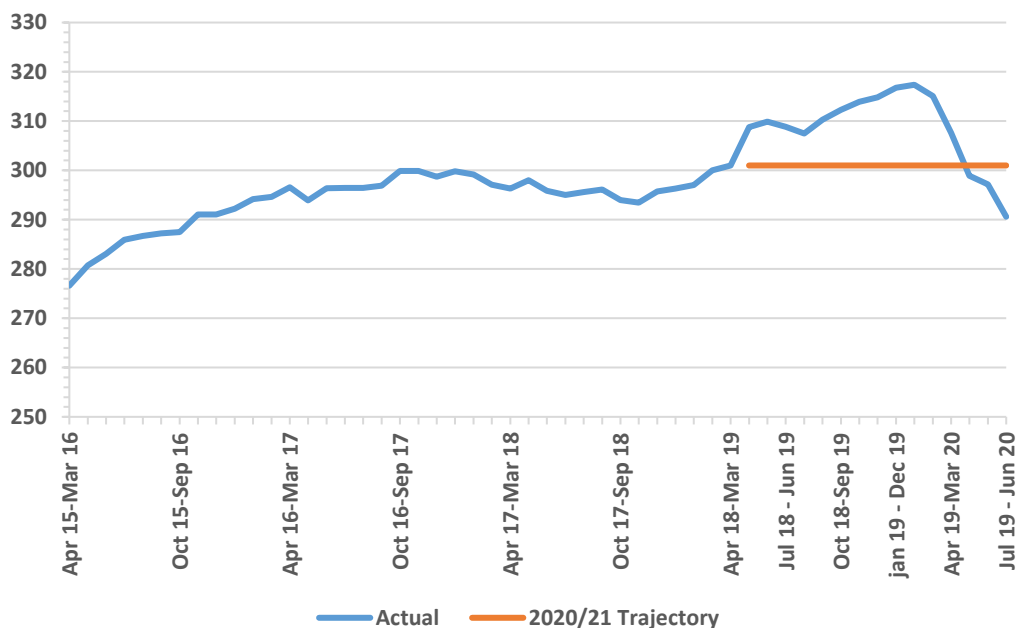
Source ISD: ISD MSG Indicators

Chart 2: Emergency Admission Numbers 18+ - Performance Against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

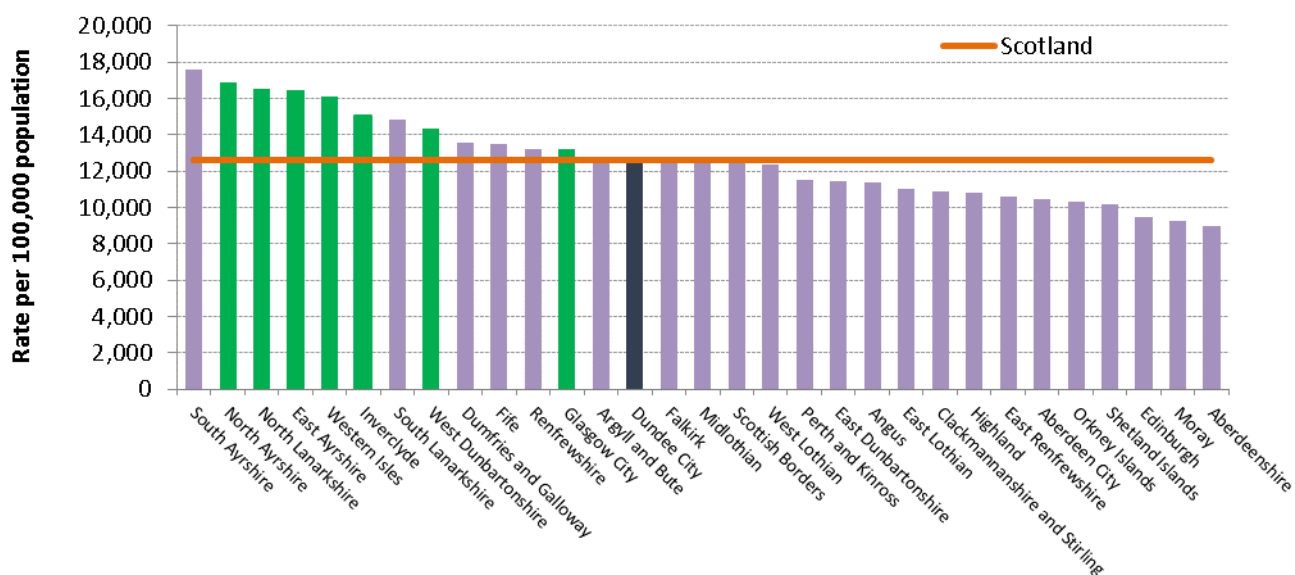
Chart 3: Emergency Admissions Rate per 1,000 of all Accident & Emergency Attendances 18+ - Performance Against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

National Health and Wellbeing Indicator 12 – Emergency Admissions

Chart 4: Emergency Admission Rate 18+ Benchmarking Calendar Year 2019



Source ISD: ISD Core Suite of Integration Indicators

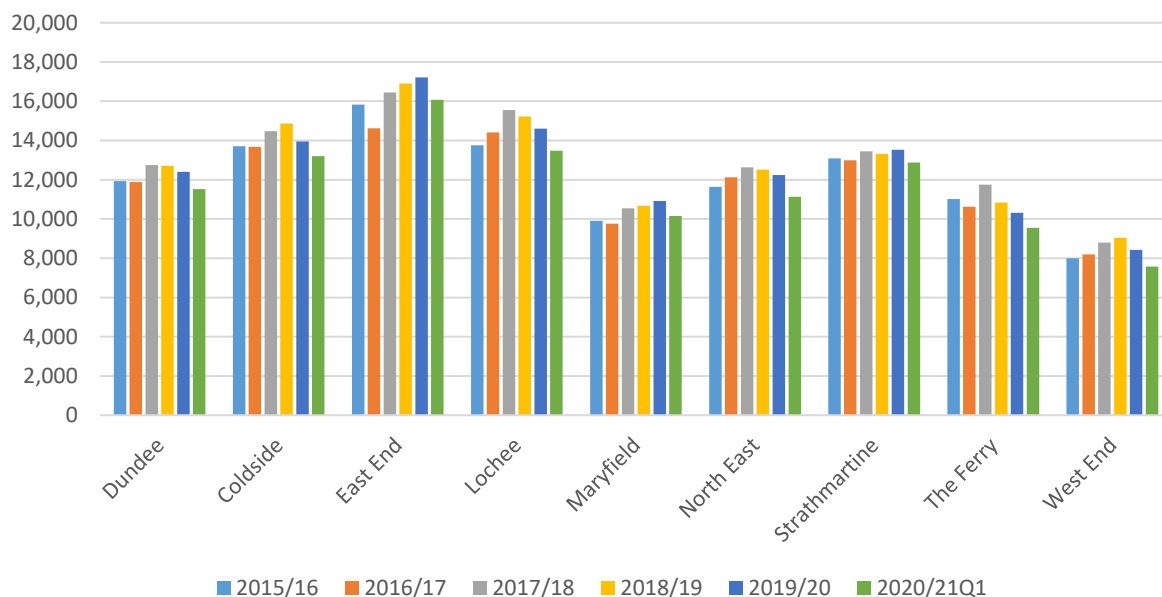
Table 5: Rate of Emergency Admissions per 100,000 Population All – 18+ by LCPP (covid and non covid admission reasons for 2019/20 onwards)

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21 Q1
Dundee	11,937	11,873	12,578	12,714	All* 12,533 NC* 12,406	All* 12,095 NC* 11,526
Coldside	13,713	13,682	14,099	14,961	All 14,135 NC 13,945	All 13,818 NC 13,204
East End	15,822	14,618	16,335	16,816	All 17,395 NC 17,207	All 16,911 NC 16,075
Lochee	13,760	14,407	15,200	15,058	All 14,733 NC 14,597	All 14,098 NC 13,475
Maryfield	9,914	9,753	10,037	10,644	All 11,025 NC 10,920	All 10,654 NC 10,153
North East	11,632	12,129	12,444	12,718	All 12,387 NC 12,238	All 11,826 NC 11,134
Strathmartine	13,091	12,989	13,252	13,435	All 13,654 NC 13,536	All 13,592 NC 12,868
The Ferry	11,022	10,620	11,957	10,756	All 10,431 NC 10,318	All 10,014 NC 9,548
West End	7,999	8,188	8,866	9,052	All 8,471 NC 8,422	All 7,870 NC 7,569

Source: NHS Tayside BSU

* All = both Covid and Non Covid Admissions, NC = Non Covid Admissions only)

Chart 5: Rate of Emergency Admissions per 100,000 Population (non-covid admission reasons) – 18+ by LCPP



Source: NHS Tayside BSU

Analysis

Benchmarking – ISD Core Suite of Integration Indicators

- The rate of emergency admissions was lower in Dundee (12,569) than the Scottish rate (12,602) (chart 4).
- Q1 2020-21 Dundee performance (12,095 all admission reasons and 11,526 all non covid admissions) was better than 2019-20 (12,533 all admission reasons).
- Dundee performed better than all other family group Partnerships.

Difference from 2015-16 Baseline to Q1 2020-21 - NHS Tayside BSU data

- All admission reasons there was a 1.3% increase in Dundee rate between 15/16 and Q1 20/21. All LCPPs except two increased, which is a deterioration in performance, except for The Ferry which has improved by 9.15% and West End which has improved by 1.62%. For the LCPPs which increased (deterioration in performance) the increase wasn't as high as was reported for Q4. (table 3)
- Non-covid admission reasons there was a 3.4% decrease in Dundee rate between 15/16 and Q1 20/21. All LCPPs except two decreased, which is an improvement in performance, except for Maryfield (+2.4%) and East End (+1.6%) which have increased. (table 3)

Performance Trend between Q4 2019/20 and Q1 2020/21 - NHS Tayside BSU data (table 5)

- All admission reasons overall improvement in Dundee rate (3.50%) with improved rates across all LCPPs; West End (7.10%), North East (4.71%), Lochee (4.40%), The Ferry (3.95%), Maryfield (3.64%), East End (2.92%), Coldside (2.28%), Strathmartine (0.45%).
- Non-covid admission reasons overall improvement in Dundee rate (7.09%) with improved rates across all LCPPs; West End (10.13%), North East (9.02%), Lochee (7.69%), The Ferry (7.46%), Maryfield (7.03%), East End (6.58%), Coldside (5.31%), Strathmartine (4.34%).

Variation across LCPPs in Q1 2020/21 - NHS Tayside BSU data (table 4 and chart 4)

- West End had the lowest rate with 7,870 emergency admissions (all) and 7,569 (non covid only) per 100,000 people.
- East End had the highest rate with 16,911 emergency admissions (all) and 16,075 (non covid only) per 100,000 people. The East End rate is more than double the West End rate.

Actions to Improve Performance

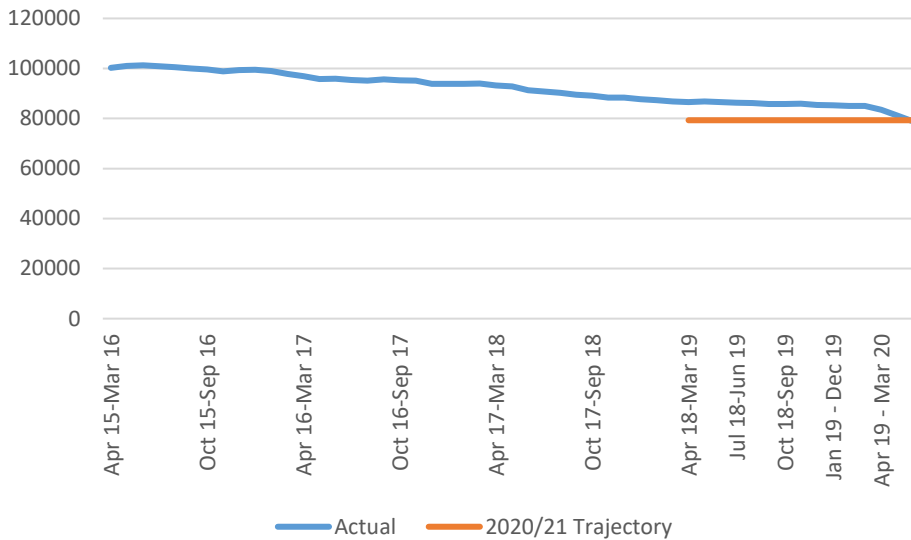
Action	HSCP Operational Lead (s)	Timescale for Improvement
Work with GP clusters and GP sub to review aspects of care and treatment services that can be resumed in practices as staffing base stabilises recognising the model for delivery may vary from the in the past.	Shona Hyman and Beth Hamilton	March 2021
Continue to support GP practices to review patient pathways of care, including the use of digital resources, including the expansion of NearMe as well as face-to-face consultations.	Shona Hyman	March 2021

GP Practices, in conjunction with cluster leads to plan for re-starting long-term conditions reviews, including arrangements for monitoring and to ensure Anticipatory Care Plans (ACPs) and self-management plans and care are core.	Shona Hyman	March 2021
Re-introduction of COPD home visits for vulnerable patients.	Beth Hamilton	March 2021
Maintain increased Phlebotomy service.	Shona Hyman	March 2021
Home first workstream.	Beth Hamilton Lynne Morman	March 2021
Via ongoing risk assessments , compliance with Covid-19 guidance and the provision of PPE, support all Mental Health and Learning Disability staff to carry out their duty of care to referred / supported individuals requiring care, day support, assessment, treatment planning and interventions.	Arlene Mitchell	Ongoing

Service Delivery Area: Emergency Bed Days

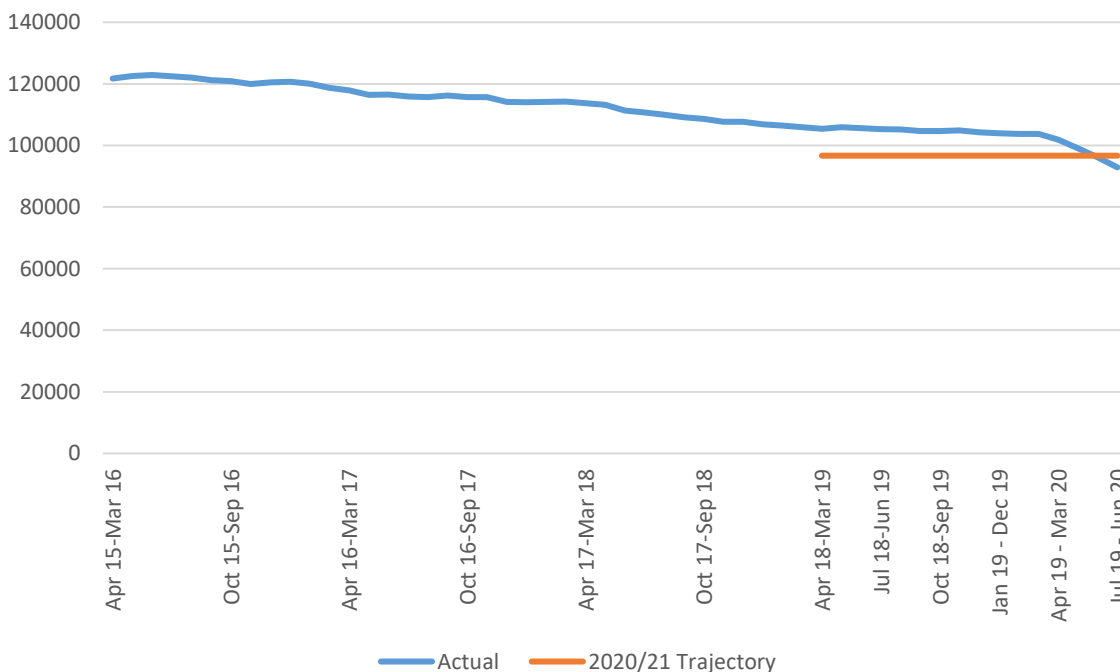
Measuring Performance Under Integration

Chart 6 : Emergency Bed Day Acute Specialty Rate per 100,000 Dundee Population 18+ - Performance Against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

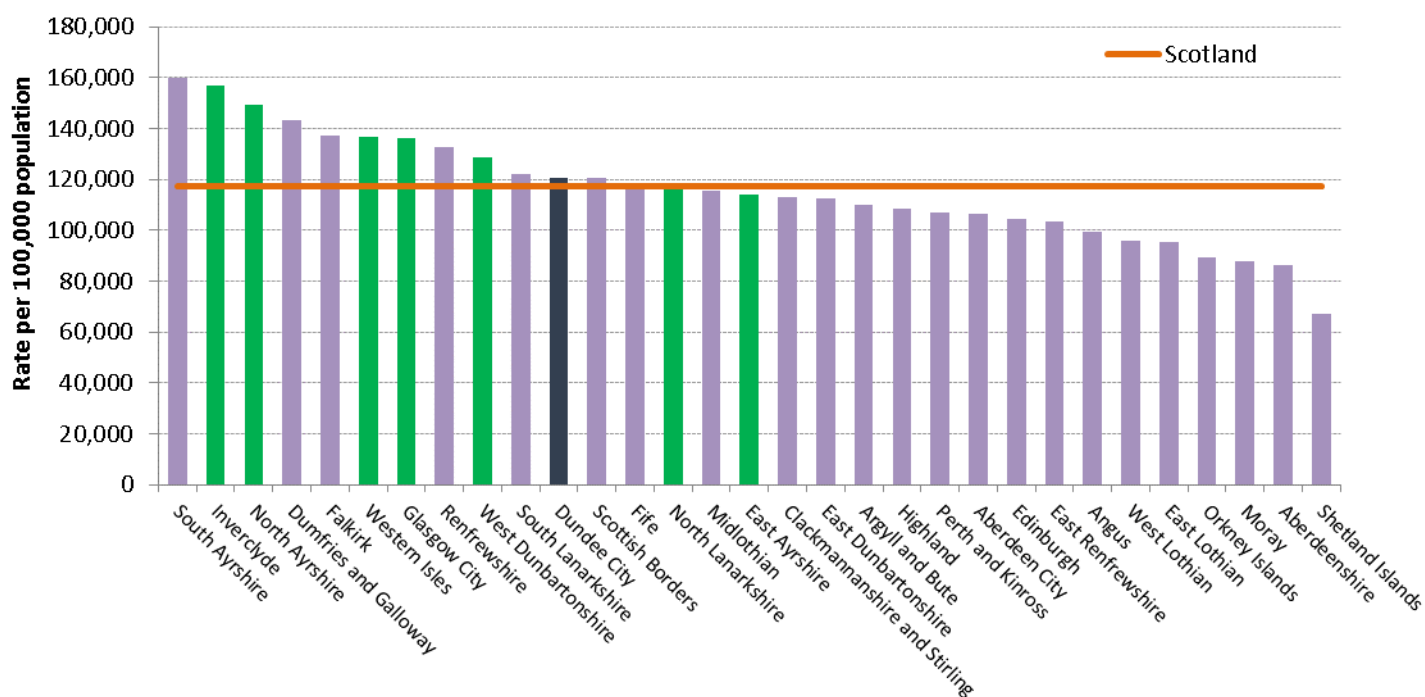
Chart 7: Emergency Bed Day Acute Specialty Numbers 18+ - Performance Against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

National Health and Wellbeing Indicator 13 – Emergency Bed Days

Chart 8: Rate of Emergency Bed Days 18+ Benchmarking Calendar Year 2019
(Emergency Bed Days include Acute, Geriatric Long Stay and Mental Health specialties)



Source : ISD Core Suite of Integration Indicators

Table 6: Rate of Emergency Bed Days per 100,000 Population – (covid and non covid admission reasons from 2019/20 onwards) 18+ by LCPP

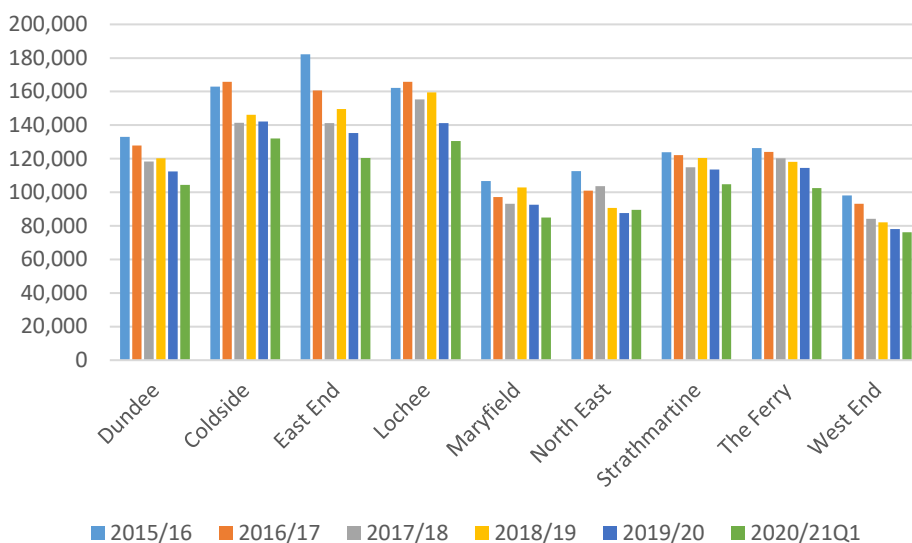
	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21 Q1
Dundee	132,959	127,834	118,254	121,945	All* 114,774 NC* 112,363	All* 105,878 NC* 104,373
Coldside	162,998	165,823	141,442	148,022	All 144,101 NC 142,069	All 133,954 NC 132,017
East End	182,267	160,621	141,233	148,204	All 135,832 NC 135,373	All 122,849 NC 120,372
Lochee	162,113	165,775	155,378	170,001	All 142,066 NC 141,138	All 132,101 NC 130,596
Maryfield	106,639	97,080	93,247	103,253	All 97,414 NC 92,532	All 86,154 NC 84,891
North East	112,671	101,067	103,739	91,162	All 88,800 NC 87,556	All 91,190 NC 89,616
Strathmartine	123,877	122,113	114,824	123,178	All 118,096 NC 113,608	All 106,231 NC 104,776
The Ferry	126,326	124,067	120,221	116,014	All 116,829 NC 114,430	All 104,142 NC 102,459
West End	98,143	93,207	84,149	82,395	All 80,312 NC 78,190	All 76,680 NC 76,144

Source: NHS Tayside BSU

*(All = all admission reasons and NC = non covid reasons)

Note: Emergency Bed Days for 2018/19Q1 & Q2 has been updated to include Mental Health Beds.

Chart 9: 2018/19 Rate of Emergency Bed Days per 100,000 Population (Excludes Covid Admissions for 2019/20 and 2020/21) - 18+ by LCPP



Source: NHS Tayside BSU

Analysis

Benchmarking – ISD Core Suite of Integration Indicators

- The emergency bed day rate was higher in Dundee (120,584) than the Scottish rate (117,478). (chart 8)
- Dundee's rate was 11th highest in Scotland and was the 3rd best performing family group partnership.

Difference from 2015/16 Baseline to Q1 2020/21 - NHS Tayside BSU data

- The rate for Dundee decreased between 2015/16 and Q1 2020/21 which is an improvement in performance (the decrease was 20.4% for all admissions reasons and 21.5% for non covid admissions. (table 3)
- There was improvement across all LCPPs for all admission reasons and non covid reasons. (table 3)

Performance Trend between Q4 2019/20 and Q1 2020/21 - NHS Tayside BSU data

- All admission reasons decrease in overall Dundee rate by 7.75%, which is an improvement. Decreases across all LCPPs except North East where there was a 2.69% increase. The LCPP showing the biggest improvement between Q4 19/20 and Q1 20/21 was The Ferry (10.86% decrease) and the LCPP showing the lowest improvement was West End (4.52% decrease) (table 6)
- Non-covid admission reasons decrease in overall Dundee rate by 7.11%, which is an improvement. Decreases across all LCPPs except North East where there was a 2.35% increase, although the Q1 20/21 rate for North East is still lower than it was between 15/16 and 18/19. The LCPP showing the biggest improvement between Q4 19/20 and Q1 20/21 was East End (11.08% decrease) and the LCPP showing the lowest improvement was West End (2.62% decrease) (table 6)

Variation across LCPPs in Q1 2020/21 - NHS Tayside BSU data

- Coldside had the highest emergency bed day rate (133,954 for all admission reasons and 132,017 for non covid admission reasons). (table 6)
- West End had the lowest emergency bed day rates. (76,680 for all admission reasons and 76,144 for non covid admission reasons). (table 6)

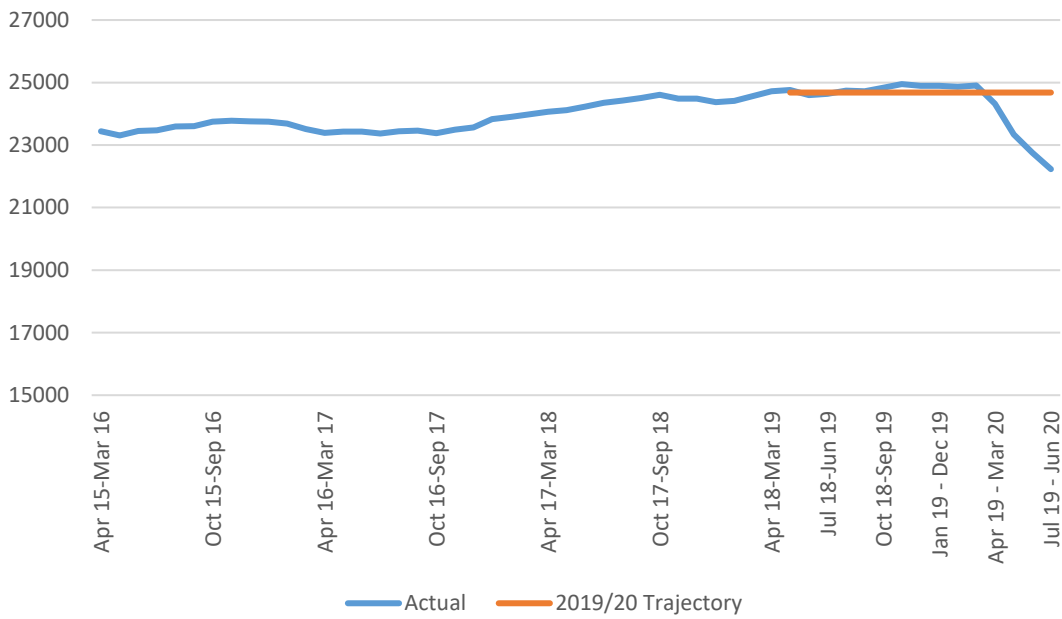
Actions to Improve Performance

Action	HSCP Operational Lead (s)	Timescale for Improvement
Continued implementation of Independent Living Review Team to review the number of packages of care in the community, to work with community care workforce and contribute positively to support and enable earlier discharge for individuals from hospital and to enable their independence in the home environment.	Jenny Hill	March 2021
Maintain Dundee Community Assessment Hub with gradually reducing staffing and footprint (Primary Care)	Shona Hyman	March 2021
Develop home first model	Beth Hamilton Lynne Morman	March 2021
Discharge hub aligned to all inpatient areas. Bed management model Royal Victoria Hospital.	Jenny Hill	March 2021
Further develop the Emergency Department / Community Mental Health interface and assess the impact of the `Navigator Project` on individuals presenting to A&E.	Arlene Mitchell	April 2021

Service Delivery Area: Accident & Emergency

Measuring Performance Under Integration

Chart 10: Accident & Emergency Attendances - Performance Against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

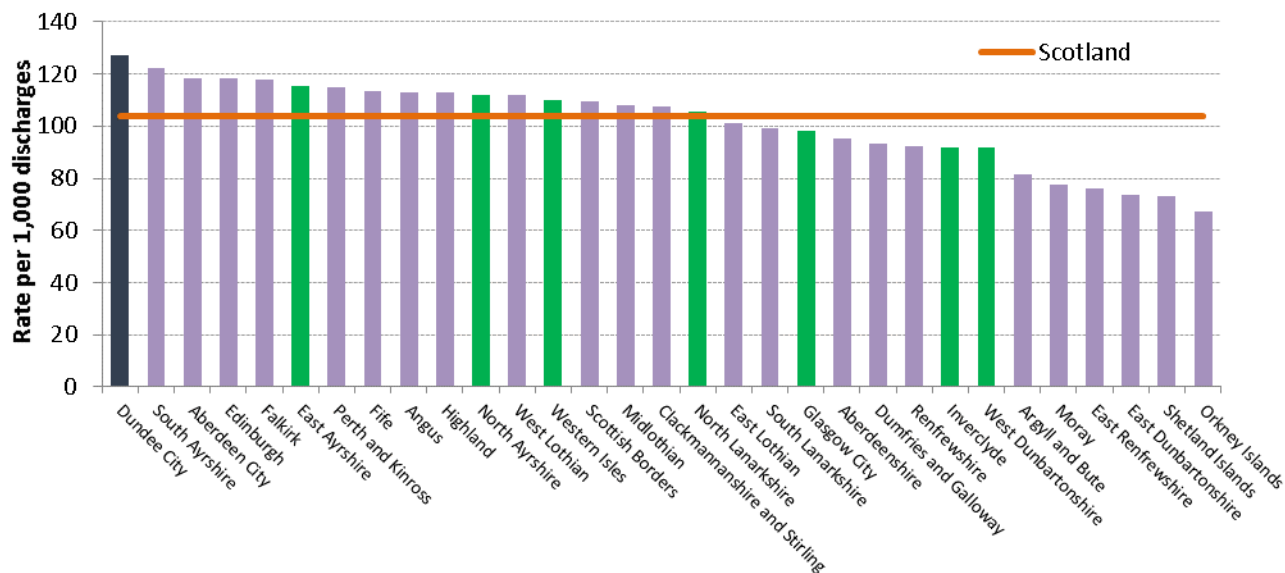
Analysis

- 2020-21 interim target was met.

Service Delivery Area: Readmissions

National Health and Wellbeing Indicator 14 – Readmissions

Chart 11: Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) Benchmarking Calendar Year 2019



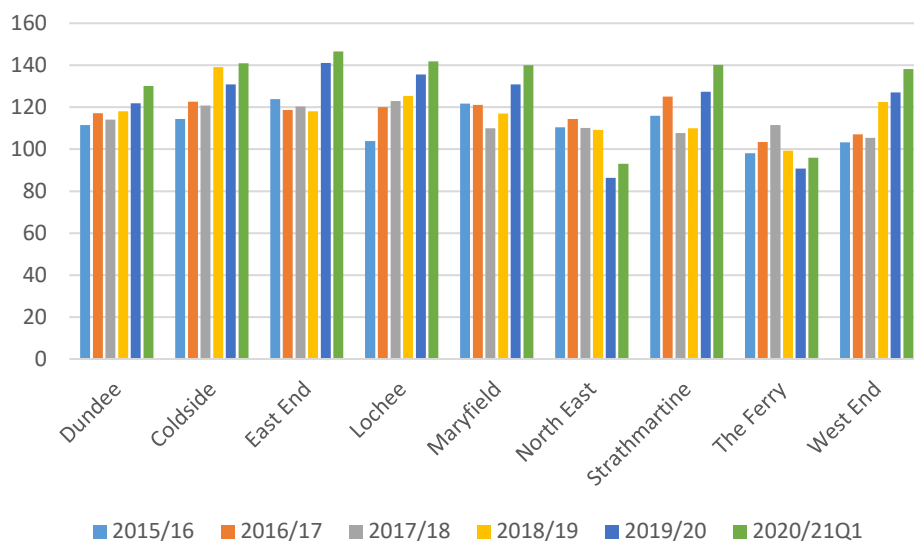
Source: Core Suite of Integration Indicators based on Discharges

Table 7: Rate of Readmissions within 28 days of discharge per 1,000 admissions - All Ages by LCPP

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21Q1
Dundee	112	117	114	118	122	130
Coldside	114	123	121	139	131	141
East End	124	119	120	118	141	147
Lochee	104	120	123	125	136	142
Maryfield	122	121	110	117	131	140
North East	110	114	110	109	86	93
Strathmartine	116	125	108	110	127	140
The Ferry	98	103	112	99	91	96
West End	103	107	105	123	127	138

Source: NHS Tayside BSU data based on Admissions

Chart 12: Rate of Readmissions within 28 days of discharge per 1,000 admissions - All Ages by LCPP (All admissions reasons)



Source: NHS Tayside BSU

Analysis

Benchmarking – ISD Core Suite of Integration Indicators

- The rate of readmissions per 1,000 discharges was higher in Dundee (127) than the Scottish rate (104). (chart 11)
- Dundee was the poorest performing Partnership in Scotland. (chart 11)

Difference from 2015-16 Baseline to Q1 2020/21 - NHS Tayside BSU data

- 16.7% increase in Dundee rate per 1,000 admissions, which is a deterioration in performance. (table 3)
- Six LCPPs have shown an increase in readmission rates – the highest increase was in Lochee (36.6% increase)
- Two LCPPs have shown a decrease – the highest decrease was in North East (15.7% decrease) (table 3)
- The reason for the increase is due to the reduction in total number of admissions due to the Covid 19 pandemic, which is the denominator used to calculate performance against this indicator. The number of readmissions actually decreased in Dundee between 2015/16 and Q1 2020/21 by 128. There were decreases in number of readmissions in 5 LCPPs (12 in Maryfield, 21 in East End, 31 in Strathmartine, 66 in The Ferry and 86 in North East). There were increases in number of readmissions in 3 LCPPs (10 in Coldside, 33 in West End and 45 in Lochee).

Performance trend between Q4 2019-20 and Q1 2020-21 - NHS Tayside BSU data

- Increased rates of readmission per 1,000 admissions Dundee by 6.56% and increases across all LCPPs, which is a deterioration in performance. The highest increase was in Strathmartine (10.1% increase) and the lowest increase was in East End (3.8% increase). (table 7)
- The reason for the increase is due to the reduction in total number of admissions due to the Covid 19 pandemic, which is the denominator used to calculate performance against this indicator. The number of readmissions actually decreased in Dundee between Q4 19/20 and Q1 2020/21 by 42. There were decreases in number of readmissions in 6 LCPPs (1 in North East, 3 in Maryfield, 5 in West End, 10 in The Ferry, 16 in East End and 19 in Lochee). There were increases in number of readmissions in 2 LCPPs (6 in Coldside and 6 in Strathmartine).

Variation across LCPPs in Q1 2020/21- NHS Tayside BSU data

- The highest readmission rate per 1,000 admissions was in East End (147).(table 7)
- The lowest readmission rate per 1,000 admissions was in North East (93). (table 7)

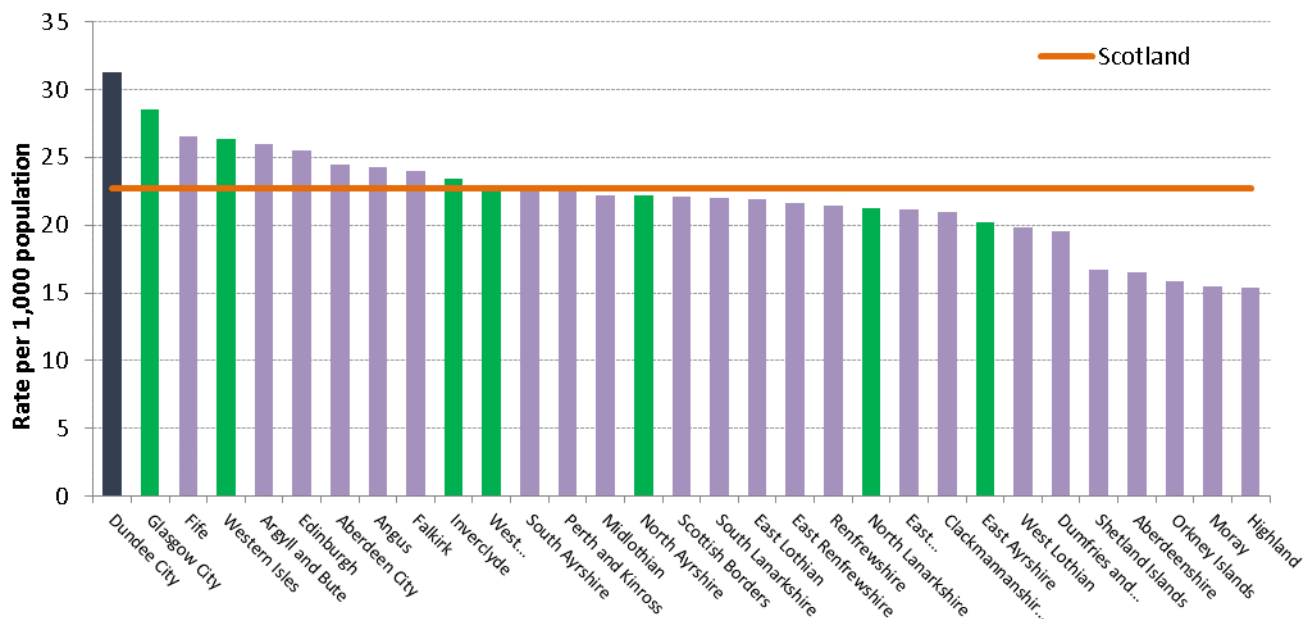
Actions to Improve Performance

Action	HSCP Operational Lead (s)	Timescale for Improvement
Development of alternative pathways for admission eg AMU/DECSA.	Beth Hamilton Lynne Morman	March 2021
Care home urgent care model.	Beth Hamilton Lynne Morman	March 2021
Development of front door model.	Beth Hamilton Lynne Morman	March 2021
Continue to work collaboratively to improve adherence to effective discharge processes for those adults with Learning Disabilities admitted to Acute In-Patient beds for unscheduled care. In addition to the individual, their family or paid carers this involves LD Acute Liaison Nurses, Discharge mangers, LD Care Managers and Care Providers.	Arlene Mitchell	Ongoing
Evaluate the outcomes from the Dundee Mental Health Discharge Hub, instigated by the impact of Covid-19, as a means of ensuring effective discharge planning processes between individuals, their family carers, specialist in – patient teams at Carseview, Primary Care colleagues and Community Mental Health services.	Arlene Mitchell	December 2020

Service Delivery Area: Falls

National Health and Wellbeing Indicator 14 – Falls

Chart 13: Falls Related Hospital Admissions Rate 65+ Benchmarking Calendar Year 2019

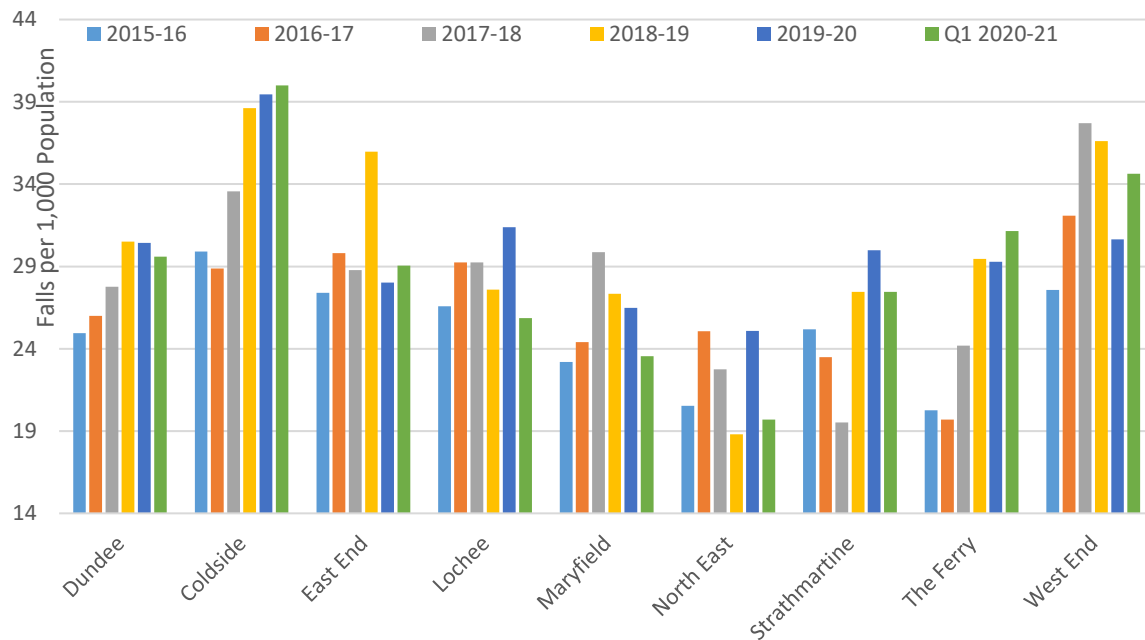


Source: Core Suite of Integration Indicators (NSS ISD)

Table 8: Rate of Falls Admissions per 1,000 Population – 65+ by LCPP

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21Q1
Dundee	24.9	26.0	27.8	30.5	30.4	29.6
Coldside	29.9	28.9	33.6	38.2	39.4	40.0
East End	27.4	29.8	28.8	35.6	28.0	29.1
Lochee	26.6	29.2	29.2	27.0	31.4	25.9
Maryfield	23.2	24.4	29.9	27.3	26.5	23.5
North East	20.5	25.1	22.7	19.5	25.1	19.7
Strathmartine	25.2	23.5	19.5	27.7	30.0	27.5
The Ferry	20.3	19.7	24.2	29.6	29.3	31.1
West End	27.6	32.1	37.7	36.9	30.7	34.6

Source: NHS Tayside BSU

Chart 14: Rate of Falls Admissions per 1,000 Population – 65+ by LCPP

Source: NHS TAYSIDE BSU

Analysis

Benchmarking – ISD Core Suite of Integration Indicators

- The rate of hospital admissions due to a fall in Dundee (31) was higher than the Scottish rate (23). (chart 13)
- Dundee was the poorest performing partnership in Scotland. (chart 13)

Difference from 2015-16 baseline to 2020-21 Q1 - NHS Tayside BSU data (table 3)

- The analysis of hospital admissions due to a fall data can be split by covid and non covid admission reasons. Analysis identified that falls admissions due to Covid were extremely low and made little change to the overall rates, therefore this detail has not been included in this performance report. There were 14 Covid related falls admissions in total since the outbreak began. Should patterns or rates of falls admissions due to Covid increase significantly in subsequent quarters, the detail will be included in quarterly reporting.
- 18.9% increase in Dundee rate, which is a deterioration in performance. (table 3)
- The Q1 20-21 Dundee rate is less than it was in 18-19 and 19-20, however more than it was in 15-16, 16-17 and 17-18 (table 8)
- There were increases in 6 LCPPs and the biggest increase was in The Ferry (53.2%). (table 3)
- There were decreases in 2 LCPPs – decrease of 3.9% in North East and decrease of 2.63% in Lochee. (table 3)

Performance trend between Q4 2019-20 and Q1 2020-21 - NHS Tayside BSU data

- 2.63% decrease in Dundee rate, which is an improvement in performance. (table 8 & chart 14)
- Decreased rates in Strathmartine (8.4%), Maryfield (11.1%), Lochee (17.6%) and North East (21.4%), which is an improvement in performance (table 8 & chart 14)
- Increased rates in Coldside (1.4%), East End (3.7%), The Ferry (6.4%) and West End (13%), which is a deterioration in performance. (table 8 & chart 14)

Variation across LCPPs in Q1 2020-21 - NHS Tayside BSU data

- Coldside had the highest rate of falls in Dundee with 40.0 falls related hospital admissions per 1,000 population. (table 8)
- North East had the lowest rate with 19.7 falls related hospital admissions per 1,000 population. (table 8)

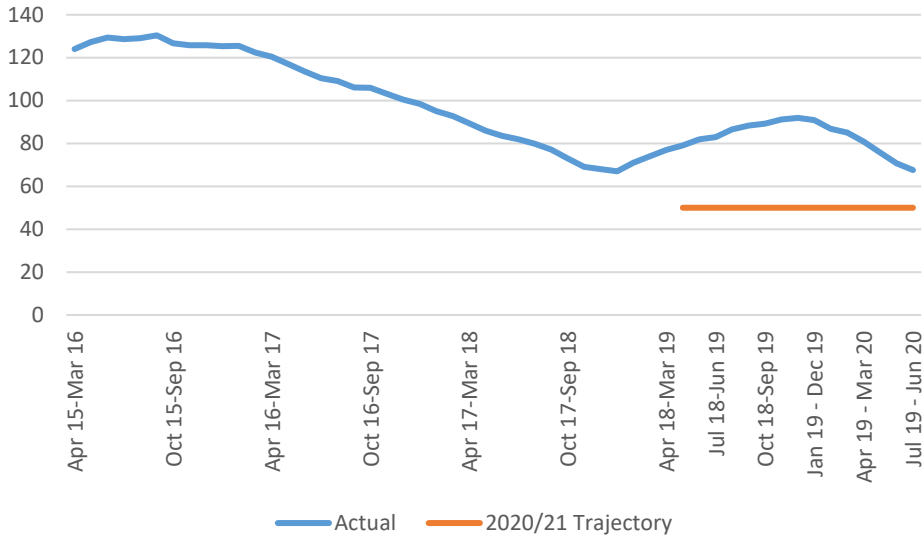
Actions to Improve Performance

Action	HSCP Operational Lead (s)	Timescale for Improvement
Increase First Contact Physiotherapy Service (FCP) sessions to support all practices on an ongoing basis using alternative methods of contact where possible / clinically appropriate	Shona Hyman	
Supporting the Scottish Ambulance Service Falls and Frailty Pathways in developing non-conveyance to hospital options, supporting patients remaining in their own homes. Pilots across other areas of the UK have proved positive and we are exploring the feasibility of commencing similar projects in Dundee.	Matthew Kendall	March 2021
The early identification of people at high risk of falls through having a level 1 conversation and/or completion of a level 1 falls referral tool continues to be delivered by an increasing number of partner agencies, and this will be further consolidated across Dundee to support identification of those at risk of falls and appropriate onward signposting to relevant services / activities.	Matthew Kendall	Ongoing
Opportunities are created for individuals to participate in regular and life-long exercise programmes that include strength and balance to minimise falls risk and prevent further falls and frailty. In developing appropriate programmes, links with local leisure services, volunteer services, walking groups and local exercise groups will be considered as well as training volunteers and staff working with older people including care at home, care homes, day care and sheltered housing.	Matthew Kendall	Ongoing
Review of data available to support targeted approach of falls prevention work (NHS, Council, Scottish Ambulance Service (SAS), Fire & Rescue). Explore neighbourhood level data to direct resources to areas most in need. A Tayside Falls Data Group has been established to share good practice and further understand the data and the links between the data and clinical and care delivery.	Matthew Kendall	March 2021

Service Delivery Area : Delayed Discharges

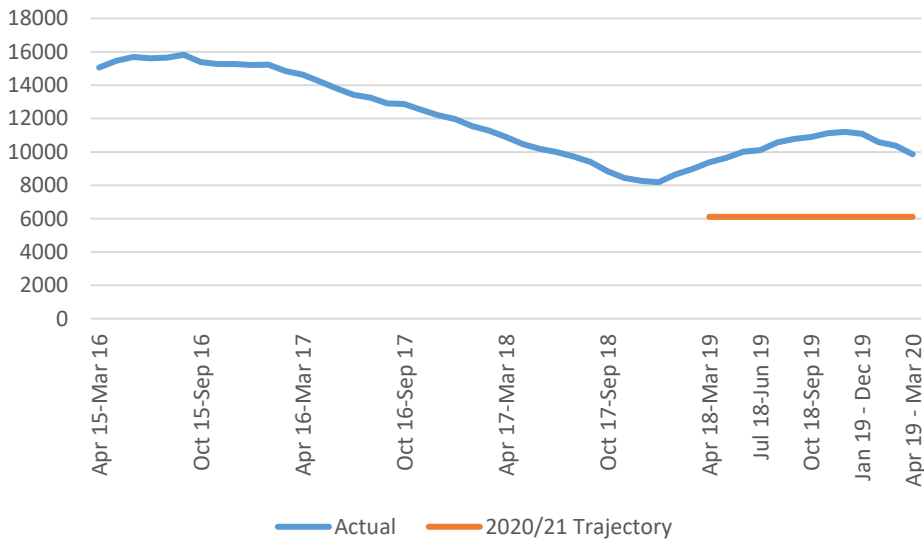
Measuring Performance Under Integration

Chart 15: Bed Days Lost to Delayed Discharges (All Reasons) per 1,000 Dundee Population 18+ – Performance against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

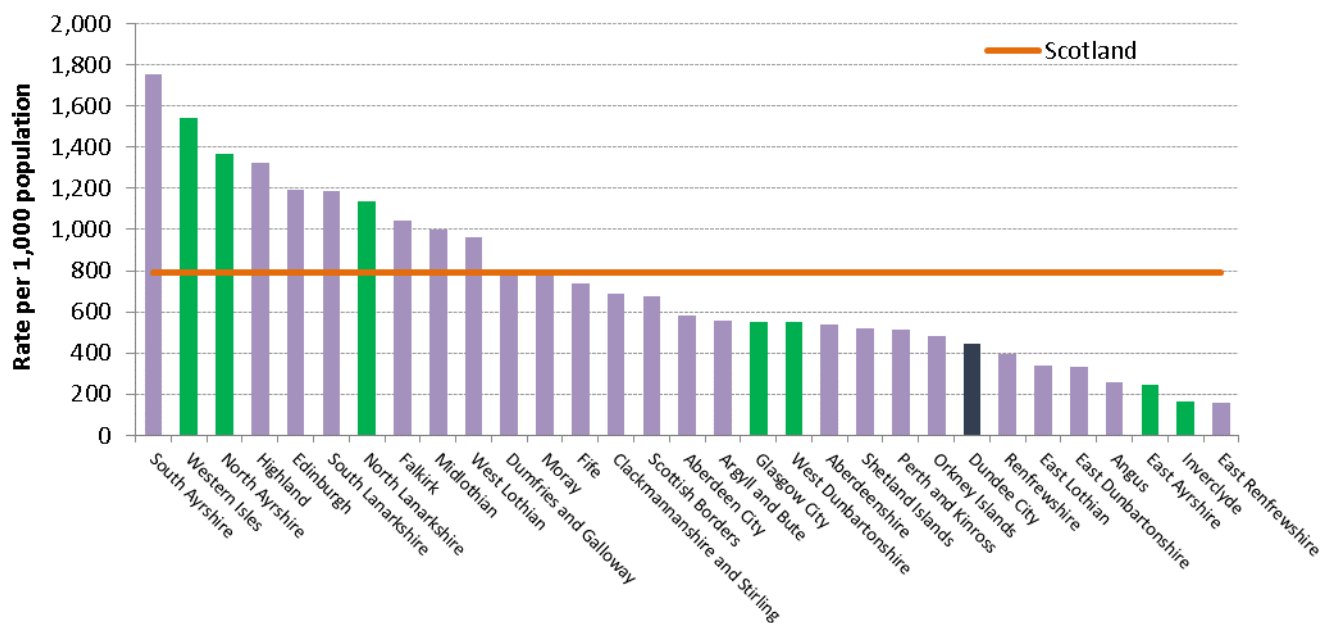
Chart 16: Bed Days Lost to Delayed Discharges (All Reasons) Numbers – Performance against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

National Health and Wellbeing Indicator 19 – Bed Days Lost

Chart 17: Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population Benchmarking 2019/20



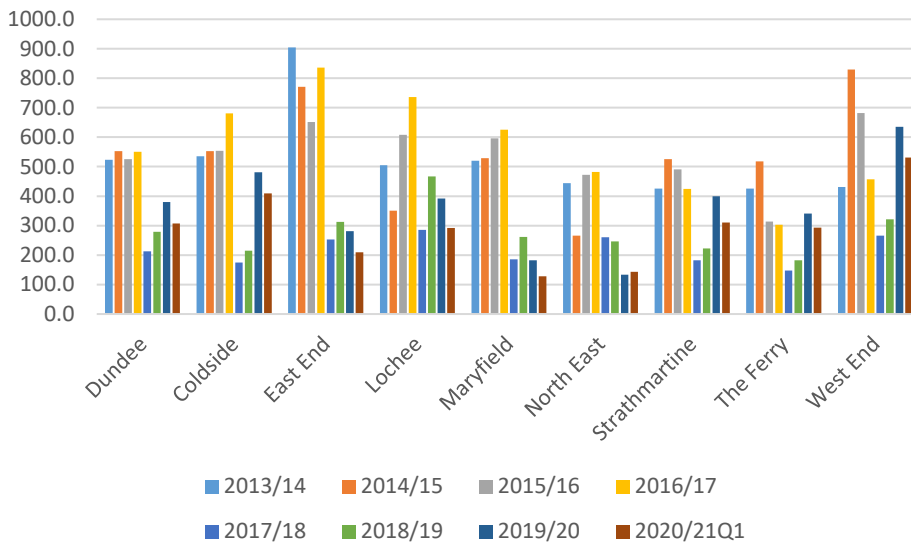
Source: ISD Core Suite of Integration Indicators

Table 9: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population Standard Delays by LCPP

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21Q1
Dundee	522.9	552.6	525.9	550.8	212.6	279	380	308
Coldside	534.8	553.1	553.2	681.1	174.5	215	481	409
East End	905.0	771.0	651.0	836.2	253.1	313	281	210
Lochee	504.5	350.5	607.8	735.7	285.6	467	392	292
Maryfield	520.6	528.3	596.3	625.6	185.7	261	183	128
North East	443.8	265.5	472.5	482.1	260.1	246	134	143
Strathmartine	425.7	525.9	491.1	424.8	182.1	222	399	311
The Ferry	425.2	517.6	313.2	302.5	147.6	183	341	293
West End	430.4	830.0	681.4	456.7	266.4	322	635	531

Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).
2017/18, 2018/19 and 2019/20 – ISD National Delayed Discharge Data

Chart 18: Number of Days People Aged 75+ Spent in Hospital when they were ready to be Discharged as a Rate per 1,000 Population Standard Delays by LCPP



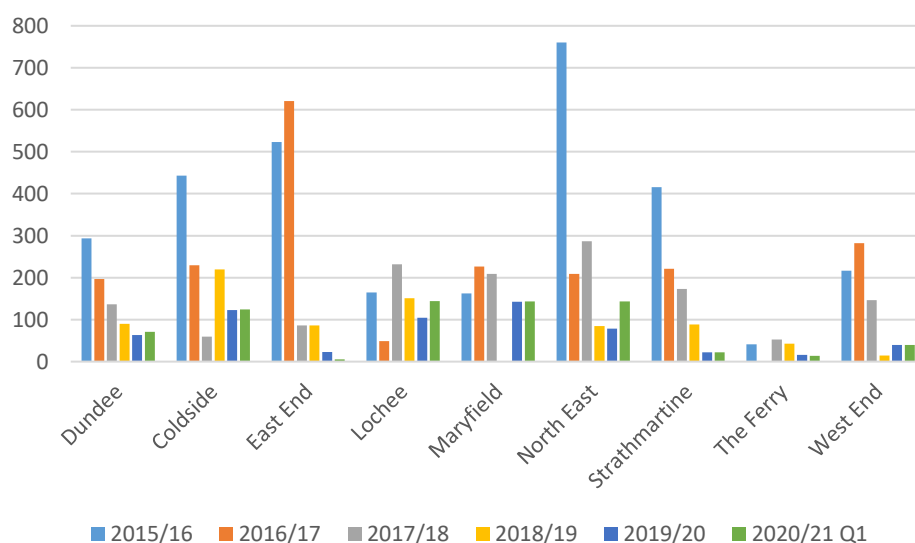
Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).
 2017/18 & 2018/19 – ISD National Delayed Discharge Data

Table 10: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population Code 9 Delays by LCPP

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21Q1
Dundee	294	197	137	93	63	71
Coldside	443	229	60	219	122	125
East End	523	620	86	87	23	5
Lochee	164	49	232	151	104	144
Maryfield	162	226	209	0	142	143
North East	760	209	287	85	79	143
Strathmartine	416	221	173	89	22	22
The Ferry	41	0	53	42	16	14
West End	217	282	147	15	40	40

Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).
2017/18, 2018/19 and 2019/20 – ISD National Delayed Discharge Data

Chart 19: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population Code 9 Delays by LCPP



Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).
2017/18 & 2018/19 – ISD National Delayed Discharge Data

Analysis – All, Standard and Code 9 Delays age 75+

Benchmarking (All delays 75+) – ISD Core Suite of Integration Indicators

- The rate of bed days lost due to a delayed discharge in Dundee (445) was considerably lower than the Scottish rate (793). (chart 17)
- Dundee rate for standard delays deteriorated between 2017-18 (213) and 2019-20 (380), however improved in Q1 2020-21 (308). The Q1 2020-21 rate is better than in years prior to 2017/18.
- Dundee is 8th best performing partnership in Scotland. (chart 17)
- During 2019/20, 2 of the family partnerships performed better than Dundee. (chart 17)

Difference from 2015-16 Baseline to Q1 2020-21

- For All Reasons, the Dundee rate per 1,000 population aged 75+ has fallen by 54%, which is a significant improvement.
- All LCPPs have shown a decrease in the rate of bed days lost per 1,000 population to both Standard and Code 9 Delays for those aged 75+. (table 3)
- All LCPPs recorded improved rates in standard bed days lost to delayed discharges per 1,000 population (aged 75+) and these ranged from 6% in The Ferry to 78% in Maryfield. (table 3)
- All LCPPs recorded improved rates in Code 9 bed days lost to delayed discharges per 1,000 population (aged 75+) ranged from 12% in The Ferry, Lochee and Maryfield to 99% in East End. (table 3)

Performance Trend between Q4 2019-20 and Q1 2020-21

- Dundee rate decreased by 19% for Standard Delays (table 9) and increased by 13% for Code 9 Delays (table 10) for those aged 75+.
- Decreased rate of Standard Delays in 7 LCPPs with the biggest decrease in Maryfield (30%), which is an improvement. Increased rate in North East by 7%, which is a deterioration. (table 9)
- Decreased rate of Code 9 Delays in East End (76%) and The Ferry (16%) and Strathmartine and West End remained the same as Q4 2019-20. Increased rates in Maryfield (1%), Coldside (2%), Lochee (38%) and North East (83%) (table 10)

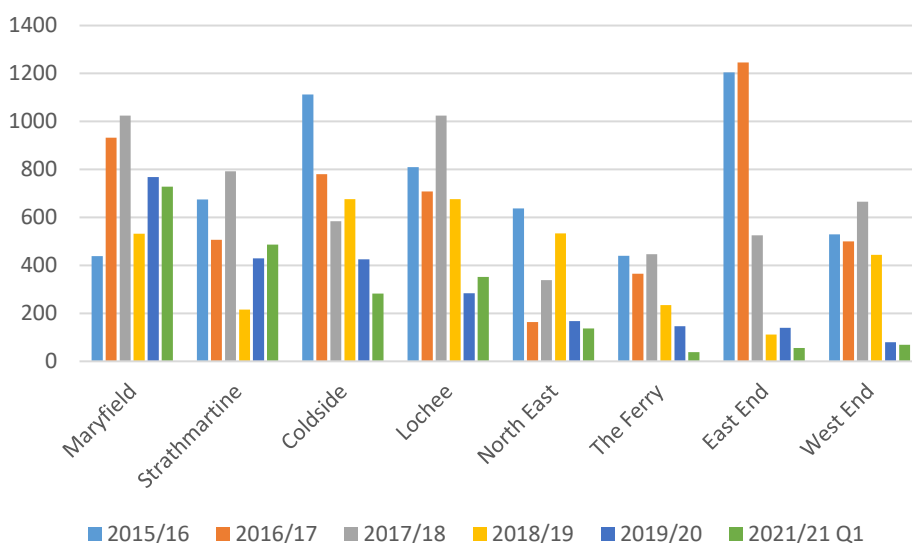
Variation across LCPPs in Q1 2020-21

- West End (531) had the highest rate of Standard Delays for those aged 75+. Maryfield (128) had the lowest rates. (table 9)
- Lochee (144) had the highest rates of Code 9 Delays for those aged 75+. East End had the lowest rate at 5. (table 10)
- Overall, West End (570) had the highest rate of delays for All Reasons for those aged 75+. East End had the lowest rate (215).

Table 11: Number of Bed Days Lost to Code 9 Delayed Discharges - All Ages by LCPP

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21Q1
Dundee	6573	5971	5403	3423	2440	2149
Maryfield	438	933	1025	532	768	728
Lochee	809	708	1025	676	284	352
Coldside	1112	780	584	676	425	283
North East	638	164	339	533	168	137
The Ferry	440	365	447	235	146	38
West End	529	500	666	444	80	69
East End	1204	1246	525	111	140	56
Strathmartine	675	507	792	216	429	486

Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).
2017/18 , 2018/19 & 2019/20– ISD National Delayed Discharge Data

Chart 20: Number of Bed Days Lost to Code 9 Delayed Discharges - All Ages by LCPP

Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).
2017/18 & 2018/19 – ISD National Delayed Discharge Data

Analysis – Code 9 (Complex) Delays All Ages

Difference from 2015-16 baseline to Q1 2020-21

- 67% improvement in bed days lost in Dundee from 2015-16 baseline. (table 11)
- All LCPPs have shown an improvement except for Maryfield who showed a deterioration of 66%. (table 11, chart 20)

Performance trend between Q4 2019-20 and Q1 2020-21

- The number of bed days lost to complex delayed discharges for people all ages in Dundee dropped 12% over the last quarter which is an improvement. (table 11)
- There were fewer complex days lost in Q1 2020-21 in The Ferry (74%), East End (60%), Coldside (33%), North East (18%), West End (14%) and Maryfield (5%) (table 11)
- There were more days lost in Q1 2020-21 in Strathmartine (13%) and Lochee (24%) (table 11).

Variation across LCPPs in Q1 2020-21

- Maryfield had the highest number of complex bed days lost for people all ages in Dundee at 728. (table 11)
- The Ferry had the lowest number at 38. (table 11)

Actions to Improve Performance

Action	HSCP Operational Lead (s)	Timescale for Improvement
Continue to develop Enhanced Community Support (ECS) / Dundee Enhanced Community Support Acute (DECSA).	Allison Fannin	Ongoing
Develop locality teams.	Jenny Hill / Beth Hamilton	March 2021
Full implementation of Eligibility Criteria.	Jenny Hill /Beth Hamilton	December 2020
Develop community rehab model .	Jenny Hill / Beth Hamilton	July 2020
Continue to develop Home First Model through ongoing development of social care and step down resources.	Lynne Morman / Beth Hamilton	March 2021
Continue to develop local resources that meet the specialist requirements of Code 9 patients, working in partnership with the SHIP and other stakeholders.	Arlene Mitchell	Ongoing



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 22 SEPTEMBER 2020

REPORT ON: DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX AND STANDARD DELAYS – QUARTER 1 2020/21

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC19-2020

1.0 PURPOSE OF REPORT

1.1 To provide an update to the Performance and Audit Committee on Discharge Management performance in Dundee in relation to delays for the period up to Quarter 1 2020/21.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

- 2.1 Note the current position in relation to complex delays as outlined in section 5, and in relation to standard delays as outlined in section 6.
- 2.2 Note the improvement actions planned to respond to areas of pressure as outlined in section 7.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Background to Discharge Management

- 4.1.1 A delayed discharge is a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date (Information Services Division Delayed Discharges Definitions and Data Recording Manual).
- 4.1.2 The focus on effective discharge management is reflected through the National Health and Wellbeing Outcomes and associated indicators. There are two indicators that relate directly to effective discharge management:
- National Indicator 19: Number of days people spend in hospital when they are ready to be discharged; and,
 - National Indicator 22: Percentage of people who are discharged from hospital within 72 hours of being ready.
- 4.1.3 Within Dundee a Home and Hospital Transitions Group, chaired by the Head of Health and Community Care, oversees performance and improvement actions in relation to Discharge Management. The Group aims to ensure that citizens of Dundee are supported at home, but when people do have to go to hospital they are only there as long as they need to be.

- 4.1.4 Further improvement actions are discussed and agreed through the Tayside Unscheduled Care Board, chaired jointly by the Head of Health and Community Care for Dundee Health and Social Care Partnership and the Associate Medical Director for Medicine for the Elderly.
- 4.1.5 On a weekly basis, an update is provided to the Dundee Health and Social Care Partnership Chief Officer, the NHS Tayside Chief Operating Officer and key Home and Hospital Transition Group members on delay position. This information is used to maintain an ongoing focus on enabling patients to be discharged from hospital when they are ready as well as to inform improvements.
- 4.1.6 The Quarter 3 Discharge Management Performance Report is attached as appendix 1. This report was prepared at the end of quarter 3 but has not previously been submitted to the PAC due to the cancellation of meetings during 2020.

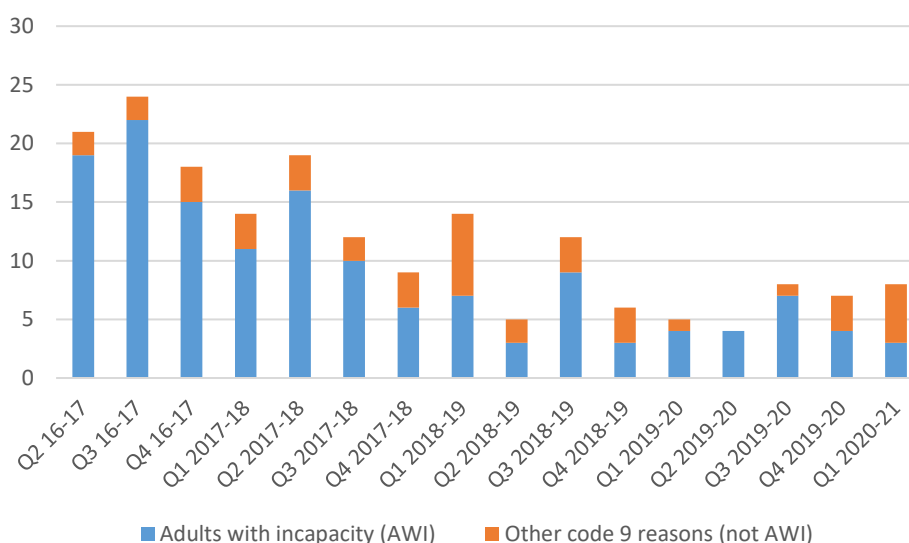
5.0 CURRENT PERFORMANCE IN RELATION TO COMPLEX DELAYS

5.1 Complex Delays - Current Situation

- 5.1.1 Complex delays can be split into 2 main age groupings, and specific approaches to improvement have been adopted for each grouping.

The position in relation to the 75+ group is detailed in Chart 1 below:

Chart 1: Number of Complex Delayed Discharges Split by Reason for Delay Age 75+



Source: NSS ISD Delayed Discharge Census

Chart 1 demonstrates the continued improvement in performance which has taken place in relation to code 9 complex delays for the 75+ group since 2016/17. The 'Discharge to Assess' model continues to prove successful in supporting discharge prior to major assessment decisions being made. As a result, fewer service users are being admitted to care homes following completion of community assessment. This has continued to support the aim to reduce the numbers of patients moving directly to a care home from hospital, and therefore reduces the demand for guardianship applications under the Adults with Incapacity legislation.

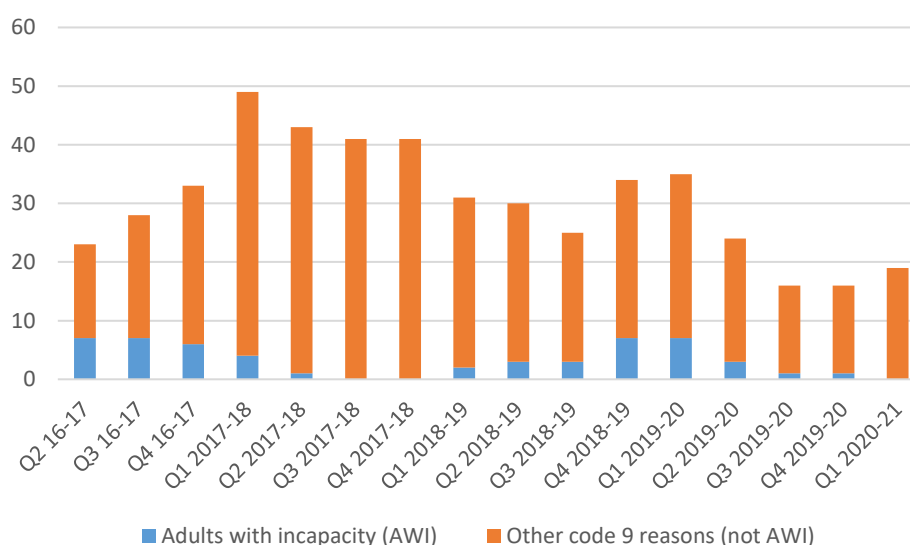
The Partnership has continued to invest in an additional Mental Health Officer post established within the Integrated Discharge Hub. This post specifically focusses on increasing clinicians' awareness of and confidence in the Adults with Incapacity legislation, as well as driving the Adults with Incapacity process when necessary to reduce the bed days lost for each individual. The positive impact of this post is reflected in Chart 1, specifically since Quarter 3 2018/19 when delays as a result of Adults with Incapacity reduced significantly. This post is currently vacant, perhaps contributing to the slight increase in complex delays more recently. Although there is a recognised shortage of Mental Health Officers nationally, posts within the community Mental

Health Officer team continue to attract interest, therefore contingency planning between the hospital and community teams is underway to ensure this work continues.

The increase during Quarter 1 in other complex delays (non AWI) in this older age group, can be attributed to the impact of COVID-19 on discharge planning. Discharge for patients who are existing care home residents has been frequently delayed due to the necessary closure of homes to admissions when test results are awaited. There has also been an increase in delays as a result of the halting of housing allocation during the lockdown period.

- 5.1.2 Chart 2 outlines the position for the 18-74 age group. Again, COVID-19 has delayed the completion of building work which would provide new purpose built housing for several patients delayed for complex reasons.

Chart 2: Number of Complex Delayed Discharges Split by Reason for Delay Age 18-74

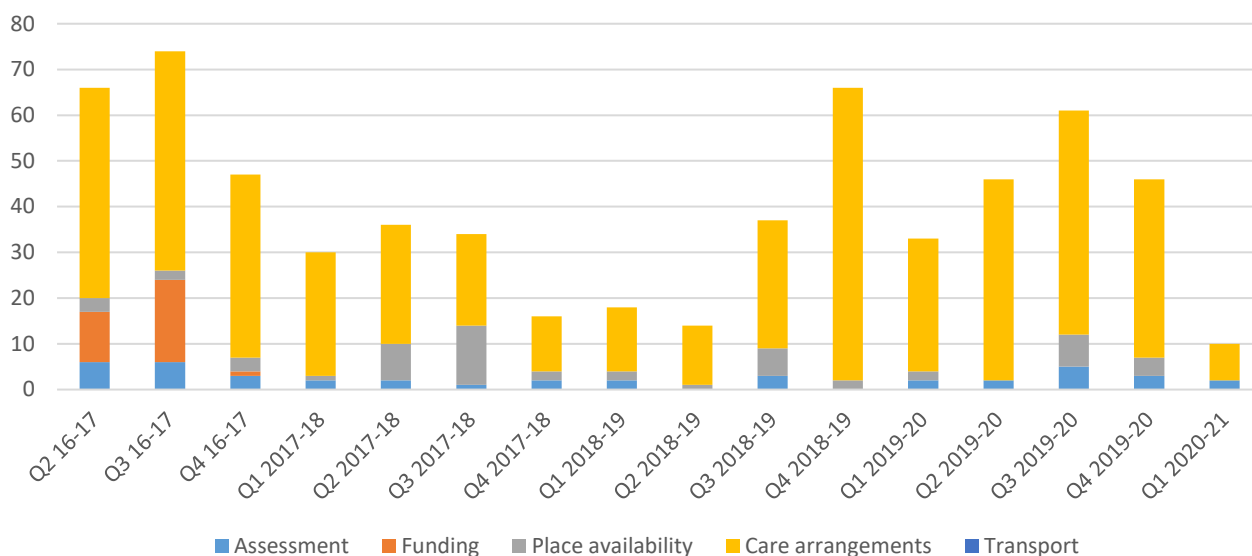


Source: NSS ISD Delayed Discharge Census

6.0 CURRENT PERFORMANCE IN RELATION TO STANDARD DELAYS

- 6.1 Dundee continues to perform well in relation to the 2015/16 benchmark and the 'Discharge to Assess' model aims to support the majority of patients to be discharged on their Planned Date of Discharge. Standard delays continue to be almost exclusively attributable to the non-availability of social care.
- 6.2 The significant improvement during Quarter 1 outlined in Chart 3 reflects the impact of the national and Scottish Government strategy employed in response to the COVID-19 pandemic. This led to a reduction in unscheduled admissions to hospital, therefore demand was reduced. Additionally, many families were more enabled to provide care and support due to the impact of lockdown restrictions, for example family members who had been furloughed.
- 6.3 The pandemic has provided some opportunities to build on the existing 'Discharge to Assess' policy, specifically a potential shift in the societal belief that hospitals are safe. The reduction in demand has provided an opportunity to accelerate the plans to move to a community-based rehabilitation model as outlined in section 7.

Chart 3: Standard Delayed Discharges by Principal Reason for Delay



7.0 IMPROVEMENT ACTIONS IDENTIFIED TO MAINTAIN PERFORMANCE AGAINST STANDARD DELAYS

- 7.1 Prior to the COVID-19 pandemic, the strategic plan was to reduce the intermediate care bed base from 28 to 16 as part of the gradual move to a more community-based rehabilitation model. Withdrawal from the intermediate care contract began earlier in 2020 and was scheduled for transfer to the reduced bed base in April. However, this transfer could not take place due to the impact of COVID-19 which has provided an opportunity to accelerate the strategic shift through the termination of the intermediate care contract and reinvestment of resource in a 'Home First' model.
- 7.2 Using the budget previously allocated to intermediate care, a whole systems strategic plan has been developed which will build on the existing 'Discharge to Assess' model and is badged as 'Home First'. This will incorporate improvement work already underway within the acute hospital to streamline unscheduled care pathways and processes, and will address the need to shift the balance of care further into the community in line with the NHS Tayside Remobilisation Plan.
- 7.3 Initial priorities for this strategic work will be contingency planning for winter, particularly as it is anticipated there may be further pressure on hospital and community services as a result of resurgence of COVID-19 cases. The national Reshaping Urgent Care Programme has been tasked with setting up community triage hubs in preparation for winter. The Home First strategy will complement this by developing different ways of working for community-based services such as Enhanced Community Support nursing to support community based clinical assessment as a means of prevention of admission. For those service users identified as not requiring hospital admission, social care and rehabilitation services will work closely with clinicians to provide the necessary care and support to enable service users to remain in their own homes while they receive appropriate treatment.
- 7.4 COVID-19 restrictions have meant home working for many community-based staff. This provides an opportunity to remobilise these staff into locality based multi-professional teams which support and complement the work outlined above and provide a more seamless and efficient service.
- 7.5 Modelling of the Advanced Nurse Practitioner workforce continues to ensure the appropriate clinical support for community-based triage is available.
- 7.6 It is recognised that the loss of 28 intermediate care beds in addition to the loss of bed base as a result of the development of COVID/non-COVID pathways within the hospital, is likely to place additional strain on unscheduled flow. As a means of supporting the community Home First model, discussion is ongoing to develop community-based assessment beds for those service

users who do not require hospital admission, but who may require a more structured approach than can be provided in their own home.

8.0 SUMMARY

8.1 Progress has been made in Dundee in relation to enabling people to be discharged when they are ready but we also recognise that further realignment is now required within social care and rehabilitation services to support the increased demand in community settings. The proposed actions above are targeted at ensuring the whole system is better equipped to manage the increasing demand for community-based support. Whilst there continue to be improvement opportunities as noted above, it is important to note that our increasingly frail, older population will have limited rehabilitation ability and therefore, long term investment in support services will be necessary in order to continue to achieve positive outcomes.

9.0 POLICY IMPLICATIONS

9.1 This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

10.0 RISK ASSESSMENT

Risk 1 Description	Every unnecessary day in hospital increases the risk of an adverse outcome for the individual, drives up the demand for institutional care and reduces the level of investment that is available for community support.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Weekly review of all delays. - Action plan and monitoring at the Home and Hospital Transition Group. - Range of improvement actions underway to reduce risk of delays.
Residual Risk Level	Likelihood 2 x Impact 5 = Risk Scoring 10 (High Risk)
Planned Risk Level	Likelihood 1 x Impact 5 = Risk Scoring 5 (Moderate Risk)
Approval recommendation	The PAC is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

11.0 CONSULTATIONS

11.1 The Chief Officer, Head of Health and Community Care and the Clerk were consulted in the preparation of this report.

12.0 BACKGROUND PAPERS

12.1 None.

Dave Berry
Chief Finance Officer

DATE: 24 August 2020

Lynne Morman
Integrated Manager

Lynsey Webster
Senior Officer



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 22 SEPTEMBER 2020

REPORT ON: DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX AND STANDARD DELAYS – 2019/2020 QUARTER 3

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC12-2020

1.0 PURPOSE OF REPORT

1.1 To provide an update to the Performance and Audit Committee on Discharge Management performance in Dundee in relation to delays.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

2.1 Note the current position in relation to complex delays as outlined in section 5, and in relation to standard delays as outlined in section 6.

2.2 Note the improvement actions planned to respond to areas of pressure as outlined in section 7.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Background to Discharge Management

4.1.1 A delayed discharge is a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date (Information Services Division Delayed Discharges Definitions and Data Recording Manual).

4.1.2 The focus on effective discharge management is reflected through the National Health and Wellbeing Outcomes and associated indicators. There are two indicators that relate directly to effective discharge management:

- National Indicator 19: Number of days people spend in hospital when they are ready to be discharged; and,
- National Indicator 22: Percentage of people who are discharged from hospital within 72 hours of being ready.

4.1.3 Within Dundee a Home and Hospital Transitions Group, chaired by the Head of Health and Community Care, oversees performance and improvement actions in relation to Discharge Management. The Group aims to ensure that citizens of Dundee are supported at home, but when people do have to go to hospital they are only there as long as they need to be.

- 4.1.4 Further improvement actions are discussed and agreed through the Tayside Unscheduled Care Board, chaired jointly by the Head of Health and Community Care for Dundee Health and Social Care Partnership and the Associate Medical Director for Medicine for the Elderly.
- 4.1.5 On a weekly basis, an update is provided to the Dundee Health and Social Care Partnership Chief Officer, the NHS Tayside Chief Operating Officer and key Home and Hospital Transitions Group members on delay position. This information is used to maintain an ongoing focus on enabling patients to be discharged from hospital when they are ready as well as to inform improvements.

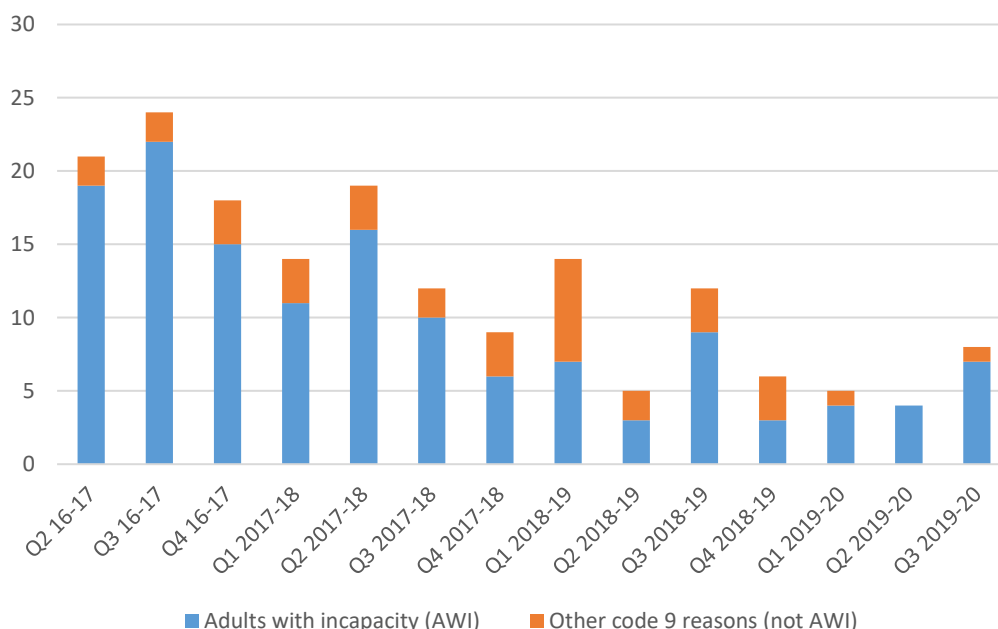
5.0 CURRENT PERFORMANCE IN RELATION TO COMPLEX DELAYS

5.1 Complex Delays - Current Situation

- 5.1.1 Complex delays can be split into 2 main age groupings, and specific approaches to improvement have been adopted for each.

The position in relation to the 75+ group is detailed in Table 1 below:

Chart 1: Number of Complex Delayed Discharges Split by Reason for Delay Age 75+



Source: NSS ISD Delayed Discharge Census

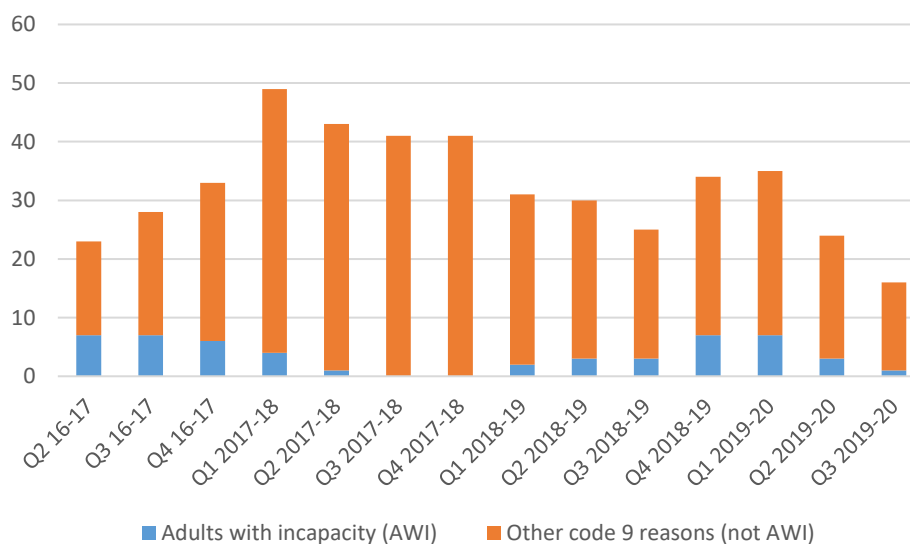
This highlights the improvement in performance which has taken place in relation to code 9 complex delays for the 75+ group since 2016/17. In part, this reflects the success of the 'Discharge to Assess' model which promotes discharge prior to major assessment decisions being made. The aim of this is to reduce the numbers of patients moving directly to a care home from hospital, and therefore reduces the demand for guardianship applications under the Adults with Incapacity legislation.

As previously reported, there has been investment in an additional Mental Health Officer post established within the Integrated Discharge Hub specifically focussed on increasing clinicians' awareness of and confidence in the legislation, as well as driving the Adults with Incapacity process when necessary to reduce the bed days lost for each individual. The positive impact of this post is reflected in Chart 1, specifically since Quarter 3 2018/19 when delays as a result of Adults with Incapacity reduced significantly. This post is currently vacant, perhaps contributing to the slight increase in complex delays more recently. Although there is a recognised shortage of Mental Health Officers nationally, posts within the community Mental Health Officer team continue to attract interest, therefore contingency planning between the hospital and community teams is underway to ensure this work continues.

There a growing number of older adults whose needs cannot be accommodated within the current local care home resource and for whom more complex discharge planning is required. The remodelling of the care home provision will ensure older people with the most complex needs receive appropriate care and support.

- 5.1.2 Chart 2 outlines the position for the 18-74 age group. This demonstrates the impact of the long term improvement work being undertaken between the Partnership and Neighbourhood Services in terms of identifying appropriate accommodation and support services for this group.

Chart 2: Number of Complex Delayed Discharges Split by Reason for Delay Age 18-74



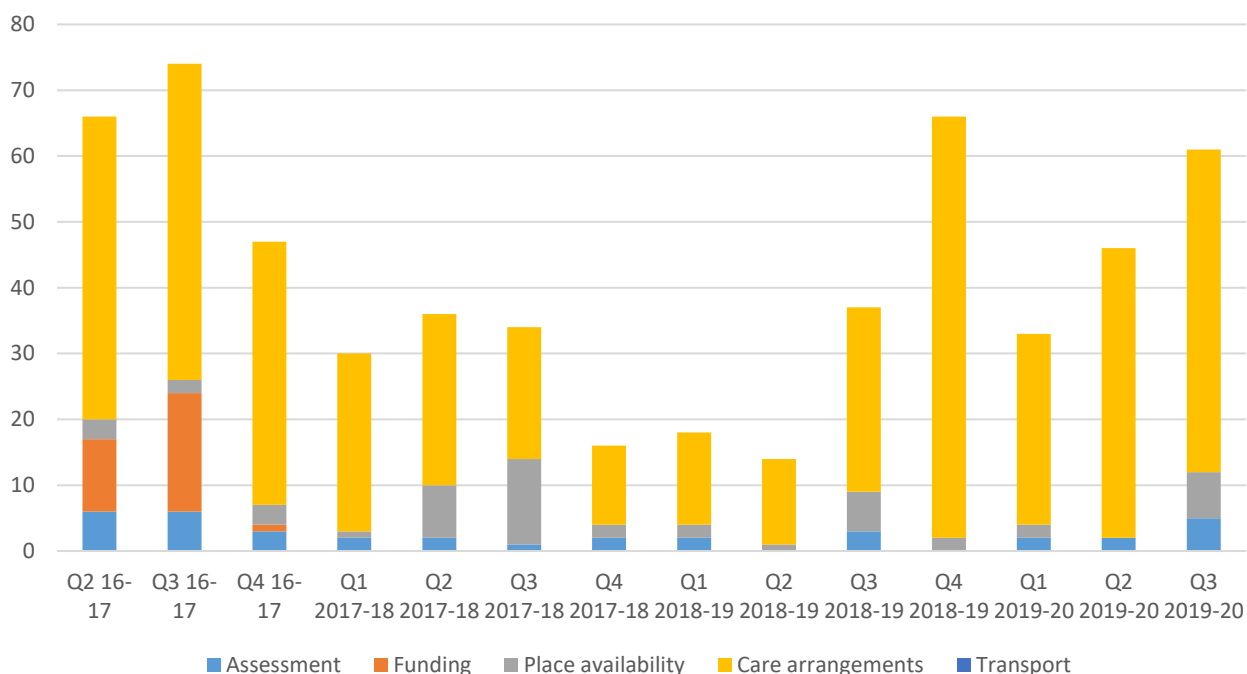
Source: NSS ISD Delayed Discharge Census

6.0 CURRENT PERFORMANCE IN RELATION TO STANDARD DELAYS

- 6.1 Although Dundee continues to perform well in relation to the 2015/16 benchmark, and has been amongst the top performing Partnerships in Scotland throughout this winter, there is a deteriorating picture regarding standard delays. During 2017/18, the introduction of the 'Discharge to Assess' model enabled the majority of patients to be discharged on their Planned Date of Discharge as the assessment of their needs could be undertaken in a community setting.
- 6.2 The greater accuracy of this assessment has enabled more patients to remain in their own homes on a long term basis and demonstrated a reduction in the need for care home placements. However this has also resulted in an increased requirement for social care.
- 6.3 In order to address this, there is a need for a further improvement in discharge pathways which maximise the resources available and promote better outcomes for patients. These measures are outlined in section 7.

6.4 Chart 3 below shows the deteriorating position in relation to standard delays. Chart 3 also demonstrates that standard delays are now almost exclusively attributable to the non-availability of social care.

Chart 3: Standard Delayed Discharges by Principal Reason for Delay



7.0 IMPROVEMENT ACTIONS IDENTIFIED TO ADDRESS INCREASE IN STANDARD DELAYS

7.1 Since the last report, a locality modelling programme has commenced to ensure best use of existing staff resource across the Partnership. This will create multi-professional teams based within geographical localities, thereby reducing duplication and maximising efficiencies. This will support workforce remodelling and create staff resource to undertake social care review function more robustly. A barrier to this is the increasing vacancy levels within both care management and community nursing teams.

7.2 In order to improve outcomes for service users while maximising the use of resource, inpatient pathways for frail, older adults need to be simplified to support earlier discharge home for completion of assessment and rehabilitation.

7.3 The implementation of the Eligibility Criteria for social care is now complete and staff across the Partnership have been briefed. This will provide a clearer framework for allocation of social care resource with the aim being to only provide this service to people with a critical or substantial need.

7.4 Winter Pressures monies were used to expand the existing 'Discharge to Assess' model over the winter. The success of this model has provided evidence that earlier discharge from hospital and minimal moves whilst an inpatient, creates better outcomes particularly for frail, older adults. Now that this approach is fully embedded, the next stage of development is to target inpatient rehabilitation alongside this resource within the acute hospital to ensure patients can return home safely on their Planned Date of Discharge. Whilst this may slightly increase the length of stay within acute, the aim is to reduce whole system length of stay while improving outcomes for individuals.

7.5 Four additional occupational therapy posts have been recruited to expand the existing Community Rehabilitation Team and shift the focus of social care to supporting the rehabilitation process.

- 7.6 Although this report focuses on delayed discharge, the improvement measures are geared towards enhancing community services in order to prevent admission. Ongoing development of services such as Enhanced Community Support and Dundee Enhanced Community Support Acute (DECSA) will be crucial in supporting the developments in inpatient pathways. Work is ongoing to support development in these services.
- 7.7 Modelling of the Advanced Nurse Practitioner workforce continues to ensure efficiency of staff resource is maximised. Further recruitment is ongoing.
- 7.8 Care Home Team continues to undertake development work with local care homes as a means preventing admission to hospital when appropriate.
- 7.9 Substance Misuse Liaison Service is working in partnership with Community Integrated Substance Misuse Services, Pain Team, Pharmacy, and others to develop improved pathways and processes for patients affected by substance misuse. Additional resource is being sought to expand this work into Carseview.
- 7.10 Step down properties have been in place for approximately 3 years as a means of supporting discharge for patients who could not return to their own homes. Work with housing providers has identified additional social care availability within the step down properties which supports the use of these properties for earlier discharge when social care is not available elsewhere. A test of change is underway in partnership with Dundee Survival Group to provide housing with specialised support for people affected by substance misuse and/or homelessness.

8.0 SUMMARY

- 8.1 Progress has been made in Dundee in relation to enabling people to be discharged when they are ready but we also recognise that further realignment is now required within social care and rehabilitation services to support the increased demand in community settings. The proposed actions above are targeted at ensuring the whole system is better equipped to manage the increasing demand for community based support. Whilst there continue to be improvement opportunities as noted above, it is important to note that our increasingly frail, older population will have limited rehabilitation ability and therefore, long term investment in support services will be necessary in order to continue to achieve positive outcomes.

9.0 POLICY IMPLICATIONS

- 9.1 This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

10.0 RISK ASSESSMENT

Risk 1 Description	Every unnecessary day in hospital increases the risk of an adverse outcome for the individual, drives up the demand for institutional care and reduces the level of investment that is available for community support.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Weekly review of all delays. - Action plan and monitoring at the Home and Hospital Transition Group. - Range of improvement actions underway to reduce risk of delays.
Residual Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Planned Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Approval recommendation	The PAC is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

11.0 CONSULTATIONS

11.1 The Chief Officer, Head of Health and Community Care and the Clerk were consulted in the preparation of this report.

12.0 BACKGROUND PAPERS

12.1 None.

Dave Berry
Chief Finance Officer

DATE: 24 March 2020

Lynne Morman
Integrated Manager

Lynsey Webster
Senior Officer



REPORT TO: PERFORMANCE & AUDIT COMMITTEE - 22 SEPTEMBER 2020

REPORT ON: CARE INSPECTORATE GRADINGS - REGISTERED CARE SERVICES FOR ADULTS (EXCLUDING CARE HOMES) 2019/2020

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC18-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to summarise for the Performance and Audit Committee the gradings awarded by the Care Inspectorate to registered care services for adults, these services having a contractual arrangement with Dundee Health and Social Care Partnership (excluding care homes) for the period 1 April 2019 to 31 March 2020.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Note the content of this report and the gradings awarded as detailed in the attached Performance Report (Appendix 1) and highlighted in section 4.2 below.
- 2.2 Notes the range of continuous improvement activities progressed during 2019/20, as described in section 4.3.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Background

4.1.1 The Care Inspectorate is responsible for the inspection and regulation of all registered care services in Scotland. The regulatory authority ensure that care service providers meet the Health and Social Care Standards which came into effect in April 2018 and that in doing so they provide quality care services. The Care Inspectorate use a six-point grading system against which certain key themes are graded. The grades awarded are published in inspection reports and on the Care Inspectorate's website at www.careinspectorate.com.

4.2 Gradings Awarded

4.2.1 Summary of the gradings awarded to registered care services in Dundee:

Of the 71 possible inspections undertaken in the 68 registered services:

- 48 inspections (68%) included grades of **4** 'good', **5** 'very good' or **6** 'excellent' in some or all themes
- 11 inspections (15%) included grade **3** 'adequate' in some themes
- 4 inspections (6%) included grade **2** 'weak; in some themes
- No service received a grade **1** 'unsatisfactory' in any theme
- 22 services (32%) were not inspected during this period

- 4.2.2 The Care Inspectorate carried out an inspection of Transform Community Development in June 2019 and subsequently graded the service 2 - Weak for Quality of Care and Support and 2 – Weak for Quality of Management and Staffing. The inspection identified significant safeguarding concerns. The Care Inspectorate were not satisfied that people were being supported in a safe way. An Action Plan relating to the detailing improvements required was issued by the Care Inspectorate with various timescales set and enhanced monitoring support was provided by a Care Inspector and Social Care Contracts Monitoring meetings. Dundee Health and Social Care Partnership officer also carried out appropriate steps to determine whether a Large Scale Investigation (LSI) was necessary however this was assessed as not being required. A follow-up Care inspection was held on 18th February 2020. Feedback was very positive and all requirements were met.
- 4.2.3 Although 49 inspections were undertaken during 2019/20, 6 of these inspections used a new inspection framework introduced in July 2018 and therefore cannot be compared to the 43 carried out using the former method. Of these 43 inspections: 6 services were downgraded for Quality of Care and Support and 6 services were upgraded; 5 downgraded for Quality of Staffing and 5 upgraded; and, 10 downgraded for Quality of Management and Leadership with 5 upgraded. Quality of Environment was not inspected in any of the services.
- 4.2.4 Table 1 shows the percentage of grades awarded within each key theme in Dundee in 2019/2020.

Table 1 – Overall Dundee Inspection Gratings 2019/2020 (former method) – 43 of the 49 inspections undertaken

Grade 2019/20	Overall	Quality of Care and Support	Quality of Environment*	Quality of Staffing	Quality of Management and Leadership
6 excellent	12%	19%	-	5%	12%
5 very good	41%	35%	-	51%	37%
4 good	32%	42%	-	33%	21%
3 adequate	11%	2%	-	11%	21%
2 weak	4%	2%	-	-	9%
1 unsatisfactory	-	-	-	-	-

* Services provided within an individual's own home in the community do not require the environment to be assessed

4.3 Continuous Improvement

4.3.1 Homelessness and Substance Misuse Services

The Housing First Dundee Initiative was established last year by a consortium of four Third Sector organisations (Transform Community Development, Dundee Survival Group, The Salvation Army and We Are With You). Housing First is an internationally evidence-based approach, which uses independent, stable housing as a platform to enable individuals with multiple and complex needs to begin recovery and move away from homelessness.

The initiative has gone from strength to strength and has given participants security of tenure combined with wrap around support to meet their needs. To date over 44 individuals have successfully moved on from temporary homeless accommodation within the City. The initiative has also highlighted the strength of true partnership working within Dundee by bringing together colleagues from all sectors who are working to achieve better outcomes and better life experiences for our vulnerable citizens who have had difficulty in engaging with traditional housing and support services due to a variety of complex needs. The initiative is currently funded via the Housing First Fund and governed via the Corra Foundation.

4.3.2 *Support Services - With Care at Home*

All services are currently sitting with a grade of 4 or higher for the quality of care and support reflecting the Care Inspectorate's assessment that they are delivering a good care service to the people they support.

Some services received grades of 3, in the main around the quality of management and leadership. In general the reasons for this can be summarised as follows:

- there has been a change of manager and the service is undergoing a period of transition;
- quality assurance systems need to be better utilised and further developed to ensure they are evaluative and support continuous improvement; and / or,
- action plans that have been drawn up need to be completed.

The progress that has been made in relation to the above points is discussed at the contract monitoring meetings.

4.3.3 *Housing with Care Step Down*

The range of intermediate care options was extended by the introduction of a 'step down' flat from 5 July 2019 within one of the commissioned Housing with Care Services. This 'step down' option enables people to be discharged from hospital to a supported environment when they are assessed as being medically fit to do so. Individuals can then continue their rehabilitation and ongoing assessment with support from an on-site care team. The flat can also be used to enable 'step up', i.e. where there has been a deterioration in an individual's health which means they require a period of intensive support/assessment and it is not possible for the person to remain at home during this period.

4.3.4 *Care and Support*

A tender exercise was undertaken with the specific aim of increasing the range of options for people with support needs, both in terms of the providers delivering these supports and the types of service they provide. This led to the development of a multi-provider framework approach to meeting a range of care and support needs, namely personal care/social care, housing support and respite/short breaks. The number of providers was increased from 10 under the previous contractual arrangements to 24, with the new framework commencing on 3 June 2019. The previous contracts were for the delivery of just a care at home service however the new framework enables a single provider to deliver a range of services that will all contribute to meeting the supported person's identified outcomes.

5.0 **POLICY IMPLICATIONS**

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 **RISK ASSESSMENT**

6.1 This report has not been subject to a risk assessment as it relates to the publication of Care Inspectorate information and is for information only.

7.0 **CONSULTATIONS**

7.1 The Chief Officer, the Clerk, Head of Service - Health and Community Care and Chief Social Work Officer were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

DATE: 14 August 2020

Rosalind Guild
Contracts Officer



PERFORMANCE REPORT – CARE INSPECTORATE GRADINGS

DUNDEE REGISTERED CARE SERVICES FOR ADULTS (EXCLUDING CARE HOMES)

1 APRIL 2019 – 31 MARCH 2020

INTRODUCTION

The purposes of this report is to summarise for members the findings and gradings awarded by the Care Inspectorate to registered services for adults within Dundee for the period 1 April 2019 to 31 March 2020.

BACKGROUND

The Care Inspectorate regulates and inspects care services to make sure they meet the right standards. It also works with providers to help them improve their service and make sure everyone gets safe, high quality care that meets their needs. The Care Inspectorate has a critical part to play to make sure that care services in Scotland provide good experiences and outcomes for the people who use them and their carers.

The Health and Social Care Standards came into effect in April 2018. The Standards replaced the National Care Standards and are now relevant across all health and social care provision. They are no longer just focused on regulated care settings, but for use in social care, early learning and childcare, children's services, social work, health provision and community justice. They seek to provide better outcomes for everyone, to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

The Standards are underpinned by five principles; dignity and respect, compassion, be included, responsive care and support and wellbeing.

The headline outcomes are:

- I experience high quality care and support that is right for me
- I am fully involved in all decisions about my care and support
- I have confidence in the people who support and care for me
- I have confidence in the organisation providing my care and support
- I experience a high quality environment if the organisation provides the premises.

From July 2018 the Care Inspectorate introduced a new framework for the inspection of services and as set out in Appendix A a number of services have now been inspected using this framework.

It is recognised that self-evaluation is a core part of quality assurance and supporting improvement and this framework is primarily designed to support care services in self-evaluation. The same framework is then used by the Care Inspectorate to provide independent assurance about the quality of care and support. By setting out what Inspection Officers expect to see in high-quality care and support provision, it can help support improvement too. Using a framework in this way also supports openness and transparency of the inspection process.

The process of self-evaluation, as part of a wider quality assurance approach, requires a cycle of activity based round answering three questions:

- **How are we doing?**
- **How do we know?**
- **What are we going to do now?**

Below is the former and new themes for which services have been inspected during 2019/20. The Care Inspectorate continue to inspect using a six-point grading scale (see below) against which the following key themes are graded:

Previous Inspection Method



Each theme is assessed from 1 to 6 with 1 being 'unsatisfactory' and 6 'excellent'.

- **Quality of Care and Support**
How the service meets the needs of each individual in its care
- **Quality of Environment**
Is the service clean, is it set out appropriately, is there easy access for individuals who use wheelchairs, is it safe, and is there a welcoming, friendly atmosphere?
- **Quality of Staffing**
The quality of the care staff including qualifications and training
- **Quality of Management and Leadership**
How the service is managed and how it develops to meet the needs of people it cares for

New Inspection Method



Each theme is assessed from 1 to 6 with 1 being 'unsatisfactory' and 6 'excellent'.

- **How well do we support people's wellbeing?**
- **How good is our leadership?**
- **How good is our staff team?**
- **How good is our setting?**
- **How well is our care and support planned?**

The grading scale used is:

6	excellent
5	very good
4	good
3	adequate
2	weak
1	unsatisfactory

OVERVIEW OF THE SERVICES INSPECTED

This report covers a range of registered care services for adults (see Appendix A attached) that are subject to regulation. These include:

- **Tenancy Support:** a housing support service which provides support, assistance, advice or counselling to enable a person to live in their own home in the community. Housing support may be provided to people living in, for example, sheltered housing, hostels for the homeless, accommodation for the learning disabled, women's refuges or in shared homes
- **Respite:** a service provided to permit a carer temporary relief from caring. It can be provided at home or elsewhere and may extend from a few hours to a few weeks
- **Support Services - not care at home:** a service which provides support in a setting outwith the home similar to a day opportunities service
- **Support Services – with care at home:** a service which provides support and/or personal care in your own home. This service is primarily provided to older people in Dundee within DHSCP Home Care Service and provided by both internal staff and externally commissioned organisations
- **Housing with Care Services – support services with care at home:** a service which provides support to people and gives them the security of their own home. This type of service can also offer access to various facilities to enable individuals to enjoy a higher quality of life and, where possible, avoid the need to move to residential care
- **Care at Home/Housing Support (combined):** a 24/7 housing support service combined with a care at home service registration. A housing support service (see tenancy support definition above) and combined care service provided to individuals in their own home. This service is primarily provided to people with a learning disability and/or a mental health difficulty

Of the 68 registrations included in this report (Appendix A), a total of 49 inspections were carried out by the Care Inspectorate during the reporting period 2019/20 (43 using the old method and 6 using the new framework). Some services received more than one inspection throughout the year. When there are performance concerns at an inspection resulting in a number of requirements being imposed, a follow up inspection visit is arranged. This can result in further action being taken or grades being amended. Inspection visits can also be carried out if complaints are made against a service.

The following table shows the overall percentage awarded at each grade and also for each key theme.

Who provides care and support services for adults in Dundee?

Table 1 shows which sectors provide care and support services for adults in Dundee:

Table 1

Care Home Service	Data	DHSCP	Private	Voluntary	Total
DUNDEE	No of Services	12	15	41	68
	%	18%	22%	60%	100%

Summary of the Gradings Awarded in Dundee

Of the 71 possible inspections undertaken in the 68 registered services:

- 48 inspections (68%) included grades of **4**, 'good', **5** 'very good' or **6** 'excellent' in some or all themes
- 11 inspections (15%) included grade **3** 'adequate' in some themes
- 4 inspections (6%) included grade **2** 'weak; in some themes
- No service received a grade **1** 'unsatisfactory' in any theme
- 22 services (32%) were not inspected during this period

Table 2 shows the percentage of grades awarded within each key theme in Dundee in 2019-2020.

Table 2 – Overall Dundee Inspection Gradings 2019/2020 (former method) – 43 of the 49 inspections undertaken

Grade 2019/20	Overall	Quality of Care and Support	Quality of Environment*	Quality of Staffing	Quality of Management and Leadership
6 excellent	12%	19%	-	5%	12%
5 very good	41%	35%	-	51%	37%
4 good	32%	42%	-	33%	21%
3 adequate	11%	2%	-	11%	21%
2 weak	4%	2%	-	-	9%
1 unsatisfactory	-	-	-	-	-

* Services provided within an individual's own home in the community do not require the environment to be assessed

Transform Community Development

The Care Inspectorate carried out an inspection in June 2019 and subsequently graded the service 2 - Weak for Quality of Care and Support and 2 – Weak for Quality of Management and Staffing. The inspection identified significant safeguarding concerns. The Care Inspectorate were not satisfied that people were being supported in a safe way. An Action Plan detailing improvements required was issued by the Care Inspectorate with various timescales set. It was also agreed that the Care Inspector would carry out visits over the forthcoming months to monitor progress towards requirements. This was done in conjunction with Social Care Contracts Monitoring meetings to support joint working.

In addition to the above, separate follow up meetings were carried out by Dundee Health and Social Care Partnership:

- to ensure the inspection outcomes were being addressed;
- to seek assurance that improvement plans were robust and in place to ensure that improvements were made timeously and would enable the organisation to meet standards identified; and,
- to ensure the organisation's leadership and governance arrangements were in place to in order to be assured as to how managers and the services will be supported to take forward the improvement plan.

Dundee Health and Social Care Partnership also carried out appropriate steps to determine whether a Large Scale Investigation (LSI) was necessary however this was assessed as not being required.

A follow-up Care inspection was held on 18th February 2020. Feedback was very positive and all requirements were met. Some suggestions were made and which continue to be discussed in partnership with Commissioners and the Care Inspectorate.

Table 3 shows the percentage of grades awarded within each service model in Dundee in 2019/2020.

Table 3 – Dundee Inspection gradings by service model (former method 43 of the 49 inspections)

	Overall	6	5	4	3	2	1
Tenancy Support (6 registered services – none inspected)	-	-	-	-	-	-	-
Respite Services (1 registered service – none inspected)	-	-	-	-	-	-	-
Support – not care at home (10 registered services – none inspected)	-	-	-	-	-	-	-
Support – with care at home (19 registered services)	44%	2%	39%	40%	17%	2%	-
Housing with Care – care at home (2 registered services)	2%	-	100%	-	-	-	-
Care at Home/Housing Support (24 registered services)	54%	22%	39%	26%	7%	6%	-

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010, its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

Requirements were placed on 7 of the 68 registered services following inspection during 2019/20 (see Appendix B).

Complaints

A complaint is an expression of dissatisfaction by about a registered care service's action or lack of action, or about the standard of service provided by or on behalf of a registered care service'. Following investigation, a decision will be made by the Care Inspectorate whether the complaint is upheld or not upheld.

During 2019/20 the Care Inspectorate received complaints relating to 7 of the 68 registered services in Dundee. Of these, at least one of the elements of the complaint was upheld in all instances. Upheld elements of complaints were categorised as:

- Choice – care and treatment
- Communication – between staff/relatives/carers
- Staff – levels
- Healthcare – Tissue viability
- Record keeping – personal plans/agreements
- Wellbeing - other
- Protection of People – Adults
- Healthcare – Continence Care

Enforcements

Enforcement is one of the Care Inspectorate's core responsibilities and is central to protecting residents and bringing about an improvement in the quality of care services.

No enforcement action has been required to be taken in respect of the services reported upon either directly by the Care Inspectorate or by Dundee Health and Social Care Partnership.

CONTINUOUS IMPROVEMENT

Homelessness and Substance Misuse Services

The Housing First Dundee Initiative was established last year by a consortium of four Third Sector organisations (Transform Community Development, Dundee Survival Group, The Salvation Army and We Are With You). Housing First is an internationally evidence-based approach, which uses independent, stable housing as a platform to enable individuals with multiple and complex needs to begin recovery and move away from homelessness.

The initiative has gone from strength to strength and has given participants security of tenure combined with wrap around support to meet their needs. To date over 44 individuals have successfully moved on from temporary homeless accommodation within the City. The initiative has also highlighted the strength of true partnership working within Dundee by bringing together colleagues from all sectors who are working to achieve better outcomes and better life experiences for our vulnerable citizens who have had difficulty in engaging with traditional housing and support services due to a variety of complex needs. The initiative is currently funded via the Housing First Fund and governed via the Corra Foundation.

Support Services - With Care at Home

All services are currently sitting with a grade of 4 or higher for the quality of care and support reflecting the Care Inspectorate's assessment that they are delivering a good care service to the people they support.

Some services received grades of 3, in the main around the quality of management and leadership. In general the reasons for this can be summarised as follows:

- there has been a change of manager and the service is undergoing a period of transition;
- quality assurance systems need to be better utilised and further developed to ensure they are evaluative and support continuous improvement; and / or,
- action plans that have been drawn up need to be completed.

The progress that has been made in relation to the above points is discussed at the contract monitoring meetings.

Housing with Care Step Down

The range of intermediate care options was extended by the introduction of a 'step down' flat from 5 July 2019 within one of the commissioned Housing with Care Services. This 'step down' option enables people to be discharged from hospital to a supported environment when they are assessed as being medically fit to do so. Individuals can then continue their rehabilitation and ongoing assessment with support from an on-site care team. The flat can also be used to enable 'step up', i.e. where there has been a deterioration in an individual's health which means they require a period of intensive support/assessment and it is not possible for the person to remain at home during this period.

Care and Support

A tender exercise was undertaken with the specific aim of increasing the range of options for people with support needs, both in terms of the providers delivering these supports and the types of service they provide. This led to the development of a multi-provider framework approach to

meeting a range of care and support needs, namely personal care/social care, housing support and respite/short breaks. The number of providers was increased from 10 under the previous contractual arrangements to 24, with the new framework commencing on 3 June 2019. The previous contracts were for the delivery of just a care at home service however the new framework enables a single provider to deliver a range of services that will all contribute to meeting the supported person's identified outcomes.

CONCLUSION

Of the 49 inspections carried out in the 68 registered services listed in the Performance Report, the sustainment of grades for care and support and for staffing highlights the importance of the partnership approach between providers, local authority representatives and the Care Inspectorate and a focus on continuous improvement to focus on improving outcomes for service users. There is also evidence in Appendix A of services who have previously achieved good grades continuing to maintain their high standard of performance. Specific challenges relating to grades for management and leadership are outlined above and will be a focus for improvement over the coming year (2020/21).

The table below relates to the 43 inspections carried out using the former method as this is the first year for the new framework being introduced in adult services in 6 of the 49 inspections.

Theme of ...)	(Quality	Number of inspections with an increase in grades	Number of inspections with a decrease in grades
Care and Support		6	6
Environment		n/a	n/a
Staffing		5	5
Management & Leadership		5	10

14 August 2020

**DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP
CARE INSPECTORATE PERFORMANCE GRADINGS 2019-2020
DUNDEE REGISTERED CARE SERVICES FOR ADULTS (EXCLUDING CARE HOMES)**

Organisation	Name of Service	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership	Requirements	Complaints	Enforcement
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TENANCY SUPPORT

Dundee Survival Group		Housing Support	Vol								Last inspected 19.01.18
Dundee Women's Aid		Housing Support	Vol								Last inspected 21.01.19
Hillcrest Homes Tenancy Support	Housing Support Service	Housing Support	Vol								Last inspected 13.01.17
Positive Steps (East)		Housing Support	Vol								Last inspected 13.12.17
Salvation Army	Burnside Mill	Housing Support	Vol								Last inspected 24.04.18
Salvation Army	Strathmore Lodge	Housing Support	Vol								Last inspected 26.04.18

RESPIRE

Sense Scotland	Dundee Respite (Fleuchar Street)	Care Home - People with Learning Disabilities	Vol								Last inspected 06.08.18
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SUPPORT SERVICES – NOT CARE AT HOME

Alzheimer Scotland	Alzheimer Scotland – Action on Dementia	Support services – not care at home	Vol								Last inspected 17.03.16
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Organisation	Name of Service	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership	Requirements	Complaints	Enforcement
Capability Scotland	Capability Scotland Dundee	Support services – not care at home	Vol								
Dundee City Council	Oakland Centre	Support services – not care at home	DHSCP								
Dundee City Council	Wellgate Day Support Service	Support services – not care at home	DHSCP								
Hillcrest Futures Ltd	Student Support Service	Support services – not care at home	Vol								
Jean Drummond Centre	Jean Dummond Day Centre	Support services – not care at home	Vol								
Mid-Lin Day Care Ltd	Mid-Lin Day Care	Support services – not care at home	Vol								
Penumbra	Dundee Nova Service	Support services – not care at home	Vol								
Scottish Autism	Autism Outreach Service (Dundee)	Support services – not care at home	Vol								
Sense Scotland	Hillview Resource Centre	Support services – not care at home	Vol								

SUPPORT SERVICES – WITH CARE AT HOME

Acasa Care Ltd		Support services – care at home	Private	30.10.19	5	n/a	(5)	4↓	No	No	No
Allied Health-Services Ltd	Allied Health- Services Dundee	Support services – care at home	Private	24.10.19	4	n/a	3	3	No	Yes	No

Organisation	Name of Service	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership	Requirements	Complaints	Enforcement
Avenue Care Services Ltd	Avenue Care Services - Perth/Dundee	Support services – care at home	Private	11.12.19	4	n/a	4	4	No	No	No
Blackwood Homes and Care	Blackwood North East Care and Support Services	Support services – care at home	Vol	20.05.19	5	n/a	(5)	5	No	Yes	No
British Red Cross	British Red Cross Support at Home	Housing support service – care at home	Vol	21.09.19	4	n/a	(4)	3	No	Yes	No
Call-in Homecare Ltd	Call-In Homecare Care at Home	Care at Home/ Housing Support Service	Private	03.03.20	(5)	n/a	(5)	3↓	No	Yes Re-graded	No
				10.09.19	5	n/a	5	(5)	No	No	No
Capability Scotland	Community Living and Family Support Services (Dundee)	Support services – care at home	Vol	17.05.19	6↑	n/a	(5)	5	No	No	No
Crossroads Caring Scotland	Crossroads Caring Scotland - Dundee	Support services – care at home	Vol	19.12.19	4↓	n/a	4	3↓	No	Yes	No
Dundee City Council	Homecare Social Care Response Service	Care at Home and Housing Support	DHSCP	18.02.20	5	n/a	(5)	5	No	Yes	No
Dundee City Council	Care at Home City Wide	Care at Home and Housing Support	DHSCP	30.01.20	5	n/a	(5)	5	No	No	No
Elite Care (Scotland) Ltd	Dundee and Angus	Housing Support	Private	New registration on 06.11.18 – not yet inspected					No	No	No
Family Friends		Support Service	Private	Last inspected 14.11.18							

Organisation	Name of Service	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership	Requirements	Complaints	Enforcement
Hillcrest Futures Ltd	Hillcrest Futures Homecare Dundee	Support service – care at home	Vol	10.10.19	4	n/a	(4)	3↓	Yes	No	No
The Inclusion Group (Dundee)	The Inclusion Group	Support services – care at home	Vol	13.01.20	(4)	n/a	3	2↓	Yes	No	No
				13.06.19	4↑	n/a	3↑	3↑	Yes	No	No
Mochridhe Limited	Mochridhe Dundee and Angus	Care at home/ housing support	Private	26.08.19	5↑	n/a	(4)	4	No	No	No
My Homecare (Dundee) Ltd		Support service	Private	03.05.19	4	n/a	4↑	4↑	No	No	No
Scottish Association for Mental Health	Dundee Specialist Mental Health Outreach	Care at home/ housing support	Vol	08.07.19	4↓	n/a	3↓	4↓	Yes	No	No
TayCare at Home Limited		Support Services – care at home	Private	18.12.19	5	n/a	(5)	5	No	No	No
TLA Neighbourhood Service Limited	TLA Neighbourhood Services	Housing Support Service	Private	28.01.20	4	n/a	(4)	4	No	No	No

HOUSING WITH CARE SERVICES (SUPPORT SERVICES WITH CARE AT HOME)

Bield Housing & Care	Dundee Housing with Care/ Housing Support Dundee	Support services – care at home	Vol	17.12.19	5	n/a	(5)	5	No	No	No
Hillcrest Futures Ltd	Hillcrest Futures Dundee Housing with Care Service	Support services – care at home	Vol	New Registration - 14.02.20							

CARE AT HOME / HOUSING SUPPORT (COMBINED) - 24 HOUR SERVICES

Balfield Properties t/a Westlands	Westlands	Care at Home/ Housing Support	Private	10.05.19	6	n/a	(5)	6	No	No	No
Caalcare Limited	Rose Lodge	Care at Home/ Housing Support	Private	23.04.19	6	n/a	(6)	6	No	No	No
Capability Scotland	Dundee Housing Support Service	Housing Support Service	Vol	New Registration – 10.01.20							
Organisation	Name of Service	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership	Requirements	Complaints	Enforcement
Carr Gomm	Support Services 2	Care at Home/ Housing Support	Vol	31.07.19	4	n/a	5↑	5↑	No	No	No
Cornerstone	Dundee and Angus Services	Care at Home/ Housing Support	Vol	12.12.19	4	n/a	4	4↑	No	No	No
Dudhope Villa	Dudhope Villa and Sister Properties	Care at Home/ Housing Support Service	Private	28.08.19	4	n/a	4	3↑	Yes	No	No
				23.05.19	(4)	n/a	(4)	2↓	No	Yes Re-graded	No
Dundee City Council	Dundee Community Living	Care at Home/ Housing Support	DHSCP	13.09.19	6	n/a	6	(6)	No	No	No
Dundee City Council	Supported Living Team	Care at Home/ Housing Support	DHSCP	01.10.19	6↑	n/a	6	(5)	No	No	No
Dundee City Council	Weavers Burn	Care at Home/ Housing Support	DHSCP	23.07.19	5	n/a	(5)	5	No	No	No
Hillcrest Futures Ltd	Hillbank/ Alexander Street	Care at Home/ Housing Support	Vol	08.11.19	6↑	n/a	5	(6)	No	No	No
Hillcrest Futures Ltd	Birkdale/Pitkerro	Care at Home/ Housing Support	Vol	07.06.19	6	n/a	5↓	(5)	No	No	No

Hillcrest Futures Ltd	Canning Place/ Millview/Milton St	Care at Home/ Housing Support	Vol	28.08.19	5	n/a	5↓	(5)	No	No	No
Hillcrest Futures Ltd	David StMartingale/ Tullideph	Care at Home/ Housing Support	Vol	16.04.19	4↓	n/a	(5)	4	No	No	No
Hillcrest Futures Ltd	North Grimsby / Priority Court	Care at Home/ Housing Support	Vol	25.04.19	4↓	n/a	4↓	3↓	Yes	No	No
Hillcrest Futures Ltd	Doocot Park/ Lousen Park/ River Street/ Riverview	Care at Home/ Housing Support	Vol	09.10.19	5	n/a	(5)	(5)	No	No	No
Organisation	Name of Service	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership	Requirements	Complaints	Enforcement
The Inclusion Group (Dundee)	The Inclusion Group	Housing Support Service	Vol	13.01.20	3	n/a	3	2	Yes	No	No
Priority Care Limited	Magdalen House	Care at Home/ Housing Support	Private	24.10.19	4↑	n/a	4↑	4	No	No	No
The Richmond Fellowship Scotland Ltd	Dundee Services	Care at Home/ Housing Support	Vol	23.08.19	6	n/a	(5)	5	No	No	No
Sense Scotland	Supported Living: Dundee 1 & surrounding areas	Care at Home/ Housing Support	Vol	Last Inspected – 06.09.18							
Sense Scotland	Supported Living Dundee 2 & surrounding areas	Care at Home/ Housing Support	Vol	11.07.19	4↓	n/a	4↓	3↓	No	No	No
Sense Scotland	Supported Living Dundee 3 & surrounding areas	Care at Home/ Housing Support	Vol	18.06.19	5	n/a	5↑	5	No	No	No
Scottish Autism	Tayside Housing Support & Outreach Service	Support Services – Care at Home	Vol	23.01.20	5	n/a	(5)	5	No	No	No

Transform Community Development		Housing Support Service	Vol	04.06.19	2↓	n/a	(4)	2↓	Yes	No	No
Turning Point Scotland	Dundee	Housing Support / Care at Home	Vol	05.11.19	5	n/a	5	(6)	No	No	No

NEW FORMAT INSPECTIONS UNDERTAKEN DURING 2019-2020

Organisation	Name of Service	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	People's Wellbeing	Leadership	Staff Team	Setting	Care and Support Planning	Requirements	Complaints	Enforcement
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RESPIRE

Dundee City Council	Mackinnon Centre	Respite Unit for People with a Physical Disability	DHSCP	06.12.19	5	n/a	n/a	n/a	4↓	No	No	No
Dundee City Council	White Top Centre	Respite for People with a Learning Disability	DHSCP	31.07.19	6	n/a	n/a	n/a	5↓	No	No	No

SUPPORT SERVICE – NOT CARE AT HOME

Dundee City Council	Mackinnon Skills Centre	Support service - not care at home	DHSCP	22.07.19	5	n/a	n/a	n/a	4	No	No	No
Dundee City Council	White Top Centre	Support service – not care at home	DHSCP	31.07.19	6	n/a	n/a	n/a	5	No	No	No

SUPPORT SERVICE – WITH CARE AT HOME

Dundee City Council	Home Care Enablement and Support & Community MH Older People Team	Care at Home and Housing Support	DHSCP	31.01.20	5	5	n/a	n/a	n/a	No	No	No
My Care Tayside		Housing support service care at home	Private	13.12.19	5	5	n/a	n/a	n/a	No	No	No

KEY:

6	excellent
5	very good
4	good
3	adequate
2	weak
1	unsatisfactory

- ↑ signifies that the grade has improved since the previous inspection
- ↓ signifies that the grade has fallen since the previous inspection
- no arrow signifies the grade has stayed the same grade
- where there is no grade this signifies that the theme was not inspected

**DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP
DUNDEE REGISTERED CARE SERVICES FOR ADULTS (EXCLUDING CARE HOMES)
CARE INSPECTORATE REQUIREMENTS 2019-2020**

Date of Inspection	Name of Org/Service	Service Type	Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
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10.10.19	Hillcrest Futures Homecare Dundee	Support services – care at home	4	n/a	4	3↓
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Requirement (1)

In order to ensure ongoing service improvements, the Provider must make proper provision for the health and welfare of service users by ensuring that they have appropriate quality assurance systems in place which include:

- The formal review of care and support plans at least once every six months;
- Regular audits of care and support plans and risk assessments to help ensure sufficient detail is recorded to inform staff practice.

13.01.20	The Inclusion Group (Dundee)	Support Service – care at home	(4)	n/a	3	2↓
13.06.19			4↑	n/a	3↑	3↑

Requirements (2) – 13.01.20

In order to ensure ongoing service improvements, the provider must make proper provision for the health and welfare of service users by ensuring that they have appropriate and robust quality assurance systems in place that are used regularly to help bring about improvements in the service by 28 February 2020.

In order to ensure that staff are suitably qualified and receive appropriate training to ensure they can deliver service users' care in a safe, respectful and supportive manner, the provider must:

- Produce a training needs analysis that reflects the training the staff team require.
- From this, develop a training plan that provides clearer details about the training staff are required to have (mandatory), and service specific (to meet people's individual needs). This should include the frequency of any training that requires to be refreshed or updated eg medication and moving and handling. The training plan should contain the same information in relation to the team leaders.
- Maintain accurate records that describe the training completed by staff.
- Ensure that there is an effective system in place to monitor that staff are implementing the care service's policies and procedures and to identify where further training and support is necessary and take the necessary actions to address identified deficits.

This must be implemented by 28 February 2020.

Requirements (2) – 13.06.19

The provider must take steps to ensure that only staff who are registered with the Scottish Social Services Council (SSSC) or another recognised regulatory body may carry out work in the care service in a post for which such registration is required by 30 June 2019.

In order to ensure ongoing service improvements, the Provider must make proper provision for the health and welfare of service users by ensuring that they have appropriate and robust quality assurance systems in place that are used regularly to help bring about improvements in the service by 31 July 2019.

08.07.19	Scottish Association for Mental Health	Support services – care at home	4↓	n/a	3↓	4↓
Requirement (1) The provider must ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.						

28.08.19	Dudhope Villa and Sister Properties	Care at Home/ Housing Support Service	4	n/a	4	3↑
Requirements (2) The provider must develop robust systems to ensure service users' funds are fully safeguarded at all times. In order to achieve this the provider must: <ul style="list-style-type: none"> - Maintain clear, accurate and detailed accounting records for all individual service users' funds. - Ensure that for all transactions there is a clear audit trail supported, where appropriate, for that service user by invoices, bank statements, receipts, etc. - Ensure each service user has a clear plan of support which details the financial support they require. - Carry out and record regular audits which takes account of general bookkeeping, presence of receipts or invoices and reconciles bank withdrawals with deposits. <p>In order to ensure the health, wellbeing and safety of service users, the provider must ensure that the Care Inspectorate are notified of specific events as per publication 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. This relates (but is not limited to):- deaths in the home – incidents – allegations of abuse and to ensure that requests for updates on events from the Care Inspectorate are responded to promptly.</p>						

25.04.19	Hillcrest Futures – North Grimsby/ Priory Court	Care at Home/ Housing Support Service	4↓	n/a	4↓	3↓
Requirements (1) In order to ensure ongoing service improvements, the Provider must make proper provision for the health and welfare of service users by ensuring that they have robust quality assurance systems in place that are effective at identifying areas for improvement and the action required to address these areas. The manager should ensure that these systems are used regularly to ensure progressed is ongoing.						

13.01.20	The Inclusion Group (Dundee)	Housing Support Service – not care at home	3	n/a	3	2
Requirements (2) See above – The Inclusion Group (Dundee) Support Service – Care at Home. The requirements are the same although included in a separate report.						

04.06.19	Transform Community Development	Care at Home/ Housing Support Service	2	n/a	(4)	2
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Requirements (4)

To safeguard the health and wellbeing of service users, the provider must ensure that medication is administered safely and in line with good practice. To achieve this the provider must:

- Ensure that medication is administered to service users according to prescriber instructions.
- That if a regular medication is not given or taken that staff record the reason why along with any further action that was taken and the outcome of this action.
- That staff understand their responsibility to keep accurate and current records of administered medication.
- That staff have access to and adhere to good practice guidance relating to the safe administration and record keeping of medication.
- That a robust audit of medication is undertaken immediately and at regular intervals by a senior member of staff.

To ensure the health and wellbeing of service users the provider must ensure that appropriate financial safeguards are in place. In order to achieve this the provider must:

- Carry out a full review of all financial policies, procedures and processes.
- Ensure that, where appropriate, accurate financial risk assessments are in place for service users and reviewed regularly.
- Ensure that steps are taken to obtain appropriate financial safeguards for each service user.
- Ensure regular audits are carried out on the funds held for service users. This must include a system to reconcile bank withdrawals and deposits.

To ensure the safeguarding and protection of service users the provider must ensure that:

- Concerns raised by service users are fully investigated and the outcome recorded;
- Where appropriate, concerns are escalated in line with adult support and protection legislation;
- Staff receive training in complaint handling and reporting responsibilities.

To safeguard service users the provider must ensure that staff are recruited in a way which demonstrates their fitness to undertake regulated work.

Legend:

6	excellent
5	very good
4	good
3	adequate
2	weak
1	unsatisfactory

() this signifies that the theme was not assessed at this inspection therefore grade brought forward from previous inspection



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 22 SEPTEMBER 2020

REPORT ON: CARE INSPECTORATE GRADINGS - REGISTERED CARE HOMES FOR ADULTS 2019/2020

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC17-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to summarise for the Performance and Audit Committee the gradings awarded by the Care Inspectorate to Dundee registered care homes for adults in Dundee for the period 1 April 2019 to 31 March 2020.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Note the contents of this report and the gradings awarded as detailed in the attached Performance Report (Appendix 1) and highlighted in section 4.2 below.
- 2.2 Note the range of continuous improvement activities progressed during 2019/2020 as described in section 4.3.

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 MAIN TEXT

4.1 Background

4.1.1 The Care Inspectorate is responsible for the inspection and regulation of all registered care services in Scotland. The regulatory authority ensures that care service providers meet the Health and Social Care Standards which came into effect in April 2018. The Care Inspectorate use a six-point grading system against which certain key themes are graded. The grades awarded are published in inspection reports and on the Care Inspectorate's website at www.careinspectorate.com.

4.1.2 As of 1 April 2019 there were approximately 1011 residents accommodated in 24 private and voluntary care homes and 88 residents accommodated in four local authority care homes in Dundee. However, on 14 December 2019 the contract for Linlathen Neurodisability Centre between Dundee City Council and Living Ambitions Ltd was terminated reducing the number of private and voluntary care homes to 23.

4.2 Gradings Awarded

4.2.1 Within the 28 registered care homes listed in the Performance Report, 30 inspections were undertaken during 2019/20.

4.2.2 Of the 30 inspections undertaken:

- 23 (77%) received grades **4** 'good', **5** 'very good' or **6** 'excellent' in some or all themes
- 13 (43%) received grade **3** 'adequate' in some or all themes
- 3 (10%) received grade **2** 'weak' in all some of all themes
- 1 (3%) received a grade **1** 'unsatisfactory' in any theme.

4.2.3 Linlathen Neurodisability Unit, owned by Living Ambitions Ltd (a subsidiary of the Lifeways Group), had over a period of time experienced difficulties sustaining acceptable grades particularly in relation to management and leadership and environmental issues. Despite staff from the Care Inspectorate and Dundee Health and Social Care Partnership working very closely with the Home's management team during 2019/20 to support improvements, address complaints and investigate incidents and a marked improvement evidenced during this period, the decision was taken by Living Ambitions Ltd to close the care home in December 2019.

4.2.4 Pitkerro Care Centre, owned by Hudson Healthcare Ltd, received a grade 2 'weak' for 'How well do we support people's wellbeing?' following an inspection in August 2019. A cessation on admissions was voluntarily put in place and a series of contract monitoring meetings took place. At the follow up Care Inspection visit in January 2020 the grade improved to a 3 'adequate' and DHSCP officers agreed that there was sufficient evidence of sustained improvement to allow the care home to accept admissions and continue with a planned programme of monitoring meetings.

4.2.5 Rose House, owned by Kennedy Care Group, received a grade 1 'unsatisfactory' for 'How Good is our Setting?' following an inspection in June 2019. Subsequent to this a Large Scale Investigation was progressed; the provider implemented an immediate voluntary cessation on admissions throughout this process and produced a comprehensive action plan outlining the improvements required. A follow up Care Inspection in January 2020 saw grades improve with 'How Good is our Setting?' being awarded grade 3 'adequate'.

4.2.6 Table 1 below shows the overall percentage awarded at grades 1 to 6 and also each key theme in Dundee in 2019/20. A full comparison exercise cannot be completed between this year and last as inspections during 2018/19 were carried out using the old and new inspection methodologies.

Table 1 – 30 inspections (91 grades awarded)

Grade 2019/20	Overall	People's Wellbeing	Leadership	Staff Team	Setting	Care and Support Planning
6 excellent	-	-	-	-	-	-
5 very good	24%	37%	9%	22%	9%	23%
4 good	37.5%	20%	45.5%	44.5%	45.5%	47%
3 adequate	33%	33%	36.5%	33.5%	36.5%	30%
2 weak	4.5%	10%	9%	-	-	-
1 unsatisfactory	1%	-	-	-	9%	-

To provide some comparison detail, those care homes who were inspected under the new framework method both this year and last have been identified from within Table 1 and included in Tables 2 and 3 to allow for comparison as follows:

Table 2 - 19 Inspections (52 grades awarded)

Grade 2019/20	Overall	People's Wellbeing	Leadership	Staff Team	Setting	Care and Support Planning
6 excellent	-	-	-	-	-	-
5 very good	13.5%	26.5%	20%	-	-	5%
4 good	54%	47%	20%	50%	60%	69%

3	adequate	15.5%	10.5%	20%	25%	20%	16%
2	weak	17%	16%	40%	25%	20%	10%
1	unsatisfactory	-	-	-	-	-	-

Table 3 – 19 inspections (57 grades awarded)

Grade 2018/19	Overall	People's Wellbeing	Leadership	Staff Team	Setting	Care and Support Planning	
6	excellent	-	-	-	-	-	
5	very good	26.5%	42%	14%	20%	14%	21%
4	good	40.5%	26.5%	43%	60%	29%	53%
3	adequate	26%	21%	29%	20%	43%	26%
2	weak	5%	10.5%	14%	0	-	-
1	unsatisfactory	2%	-	-	-	14%	-

4.3 Continuous Improvement

- 4.3.1 There continues to be a joint commitment to continuous improvement and a proactive approach to improving and sustaining quality which involves the care home providers, the Care Inspectorate and representatives of Dundee Health and Social Care Partnership. This is particularly evident when significant concerns arise. There have been many benefits of such an approach e.g. effective sharing of information, shared agreement about improvement activity required and monitoring of the same until such point concerns have been adequately addressed. This pre-existing commitment and relationships between providers, the Care Inspectorate and the Partnership has proved to be invaluable in the early months of 2020/21 in responding the COVID-19 pandemic.
- 4.3.2 Residents' care needs are supported, monitored and reviewed by the Care Home Team. The team's focus is to provide a single point of contact to deliver a dedicated service specific to care homes utilising a holistic care approach to ensure the right discipline at the right time can tailor intervention to individual need. The team continues to work closely with colleagues in primary care in developing advanced clinical skills to support GPs by providing comprehensive nursing assessments to assist with increasing clinical demand. A Contracts Officer with a portfolio lead for care homes continues to attend Care Inspectorate feedback sessions following care home inspection visits.
- 4.3.3 During 2019/2020 the Care Home Team has moved to a link worker role whereby the Review Officer, Registered General Nurse and Registered Mental Health Nurses are aligned to specific care homes within Dundee. This is to ensure better collaboration and joined up working between the link workers; with the Advance Nurse Practitioner's (ANP) within the team (and Primary Care); the resident, family and care home staff. Each link worker has a set day (with some joint visits between link workers if deemed appropriate) where they would have a planned visit with a particular care home. This approach would enable the link workers to support care home staff in dealing with any particular issues they had in supporting and managing a resident in a proactive manner. This has helped care homes better manage residents needs and prevent any inappropriate admission to the Kingsway Care Centre or potential for the resident's placement to break down due to care homes no longer able to meet their needs.
- 4.3.4 During the COVID-19 pandemic regular planned visits in care homes by the Care Home Team have ceased to prevent the spread of infection. However, essential visits have continued on a case by case basis with appropriate infection prevention and control measures being in place. For some of the larger capacity care homes, the ANP's continued regular visits to reduce likely footfall (from the Care Home Team) in the home and to support the homes during this extremely challenging time. Link workers have also remained in regular telephone contact with each care home (initially at the start of the pandemic daily); with the use of technologies such as 'Near Me' to help facilitate better contact with the resident, family and care home staff if a visit was not deemed essential.

4.3.5 Our Urgent Care model continues to provide certain care homes daily support and visits if required from the ANP's and trainee ANP's within the team. This is an alternative to the care home calling a GP practice to request advice or a same day house call in regards to a resident's physical health needs. The plan post COVID-19 is for Urgent Care to expand and be rolled out to all GP practices and care homes within Dundee during 2020/21.

4.3.6 **Care Home Providers Forum**

The care home providers forum is a meeting which normally takes place quarterly. The forum is attended by representatives from care homes across the city as well as members of the integrated Care Home Team and a variety of professionals from Dundee Health and Social Care Partnership. The Care Inspectorate are also in attendance. The forum creates the opportunity for all present to discuss topical issues as well as hearing from a variety of speakers. However, during the COVID-19 crisis the forum has taken place every two weeks via conference call. The care home managers have commented that they want this to continue until further notice. This forum has been used to facilitate information sharing and discussion with Health Protection Tayside, the Community Testing Team, Infection, Prevention and Control, and consultants from NHS Tayside, amongst others.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it relates to the publication of Care Inspectorate information and is for information only.

7.0 CONSULTATIONS

7.1 The Chief Officer, the Clerk, Head of Service - Health and Community Care and Chief Social Work Officer were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

DATE: 14 August 2020

Rosalind Guild
Contracts Officer



PERFORMANCE REPORT – CARE INSPECTORATE GRADINGS

DUNDEE REGISTERED CARE HOMES FOR ADULTS

1 APRIL 2019 – 31 MARCH 2020

INTRODUCTION

The purposes of this report is to summarise for members the findings and gradings awarded by the Care Inspectorate to registered care home services for adults within Dundee for the period 1 April 2019 to 31 March 2020.

The Care Inspectorate regulates and inspects care services to make sure they meet the right standards. It also works with providers to help them improve their service and make sure everyone gets safe, high quality care that meets their needs. The Care Inspectorate has a critical part to play to make sure that care services in Scotland provide good experiences and outcomes for the people who use them and their carers.

The Health and Social Care Standards came into effect in April 2018. The Standards replaced the National Care Standards and are now relevant across all health and social care provision. They are no longer just focused on regulated care settings, but for use in social care, early learning and childcare, children's services, social work, health provision and community justice. They seek to provide better outcomes for everyone, to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

The Standards are underpinned by five principles; dignity and respect, compassion, be included, responsive care and support and wellbeing.

The headline outcomes are:

- I experience high quality care and support that is right for me
- I am fully involved in all decisions about my care and support
- I have confidence in the people who support and care for me
- I have confidence in the organisation providing my care and support
- I experience a high quality environment if the organisation provides the premises.

From July 2018 the Care Inspectorate introduced a new framework for inspection of care homes for older people and as you can see from Appendix 1 all care homes in Dundee have now been inspected using this framework.

It is recognised that self-evaluation is a core part of quality assurance and supporting improvement and this framework is primarily designed to support care services in self-evaluation. The same framework is then used by the Care Inspectorate to provide independent assurance about the quality of care and support. By setting out what Inspection Officers expect to see in high-quality care and support provision, it can help support improvement too. Using a framework in this way also supports openness and transparency of the inspection process.

The process of self-evaluation, as part of a wider quality assurance approach, requires a cycle of activity based round answering three questions:

- **How are we doing?**
- **How do we know?**
- **What are we going to do now?**

The framework uses a series of key questions and quality indicators to help prompt reflection on the quality of care provided. It provides illustrations of what the Care Inspectorate believe constitute 'very good' and 'weak' care and support in relation to each quality indicator, relevant to care homes for older people. The framework still evaluates quality using the existing six point scale from unsatisfactory to excellent and reports continue to be published. More details on the framework can be found in '[A quality framework for care homes for older people](#)' published by the Care Inspectorate.

The Care Inspectorate continue to inspect using a six-point grading scale (see below) against which the following key themes are graded:



Each theme is assessed from 1 to 6 with 1 being 'unsatisfactory' and 6 'excellent'.

- **How well do we support people's wellbeing?**
- **How good is our leadership?**
- **How good is our staff team?**
- **How good is our setting?**
- **How well is our care and support planned?**

The grading scale used is:

6	excellent
5	very good
4	good
3	adequate
2	weak
1	unsatisfactory

OVERVIEW OF THE CARE HOMES INSPECTED

As of 1 April 2019 there were 28 care homes in Dundee which provided care and support to:

- older people
- people with learning disabilities
- people with physical disabilities
- people with mental health difficulties.

This number reduced to 27 care homes in December 2019 when the contract between Dundee City Council and Living Ambitions Ltd terminated resulting in the 32 residents who lived in Linlathen Neurodisability Unit moving to alternative placements.

A total of 30 inspections were carried out in the 28 care homes by the Care Inspectorate during the reporting period 2019/20.

Where there are performance concerns at an inspection resulting in a number of requirements being imposed, a follow up visit is arranged. This can result in further action being taken or grades being amended. This is relevant to both Pitkerro Care Centre and Rose House Care Home.

Inspection visits can also be carried out if complaints are made against a service.

Who provides care home services for adults in Dundee?

Table 1 shows which sectors provide care home services for adults in Dundee:

Table 1

Care Home Service	Data	Local Authority	Private	Voluntary	Total
DUNDEE	No of Services	4	22	2	28
	%	14%	79%	7%	100%

Summary of the gradings awarded in Dundee

Of the 30 inspections undertaken in 2019/20:

- 25 (83%) received grades **4** 'good', **5** 'very good' or **6** 'excellent' in some or all themes
- 13 (43%) received grade **3** 'adequate' in some or all themes
- 3 (10%) received grade **2** 'weak' in all some of all themes
- 1 (3%) received a grade **1** 'unsatisfactory' in any theme.

A full report of outcomes of all inspections carried out in 2019/20 is contained in Appendix A.

For purposes of comparison, the 2018/19 summary is as follows -

Of the 32 inspections undertaken in 2018/19:

- 29 (90%) received grades **4** 'good', **5** 'very good' or **6** 'excellent' in some or all themes
- 8 (25%) received grade **3** 'adequate' in some or all themes
- 4 (13%) received grade **2** 'weak' in some or all themes
- No care home received a grade **1** 'unsatisfactory' in any theme

Linlathen Neurodisability Unit, owned by Living Ambitions Ltd (a subsidiary of the Lifeways Group), had over a period of time experienced difficulties sustaining acceptable grades particularly in relation to management and leadership and environmental issues. Despite staff from the Care Inspectorate and Dundee Health and Social Care Partnership working very closely with the Home's management team during 2019/20 to support improvements, address complaints and investigate incidents and a marked improvement evidenced during this period, the decision was taken by Living Ambitions Ltd to close the care home in December 2019.

Pitkerro Care Centre, owned by Hudson Healthcare Ltd, received a grade 2 'weak' for 'How well do we support people's wellbeing?' following an inspection in August 2019. A cessation on admissions was voluntarily put in place and a series of contract monitoring meetings took place. At the follow up Care Inspection visit in January 2020 the grade improved to a 3 'adequate' and DHSCP officers agreed that there was sufficient evidence of sustained improvement to allow the care home to accept admissions and continue with a planned programme of monitoring meetings.

Rose House, owned by Kennedy Care Group, received a grade 1 'unsatisfactory' for 'How Good is our Setting?' following an inspection in June 2019. Subsequent to this a Large Scale Investigation was progressed; the provider implemented an immediate voluntary cessation on admissions throughout this process and produced a comprehensive action plan outlining the improvements required. A follow up Care Inspection in January 2020 saw grades improve with 'How Good is our Setting?' being awarded grade 3 'adequate'.

Table 2 below shows the overall percentage awarded at grades 1 to 6 and also each key theme in Dundee in 2019/20. A full comparison exercise cannot be completed between this year and last as inspections during 2018/19 were carried out using the old and new methods.

Table 2 – 30 inspections (91 grades awarded)

Grade 2019/20	Overall	People's Wellbeing	Leadership	Staff Team	Setting	Care and Support Planning
6 excellent	-	-	-	-	-	-
5 very good	24%	37%	9%	22%	9%	23%
4 good	37.5%	20%	45.5%	44.5%	45.5%	47%
3 adequate	33%	33%	36.5%	33.5%	36.5%	30%
2 weak	4.5%	10%	9%	-	-	-
1 unsatisfactory	1%	-	-	-	9%	-

To provide some comparison detail, those care homes who were inspected under the new framework method both this year and last have been identified from Table 2 and compared as follows:

Table 3 - 19 Inspections (52 grades awarded)

Grade 2019/20	Overall	People's Wellbeing	Leadership	Staff Team	Setting	Care and Support Planning
6 excellent	-	-	-	-	-	-
5 very good	13.5%	26.5%	20%	-	-	5%
4 good	54%	47%	20%	50%	60%	69%
3 adequate	15.5%	10.5%	20%	25%	20%	16%
2 weak	17%	16%	40%	25%	20%	10%
1 unsatisfactory	-	-	-	-	-	-

Table 4 – 19 inspections (57 grades awarded)

Grade 2018/19	Overall	People's Wellbeing	Leadership	Staff Team	Setting	Care and Support Planning
6 excellent	-	-	-	-	-	-
5 very good	26.5%	42%	14%	20%	14%	21%
4 good	40.5%	26.5%	43%	60%	29%	53%
3 adequate	26%	21%	29%	20%	43%	26%
2 weak	5%	10.5%	14%	0	-	-
1 unsatisfactory	2%	-	-	-	14%	-

The following are extracts from questionnaires distributed by the Care Inspectorate and thereafter published in the Inspection Report:

Harestane (Priority Care Group Ltd)

(Grade **5** 'very good' for How well do we support people's wellbeing; and How well is our care and support planned?)

What residents told us

- I like it here
- The lasses are lovely
- I like it here and I am very happy
- My lunch was very nice
- I'm fine
- I like living here, everyone is very friendly
- I am happy here and don't want to go anywhere else

What relatives told us

- We are very happy with Harestane care home. The staff are very attentive towards my relative and very friendly and helpful with us
- The home is always kept clean and my relatives room is always clean and fresh
- The food is excellent and there is always tea/coffee and cakes available to the residents
- All the staff are welcoming and caring, friendly and polite and with a great sense of humour too
- First class care given at Harestane, the manager is like a mother to them and I couldn't fault the care home
- Very approachable and very kind, not only to my relative, but to ourselves as a family – keeping us up to date and informing us of any worries or concerns they have
- The staff are extremely patient and understanding of my relative's needs, and the manager has a great rapport with all the residents
- I am satisfied with the care my relative receive, I do not have any concerns about his care and wellbeing
- I feel that activities have dropped off recently, I worry that my relative does not have enough stimulation

What staff told us

- Training needs met and management always helpful
- Great place to work. I can always go to the management about anything and all issues will be dealt with
- We work together well as a team
- There are plenty of activities going on all the time, a resident only has to ask if they want to do something and the manager will organise it
- Training courses and e-learning are encouraged to broaden skills. Management are supportive, easily approachable
- Throughout my entire time with the company I have always been offered training/support and guidance especially from the manager who has my best interests at heart. The manager is very approachable and a very good listener who strives for both clients and staff to be as happy as possible. She is one in a million.

Lochleven (Thistle Healthcare Ltd)

(All themes grade **5** 'very good')

Residents commented

- I wouldn't say I am not happy with the service
- We are made to feel welcome and are offered tea and coffee
- I would like all levels of staff to wear name badges
- This is the best of the homes we looked at, not a big turnover of staff
- I have just started to get used to living here it's a big change, food not the same, stovies is the highlight
- Staff are all kind and respectful
- I chose this place not my laddies
- The staff are becoming more like friends
- Activities they have different things manicures, bowling, bingo, concerts, movies through most of these are old-fashioned

Relatives commented

- Staff are all very nice, very caring
- Room always kept clean
- The manager is very approachable if there are any issues
- Communication is good – I am kept up-to-date with anything about mum
- My biggest bug-bear is the lift keeps breaking down and this means I can't get mum out or to the café
- Always welcomed in the home with tea/coffee
- Very personal care given and personal events celebrated
- Service installing a washing machine that residents can use (mother will use this to do her own washing)
- Staff help mother to make bed rather than make it for her
- I have no complaints whatsoever
- The staff always appear to do the best they can and ensure mum's comfort and wellbeing
- We have found the staff extremely patient, caring and excellent in communicating with us – this all provides us with peace of mind which is very reassuring
- Where concerns were raised, we discussed these with the manager

Staff commented

- I enjoy working in this home, as it is a relaxed atmosphere with good relationships with families, which creates a homely atmosphere
- I feel well supported by my managers and there is always on-ongoing training and development opportunities
- Very high standards of care by all staff – if any new equipment is required it is always provided
- All the units pull together on a daily basis
- It's a happy team – I feel listening to
- I really enjoyed doing by SVQ3 – my assessor was really good

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010, its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

Requirements were placed on 10 of the 28 services following inspection during 2019-20 (see Appendix B).

Complaints

A complaint is an expression of dissatisfaction by about a registered care service's action or lack of action, or about the standard of service provided by or on behalf of a registered care service'. Following investigation, a decision will be made by the Care Inspectorate whether the complaint is upheld or not upheld.

During 2019/20 the Care Inspectorate received complaints relating to 3 of the 28 care home services in Dundee. Of these, at least one of the elements of the complaint was upheld in all instances. Upheld elements of complaints were categorised as:

- Choice – activities
- Communication – language difficulties
- Wellbeing – resident care and support - general
- Protection of People – adults
- Staffing – staffing levels
- Record keeping – personal plans/agreements
- Environment – inadequate facilities

Enforcements

Enforcement is one of the Care Inspectorate's core responsibilities and is central to protecting residents and bringing about an improvement in the quality of care services.

No enforcement action has been required to be taken in respect of the services reported upon either directly by the Care Inspectorate or by Dundee Health and Social Care Partnership.

CONTINUOUS IMPROVEMENT

There continues to be a joint commitment to continuous improvement and a proactive approach to improving and sustaining quality which involves the care home providers, the Care Inspectorate and representatives of Dundee Health and Social Care Partnership. This is particularly evident when significant concerns arise. There have been many benefits of such an approach e.g. effective sharing of information, shared agreement about improvement activity required and monitoring of the same until such point concerns have been adequately addressed. This pre-existing commitment and relationships between providers, the Care Inspectorate and the Partnership has proved to be invaluable in the early months of 2020/21 in responding the COVID-19 pandemic.

Residents' care needs are supported, monitored and reviewed by the Care Home Team. The team's focus is to provide a single point of contact to deliver a dedicated service specific to care homes utilising a holistic care approach to ensure the right discipline at the right time can tailor intervention to individual need. The team continues to work closely with colleagues in primary care in developing advanced clinical skills to support GPs by providing comprehensive nursing assessments to assist with increasing clinical demand. A Contracts Officer with a portfolio lead for care homes continues to attend Care Inspectorate feedback sessions following care home inspection visits.

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basis with appropriate infection prevention and control measures being in place. For some of the larger capacity care homes, the ANP's continued regular visits to reduce likely footfall (from the Care Home Team) in the home and to support the homes during this extremely challenging time. Link workers have also remained in regular telephone contact with each care home (initially at the start of the pandemic daily); with the use of technologies such as 'Near Me' to help facilitate better contact with the resident, family and care home staff if a visit was not deemed essential.

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Care Home Providers Forum

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CONCLUSION

Of the 30 inspections of the 28 care homes listed in the Performance Report, the sustainment of grades highlights the importance of the partnership approach between providers, local authority representatives and the Care Inspectorate and a focus on continuous improvement to focus on improving outcomes for service users.

Theme well we did....)	(How	Improvement in Grade	Number of Homes	Reduction in Grade	Number of Homes
People's wellbeing		27%	8	33%	10
Leadership		13%	4	10%	3
Staff Team		10%	3	10%	3
Setting		7%	2	7%	2
Care and Support Planning		17%	5	13%	4

August 2020

Summary of Care Inspectorate Gradings for Care Homes in Dundee - 1 April 2019 to 31 March 2020

	Category LA/ Private/ Vol	Inspection Date	People's Wellbeing	Leadership	Staff Team	Setting	Care & Support Planning	Requirements	Complaints
Balcarres HC-One Oval Limited	P	11.11.19	5↓	n/a	n/a	n/a	5	No	No
Balhousesie Clement Park Balhousesie Care Limited	P	27.08.19	3↓	n/a	n/a	n/a	3↓	Yes	No
Balhousesie St Ronan's Balhousesie Care Limited	P	19.07.19	5↑	n/a	n/a	n/a	4	No	No
Ballumbie Court HC-One Limited	P	31.05.19	3↑	4↑	4↑	4	4↑	Yes	Yes
Benvie Duncare Ltd	P	13.01.20	5	n/a	n/a	n/a	4	No	No
Bridge View House Sanctuary Care	P	30.04.19	3↓	3↓	3↓	3↓	4	Yes	No
Carmichael House Kennedy Care Group	P	11.12.19	4	n/a	n/a	n/a	4	No	No
Craigie House Dundee City Council	LA	12.12.19	5	n/a	n/a	n/a	5	No	No
Elder Lea Manor Enhance Healthcare Ltd	P	17.04.19	4	4	4↓	4	4	No	No
Ellen Mhor Cygnet Healthcare	P	21.06.19	3↓	4	4	4	4	Yes	No
Ferry House Residential Home Ferry House Cttee of Management	V	18.06.19	5	n/a	n/a	n/a	4	No	No

	Category LA/ Private/ Vol	Inspection Date	People's Wellbeing	Leadership	Staff Team	Setting	Care & Support Planning	Requirements	Complaints
Forebank Forebank Ltd	P	28.1.19	2↓	n/a	n/a	n/a	4	Yes	No
Harestane Priority Care Group Ltd	P	16.04.19	5	n/a	n/a	n/a	5	No	No
Janet Brougham House Dundee City Council	LA	08.11.19	5	n/a	n/a	n/a	4	No	No
Linlathen Neurodisability Centre Living Ambitions Ltd	P	17.05.19	3↑	3↑	3↑	3↑	3	Yes	No
	P	Closed 14.12.19							
Lochleven Care Home Thistle Healthcare Limited	P	13.06.19	5	5	5	5	5	No	No
Menziesshill House Dundee City Council	LA	18.09.19	5↑	n/a	n/a	n/a	5↑	No	No
McGonagall House Rosebank (Dundee) Limited	P	18.06.19	4↑	4↑	5↑	4	4↑	No	No
Moyness Nursing Home Balhousie Care Limited	P	23.10.19	4	n/a	n/a	n/a	4	No	No
Orchar Nursing Home Orchar Care Ltd	P	03.04.19	5	n/a	n/a	n/a	5	No	No
Pitkerro Care Centre Hudson Healthcare Ltd	P	28.01.20	3↑	n/a	n/a	n/a	(3)	No	No
	P	08.08.19	2↓	n/a	n/a	n/a	3	Yes	No

	Category LA/ Private/ Vol	Inspection Date	People's Wellbeing	Leadership	Staff Team	Setting	Care & Support Planning	Requirements	Complaints
Redwood House Kennedy Care Group	P	09.05.19	3↓	n/a	n/a	n/a	3↓	No	No
Riverside View HC-One Limited	P	21.06.19	3↓	n/a	n/a	n/a	4	No	Yes
Rose House Kennedy Care Group	P	17.01.20	3↑	3↑	n/a	3↑	3↑	No	No
	P	07.06.19	2↓	2↓	n/a	1↓	3↓	Yes	Yes
St Columba's Care Home Priority Care Group Limited	P	22.10.19	5↑	n/a	n/a	n/a	5↑	No	No
St Margaret's Home – Dundee Trustees of St Margaret's Home	V	02.10.19	4	4	4	3	3	Yes	No
Thistle Care Home Cygnet Healthcare	P	06.06.19	3↓	3↓	3↓	4	3↓	Yes	No
Turriff House Dundee City Council	LA	25.11.19	4	n/a	n/a	n/a	4	No	No

DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP – CARE HOME SERVICES

Appendix B

CARE INSPECTORATE REQUIREMENTS 2019-2020

Date of Inspection	Name of Org/Service	Service Type	People's Wellbeing	Leadership	Staff Team	Setting	Care and Support Planning
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27.08.19	Balhousie Clement Park	Care Home – Private	3↓	n/a	n/a	n/a	3↓
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Requirements (2)

In order to ensure the health and wellbeing of people using the service, by 30 October 2019 the provider must ensure that people are protected by improving the assessment, treatment and monitoring of care. This includes, but is not restricted to hydration and wound management.

In order to ensure the health and wellbeing of people the provider must by 31 December 2019 ensure that individuals' personal plans clearly set out how their health, welfare and safety needs are to be managed and met. In order to do this the provider must ensure that:

- Staff are supported to become competent in the use of the electronic planning system.
- Personal plans and care records reflect a responsive and person-centred approach.
- The quality and accuracy of records detailing the management of healthcare needs are improved. This includes but is not restricted to hydration and wound care.
- The management team use their quality audit systems to monitor and improve practices.

31.05.19	Ballumbie Court	Care Home – Private	3↑	4↑	4↑	4	4↑
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Requirements (1)

In order to ensure that all activities support plans are meaningful and person-centred and are used to inform and guidance staff practice, the provider must complete a quality review of all support plans. Planned support delivered by staff should meet the assessed need identified in the activity plans.

30.04.19	Bridge View House	Care Home – Private	3↓	3↓	3↓	3↓	4
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Requirements (4)

The provider must demonstrate by 30 June 2019 that there are suitable and sufficient meaningful activities for service users to engage in based on their personal choices and abilities.

The provider must ensure that safe systems are in place and followed for the administration of medications by 16 June 2019.

In order to ensure the service is operating legally, the provider must submit a formal application requesting to vary their conditions of registration by 30 May 2019. This must include reasons for the service variation; age group(s) and category of people who use the service and thereafter consult the Care Inspectorate each time any person is considered for admission that falls outwith the scope of registration conditions.

In order to ensure high quality care and support the provider must by 16 June 2019 ensure that appropriate staffing levels, skill mix and deployment of staff are maintained to ensure service users are well supported at all times. This must take into account the complexity of people's needs, the layout of the setting and be linked to quality assurance processes including people's views, outcomes and experiences.

Date of Inspection	Name of Org/Service	Service Type	People's Wellbeing	Leadership	Staff Team	Setting	Care and Support Planning
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21.06.19	Ellen Mhor	Care Home - Private	3↓	4	4	4	4
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Requirements (1)

The service should ensure that the recording and administration of medication is monitored and audited to minimise errors and ensure that records are accurate and complete. Staff should have practice observed, at regular intervals, to assist in this process. This requirement has been repeated from the previous inspection and a robust process to address the above issues should be in place by 31 July 2019.

28.11.19	Forebank	Care Home – Private	2↓	n/a	n/a	n/a	4
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Requirements (1)

In order to ensure that people get the medication they need, the provider must put in place an effective medication management system by 30 January 2019.

17.05.19	Linlathen Neurodisability Centre	Care Home – Private	3↑	3↑	3↑	3↑	3
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Requirements (1)

In order to ensure the environment is made fit for purpose and refurbishment continues the provider must by 31 January 2020, ensure the environment is user-friendly, homely in appearance and decorated and maintained to a standard appropriate for the care service. The provider must continue to implement the detailed plan of works to improve the standard of the environment, with appropriate timescales.

08.08.19	Pitkerro Care Centre	Care Home – Private	2↓	n/a	n/a	n/a	3↓
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Requirements (2)

In order to ensure that all care is delivered according to the principles of the Health and Social Care Standards, the provider must ensure that staff are suitably qualified and receive appropriate training to ensure that they can provide care and support to people in a safe, respectful and supportive manner. This is also to ensure that all staff are upholding the Scottish Social Service Council's (SSSC) Codes of Practice. In order to comply the provider should:

- Demonstrate that all staff receive appropriate values-based training to carry out their work.
- Implement an action plan to meet the training needs identified.
- Ensure that there is an effective system to monitor staff practice and provide supervision and guidance when necessary.

In order to ensure that the provision of foods and fluids is adequate to meet people's needs the provider must:

- Ensure that staff practice and knowledge reflects current best practice guidelines for adapted and specialised diets.

Date of Inspection	Name of Org/Service	Service Type	People's Wellbeing	Leadership	Staff Team	Setting	Care and Support Planning
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- Ensure that adapted foods are presented in a dignified way and in accordance with best practice guidelines.
- Ensure that fresh water and fluids are available at all times and in a way which is accessible to all people living with the home (including those who require assistance or prompting to ensure their fluid needs are met).

07.06.19	Rose House	Care Home - Private	2↓	2↓	n/a	↓1	3↓
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Requirements (4)
 People should expect to live in an environment that is safe and secure, is well looked after, and is well maintained. The provider must produce and thereafter implement a plan designed to improve the standard of the environment.

The service must ensure that the environment is homely in appearance and decorated and maintained to a standard appropriate for the care service. The provider should revisit the environmental assessment and make the necessary adjustments for people living with dementia or who experience sensory loss.

Maintenance checks must be thorough.

Staff must ensure issues are reported and safety systems are fully implemented.

The provider must implement a detailed plan of works to improve the standard of the environment.

The provider must ensure that all radiators are fitted with suitable covers in order to prevent burns and scalds and injury to residents. In addition the provider must ensure that the dishwasher is replaced and fully functioning as agreed with the provider following submission of the maintenance action plan.

The provider must ensure that all wardrobes are securely fixed to walls in order to prevent them from toppling over and causing injury to residents. In addition suitable curtains and/or other window coverings must be installed in all bedrooms in order to maintain privacy and ensure the promotion of sleep for residents.

In order to protect residents and staff from harm when carrying out care and support and to reduce the risk of pressure related injuries the provider must demonstrate the following:

- That all beds used by residents are fully functioning and that essential repairs are carried out on beds that are not fully functioning. Where it is not possible to repair a bed so that it is fully functioning, the bed must be replaced.
- That residents and staff can summon help and assistance via the nurse call system from all areas of the home where care and support are carried out.
- That residents can open and close their bedroom windows with ease so that residents can control the ventilation and heating within their own bedroom.

Date of Inspection	Name of Org/Service	Service Type	People's Wellbeing	Leadership	Staff Team	Setting	Care and Support Planning
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02.10.19	St Margaret's Care Home	Care Home - Private	4	4	4	3	3
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Requirements (1)

In order to ensure that the environment meets with the Health and Social Care Standards set by the Scottish Government, the provider must put in place an improvement plan by 31 December 2019. This plan must detail both short and medium term environmental changes and improvements which are realistic, measurable and achievable.

06.06.19	Thistle Care Home	Care Home - Private	3	3	3	4	3
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Requirements (1)

In order to ensure that peoples' health benefits from their support, the Provider must ensure that all medications are administered as prescribed by the prescriber and that any discrepancies identified through medication audits are acted upon by 30 June 2019.

Legend:

6	excellent
5	very good
4	good
3	adequate
2	weak
1	unsatisfactory

() signifies that the theme was not assessed at this inspection therefore the grade is brought forward from previous inspection



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 22 SEPTEMBER 2020

REPORT ON: DUNDEE CARERS PARTNERSHIP PERFORMANCE REPORT 2017-2019

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC4-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to inform the Performance and Audit Committee of the progress towards realising the ambitions of the local carers strategy, 'A Caring Dundee 2017-2020', achieved through the Dundee Carers Partnership over the period 2017-2019.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

- 2.1 Note the content of this report and of the Dundee Carers Partnership Performance Report 2017-2019 (section 5 and appendix 1).
- 2.2 Note the intention of the Carers Partnership to review and refresh the local Carers Strategy by July 2020 (section 6.2).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

4.1 The Health and Social Care Strategic and Commissioning Plan 2019-22 highlights the 'immeasurable positive contribution carers provide' and reinforces the continuing 'commitment to ensuring that the role of carers remains integral to all that we do'. To ensure we maintain a focus on supporting carers, A Caring Dundee (A strategic plan for supporting carers in Dundee) was accepted by the Integration Joint Board in October 2017 (https://www.dundeehscp.com/sites/default/files/publications/caring_dundee_oct31.pdf) (Article X of the minute of the meeting of the Integration Joint Board on 31 October 2017 refers).

4.2 The Strategic Plan was developed through listening to the views and experiences of carers. It sets out the approach, model and actions by which the Dundee Carers Partnership (The Partnership) will deliver on our vision and outcomes for carers caring for people in Dundee. The Plan is acting as a driver for a range of actions being taken forward by the Partnership to improve the lives of carers under four strategic outcomes:

- Strategic Outcome 1: Carers will say that they are identified, respected and involved
- Strategic Outcome 2: Carers will say that they have had a positive caring experience
- Strategic Outcome 3: Carers will say that they have opportunities to lead a fulfilled and healthy life.
- Strategic Outcome 4: Carers will say that they have a good balance between caring and other things in their life and have choices about caring.

- 4.3 The Carers Partnership leads on innovation and improvement through strategic planning, development and provision of services and supports for carers of all ages. The group considers barriers to achieving these and any strategic matters arising which affect carers personal outcomes. Our performance and progress against the actions in the plan are reviewed at each meeting.

5.0 PERFORMANCE AND ACHIEVEMENTS

- 5.1 The Dundee Carers Partnership Performance Report 2017-2019 (appendix 1) highlights the work of the Dundee Carers Partnership as well as a much wider network of agencies who have worked alongside carers, young carers and communities to realise the ambitions of the strategy. Overall the report demonstrates a shift to locality working, accessible short breaks and stronger involvement with people in the design and delivery of services. Significant progress has also been made in the implementation of the Carers (Scotland) Act 2016 through the development of new services and supports, as well as improving the information available to communities and professionals.

- 5.2 Some key achievements under each strategic outcome are:

5.2.1 Strategic Outcome 1: Carers will say that they are identified, respected and involved

- A workforce development programme was implemented in 2017 to equip the Health and Social Care workforce and assessors of Adult Carer Support Plans with the necessary knowledge for implementation of the Carers (Scotland) Act 2016. 237 members of HSCP workforce attended the training (September 2017 until March 2018) and 10 briefing sessions were delivered to cascade Carers Act information and to highlight the Carers Strategic Plan and Local Carers Charter (total attendance 68).
- A 'Carers of Dundee' marketing campaign ran for 4 weeks in May 2019 as a way of generating awareness and collaboration in supporting carers in Dundee. During the campaign all traffic increased through the Carers of Dundee website and Carers of Dundee social media with a 59% increase in direct traffic to the Carers of Dundee website and we recorded a 17% increase in followers across social media platforms.
- During the 2017 - 2019 period, Carers Voice, Young Carers Voice and the Lifeline Group has increased carer involvement opportunities in service design. In 2017-2018 20 carers had opportunities to be involved in service design, with this number increasing to 65 the following year.

5.2.2 Strategic Outcome 2: Carers will say that they have had a positive caring experience

- A Dundee Carers Charter has been developed that sets out what carers can expect from services, the type of support they can access and the opportunities for involvement in decisions affecting the people they care for. The Carers Charter was re-branded for the 2019 period and now ties in with the Carers of Dundee brand.
- Carer Support Groups have continued to expand their activity delivering peer support so that carers can learn from each other's experiences and skills as well as offering support and advice to each other working through their concerns.

5.2.3 Strategic Outcome 3: Carers will say that they have opportunities to lead a fulfilled and healthy life

- The 'Carers of Dundee' brand and website was re-freshed and launched in 2018. A total of 2,363 users have accessed the site in 2017-2019.
- Dundee Carers Centre have developed a locality approach to supporting carers in Coldside and Strathmartine. This approach focusses on early identification of carers and developing informal, locality supports in partnership with carers and local community organisations. The approach has been successful in increasing the number of carers of all ages identified and supported within the local community for 142 carers of all ages in 2017-2017 to 290 carers in 2018-2019.
- Information and advice has been provided by Dundee Carers Centre to 1,259 adult and young carers in 2017-2018 and 1,366 carers in 2018-2019.

5.2.4 Strategic Outcome 4: Carers will say that they have a good balance between caring and other things in their life and have choices about caring

- As part of the “What’s Best for Dundee Carers Project” in 2017 local carers were involved in finalising the Adult Care Support Plan (ACSP) and associated practice guidance so that the ACSP meets the legislative requirements in a way that carers want.
- The Dundee Adult Carers Eligibility Framework has been developed through Dundee Carers Partnership. This involved Carers and stakeholders in a number of ways including the work undertaken through the “What’s Best for Dundee Carers Project”.
- The Dundee Short Breaks Service Statement was produced in 2018 through an extensive process of co-production with local carers and other stakeholders, co-ordinated by the Short Breaks Workstream. In 2017-2018 the Dundee Short Breaks Services supported 350 carers to have a break, increasing to 372 carers in 2018-2019.

6.0 FUTURE PLANS AND PRIORITIES

6.1 Through the development of the Carers Partnership Investment Plan the following priorities for future investment and development have been identified:

- Advocacy and involvement support which enables carers to be involved in design and development of services for people cared for.
- Support to carers and cared for persons to improve their health, wellbeing and independence, reduce inequalities and cope with loss and bereavement.
- Support to carers to access personalised formal support following an adult carer’s support plan.
- Support which enables update of the Carers Strategic Plan and update of the Carers Eligibility Criteria in line with legal requirements.
- Digital and technology developments which promote accessibility and sustainability of service provision.

6.2 Over the coming months, the Dundee Carers Partnership will begin to take forward the development of the next local strategy. The development of the next Dundee Carers Strategy, in partnership with carers and key stakeholders, will enable the Partnership to capture further areas of focus ensuring that we continue to support the significant contribution that carers make in our communities across the City.

6.3 Further work is required to ensure we have robust data on the numbers of Adult Carer Support Plans and Young Carer Statements. We can identify a significant increase in the numbers of young carers identified, specifically as a result of the development work being undertaken by the Dundee Carers Centre within local schools.

6.4 In the next strategy, there will be a focus on development work to ensure the workforce has appropriate tools and knowledge to complete assessments appropriately in line with the identified Eligibility Criteria.

6.5 The Carers Partnership will continue to work with community partners to develop locality based support services as part of the ‘Early Intervention and Prevention’ approach.

7.0 POLICY IMPLICATIONS

7.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

8.0 RISK ASSESSMENT

Risk 1 Description	Incomplete data creates a risk that Dundee City Council and its partners will be unable to evidence that legislative duties within the Carers Act are being met, specifically in relation to Adult Carer Support Plans and Young Carers Statements.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • Improved data collection processes • Increased workforce awareness of legislative duties • Development of operational procedures • Review of electronic recording tool for assessment and support planning
Residual Risk	Likelihood 2 x Impact 5 = Risk Scoring 10 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 5 = Risk Scoring 10 (High Risk)
Approval Recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

Risk 2 Description	A number of achievements to date have been supported by Scottish Government Carers (Scotland) Act implementation funding. This funding is not guaranteed in future years which potentially jeopardises existing activity and development.
Risk Category	Financial, Political
Inherent Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • Refreshed Carers Strategy will identify priorities and resource requirements for the period of the strategy.
Residual Risk	Likelihood 3 x Impact 2 = Risk Scoring 6 (Moderate)
Planned Risk Level	Likelihood 3 x Impact 2 = Risk Scoring 6 (Moderate)
Approval Recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

9.0 CONSULTATIONS

9.1 The Chief Officer, Head of Health and Community Care, the Dundee Carers Partnership and the Clerk were consulted in the preparation of this report.

10.0 BACKGROUND PAPERS

10.1 None.

Dave Berry
Chief Finance Officer

DATE: 11 February 2020

Lynne Morman
Integration Manager / Joint Chair, Dundee Carers Partnership

Lucinda Godfrey
Joint Chair, Dundee Carers Partnership

APPENDIX 1

**Dundee Carers Partnership
Performance Report 2017-2019**

DRAFT

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Foreword

This report sets out the achievement and progress towards realising the ambitions of the local carers strategy, 'A Caring Dundee, 2017-2020.' Over the coming months, as we take time for reflection and progress the development of the next local strategy it is important that we recognise and value the work that has been done, as well as identifying what we are still required to do. The Health and Social Care Strategic and Commissioning Plan 2019-22 highlights the 'immeasurable positive contribution carers provide' and reinforces the continuing 'commitment to ensuring that the role of carers remains integral to all that we do'.

The vision of the current carers strategy, identified that we should attain 'A Caring Dundee in which all carers feel listened to, valued and supported so that they feel well and are able to have a life alongside caring.' The strategy is ambitious and transformative based on a set of guiding principles. The work delivered as identified in this report has been collaborative, creative and inclusive realising improved outcomes for carers and their families.

This report highlights the work of the Dundee Carers Partnership as well as a much wider network of agencies who have worked alongside carers, young carers and communities to realise the ambitions of the strategy. There is no doubt that a significant amount has been achieved for and along with carers over that time as demonstrated in the report including a shift to locality working, accessible short breaks and stronger involvement with people in the design and delivery of services.

The Carers Partnership has also worked to progress the implementation of the Carers (Scotland) Act 2016 which introduced new rights for carers and young carers from 2018 onwards. The Carers Act also meant record investment in supporting carers locally enabling the development of new services and supports as well as improving the information available to communities and professionals.

We recognise and value the significant progress that has been made locally and the positive impact that has had on carers and their families. The development of the next Dundee Carers Strategy will enable us to capture further areas of focus ensuring that we continue to support the significant contribution that carers make in our communities across the City.

1. Introduction

In Dundee, we recognise the significant and vital contribution that carers make in supporting people they care for. To ensure we maintain this focus, A Caring Dundee (A strategic plan for supporting carers in Dundee) was accepted by the Integration Joint Board in October 2017 and launched on 24th November 2017 - https://www.dundeehscp.com/sites/default/files/publications/caring_dundee_oct31.pdf

The Strategic Plan, which covers the 3 year period until 2020, was developed through listening to the views and experiences of carers. It sets out the approach, model and actions by which the Dundee Carers Partnership (The Partnership) will deliver on our vision and outcomes for carers caring for people in Dundee.

The Plan sets out how we will achieve our vision for:

A Caring Dundee in which all carers feel listened to, valued and supported so that they feel well and are able to live a life alongside caring

The Plan is acting as a driver for a range of actions being taken forward by the Partnership to improve the lives of Dundee carers. The Plan outlines how the Carers (Scotland) Act 2016 will be implemented in Dundee. The aim of this Act is for adult and young carers to be better supported on a more consistent basis so that they can continue to care, if they so wish, in good health and to have a life alongside caring. For young carers, the additional intention is that they should have a childhood similar to their non-carer peers.

Dundee Carers Partnership

The Carers Partnership leads on innovation and improvement through strategic planning, development and provision of services and supports for carers of all ages. The group has a vision and outcomes plan and considers barriers to achieving these and any strategic matters arising which affect carers personal outcomes. Our performance; progress against the actions in the plan; and use of resources is reviewed at each meeting.

The Carers Partnership reports to Dundee Health and Social Care Partnership Integrated Strategic Planning Group, which reports to the Integration Joint Board. Working in partnership with carers is seen as central to ensuring that there is a consistent focus on outcomes and all developments are co-produced and co-designed with carers and stakeholders.

Membership

The Partnership is multi-agency group including carers and representatives of carers; Dundee Health and Social Care Partnership (HSCP), NHS Tayside; Dundee Carers Centre; Dundee Community Planning Partnership; Public Protection; Dundee City Council Children and Families and Neighbourhood Services (Adult Learning and Housing); Penumbra; Cairn Fowk; Dundee Voluntary Action.

2. Strategic Plan for Supporting Carers in Dundee

The approach taken to supporting the health and wellbeing of carers in Dundee is outlined in 'A Caring Dundee: The plan builds upon the previous Dundee Carers Strategy and is for all carers in Dundee, including young, adult and parent carers. It was developed through listening to the views and experiences of carers.

This performance report provides a summary of the work undertaken and describes the key areas of progress and performance of Dundee Carers Partnership over 2017-19 period. The report is structured around our four strategic outcomes.

What are our Strategic Outcomes?

We have developed four strategic outcomes based on what carers and stakeholders told us. The four Strategic Outcomes are:

Strategic Outcome 1: Carers will say that they are identified, respected and involved

Strategic Outcome 2: Carers will say that they have had a positive caring experience

Strategic Outcome 3: Carers will say that they have opportunities to lead a fulfilled and healthy life.

Strategic Outcome 4: Carers will say that they have a good balance between caring and other things in their life and have choices about caring.

Implementation and Delivery

In order to achieve the vision set out in the strategic plan, implement the Carers (Scotland) Act, and embed new ways of working in Dundee, the Carers Partnership (the Partnership) undertook a programme of work through establishing workstreams. The workstream leads and members were drawn from across the HSCP, Dundee City Council Children & Families, Third Sector and services to deliver actions identified in the plan and facilitate the Carers Act implementation.

There are a number of workstreams and groups which currently report to and support the Partnership in achieving its outcomes.

Including:

Adult Carers

Young Carers

Short Breaks

Quality Assurance

Communications and Involvement

Carers Interest Network

Carers Voice and Young Carers Voice

3. Overview of Progress

Significant progress has been made in implementing the Strategic Plan during the period 2017-2019.

Carers Strategic Outcome 1: Carers will say that they are identified, respected and involved

The Carers Partnership have implemented a range of activity to increase identification and involvement of carers, this includes:

Workforce Training

A workforce development programme was implemented in 2017 to equip the Health and Social Care workforce and assessors of Adult Carer Support Plans with the necessary knowledge for implementation of the Carers (Scotland) Act 2016. The training focussed on general awareness raising and identification of carers, as well as outlining statutory procedures in relation to adult carers.

- **237** members of HSCP workforce attended the training (**Sept 2017 until March 2018**)

Additional briefing sessions were also delivered to cascade Carers Act information and to highlight the Dundee HSCP Carers Strategic Plan and Local Carers Charter to relevant colleagues across Health and Social Care Partnership and wider third sector agencies, promoting discussion about support available to carers in Dundee and overall awareness raising.

- **10** briefing sessions were delivered to cascade Carers Act information and to highlight the Carers Strategic Plan and Local Carers Charter (total attendance **68**)

Carers Act Briefing Sessions Feedback

*“the information that was shared was really helpful for us as an organisation. Our work doesn’t focus specifically on carers and their needs but we do come into contact with service users who may have a caring role from time to time so it’s important for us to have some background knowledge of the legislation and policy that supports this group. My colleague is due to share the information at our next team meeting - approx. 6 of us in attendance”
(Local Engagement Worker)*

- The EPIC Carer Aware e-learning is national framework supporting the health and social care workforce learning and development relating to unpaid carers. The workforce have received information about how to access the e-learning which has recently been refreshed to take account of the Carers (Scotland) Act duties.

Carers (Scotland) Act Multi Agency Information Toolkit

A Carers (Scotland) Act Multi Agency Information Toolkit has been developed and launched by the Carers Partnership (www.carersofdundee.org/cms/uploads/dundee-carers-act-multi-agency-toolkit.pdf)

The toolkit provides information on how agencies communicate and work together to best support carers in Dundee and supports the workforce to be aware of Carers Act statutory requirements and in developing the resource:

- Feedback sessions were facilitated with members of the Carers Interest Network in 2017-2018 to inform the planning, content and design of the multi-agency guidance.
- A consultation period on the toolkit took place in early 2019 which resulted in improvements to the document.

Carers of Dundee

Information and advice services are commissioned from Dundee Carers Centre and a pivotal part of this is the 'Carers of Dundee' website www.carersofdundee.org. The 'Carers of Dundee' brand is intended to bring together information and supports available in the city, into a central source for carers and professionals to be able to access directly. Professionals in the city can also access the information to print off or share with carers.

The site was re-freshed and launched in 2018 and is building up the wealth of information that local carers were seeking. The Communication and Involvement Workstream were keen that the website would also allow carers to find out about relevant support, events, courses and activities to support them in their caring role, without having to search through individual local and national support organisations' websites. The site also lets carers know their rights and how they can get further information and advice. The site has pages for professionals making sure those who provide support to carers also have access to the information they need and can share this to the advantage of local carers. Everyone using the site can access both carers and professionals pages which has the advantage of promoting transparency and equal partnership.

A 'Carers of Dundee' marketing campaign was launched the week beginning 20th May 2019 and ran for 4 weeks leading up to an open-air event in Slessor Gardens on 15th June 2019 as a way of generating awareness and collaboration in supporting carers in Dundee.

The campaign successfully generated publicity about carers. The activity consisted of utilising a mixture of traditional and online media, sharing digital stories from carers and a promotional video which was produced for the event. During the campaign all traffic increased through the Carers of Dundee website and Carers of Dundee social media with a **59%** increase in direct traffic to the Carers of Dundee website and we recorded a **17%** increase in followers across social media platforms.

At the Slessor Gardens event, **14** agencies/organisations exhibited on the day, offering information and advice to the public about the services they offer. There were also family activities and performances from community groups. Approx. **600** people visited the marquee throughout the event and feedback from those exhibiting was extremely positive. In addition to this passers-by from the busy V&A and Railway station area enjoyed the outdoor performances, music and DJ presentations.

Feedback from organisations exhibiting included:

Carers of Dundee Event Feedback

"We found the event well worth-while and we chatted with many carers on the day, making them aware of the support we provide alongside other community resources that can support both themselves and those they care for. It's a privilege hearing people's journeys and experiences and the event did feel like a real celebration of the vital contribution carers make to our society. "

Carer Interest Network

The Carer Interest Network acts as a practitioners forum to enhance learning and development in providing support to carers. The Development Officer organises quarterly network meetings liaising with third sector, community and public health and social care partners to organise session programmes including guest presenters and co-ordinates the wider promotion of the network within the sector.

The network sessions provided opportunities to update on local Carers Act developments, share information and learning to develop supports and resources for carers and professionals (Carers of Dundee brand/website and Multi-Agency Guidance), as well as agency input presentations to raise awareness of the variety of universal services and commissioned supports available to carers in Dundee.

A session was held in April 2019 to share learning and receive practitioners feedback to input into the design of a resource being developed by Scottish Social Services Council (SSSC) that builds individuals and organisational capacity for outcomes focussed support planning, meeting specific requirements within the Carers (Scotland) Act 2016 to develop the *Understanding Personal Outcomes SSSC Booklet*.

- During 2017-2018, the Carer Interest Network attracted a total of **55** attendees.
- During 2018 -2019, the Carer Interest Network attracted a total of **58** attendees

Carer Involvement:

Carers Voice and **Carers Blethers** provides opportunities for carers to come together to get involved in decisions and matters that affect their own lives or the people they care for. Members of Carers Voice and Carers Blethers are supported by the Dundee Carers Centre Involvement Worker to participate in strategic groups including the Young Carer Subgroup, Adult Carer Workstream, IJB and regional and national opportunities.

Young Carers Voice is a group of 14-18-year-old young carers who work alongside the Carers Partnership to raise awareness of young carers and the supports available to them.

Carers Blethers is a group of 30 carers to inform the priorities for Carers Voice. Topics covered include community transport, Short Breaks and a carers surgery with Joe Fitzpatrick MSP.

The **Lifeline Group** is for carers of people who require support with their substance or alcohol dependency. They offer each other peer support and work with other services in the city to influence change by sharing experiences of what has worked well and what could be better. They agree together their areas of interest and invite professionals along to share information and experiences and identify how they can work together. The group shared their experiences to the Dundee Drugs Commission ahead of the 'Responding to Drug Use with Kindness, Compassion and Hope' Report which was published in August 2019.

During the 2017 - 2019 period, Carers Voice, Young Carers Voice and the Lifeline Group has increased carer involvement opportunities in service design:

- 2017-18: **20** carers had opportunities to be involved in service design
- 2018—19: **65** carers had opportunities to be involved in service design

Voices Workshop

One of the activities members of Carers Voice and Young Carers Voice took part in during 2018/19 was a 'Voices Workshop', to increase their confidence, knowledge and skills when representing themselves to services.

20 members of carers voice and young carers voice participated in the workshop facilitated by the Scottish Health Council alongside members of the Dundee Carers Centre Carers Support Team. Training for staff and Carers Voice members together was positive to develop relationships and trust and is an approach the Carers Centre will continue to apply to future involvement training opportunities with our involvement groups.

During 2017 – 2019, **Young Carers Voice** have been involved in the following activities:

Supporting Young Carers in School Policy

Young Carers Voice influenced the content of the policy supporting young carers in schools which was published in 2017 and are now contributing to the refreshed policy supporting young carers in Integrated Children & Families Service. Members of Young Carers Voice also highlighted the work of the group at Dundee Headteacher Conferences, World Community Development Conference and the Scottish Parliament

Young Carers Statements

Young Carers Voice were also involved with delivering consultation activities engaging with young carers to implement Carers Act developments in Dundee and inform the Dundee Carers

Partnership regarding the implementation of Young Carer Statements, and the development of supports for young carers in Dundee.

"I absolutely loved this experience and am very grateful for it. I love the fact that everyone made us feel welcome and not to mention the fact I felt we were all listened to and for once someone who actually has the power to help us has shown interest and appreciation for us." (Young Carers Voice member on Scottish Parliament Visit – June 2018)

Young Carers Ambassadors

Members of Young Carers Voice worked with the Carers Centre to recruit Young Carer Ambassadors in every secondary school in Dundee to be a local point of contact for the group. Young Carer Ambassadors are young carers who volunteer within their school to support staff to raise awareness of young carers and become involved in planning and delivering information, training and support groups – being a peer point of contact for other young carers. This area of work has grown significantly and as of August 2019, there were 15 Young Carer Ambassadors in 5 of the 8 secondary schools in Dundee.

Mental Health Carer Involvement

Alliance Independent Inquiry into mental health services in Tayside

As part of the Alliance's Independent Inquiry into mental health services in Tayside, Penumbra held a focus group at their premises specifically for 'mental health carers'.

A group met with a Co-ordinator from the Alliance in September 2018 to share their experiences of local mental health services. A couple of the main themes that came out of this was the issue of the lack of continuity in relation to psychiatry provision in Dundee and people struggling to access mental health services when they need to. Both of these themes were highlighted in the Inquiry's interim report published in May 2019.

Carers Group at Carseview Centre

Dundee Mental Health Cairn Fowk has delivered a Carers Support group at the Carseview Centre for seven years and support carers with input into the delivery of services and supports for mental health provision at the Carseview Centre. The group has led on many involvement opportunities for carers to raise awareness of mental health, wellbeing and recovery. Some of this work has included the development of information leaflets, organising talks for carers to gain information about the facilities at the Carseview Centre and input into the delivery of policies on the wards. Over the years the input of the carers group has been wide and varied and through building relationships with staff at the Carseview Centre this has also included organising social events and activities for patients and carers, such as bingo nights.

The Carseview Centre have also recently set up a multi-agency partnership of Statutory Service staff, Voluntary Sector and carer representatives from across Tayside to look at supports delivered to carers in the Centre. The group consulted with carers in developing the Triangle of Care pack and ensuring carers are included, where appropriate, in the care and discharge planning of the individual they're supporting.

The Carers Information Pack has been revised accordingly and is being made available to all carers in contact with the Carseview Centre when the person they care for is admitted. The group are planning an event for carers to be held in November 2019 – a drop in session so people are aware of the services and supports available to assist them in their caring role.

Carer Identification

In Dundee, our approach to supporting carers is based on a strong commitment to prevention and early intervention. All agencies and services across Health and Social Care, Children & Families, NHS Tayside and the Third and Independent sectors will work jointly with Carers to identify and support them to achieve their outcomes. Practitioners within the remit of Dundee Health & Social Care Partnership and commissioned services are expected to identify carers and offer/signpost to support as part of their duties included in clauses within HSCP contracts.

The focus for the Adult Carer Workstream will be to recruit carer champions from Health & Social Care Teams to develop and improve ways to identify and support carers. The carer champions will work alongside members of Carers Voice and Carer Ambassadors to co-design ways of identifying carers early in their journey and securing the most suitable supports for each individual carer as well as ensuring they have opportunities to build connections and contribute to activities in their local community. The Young Carer Workstream will continue to make progress towards identification in schools and local communities.

The Communications and Involvement Workstream will continue to work with carers, support agencies and decision makers to identify and develop effective means of communications between them; and will continue to increase carer awareness and identification through marketing of the 'Carers of Dundee' brand.

Carers Strategic Outcome 2: Carers will say that they have had a positive caring experience

The Partnership have undertaken a range of activities to enable carers to have positive experiences of supports and services designed to support them and the person they care for.

Model for Supporting Carers in Dundee

A major focus for the Partnership to further enhance experiences for carers has been the local implementation of the Carers (Scotland) Act 2016, which came into effect in April 2018. The focus during the first year of Carers Act Implementation was to build capacity to implement each duty within the Act and further develop personalised and locality-based support to carers in communities.

As a Partnership, we have developed the following approach to supporting carers within Dundee:

- Embedding person centred and carer positive practice through developing our workforce, organisation, strategic planning and guidance.
- Enabling a decisive shift towards prevention, early intervention and health equality through developing a range of informal supports which can be directly accessed by carers in their local communities
- Carers Health Checks are easily accessible to all carers and through these checks carers health and wellbeing is promoted.
- Further developing short breaks as a model of early intervention and support which enables carers to continue in their caring role.
- Developing integrated models of locality based and personalised support which enables carers to achieve their personal outcomes.

Dundee HSCP currently provide a range of services to provide information and advice relating to care and support for adults and supports for carers. This is either delivered directly or via partner organisations including the Dundee City Council, NHS and Third and Independent sector.

Local Carers Charter

To accompany the Strategic Plan, a Dundee Carers Charter has been developed through the Dundee Carers Partnership working with carers in Dundee. The charter sets out what carers can expect from services, the type of support they can access and the opportunities for involvement in decisions affecting the people they care for.

The Charter sets out three pledges to carers in Dundee:

- Identify, acknowledge and value carers;
- Support carers;
- Involve carers;

Public bodies and agencies were invited to sign up to the Dundee Carers Charter on 24th November 2017. The Carers Charter was re-branded for the 2019 period and now ties in with the Carers of Dundee brand. Refreshed work is anticipated in 2019/20 to encourage more agencies to sign up and increase awareness of local carers

Carer Support Groups

Carer Support Groups are facilitated to deliver peer support so that carers can learn from each other's experiences and skills as well as offering support and advice to each other working through their concerns. This experience supports carers to discover that being a carer in Dundee can be a positive experience.

There are lots of groups available in Dundee providing support to carers and the following are a few examples:

Dundee Mental Health Cairn Fowk Peer Support

Dundee Mental Health Cairn Fowk offer groups and drop ins for people caring for/supporting someone with a mental health challenge. The groups and drop ins provide emotional support and outreach to people who are just starting the caring journey. The groups provide informal opportunities for identification and informal support amongst group members. Cairn Fowk also run 'Hope and Recovery' courses, supporting mental health carers with their own well-being and recovery. Cairn Fowk also organise social activities and day trips and respite breaks for carers. The social activities are done on a voluntary basis through funds they raise or source themselves.

Carers Respite Break Lowport Centre Linlithgow

On 24 - 26th May 2019, Cairn Fowk organised a carers respite break to Lowport Centre in Linlithgow with funds received through the Youth Philanthropy Initiative (YPI). School pupils from Baldrigon Academy and Morgan Academy chose Dundee Mental Health Cairn Fowk as their local charity to raise funds for and delivered project presentations as part of the scheme, winning £3000 from Baldrigon Academy and £500 from Morgan Academy for their efforts and presentations. The weekend trip was taken up by **14** carers, all looking forward to a break from their daily lives.

"Cairn Fowk allows me to meet other people who are in the same situation, you don't have to explain and you don't feel judged" (Carer, Dundee Mental Health Cairn Fowk)

Dundee Carers Centre Peer Support

During 2018, work was carried out by Dundee Carers Centre to provide peer support to carers and give carers and former carers progression opportunities, including education and employment training and accreditation opportunities. This approach ensures that carers receive additional opportunities and support to maintain their life balance.

- Developed and implemented a new peer mentor programme
- Developed training and access to accreditation opportunities for carers and former carers including Adult Achievement Awards, Dynamic Youth Awards and Saltire Award
- A Civic Reception was held in March 2019 to celebrate the Adult Achievements and **12** carers of all ages attended. A number gave interviews and are featured in a National Adult Learning Video available from Education Scotland & Newbattle Abbey College

All groups, including drop ins, are supported by volunteers, the majority of whom are carers or former carers. These volunteers carry out a variety of roles including:

- Walk Leaders
- Volunteer Drivers
- Peer Support within Groups such as St Mary's D-Cafe, Care & Share & Arts & Crafts
- Our regular former carers lunch club is organised and led by two former carers
- Peer Mentors providing 1:1 support to adult and young carers
- Young Carer Ambassadors in Schools and Carer Ambassadors within local communities

“Being part of Dundee Carers Centre has allowed me the opportunity to help other young carers in Dundee, it has helped me understand my own role as a young carer and has helped me build up my confidence and mental health.” (Young Adult Carer Volunteer)

Penumbra Carers Support Service

Penumbra's Carers Support Service offers practical and emotional support to those who care for a family member or friend experiencing mental health challenges. Support focuses on areas important to the individual and can be offered on a face to face or telephone basis to suit the carer. Wellbeing workshops and social groups also run providing an element of peer support. The service accepts self-referrals so carers can access support directly.

Support often includes working with carers to explore ways they can improve their own health and wellbeing. This may include exploring self-management tools, alongside accessing community resources whether this be a hobby or interest, short break funding, educational opportunity, volunteering or working towards paid employment.

“Coming to Carers Support for me has been a great help. Having friendly people to talk to takes away an awful lot of pressure. Also meeting other people in the same situation has been helpful for me too” (Penumbra Carer)

Carers Strategic Outcome 3: Carers will say that they have opportunities to lead a fulfilled and healthy life.

Access to Information and Advice

As a Partnership, we said that we would continue to develop a range of access points in localities across Dundee so that all carers can easily access advice, information about community supports and information. All carers in Dundee can directly access universally available services and support. Carers can access these local support services themselves without the need for an Adult Carer Support Plan/Young Carer Statement.

Some key activities undertaken to fulfil our information & advice duties included:

- the provision of learning and development activities for our workforce and partners to enhance their understanding of carers and the Act;
- further developing, with the Dundee Carers Centre, locality models for supporting carers within the service delivery area in which they live;
- creating and delivering a 'Carers of Dundee' website and carers factsheets to provide information and advice for local carers and professionals; and,
- introducing a Carers Interest Network to involve practitioners across health, social care, third and independent sector in developing coordinated approaches to supporting carers
- the provision of information and advice to adult and young carers delivered by Dundee Carers Centre

Below are some examples of good practice work undertaken within Dundee:

Penumbra's Wellbeing Point Pilot

Penumbra were awarded funding through the Dundee Carers Partnership to support implementation of the Carers Scotland Act 2016. The pilot will run until May 2020. The ethos of the Project is that by providing an easily accessible point of information, carers will feel they can access support when they need it in a locality venue suitable for them. A range of information is provided so carers are aware of what's available to support them in their caring role and with their own wellbeing. This approach is also in line with a number of other local and national strategic priorities including early intervention and prevention alongside reducing health inequalities.

Wellbeing Point activities started in January 2019 after some initial consultation and making connections in various community venues including: community cafes based in Whitfield, Lochee and Coldside areas; The Maxwell Centre; Brooksbank Centre; Broughty Ferry Library; Community Centres based in Kirkton, Menzieshill, Fintry and Charleston.

Penumbra's Carer Wellbeing Point pilot

Penumbra's Carer Wellbeing Point is a pilot project running from January 2019 until May 2020. Since January 2019, Penumbra have been present in a range of community venues across Dundee providing drop in sessions that carers can access directly. The pilot aims to provide an easily accessible point of information so carers can be aware of what's available to support them in their caring role. This includes information on services and supports in Dundee, alongside resources that promote positive wellbeing.

This has been a good approach to supporting people in their local area and increasing identification of carers as it is generating conversation about caring and what being a carer means.

At the Wellbeing Points, Support Workers have provided a range of personalised responses and follow up support where required. This has included information and sign-posting in relation to areas such as: mental health and wellbeing; carers health checks; crisis contact numbers and safe planning for those experiencing distress and suicidal thoughts; finances and welfare reform; drug and alcohol dependence; counselling services; informal community-based group; short breaks and volunteering opportunities. Some bereavement support has also been provided including supporting those bereaved by suicide.

At present, Penumbra have increased presence in areas that have been affected by recent completed suicides to ensure people in local communities feel supported and are aware of what is available to them in these circumstances.

"It was really useful getting to know about all this stuff...I didn't know half of these supports were available in Dundee" (Wellbeing Point Carer)

Dundee Carers Centre Information & Advice

Dundee Carers Centre are commissioned to provide an information and advice service to carers in Dundee, including the provision of online information via the Carers of Dundee website.

The below figures show the total numbers of all adult and young carers supported at the Centre:

During 17/18 – **1259** carers received support from the Centre
(1st April 17- 31st March 18)

During 18/19 – **1366** carers received support from the Centre
(1st April 18 - 31st March 19)

The below figures show the total number of users accessing the Carers of Dundee website:

Total users – **2,363**
(1st April 17- 31st March 19)

Dundee Carers Centre Caring Places

Dundee Carers Centre have developed a locality approach to supporting carers in Coldside and Strathmartine. This approach focusses on early identification of carers and developing informal, locality supports in partnership with carers and local community organisations. The approach has been successful in increasing the number of carers of all ages identified and supported within the local community.

In Year 1 we reached – 142 carers of all ages
(Nov 2016/Dec 2017)

In Year 2 we reached – 290 carers of all ages
(Jan 2018/ Jan 2019)

The team have local bases in Strathmartine and Coldside where they can meet carers informally in the local community and have a good knowledge of informal supports available. Groups and drop in opportunities have also been developed, in partnership with local agencies, schools and community groups, enabling carers and their families to access information, advice and support in their local community. These include young carers groups in schools, a family cinema group for carers and drop-in cafes in Ardlar and St Marys. Staff have worked with carers and their families to develop and design responses which they feel best meet their needs.

Carers have embraced this model of support, and local organisations working in these communities also report a greater confidence in identifying and supporting carers who access their facilities and services. The Carers Centre is currently developing similar support across all localities in Dundee and this is being rolled out as of the 1st September 2019.

Dundee Carers Centre - Locality Based Service Development

Dundee Carers Centre has had a Localities Team based in Coldside since November 2016. The aim of this team has been to work in partnership with carers and local groups, organisations and workers to identify carers within the community and develop informal, locality supports for carers and their families.

Through the course of this process we have identified that some carers and their families are not accessing informal locality supports, either provided by the Carers Centre or other groups or services.

The Localities Team set the aim of bringing organisations, carers and their families together to identify test projects in the Coldside area. The team set up four initial meet-up sessions called Bite and Blether. These were opportunities for people in the area to have lunch and discuss their experiences of how carers access resources in Coldside. In total, these sessions were attended by 17 organisations and 3 carers.

The sessions used visioning exercises to set out how the group wanted Coldside to be like, identified two test projects: Coldside Community Cupboard, and Co-ordinated Support Hub,

and brought people living and working in Coldside together to plan, resource and take the test projects forward.

Carers Health and Wellbeing

Within Dundee there is a range of services and activities that contribute towards supporting carers health and wellbeing. The following are some examples of this:

Carers Keep Well Activity

The Keep Well service uses anticipatory care health checks to engage with populations who are at higher risk of health inequalities. The Keep Well nursing team offer comprehensive Health and Wellbeing checks to carers over one or more appointments, depending on the need of the individual. Relevant person-centred information and advice is shared, as well as referral and signposting to other statutory and non-statutory services.

For those who lack confidence to engage independently with other services or positive community-based activities, support to engage is offered by a Keep Well Associate Practitioner.

During 17/18 – **119** Carer Keep Well health checks were delivered

During 18/19 – **131** Carer Keep Well health checks were delivered

Carers Keep Well activity

What the Carer said....

'I've suffered with depression for about 4 years and I look after my parents. I got referred to the Carers Centre. I got a leaflet for a free health check - it took me 3 weeks to phone and ask for help. Now just over a year on I am doing exercise everyday and now my doctor is cutting down my tablets. I still have my ups and downs but the help and support from the team I can't fault them....there's always help out there for you.'

What the nurse said...

Ms M a 45 year old carer attended for a Keep Well health check at Dundee Carers Centre. The Keep Well Health Check was completed over 2 appointments. Ms M had a long-term condition, as well as back and neck pain. Ms M needed a walking aid to assist her when walking. Whilst Ms M's blood pressure, pulse, blood glucose and blood cholesterol were within normal parameters, it was identified that she was at moderate risk of developing diabetes (1 in 7 chance of developing this within the next 10 years). This was strongly influenced by her Waist measurement and Body Mass Index.

Ms M was experiencing high levels of anxiety and low mood. She was engaging with her GP and she was awaiting a psychology appointment. Whilst she had a strong desire to increase her level of activity, as this had been helpful in the past, her confidence in her ability to achieve this and her motivation were reduced.

The nurse introduced Ms M to the Associate Practitioner who explored different options with her. Ms M was supported to enrol and engage with the Active for Life Programme. She is now engaging with this programme independently. She has also been supported to achieve her goal of being able to walk the Tay Road Bridge and explore improvements with her dietary intake.

Active Women (Developing new short breaks for minority ethnic women and carers)

Being able to access leisure opportunities is important for carers to be able to maintain their own health and wellbeing. Dundee Carers Centre, Dundee International Women's Centre (DIWC) and Volunteer Dundee are working in partnership with Leisure and Culture Dundee to enable access to female only leisure facilities and sessions. Through consultation and feedback from minority ethnic women, a request for ladies only swimming had been a priority for many women as well as ladies only access for fitness. We also know that some women from the majority population would prefer this type of facility.

An 8-week pilot took place in Lochee Leisure Centre with ladies only access to the gym, sauna and swimming pool and males were unable to use spectators areas. This partnership with Leisure and Culture enables women to access female only facilities where staff are trained in cultural competence. The group sessions have only been possible through organisations working within their existing resources but targeting them to meet particular needs of minority ethnic women and carers. The sessions are open to all women and not only women from minority ethnic communities.

The support from the Carers Centre and DIWC staff and volunteers also means that women accessing the Lochee facilities have found out about and accessed support from other agencies in Dundee.

The sessions are now continuing on an ongoing basis and continue to have support from the Carers Centre and others. The sessions are open to all women and not only women from minority ethnic communities. There is a mix of ladies from all cultures and backgrounds using the facilities in the Lochee Centre and also making new friends in the process.

The group sessions have only been possible through organisations working within their existing resources but targeting them to meet particular needs of minority ethnic women and carers.

Active Women (August 2016 to present) **Key Activity**

32% of referrals to the Minority Ethnic service in the Carers Centre (from the period Aug 2016 to March 2018) came from women who had accessed Active Women and had either been informed by staff regarding the services or by other women using the facilities.

During the period 2017 to 2019, **29** carers have accessed multiple Active Woman sessions.

Quote from a carer "I love coming to the weekly swim and sauna sessions. It is actually the only time I get to myself and get a break from my caring role. It is also good to catch up

with my friends in the pool and because it is ladies only I feel comfortable and can wear what I want” (Carer, October 2018)

Quote from a carer “I only found out about the Carers Centre by coming to Lochee swimming. Another lady in the pool told me what kind of support the carers centre provide for minority ethnic carers and I quickly phoned the Centre to speak to the worker. I look after my son and was able to get lots of information on what kind of support is available for both my son and I” (Carer, November 2018)

Carer Strategic Outcome 4: Carers will say that they have a good balance between caring and other things in their life and have choices about caring.

As a Partnership, we said that we would develop our workforce, pathways and supports so that:

- Young Carers are supported
- Adult Carers are supported to continue caring
- Carers have access to short breaks and respite

Young Carers are Supported

The Young Carer Workstream was established by the Carers Partnership in September 2017 to assist in preparation and implementation of the Carers (Scotland) Act and is co-chaired by Dundee City Council Children & Families and Dundee Carers Centre. Current membership includes: *Dundee Carers Centre, Children & Families Social Work, Young Carers Voice, Children & Families Education, Strategy & Performance, Learning & Organisational Development, School Nursing Service, Discover Work, Dundee & Angus College, Skills Development Scotland,*

Through the Young Carer Workstream (strategic planning) and the Caring Places (localities/school based) work we have identified, with young carers, what works in terms of young carer identification and there are already a range of resources available to assist with this.

Progress to date:

- **Operational Guidance** on Young Carers and Young Carers Statements co-produced with young carers and approved by the Children and Families Committee in September 2018.
- **Young Carers Statement** test undertaken between January and June 2019 with **8** young carers and relevant statutory and third sector staff. An SBAR Report with recommendations which have been reported to the GIRFEC Development Group.
- **Education Policy**, launched in 2017, provides a practical framework for schools to better identify and support young carers within existing school resources. A copy of the policy can be found here: http://youngcarers.co.uk/wp-content/uploads/sites/2/2014/04/Carers-policy_March22.pdf and it is currently being updated to encompass the whole Children & Families Service

Young Carers Statement

Dundee Carers Centre have been working in partnership with young people and Dundee City Council to increase awareness of young carers rights and the supports available. To ensure that young carers have the best experience of and benefit from a Young Carers Statement, the Carers Partnership Young Carer Workstream agreed to undertake a test of the process with a small group of young carers between January and May 2019.

The following actions were undertaken:

- 8 young carers participated in a test of Young Carer Statements alongside Dundee Carers Centre staff, guidance teachers, primary headteachers and School & Family Development Workers.
- Named persons/Young Carer Co-ordinators from each school were involved in the process, along with any other relevant family members/friends/agencies identified by the young carer, along with two Senior Officers, East & West, from Children & Families provided advice and guidance to the process.
- Young Carers Voice are planning follow up roadshows in the Autumn of 2019 to coincide with the introduction of this guidance, to continue to increase awareness of young carers and their rights and ensure that professionals and peers are aware of young carers needs and priorities.

Young Carers Workforce Training

Members of the Young Carer Workstream delivered multi-agency training to **45** practitioners across Children & families, School Nursing Service, Skills Development Scotland and third sector partners between September & December 2018.

- Participants included Guidance Teachers, Headteachers, School & Family development workers, CLD Youth Workers, Skills Development Scotland, School Nurses and Social Workers
- Feedback from the sessions was largely positive with participants reporting they booked on the course based on recommendations from their colleagues.

Young Carers Workforce Training Feedback

“This was a helpful workshop, lots of good sharing of information and practice.”

“Very useful presentation and learnt more in-depth information on young carers.”

“Interested. Good to have a knowledge of young people’s rights to a Young Carers Statement.”

Young Carers Transition Support

In 2018, Dundee Carers Centre ran a one-day enhanced transition day at Dundee & Angus College for Young Carers leaving school and going to college delivered through partnership work between the Carers Centre support team and the Student Support Service at D&A College as part the S4+ transition programme. This day had positive feedback from carers and the college, that the relationships built helped those participants sustain their college place. The carers were more aware of the support available including a carers group jointly supported by the College and the Carers Centre.

Following on from the transition day a carers support group at the college was established through partnerships established with Dundee Carers Centre and D&A College.

Adult Carers are supported to continue caring

Carers (Scotland) Act Implementation - 'What's Best for Dundee Carers' Pilot 2017

Representatives of the Health and Social Care Partnership and Dundee Carers Centre and other third sector agencies worked with carers to develop, Dundee Adult Carer Support Plan ACSP which reflects carers views, outcomes and wishes and requirements set out by the Act.

Dundee was selected as a pilot area by Scottish Government, to test and provide information about how a number of provisions in the Carers Act might be implemented. As part of the "What's Best for Dundee Carers Project" in 2017 local carers were involved in finalising the ACSP and associated practice guidance so that the ACSP meets the legislative requirements in a way that carers want.

Carers told us that although they welcome the introduction of the new right to have an Adult Carer Support Plan they valued the existing way of delivering carer's supports through sign posting, advice, help and guidance to manage their own support. The report can be found here:

https://www.dundeehscp.com/sites/default/files/publications/whats_best_for_dundee_carers_report_18_dec.pdf

The pilot gathered both qualitative and quantitative information to ensure good breadth and depth of quality information, this included:

- A *survey* which focused on identifying stakeholders' awareness of the Act and their information requirements. (The survey was mailed to approximately 2500 people/carers on Carers Centre Mailing List, it was also posted on Dundee Health and Social Care Partnership Website and emailed to the Carers centre Professional Mailing list.
- **261** survey responses were received the majority of which came from Carers (or former carers),
- **6** community *consultation events*, reaching **29** people
- **11** HSCP practitioners were *interviewed* (individual and small group)
- **30** 1-1 questionnaires completed with carers on Dundee Adult Carer Outcomes documentation
- **47** people/carers received a draft of the Adult Carer Support Plan documentation to review

Dundee Adult Carers Eligibility Framework

The Dundee Adult Carers Eligibility Framework has been developed through Dundee Carers Partnership. This involved Carers and stakeholders in a number of ways including the work undertaken through the “What’s Best for Dundee Carers Project”. The pilot project included the development of Eligibility Criteria and gathered views about the threshold for adult carers in Dundee.

The Dundee Adult Carers Eligibility Framework covers four aspects:

- The outcome headings (or domains) agreed by Dundee Carers
- The definition of risk levels and how carers Outcomes will be met at each level
- The asset based, preventative approach to meeting the needs of carers in Dundee
- The threshold that must be met for carers to be eligible for funded support

The approach in the Framework is consistent with, and strengthens, the approach of The Strategic Plan for supporting carers in Dundee.

We will continue to offer a wide range of support to carers ranging from universally available services in their community to specialist carer support available with or without an Adult Carer Support Plan (ACSP).

Short Breaks Services Statement

The Dundee Short Breaks Service Statement was produced in 2018 through an extensive process of co-production with local carers and other stakeholders, co-ordinated by the Short Breaks Workstream. This was accepted by the IJB and published in December 2018 as required by the Carers (Scotland) Act 2016 and can be found at:

https://www.dundeehscp.com/sites/default/files/publications/short_breaks_services_statement_dundee.pdf. The statement gives advice and information about short breaks for carers of all ages and for the adults and children they support.

Dundee Carers Centre Short Breaks Service

The Dundee Carers Centre Short Breaks Service is available for carers of all ages in Dundee. The service takes an outcome focussed approach to carers short breaks before working out how this break will be achieved.

In **2017/18** the Dundee Short Breaks Services supported **350** carers to have a break,

In **2018/19**, the Dundee Short Breaks services supported **372** carers to have a break.

Good Practice Example

The Health and Social Carer Partnership co-hosted a Shared Care (Scotland) Lead Officer Event in late March 2018 where Dundee’s work, in particular Short Breaks Service was highlighted as a good practice model to Short Breaks Lead Officers across Scotland. The leads were joined by local professionals in the learning event.

4. Priorities going forward

Carers Investment Plan

To maximise use of resources to support carers, an integrated budget and investment plan was developed to evidence how all funding allocated towards Carers enables the Partnership to support carers to achieve their outcomes and achieve priorities set out in the Carers Strategic Plan, Carers (Scotland) Act 2016 and the Dundee Health and Social Care Partnership Strategic Commissioning Plan

The Carers Partnership Investment Plan highlights:

- The Carers (Scotland) Act duties relating to information and advice, support to carers including short breaks are met but further investment is required to ensure duties relating to involving carers, implementing adult carer support plans and updating of the carers strategic plan are met.
- Our commitment towards promoting improved outcomes and reducing inequalities for carers through investing in initiatives which enable a shift towards early intervention and preventative support is met but further investment is needed towards supporting carers to improve their wellbeing and access personalised formal support where this is needed.

Due to this the priorities for additional investment through the Carers (Scotland) Act 2019 – 2020 were identified as a Partnership:

- Advocacy and involvement support which enables carers to be involved in design and development of services for people cared for.
- Support to carers and cared for persons to improve their health, wellbeing and independence, reduce inequalities and cope with loss and bereavement.
- Support to carers to access personalised formal support following an adult carer's support plan.
- Support which enables update of the Carers Strategic Plan and update of the Carers Eligibility Criteria in line with legal requirements.
- Digital and technology developments which promote accessibility and sustainability of service provision

5. Conclusion

Throughout 2017 – 2019, the Carers Partnership have continued to work collaboratively to deliver on actions identified in the Strategic Plan. The performance report has highlighted the key areas of work and provided examples of progress made.

As a Partnership, our next steps will focus on progressing a review of the local Short Breaks Services Statement in line with requirements set out in the Carers (Scotland) Act 2016. The Partnership will also begin planning the development of the Local Carer Strategy in 2020 in consultation with carers and key stakeholders.

Outstanding Service and Commitment Award

The Carers Partnership won an Outstanding Service and Commitment Award from Dundee City Council. The Carers Partnership demonstrated the work led by the multi-agency strategic planning group over the past few years. The Carers Partnership was awarded the Chief Executive OSCA 2018 from David Martin, Chief Executive of Dundee City Council.

The Carers Partnership was recognised as *“Ensuring that carers are identified, respected and involved; have a positive caring experience; and can live a fulfilled and healthy life balanced with their caring role”*



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 22 SEPTEMBER 2020

REPORT ON: LOCAL GOVERNMENT BENCHMARKING FRAMEWORK – 2018/19 PERFORMANCE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC2-2020

1.0 PURPOSE OF REPORT

1.1 To inform the Performance and Audit Committee of the performance of Dundee Health and Social Care Partnership against the health and social care indicators in the Local Government Benchmarking Framework (LGBF), for the financial year 2018/2019.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

2.1 Notes the performance detailed in this report and in Appendix 1.

2.2 Approves the proposed targets for future rank set out in Table 1, Appendix 1 and described in section 4.6.

2.3 Notes that LGBF performance information will be published on the Dundee City Council website.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Improvement Service has recently published 2018/19 Government Benchmarking Framework (LGBF) performance data for all 32 local authorities in Scotland. This is now in its ninth year and provides trend based insights as well as comparisons with performance in other local authorities. Additional indicators were added to the framework for 2018/19 (see section 4.3 for further detail).

4.2 Family Groups of local authorities with similar levels of deprivation and urban density have been created to assist with benchmarking. Dundee's family group includes Glasgow City, North Lanarkshire, West Dunbartonshire, North Ayrshire, East Ayrshire, Inverclyde and the Western Isles. The Adult Social Care functions within the benchmarking framework are delegated to the Integration Joint Board and data from the framework forms part of the evidence to show the extent to which the integration of Health and Care can improve services. In 3 of the 7 indicators we performed better than the family group average in 2018/19.

4.3 Appendix 1 details the performance of the Dundee Health and Social Care Partnership against the indicators in the 'social care' category of the LGBF. Within each category Dundee performance is compared to the performance of Family Group partnerships. For 2018/19 three additional indicators were added:

- Rate of readmission to hospital within 28 days per 1,000 discharges.
- Number of days people spend in hospital when they are ready to be discharged per 1,000 population (75+).
- Proportion of care services graded good (4) or better in Care Inspectorate Inspections.

In addition to detailing performance against each of the seven indicators in the social care category and benchmarking against other family group partnerships, planned improvement actions have been detailed for five indicators where performance is not in the top half of the family group.

There are a further four indicators which are measured using a biennial Health and Wellbeing survey which is disseminated and analysed nationally. The most recent survey was completed in 2017/18. Analysis on these indicators was included in last years report.

- Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life
- Percentage of adults supported at home who agree that they are supported to live as independently as possible
- Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided
- Percentage of carers who feel supported to continue in their caring role

4.4 In March 2019 the PAC approved targets for performance based on family group rank (Article VI of the minute of the meeting of the Dundee PAC held on 25 March 2019 refers). In 2018/19 one indicator met target (readmissions), two exceeded target (delayed discharge and care services gradings) and four did not meet target. Of the four indicators that did not meet target two were within one ranking of the target set (SDS direct payment spend and residential costs for over 65s).

4.5 The overall aim of a benchmarking process is a continuous improvement. Another benchmark that can be used to measure performance is the long term performance trend. This reveals that over the nine year period to March 2019 performance has been maintained or improved for 5 out of 7 of the Adult Social Care indicators.

4.6 An assessment has been made of current performance, planned future investment, resources and service delivery models, and the range of targets already agreed by the Integration Joint Board in the service delivery areas covered by the LGBF indicators (such as the Measuring Performance under Integration targets and Health and Social Care Partnership scorecard within the Council's Corporate Plan). The final column in table 1, appendix 1 sets out proposed targets for all indicators taking into account these factors.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against LGBF indicators could affect outcomes for individuals and their carers and not make the best use of resources.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Continue to develop a reporting framework which identifies performance against LGBF targets. - Continue to report data annually to the PAC to highlight areas of poor performance. - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as Self-Directed Support spend. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)

Approval Recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.
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7.0 CONSULTATIONS

7.1 The Chief Officer, Head of Service, Health and Community Care, Chief Social Work Officer and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

DATE: 11 February 2020

Shahida Naeem
Senior Officer
Health & Social Care Partnership

Kathryn Sharp
Senior Manager
Health & Social Care Partnership

APPENDIX 1

ADULT SOCIAL CARE

Snap Shot Profile

The Health and Social Care Partnership provides a broad range of services for a wide variety of needs and people in different situations, in some cases commissioned from the third and independent sector. Services can include helping people to live independently in their own home, hospital to home transition and other community support.

Most people will want to stay at home wherever practicable. Sometimes, however, they may need residential care for short periods or for a longer-term. The Partnership can also arrange nursing care, if necessary.

For 2018/19 the adult health and social care category consists of 7 indicators, covering unit cost and performance data. A summary of our 2018/19 data alongside family group and Scottish average has been provided below.

Table 1: Summary of Social Care Performance 2018/19

Indicator	2017/18 Data	2018/19 Target Group	Group Rank (out of 8)	2018/19 Data	Group Average	Scottish Average	Target	Proposed Target 2019/20 – Future Rank (out of 8)
Homecare cost per hour aged 65 and over	£21.24	1	5	£27.12	£29.57	£24.67	£27.36	4
SDS (Direct Payments) spend on adults 18+ as a % of total social work spend	1.09	6	7	2.43	5.77	7.3	3.2	4
% of people aged 65 or over with long term care needs receiving personal care at home	59.32	6	8	56.18	64	61.02	57.2	7
Residential costs per week per resident for people aged 65 or over	£479	5	6	£475.21	£420.42	£381.01	£475.21	6
** Rate of readmission to hospital within 28 days per 1,000 discharges	126.7	8	8	128.70	105.59	102.96	118	7
** Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	82.3	6	2	85.29	80.13	72.17	89	1

** Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)	349.2	5	3	372.18	695.97	792.66	332	2
% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life *	84.9	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Percentage of adults supported at home who agree that they are supported to live as independently as possible *	83.8	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided *	77.9	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Percentage of carers who feel supported to continue in their caring role *	38.3	N/A	N/A	N/A	N/A	N/A	N/A	N/A

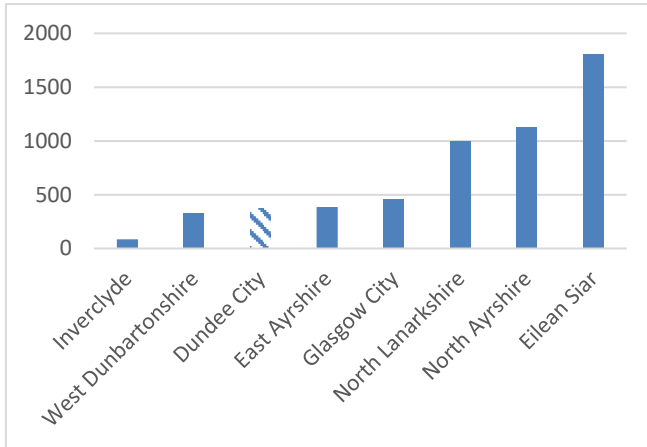
* Bi-annual data, next update on these indicators will be 2019/20.

** New indicator for 2018/19

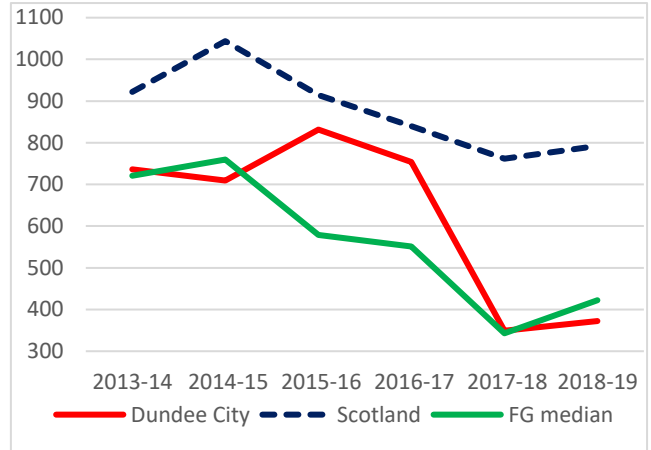
OUR PERFORMANCE HIGHLIGHTS

Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)

Family Group



Long Term Trend



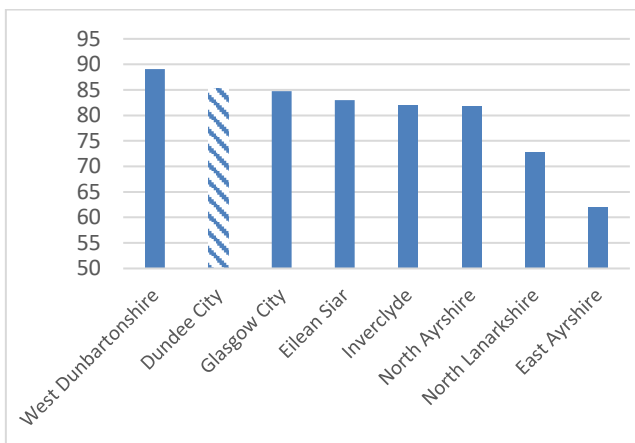
Dundee was the 3rd best performing partnership in the family group. The past seven years data shows a downward trend for delayed discharge, which is an improvement. As the above chart shows, Dundee has always performed better than Scotland. Bed days lost due to complex reasons has improved by 26.6% for all ages.

The number of days people spend in hospital when they are ready to be discharged has reduced by almost 50% since 2013/14, which is an improvement

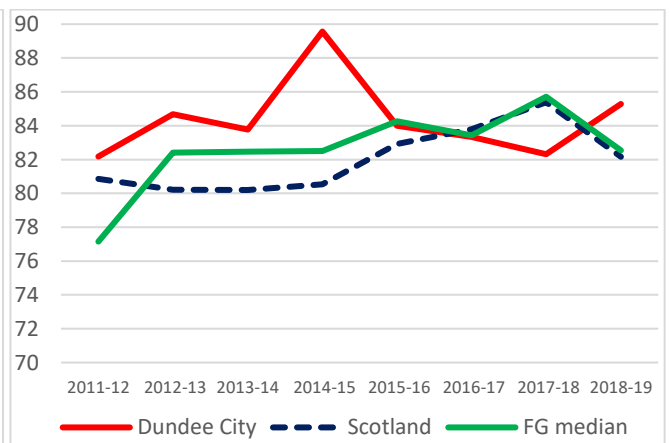
Some of the development planned for 2019/20 include remodelling of social care services to increase capacity, development of Community Rehabilitation and enablement, review of discharge pathways, and extension of the range of third sector support for adults transitioning from hospital back to community.

Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

Family Group



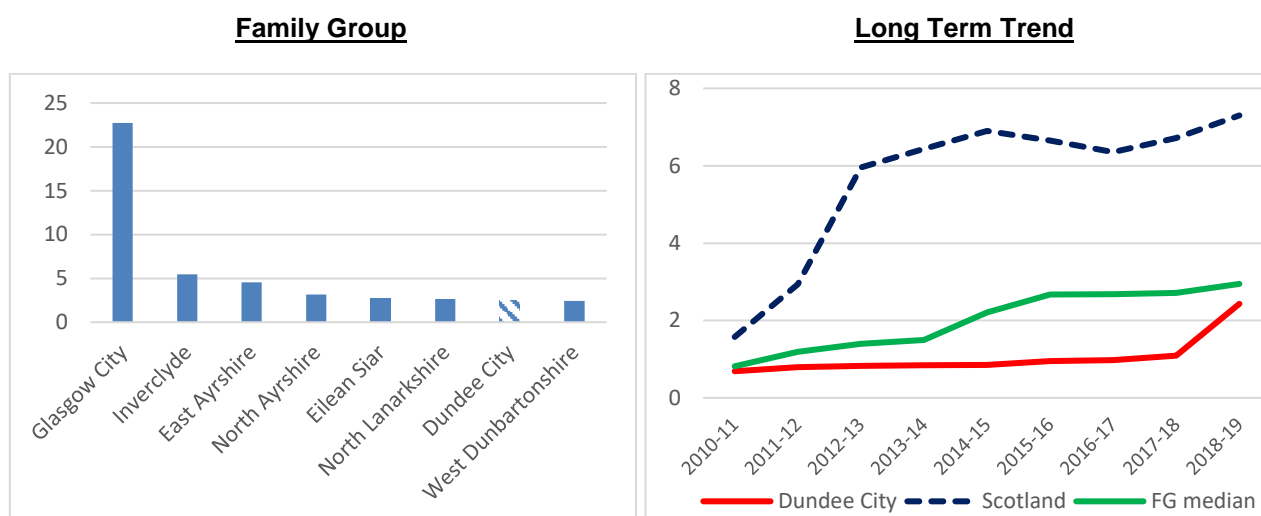
Long Term Trend



Dundee is the second highest performing partnership within the family group and 7th best in Scotland. For 2018/19 it has performed better than Scotland and the Family Group median. Except for 2017/18, Dundee performance has always been better or about the same as the Family Group median. The majority of the services inspected during 2018/19 received no requirements to improve.

AREAS FOR IMPROVEMENT

Self-Directed Support Spend On Adults 18+ as a % of Total Social Work Spend



Self Directed Support allows people to choose how their support needs will be met. This indicator calculates the cost of Direct Payment (Option One) spend on adults as a proportion of the total 'social work' spend on adults (aged 18+).

This indicator is important because it allows the Partnership to monitor Direct Payments as a proportion of total adult social care expenditure, both over time and in comparison with other Partnerships. Dundee has historically had a low uptake of Direct Payments. Under the Social Care (Self-Directed Support) (Scotland) Act 2013, Direct Payments is one of four options that from 1 April 2014 local authorities have had a duty to offer eligible people who are assessed as requiring social care.

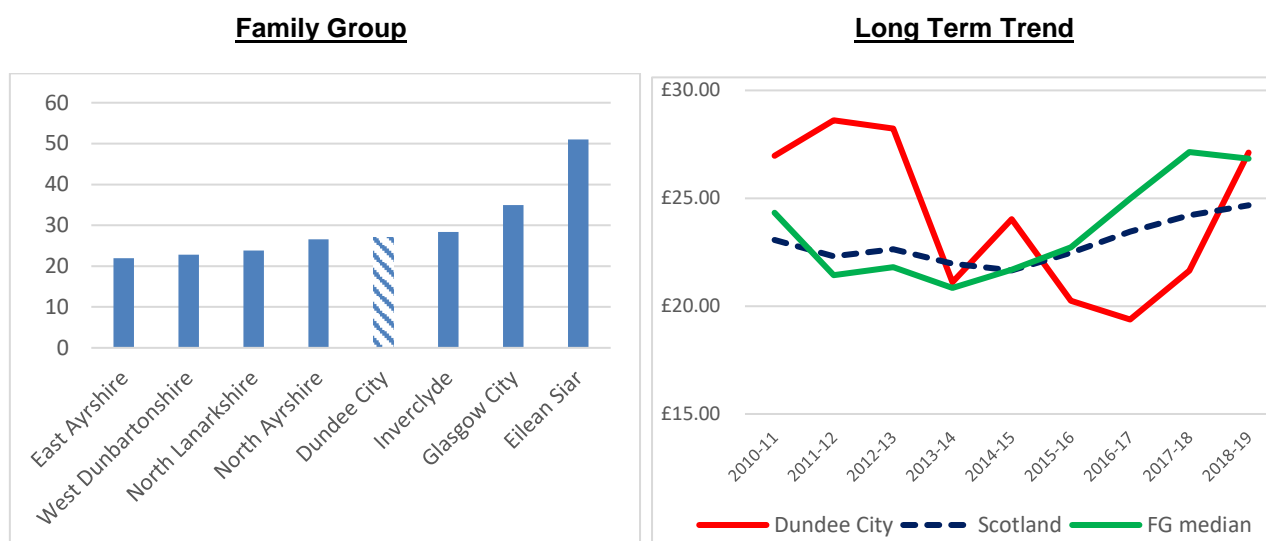
Dundee ranks 7th out of the eight above Family Group partnerships. Within this Family Group, Glasgow perform particularly well due to their role in piloting this approach. When assessing the average spend, four of the family groups have a similar spend on SDS Option One to Dundee. Dundee performance has improved between 2017/18 and 2018/19 with the amount spent on SDS Option One doubling in the period. Dundee ranking within the 32 partnerships has also improved from 32nd to 30th.

Planned Improvements

Training has been provided across all staff teams to inform them of policy and processes relating to Direct Payments, including supports available to assist service users to manage a Direct Payment. Questionnaires have been issued and focus groups have been held across all staff groups to ascertain what factors support Direct Payment uptake and what factors are acting as barriers and could be improved. A Personalisation Delivery Group, working with the support and direction of the Personalisation Board, is progressing key actions identified by staff and an action plan has been developed. The Integration Manager with responsibility for Personalisation has reviewed the action plan during 2019/20. Other actions include case file audits.

There is work being undertaken in relation to Mosaic, the IT system used to record social care functions. The Outcome Focused Assessment is being re-developed and the equivalency model has been implemented on Mosaic. Purchasing services and finance went live on Mosaic on 1st July 2019. This new process will embed SDS with prompts and monitoring to ensure staff are exploring SDS options.

Older Persons (over 65) Home Care Costs Per Hour



In the past few years there has been an increase in the older people home care cost per hour; Dundee ranks fifth within the family group.

The cost of Home Care for older people increased by 3% between 2017/18 and 2018/19, while the number of home care hours provided decreased. The number of people receiving home care has dropped. Up to July 2019, two IT systems were being maintained in relation to Social Care / Social Work functions, our current system Mosaic and our previous system K2. Home care was recorded on K2 and resulted in problems with data quality. Improvements were made in 2018/19 to the quality of the data on the predecessor system and therefore 2018/19 data provides a more accurate picture of the number of people receiving home care and home care hours than data available from 2017/18.

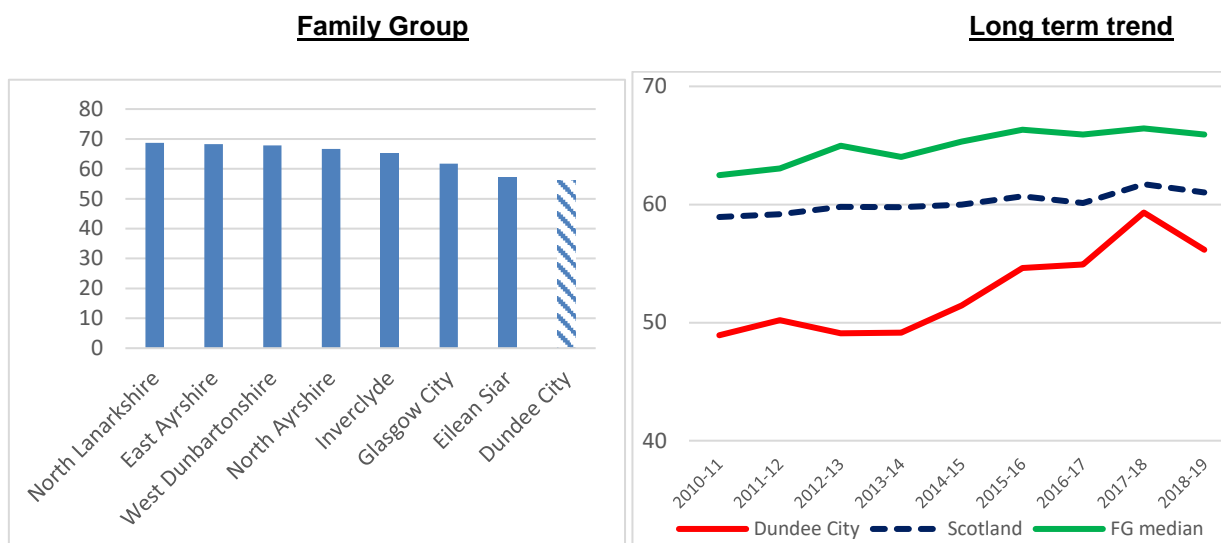
In addition, the cost of home care has increased due to workers being paid the Scottish Living Wage. Increasing complexity of need has resulted in more hours being provided for similar numbers of service users due to growing complexity of packages (for example, increases in the frequency of provision and in number of people required to provide care as people who would previously have been supported in residential care or hospital are now being supported at home). The number of direct home care hours provided is currently restricted in growth through inefficiencies within the in-house service.

Planned Improvements

The in house service is currently undergoing a review to ensure work patterns reflect the needs of service users and will result in improved efficiencies in the service. A process of managing the balance between in-house service delivery and that provided by the private and independent sector is ongoing and optimum models of service delivery are constantly evolving.

In addition more resource has been invested in home-based social care as part of the policy of shifting the balance of care from accommodation based care to care at home. Predictive modelling for home care services has also taken place, which considers historical growth in home care and predicting future demands based on the assumption that there will be no increase in Care Home beds or Community Hospital beds. This shows a considerable increase in demand for these services in future years, both in hours delivered and numbers of staff involved in that delivery.

% of people aged 65 or over with long term care needs receiving personal care at home



This is a relatively new indicator within the LGBF suite of indicators and measures the extent to which the Partnership is maintaining people with long term care needs in the community. Home care is one of the most important services available to support people with community care needs to remain at home.

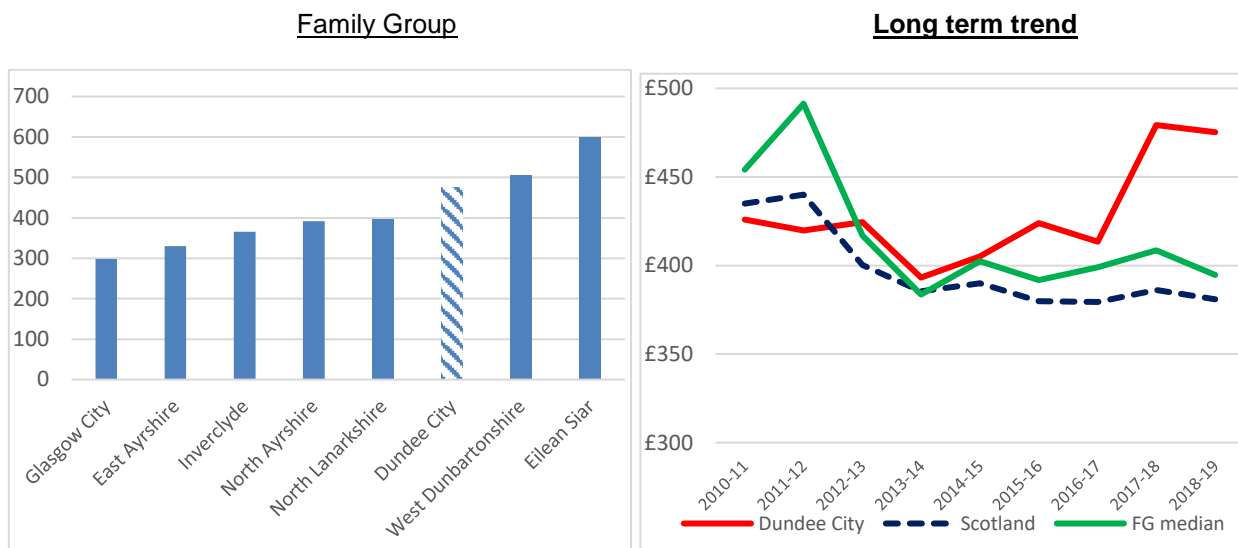
This indicator measures the number of adults who are 65+ receiving care at home as a percentage of total number of adults needing long term care. This includes long stay care home and continuing care clients.

Caution should be applied when benchmarking this indicator as different partnerships have different models of homecare which can skew the % of people receiving personal care. Some partnerships do not provide domestic assistance, which means that the % of people receiving personal care at home will be higher however the rate per head may in fact be lower. In Dundee 13% of those people over 65 receiving home care receive domestic or housing support and no personal care. Some partnerships may provide a lot of very small packages of care; this model of care would produce a higher %. In addition, this measure uses the number of people over 65 who are in long stay care homes, in Dundee 4% of those aged 65+ are in a Care Home, which is higher than other partnerships.

Planned Improvements

More resource has been invested in home based social care as part of the policy of shifting the balance of care from accommodation based care to care at home. Predictive modelling for home care services has also taken place, which considers historical growth in home care and predicting future demands based on the assumption that there will be no increase in Care Home beds or Community Hospital beds. This shows a considerable increase in demand for personal care in future years, both in hours delivered and numbers of staff involved in that delivery.

Residential costs per week per resident for people aged 65 or over



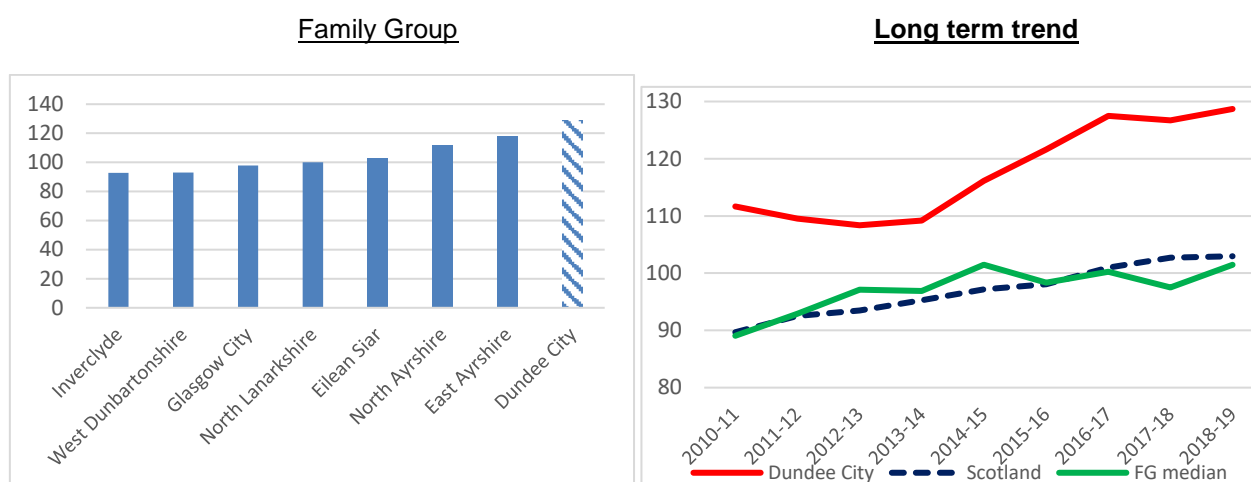
The average weekly cost for a care home place in Dundee, for people aged 65+ was £475 in 2018/19 compared to £479 in 2017/18.

Dundee ranks 6th within the family group and the range within the group is from £298 to £599. Even though Dundee has fallen in the family group ranking during 2018/19, the number of Care Home residents remains the same and the average weekly cost has remained about the same as the previous year. There are a range of factors which impact on this particular benchmark and need to be taken into consideration in assessing relative performance across the country. The cost of residential care for each local authority area includes a combination of Health and Social Care Partnership operated care homes and private and voluntary sector run care homes. The relative spend in each area will be influenced by the balance of usage the Partnership has of each type of home. The fees paid to private and voluntary sector run care homes are set nationally through the National Care Home Contract and are therefore standardised across the country. Generally, the cost of running in-house care homes is more expensive than private and voluntary sector provision. Dundee's in-house care homes are smaller in size, providing a more homely setting for residents however do not benefit from economies of scale and therefore cost more. Dundee still has a higher proportion of in-house care homes compared to Glasgow and Ayrshire Partnerships. Furthermore, the benchmark costs are net of residents financial contributions to the cost of their care. Dundee generally has fewer self-funders than other areas therefore receives less charging income, increasing the net expenditure position of the sector locally.

Planned Improvements

The cost of providing Partnership operated care homes continues to be reviewed to ensure best value is achieved. This includes reviewing staffing structures and managing absence levels to reduce the level of additional hours or in some instances, the use of agency workers to ensure shifts are covered to the required levels. The Care Home admission process is continually being reviewed and a new process was implemented on Mosaic for requests for a Care Home placement.

Rate of readmission to hospital within 28 days per 1,000 discharges



Dundee is the poorest performing partnership in the family group and in Scotland. Dundee has always had a high rate of re-admission to hospital within 28 days. The trend for Scotland and the Family Group median is also increasing. In the family group, 7 out of 8 partnerships had a worsening performance for this indicator during 2018/19 when compared to 2017/18 data. Dundee performance declined by 1.5%, the overall performance for the family group declined by 4%.

Exploring the data shows that the number of re-admissions has shown no change between 2017/18 and 2018/19, however the number of admissions to hospital has fallen therefore increasing the rate of re-admissions for 2018/19.

Additional analytical reports are submitted to PAC on a regular basis.

Planned Improvements

The Tayside Unscheduled Care Board recognised this performance position across Tayside and there has been a focus on better understanding of the readmissions data and identifying any current practice which might impact on this. While it was acknowledged that the low level of admissions was a contributing factor to a high readmission rate compared to the rest of Scotland, a detailed analysis at medical speciality level identified Respiratory Medicine and Gastroenterology as outliers.

The Clinical Lead for Respiratory Medicine undertook a deep dive into any causal factors and identified that the 28-day respiratory readmission data for NHS Tayside is only slightly higher than the Scottish average for 28-day readmissions when based on per head of population data. The examination of readmission data in this field identified that readmissions remain common in respiratory medicine due to severity of disease and is linked to individual patients who can have multiple admissions. When comparing socioeconomic factors and deprivation categories across the three Tayside Health and Social Care Partnerships within Tayside, it is likely that these factors, added to the high level of Chronic Obstructive Pulmonary Disease (COPD) within Dundee, are driving higher rates of readmissions in Dundee City.

There are currently robust community COPD services within Dundee which contribute to the low levels of admission. In addition both inpatient and community services take a multidisciplinary approach to supporting patients who are known to have frequent readmissions. The actions taken to support patients are showing early signs of impacting on the level of readmissions within this cohort of patients. Respiratory pathway improvements are currently part of the Inpatient Flow Transformation Programme (NHS Tayside). Dundee Health and Social Care Partnership invested in additional COPD nursing resources as part of the Delayed Discharge Improvement Funding. During the next year we will further review our current resources and models to ensure we are providing the appropriate level of support to patients experiencing COPD.

The Unscheduled Care Board will continue to explore the available data to identify and respond to areas where improvements can be made. Within the Health and Social Care Partnership our intention is to look closer at the variance across localities to determine if there are further local initiatives which would support individuals and reduce current variance.



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 22 SEPTEMBER 20202

REPORT ON: QUARTERLY COMPLAINTS PERFORMANCE – 1ST QUARTER 2020/21

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC20-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to summarise the complaints performance for the Health and Social Care Partnership (HSCP) in the first quarter of 2020/21. The complaints include complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

- 2.1 Notes the complaints handling performance for health and social work complaints set out within this report.
- 2.2 Notes the work which has been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring and reporting (sections 4.6 and 4.13).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

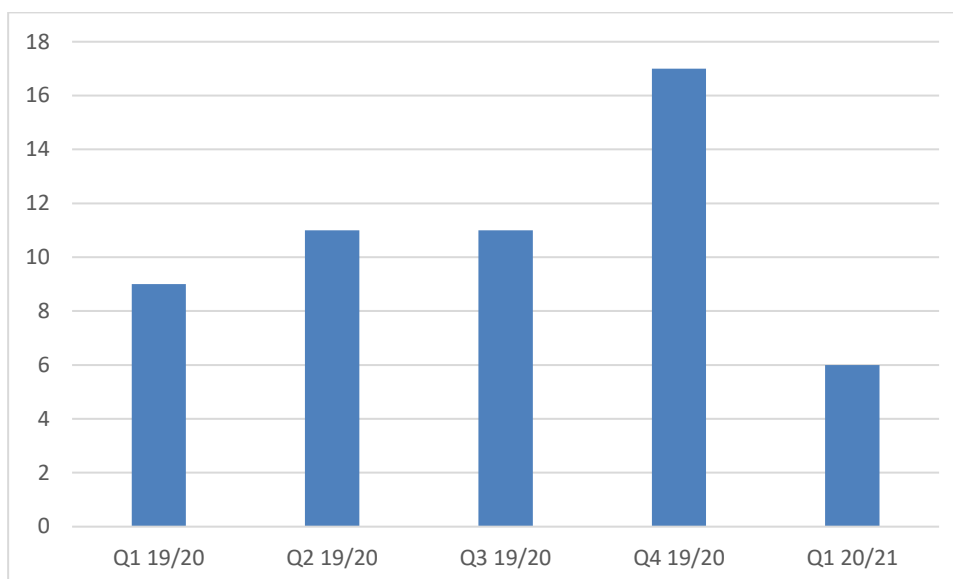
4.0 MAIN TEXT

4.1 Since the 1st April 2017 both NHS and social work complaints follow the Scottish Public Service Ombudsman Model Complaint Handling Procedure. Both NHS Tayside Complaint Procedure and the Dundee Health and Social Care Partnerships Social Work Complaint Handling Procedures have been assessed as complying with the model complaint handling procedure by the SPSO.

4.2 Complaints are categorised by 2 stages: Stage 1: Frontline Resolution and Stage 2: Investigation. If a complainant remains dissatisfied with the outcome of a Stage 1: Frontline Resolution complaint, it can be escalated to a Stage 2. Complex complaints are handled as a Stage 2: Investigation complaint. If a complainant remains dissatisfied with the outcome of Stage 2: Investigation complaint they can contact the Scottish Public Services Ombudsman who will investigate the complaint, including professional decisions made. Complaints about the delivery of services are regularly presented to the Clinical, Care and Professional Governance Group to inform service improvement.

4.3 Social Work Complaints

In the first quarter of 2020/21 a total of six complaints were received about social work or social care services in the Dundee Health and Social Care Partnership. This is a sharp decline from the previous two quarters which remained stable at above 10 complaints.

Graph 1 - Number of Social Work complaints received quarterly

The graph shows that there has been a considerable reduction in the complaints received within Q1. The drop in the volume of complaints this quarter could be due to the current pandemic however, the reasons behind the complaints do not necessarily suggest that our response times or new working arrangements has affected the level of service we provide.

4.4 Social Work complaints by reason for concern

Complaints about a delay in responding to enquiries and requests have dropped from 7 to 0 this quarter which is excellent considering we were working within a pandemic at home.

Attitude, behaviour or treatment by a member of staff	2
Delay in responding to enquiries and requests	0
Dissatisfaction with our policy	1
Failure to provide a service	0
Failure to follow the proper administrative process	0
Failure to meet our service standards	3

The numbers of social work complaints are still relatively small. The complaints received were regarding several services and suggest no themes or patterns of dissatisfaction with services at this time.

4.5 Social Work Complaints Stages and Outcomes

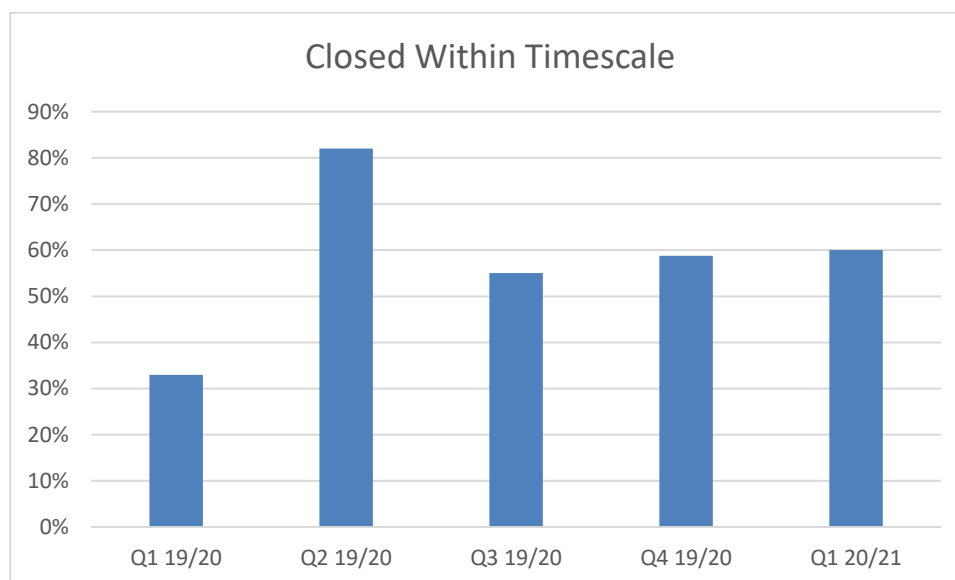
Five complaints received were handled at a frontline resolution stage compared to 12 last quarter and one was stage 2 investigation from the beginning. Of these, only one is still open and under investigation, two were upheld or partially upheld with a planned service improvement, a further two were not upheld and one being changed to an enquiry rather a complaint.

Frontline Resolution	5
Investigation (Escalated from Frontline)	0
Investigation	1
Joint with NHS	0

4.6 Social Work Complaints Resolved Within Timescales

Three of the Social Work complaints received by the Partnership were able to be resolved within the target dates. The other three missed their target date, one was 11 days late, one was 40 days late and the final is currently still under investigation. Although things are starting to return to normal, we are still learning as we go with how to handle the additional pressures the pandemic has placed upon us all.

Graph 2 - % of Social Work Complaints resolved within timescales



The graph shows that there has been a slight increase in the number of complaints that are resolved within timescales. The Customer Care and Governance Officer is ensuring that delays are kept to a minimum and processes are correctly followed. Meetings with Investigating Officers have unfortunately been delayed due to the pandemic. While we have managed to increase the volume being completed within timescales, we have drastically increased the timescales on those which have not been closed within timescales. This is something which is planned to be worked on and a deeper understanding of where the process failed to be able to build in additional resource.

4.7 Planned Service Improvements

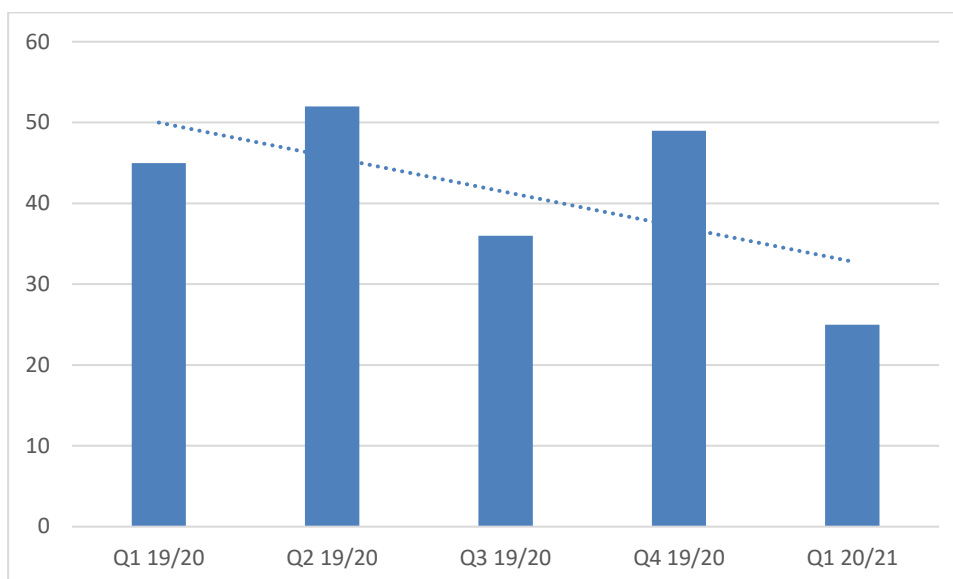
The two upheld complaints have all identified a cause and have service improvements planned to address these.

4.8 SPSO Complaints

No complaints were referred to the SPSO this quarter.

4.9 NHS Complaints

In the first quarter of 2020/21 a total of 25 complaints were received about Dundee Health and Social Care Partnership health services compared to 49 in quarter four. These are complaints which have been coded against DHSCP, there may be other complaints where DHSCP have contributed to a joint response:

Graph 3 – Number of NHS Complaints received

The graph shows that during quarter one there has been a sharp decrease in complaints received, this could be due to the current pandemic and people being within quarantine or self-isolating.

4.10 NHS Complaints by Theme

The top three themes were once again for the third quarter running Attitude and Behaviour; Clinical Treatment and Communication (Oral).

The top three sub themes were Disagreement with treatment/care plan and Other for the second quarter running and Lack of support for this quarter.

The lack of support could be down to the new working arrangements during the lockdown and the fact that many staff may have been self-isolating or unable to work during this period.

4.11 NHS Complaints Stages

20 complaints were handled at a frontline resolution stage compared to 14 last quarter. Of these complaints, three were transferred to another department, two were upheld and a further two were partially upheld.

This quarter saw no complaints handled as Stage 2 Escalated complaints compared to six last quarter.

Only five complaints were handled as a Stage 2 complaints from the start compared to 29 in quarter four. This quarter three complaints were fully upheld, which was the same as last quarter, an increase this quarter from ten to fourteen were partially upheld, five were not upheld, one was transferred to another department and one is irresolvable.

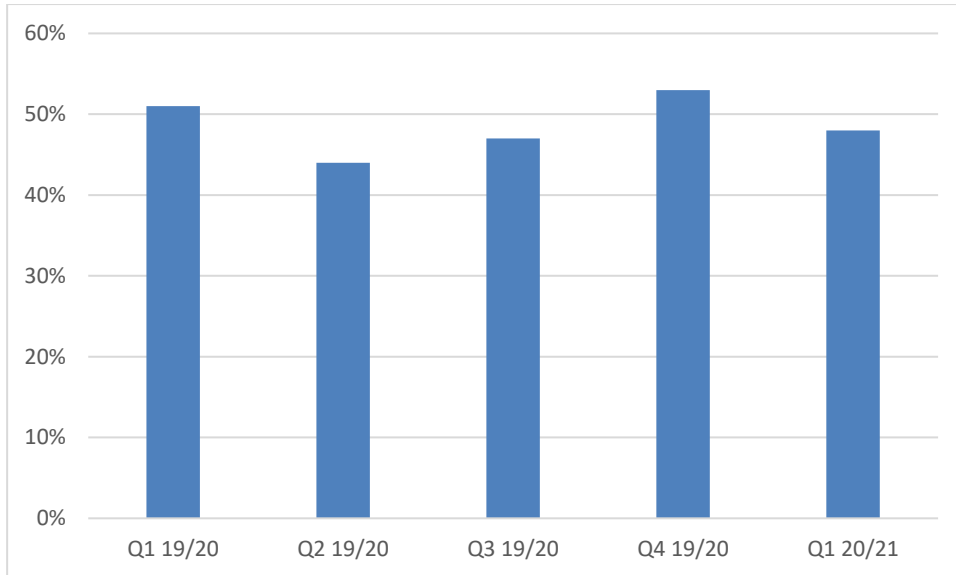
57% of Frontline resolution complaints were either upheld or partially upheld compare to 43% last quarter. In contrast 71% of stage 2 non escalated complaints were upheld or partially upheld compared to only 45% last quarter.

Frontline Resolution	20
Investigation (Escalated from Frontline)	0
Investigation	5

4.12 Closed NHS Complaints Resolved within Timescales

34 complaints were closed within the first quarter regardless of when they were received, and 35% (12) of these were closed within timescales. This is a slight decrease from the previous quarter.

Graph 4 - % of closed NHS complaints closed within timescales

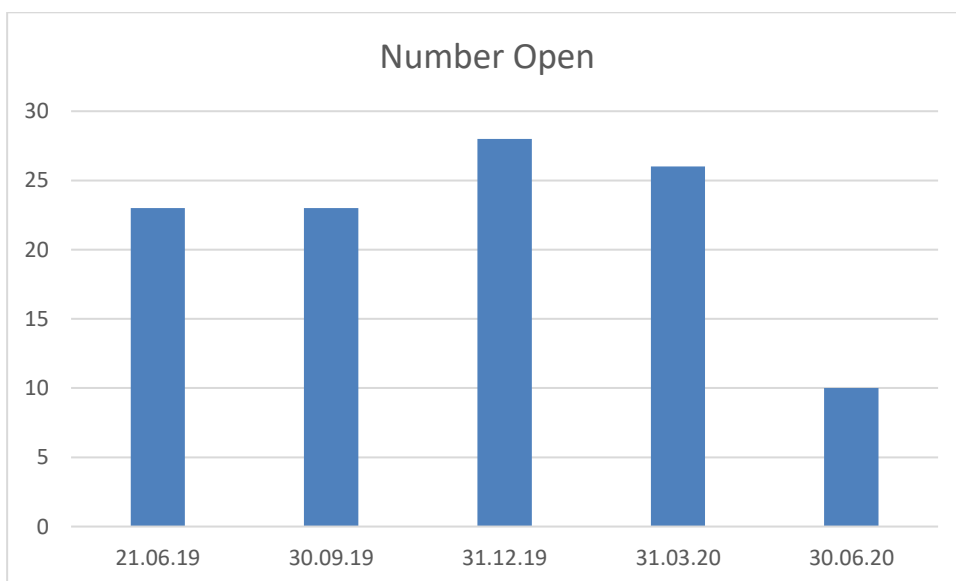


There has been a decrease in the number of closed complaints resolved within their target throughout this quarter.

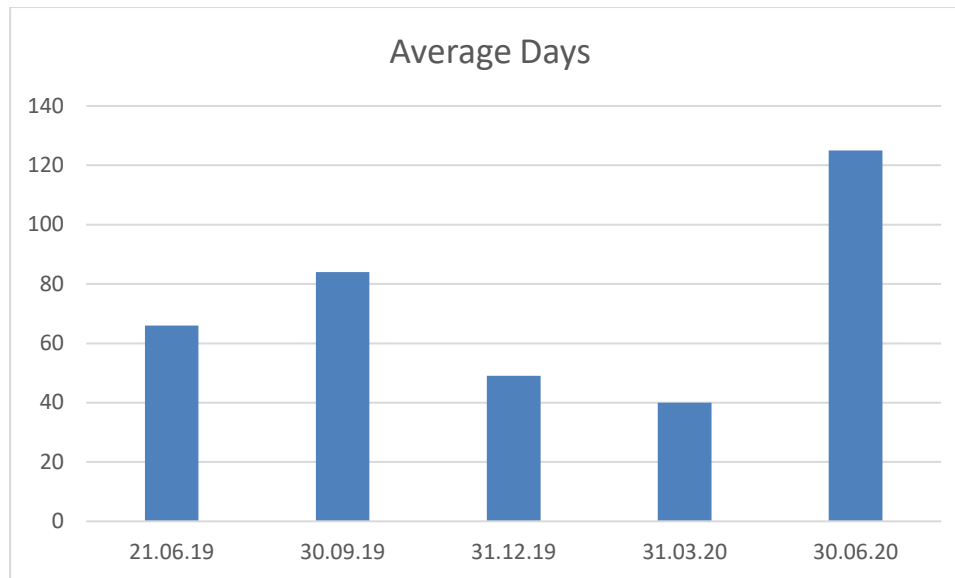
4.13 Outstanding NHS Complaints

The graph below shows that there has been a decrease in the amount of NHS complaints that are overdue in the past year and with new staff working on the complaints, this could continue into next quarter.

Graph 5 - Snapshot of number of open overdue NHS complaints at a given date



Graph 6 - Snapshot of average length in working days of overdue NHS complaints at a given date



The above graph shows that the average length of overdue complaints has increased for the first time since September 2019. Work has been ongoing to complete the backlog of overdue complaints and until recently timescales had been looking better, however with the lockdown, increasing workloads and new ways of working timescales have slipped.

Discussions are still taking place with NHS Tayside to identify how we can improve our complaint response times. However our plan to trial a more robust and effective complaints system has been put on hold due to the current pandemic.

5.0 IJB COMPLAINTS

5.1 No complaints about the Integration Joint Board have been received.

6.0 POLICY IMPLICATIONS

6.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

7.0 RISK ASSESSMENT

7.1 This report has not been subject to a risk assessment as it is provided for information and does not require a policy decision from the PAC.

8.0 CONSULTATIONS

8.1 The Chief Officer and the Clerk were consulted in the preparation of this report.

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

DATE: 31 July 2020



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 22 SEPTEMBER 2020

REPORT ON: RISK MANAGEMENT ACTION PLAN UPDATE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC26-2020

1.0 PURPOSE OF REPORT

1.1 To inform the Performance and Audit Committee of the progress made on the Risk Management Action Plan that was developed in response to the outcome of the Internal Audit assessment of the Risk Maturity of the IJB.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Approves the updated Action Plan in response to the Internal Audit Assessment of the Risk Maturity of the IJB that was presented to the PAC on 25th September 2018.
- 2.2 Instruct the Chief Finance Officer to provide a further update on the Action Plan in early 2021.
- 2.3 Note the work ongoing by the Tayside Risk Management group that has been set up and has had regular meetings.

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 MAIN TEXT

- 4.1 The PAC received the Risk Management Internal Audit Report on the 25th September 2018 (Article IX of the minute of meeting and PAC36-2018 refers). The Chief Internal Auditor commended the IJB for the progress made, however a number of recommendations were made.
- 4.2 The action plan has been updated and is attached here for approval.
- 4.3 The Tayside Risk Management group is made up of risk managers from NHS Tayside, Dundee City Council, Dundee Health and Social Care Partnership, Angus Health and Social Care Partnership and Perth and Kinross Health and Social Care Partnership.
- 4.4 The work they are undertaking is necessary to ensure consistency in risk management across the Health and Social Care Partnerships and their partner bodies.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 The Chief Officer and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

DATE: 02 September 2020

APPENDIX 1

Audit Recommendations	Actions Proposed	Responsible Officer	Timescales	Update
Update and Review Risk Management Strategies				
Work be undertaken by the Council, NHS and DHSCP Partnership to ensure that Risk Management Strategies are updated within a common set of agreed Risk Management principles to ensure consistency and congruence.	Tayside wide meetings proposed between NHS Tayside, IJBs and Local Authorities to discuss and agree on common set of principles and procedures that work across multiple systems	Risk Managers in DCC and NHS Tayside	April 2019	A Tayside Risk Management group has been set up and has had regular meetings. Work has progressed on the common set of principles and procedures. The Tayside Integration Joint Boards Risk Management Policy and Strategy has been updated and is being finalised.
Include a Governance, Roles and Responsibilities section in the DHSCP Risk Management Strategies to include the IJB to consider the Risk Register bi-annually	Update the Risk Management Strategy to include timescales for presenting the risk register to the IJB bi-annually in April and November.	Senior Officer (Business Planning and Information Governance) DHSCP	April 2019	The DHSCP Strategic Risk Register has been presented to the IJB in August 2020. The DHSCP Risk Management Strategy will be updated to include the timescales for presenting the Risk Register bi-annually in April and November.
Reflect the role of the Performance and Audit Committee to review the overall system of risk management	Update the Risk Management Strategy to include the role of the Performance and Audit Committee to review the overall system of risk management	Chief Finance Officer and Senior Officer (Business Planning and Information Governance) DHSCP	April 2019	The Risk Management Strategy will be updated following the finalisation of the Tayside Integration Joint Boards Risk Management Policy.
Enhance the section in relation to the role of the Senior Management team in reviewing risks and considering current scores, controls and tolerance. To include an escalation process of risks to the IJB strategic risk register and to parent bodies. To also make	Work to be undertaken to ensure that the Risk Management Strategies reflect the escalation process across the DHSCP and parent bodies.	Chief Finance Officer and Senior Officer (Business Planning and Information Governance) DHSCP	April 2019	Operational Risks Registers are presented to the Clinical Care and Governance Forum. The DHSCP Strategic Risk Register is made available to the NHST and DCC risk group meetings. The DHSCP Risk Management strategy will be updated once the Tayside IJB Risk management policy and strategy has been finalised.

reference to the role of the groups below the Senior Management Team				
Include an appropriate mechanism for formal escalation of risks to parent bodies and vice versa	To be agreed as part of the Tayside wide meeting	Risk Managers in DCC and NHS Tayside	April 2019	The DHSCP Strategic Risk Register is made available to the NHST and DCC risk group meetings. The DHSCP Risk Management strategy will be updated once the Tayside IJB Risk management policy and strategy has been finalised.
Agreement of parent bodies of Risk Registers to prevent duplication of or recording of similar risks	Risk is recorded on Datix and Pentanta. Work to be undertaken to agree on appropriate place for recording risk and monitoring of risk registers. To be agreed as part of the Tayside wide meeting	Risk Managers in DCC and NHS Tayside	April 2019	The DHSCP Strategic Risk Register is made available to the NHST and DCC risk group meetings. The DHSCP Risk Management strategy will be updated once the Tayside IJB Risk management policy and strategy has been finalised.
As systems develop, creation of operational procedures and policies to provide guidance to managers	Create operational procedures and policies	Senior Officer (Business Planning and Information Governance) DHSCP	December 2019	Operational guidance is available about the use of Risk recording systems. However it is very much dependent on the use of systems. E.g. Pentana or Datix. The work undertaken by the Tayside IJB Risk Management group will make explicit the systems to be used especially around escalation of operational to strategic risks. Thereafter the operational policies and procedures will be created.
Include a judgement of the adequacy and effectiveness of Risk management arrangements	Involve a recognised methodology to form the basis for judging the adequacy and effectiveness	Risk Managers in DCC and NHS Tayside	April 2019	To be developed as part of the Tayside Risk Management group.

	of the risk management arrangements.			
Prioritisation of the Partnership Risk management system	Support agreed from Risk Managers in DCC and NHS Tayside to support the DHSCP in the embedding of a consistent risk management strategy that supports the needs of Senior Management team and Operational managers to manage risk within their service areas	Risk Managers in DCC and NHS Tayside Chief Finance Officer, Head of Service, Health & Community Care	April 2019 and ongoing	Covid 18 has accelerated prioritisation of risk management across DHSCP services. The Tayside Risk Management group will finalise the use of the risk management systems which will support the needs of the Senior Management Team and operational managers.
Horizon Scanning	Annual event to be held to look at the risks to the delivery of the strategic plan, informed by the Risk Register of the Council and NHS In addition work is underway to develop a Resilience Group for operational services which will bring together Emergency Planning, Business Continuity and Risk Management within the remit of one specific group. This will ensure that emergent issues will be captured across all areas. This will enable them to be prioritised and mitigating factors identified.	Senior Officer, Business Planning and Information Governance, Chief Finance Officer, Head of Service, Health & Community Care	December 2019	To be completed as part of the Tayside Risk Management group.

Risk Management System				
Include information on assurances in place over the controls mitigating each risk, and timescales.	<p>The Pentana Risk section has a control section that allows the control to be scored. All individual high level and operational risks recorded on Pentana will be updated and scored in the control section.</p> <p>The risk template section and associated guidance will be updated to include a scored control section</p>	Senior Officer, Business Planning and Information Governance,	April 2019	Completed
Explicitly link objectives, risks, controls/actions and assurances/performance reporting within the IJB governance structure	<p>The Pentana system allows for links to be made between risks, performance indicators and actions.</p> <p>Following the review of the Strategic and Commissioning Plan work will be undertaken to link the identified risks with the appropriate actions and performance indicators.</p>	Senior Officer, Business Planning and Information Governance,	September 2019	Work will be undertaken to finalise this once the risk reporting mechanisms have been finalised by the Tayside Risk Management Group.
Establish the regular review of the Risks registers and frequency of high scoring risks	Development of Locality Risk Registers and escalation processes.	Senior Officer, Business Planning and Information Governance,		Locality Managers have been working with Risk Registers and operational risks are recorded on Datix. In addition the development of Covid 19 Remobilisatoin Risk Register across teams has been developed.
Reporting from Risk Register on Pentana	These will be produced regularly from Pentana, once it is adequately populated with risks / controls / assessments	Senior Officer, Business Planning and Information Governance	September 2019	This Risk reporting has been completed and is ongoing.



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 22 SEPTEMBER 2020

REPORT ON: JOINT INSPECTION (ADULTS): THE EFFECTIVENESS OF STRATEGIC PLANNING IN PERTH & KINROSS (SEPTEMBER 2019)

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC10-2020

1.0 PURPOSE OF REPORT

- 1.1 To provide an update to the Performance and Audit Committee on progress made by the Clinical, Care and Professional Governance Group in considering learning and associated improvement actions from the Joint Inspection (Adults) of the Effectiveness of Strategic Planning in Perth and Kinross Health and Social Care Partnership.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

- 2.1 Note the progress made by the Clinical, Care and Professional Governance Group in identifying areas of learning and associated improvement actions from the Perth and Kinross Joint Inspection report (section 4.4).
- 2.2 Note the ongoing work within the Strategy and Performance Service to collate a range of existing improvement plans and actions into a single governance, business support and strategic commissioning improvement plan that is deliverable within available resources.
- 2.3 Instruct the Chief Finance Officer to present the single improvement plan for approval by PAC no later than 31 March 2021.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

- 4.1 As part of the statutory programme of inspection activity for Health and Social Care Partnerships across Scotland, Scottish Ministers have asked the Care Inspectorate and Healthcare Improvement Scotland to jointly report on the effectiveness of strategic planning by Integration Authorities. Joint inspections of strategic planning have within their scope how Integration Authorities plan, commission and deliver high-quality services in a co-ordinated and sustainable way.
- 4.2 In December 2019 the Integration Joint Board considered the inspection report, published in September 2019, regarding strategic planning arrangements in Perth and Kinross Health and Social Care Partnership [https://www.careinspectorate.com/images/documents/5288/Perth%20and%20Kinross%20joint%20inspection%20\(adults\)%20strategic%20planning_September%2019.pdf](https://www.careinspectorate.com/images/documents/5288/Perth%20and%20Kinross%20joint%20inspection%20(adults)%20strategic%20planning_September%2019.pdf) (article IX of the minute of the meeting of the Dundee Integration Joint Board 17 December 2019 refers).
- 4.3 Given the particularly close links between Dundee and Perth & Kinross considering the results of their inspection was agreed by the IJB to be particularly relevant in contributing to continuous improvement, specifically in relation to any learning from the inspection that relates to regional

issues or interfaces with regional partners (such as NHS Tayside) and to hosted services arrangements.

- 4.4 The Clinical, Care and Professional Governance Group (CCPGG) for Dundee Health and Social Care Partnership, jointly chaired by the Head of Health and Community Care and the Medical Director, have now the inspection report in detail to identify areas for improvement in Dundee. Areas identified were:

Area of Focus	Action Required
Performance Management	<ul style="list-style-type: none"> Ensure clear monitoring and performance frameworks in place for new initiatives including impact on interfacing services. Strengthen performance reporting against the Strategic Plan and priorities.
Operational Performance Monitoring	<ul style="list-style-type: none"> Ensure waiting time data/unmet need included in routine performance reporting for both Health & Social Care Services.
Locality Planning	<ul style="list-style-type: none"> Development of a locality planning framework.
Hosted Services	<ul style="list-style-type: none"> Sharing of hosting information: performance, financial and clinical.
Self-Directed Support	<ul style="list-style-type: none"> Refresh, re-state and implement personalisation strategy.
Self-Evaluation	<ul style="list-style-type: none"> Agree and implement self-evaluation framework.
Financial Planning	<ul style="list-style-type: none"> Strengthen financial planning support capacity.
Risk Management	<ul style="list-style-type: none"> Review, finalise and implement risk management framework and register.
Market Facilitation	<ul style="list-style-type: none"> Refresh market facilitation statement.
Workforce Plan	<ul style="list-style-type: none"> Workforce strategy and plan to be developed.
Locality Management	<ul style="list-style-type: none"> Further develop locality working, based on local need.
Leadership	<ul style="list-style-type: none"> Demonstrate visible leadership Ensure vision and aims are embedded in all documents and processes, visible and known.
Clinical Care & Professional Governance	<ul style="list-style-type: none"> Develop wider understanding of arrangements and principles and clarify approaches.

- 4.5 Work is currently being undertaken by the Strategy and Performance Service to collate and rationalise a number of individual improvement plans that have been generated in response to reports such as internal audit reports, annual governance statements, the Ministerial Strategic Group self-assessment exercise conducted in 2019 and consideration of Joint Inspection reports from other Partnerships. This exercise is focused on improvement actions that relate to governance, business planning and strategic commissioning (including strategic planning and performance) functions, rather than on operational improvements. The production of a single governance, business support and strategic commissioning improvement plan will support the PAC to maintain an oversight of improvement activity, including tracking the timely completion of actions.

- 4.6 Rather than producing a separate action plan in response the Joint Inspection report for Perth and Kinross, the improvement actions detailed in section 4.4 will be considered as part of the work to produce a single governance, business support and strategic commissioning improvement plan. This will include identifying appropriate leads and timescales for individual areas of improvement identified in section 4.4. This work has been significantly delayed by the COVID-19 pandemic and it is now anticipated that a draft will be available for submission to PAC no later than 31 March 2020.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 The Chief Officer, Head of Service - Health and Community Care and the Clerk and Clinical Care and Professional Governance Group were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

DATE: 24 March 2020

Kathryn Sharp
Senior Manager, Strategy and Performance



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 22 SEPTEMBER 2020

REPORT ON: IMPACT OF REPEAT ELECTIVE ACTIVITY ON READMISSION RATES

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC3-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide an analysis of the impact of repeat elective activity on readmissions performance.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

- 2.1 Note the content of this report and the analysis of readmissions, including the impact of recording practices for day cases within NHS Tayside on performance against the national readmissions indicator (section 5 and appendix 1).
- 2.2 Note that the Unscheduled Care Board will now receive data based on the national methodology and data excluding day cases to support monitoring of readmissions performance and inform subsequent improvement actions (section 6).
- 2.3 Instruct the Unscheduled Care Board to consider the content of this report and review and update improvement actions relating to readmissions as appropriate.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

- 4.1 Unscheduled hospital care is one of the biggest demands on Partnership resources. Whilst significant improvements have been made from the pre-integration baseline (2015/16) in some aspects of unscheduled care, specifically bed days lost to delayed discharge and emergency bed day rates and numbers, performance in relation to readmissions has remained an area for improvement for the Partnership.
- 4.2 In May 2018 the PAC received an in-depth analytical report for unscheduled care, including readmissions (Article VIII of the minute of the Dundee PAC on 29 May 2018 refers). At this time a range of ongoing improvement activities were described across the unscheduled care pathway, however there was not a specific focus on readmissions. In March 2019, a further in-depth analytical report was submitted to PAC (Article IV of the minute of the Dundee PAC on 25 March 2019 refers).
- 4.3 Readmissions performance is consistently reported through the Partnership's Quarterly Performance Reports. As quarterly performance reporting is focused on the National Health and Wellbeing Indicators readmissions performance is measured using a single indicator; 'rate of

readmissions to hospital within 28 days of discharge per 1,000 admissions' (national indicator 14). Data is reported for all ages and locality and national benchmarking information is also provided.

- 4.4 As at Quarter 2 2019/20 performance against the national readmissions indicator can be summarised as:

Benchmarking – ISD MSG data

- The rate of readmissions was higher in Dundee than the Scottish rate.
- Dundee was the poorest performing Partnership in Scotland.

Difference from 2015/16 Baseline to 2018/19 Q2 - NHS Tayside BSU data

- 2.1% increase in Dundee rate, which is a deterioration in performance.

Performance Trend between 19/20 Q1 and 19/20 Q2 - NHS Tayside BSU data

- Increased rate of readmission between 2018/19 Q1 and Q2 across 3 of the 8 localities.
- Decreased rate of readmission between 2018/19 Q1 and Q2 across 4 of the 8 localities
- One locality stayed the same between 2018/19 Q1 and Q2
- Locality showing biggest increase was Lochee (6.7%).
- Locality showing smallest increase was East End (1.6%).

Variation across Localities in 2018/19 Q2 - NHS Tayside BSU data

- The highest readmission rate per 1,000 population was in Lochee (126).
- The lowest readmission rate per 1,000 population was in North East (93).

Since 2016/17 performance against the national readmissions indicator has been consistently poor and an identified area for improvement. Improvement activity for readmissions is led by the Unscheduled Care Board.

5.0 READMISSIONS PERFORMANCE ANALYSIS

- 5.1 As at 2017/18, NHS Tayside has the second highest 28 day readmission rate per 1,000 admissions in Scotland.
- 5.2 As at 2017/18, NHS Tayside has the lowest inpatient admission rate per 1,000 population in Scotland.
- 5.3 The low admission rate is driven by the low day case rate. NHS Tayside had the lowest day case admission rate per 1,000 population in Scotland; this rate was less than half of that for NHS boards with similar sized populations such as NHS Fife and NHS Grampian.
- 5.4 For all day cases in NHS Tayside, only 3% were coded as repeat planned day cases, whereas across all of Scotland, 34% were coded as repeat planned day cases.
- 5.5 Return outpatient appointments as a rate of the population were highest in NHS Tayside.
- 5.6 Comparing repeat elective activity in NHS Tayside to the other Hospital Board of Treatments it is apparent that many procedures are coded as repeat outpatients in NHS Tayside, such as Chemotherapy and endoscopic examination of the bladder, whereas the same procedures are coded as repeat day cases in other boards. Coding these procedures as day cases will help reduce the readmission rate in other boards whilst NHS Tayside will be disadvantaged by coding these procedures as outpatients.
- 5.7 Between 2006/07 and 2016/17, NHS Tayside has seen a 76% decrease in repeat day case recordings and a 209% increase in repeat outpatient appointment recordings.
- 5.8 If NHS Tayside had seen an increase in all admissions between 2006/07 and 2016/17, similar to the Scottish percentage increase, then NHS Tayside would have a 28 day readmission rate similar to the Scottish rate.

- 5.9 In summary, data shows that NHS Tayside records higher levels of follow-up contact with patients following a hospital admission as outpatient appointments, rather than day cases, compared to other NHS Boards across Scotland. The methodology for the national indicator for readmissions includes day cases within its denominator and therefore a low day case rate increases the resultant readmission rate. When recording practices for day case rates are taken into account Dundee's performance against the national readmissions indicator is similar to the Scottish rate. It is therefore apparent that a significant proportion of 'poor performance' against the national indicator for readmissions relates to data recording practices rather than other factors.
- 5.10 Emergency readmissions rates is only one measure of clinical care outcomes. Other measures should be observed in conjunction with readmissions to obtain an overall picture of clinical care. Such measures include the hospital standardised mortality rates (HSMR), clostridium difficile infection rates (C.Diff), combined MRSA/MSSA infection rates (SAB) and the patient satisfaction experience survey (PSES). Ninewells Hospital and Perth Royal Infirmary both perform strongly, in comparison to the rest of Scotland, in these four safety measures.

6.0 INFORMATION PROVIDED TO THE UNSCHEDULED CARE BOARD

- 6.1 Local management information that excludes day cases from the denominator has been provided to the Unscheduled Care Boards to enable 'like for like' benchmarking. This data is provided for each of the three Tayside Partnerships and for benchmarking across Scotland. Alongside this the Unscheduled Care Board will continue to receive data, both local and benchmarking, produced through the national methodology.
- 6.2 Providing both datasets to the Unscheduled Care Board will support them to more effectively monitor and analyse performance relating to readmissions and identify areas for improvement.
- 6.3 PAC will continue to receive data for readmissions based on the national methodology only, however accompanying narrative will take account of the Unscheduled Care Board's consideration of local management information that excludes day cases.

7.0 POLICY IMPLICATIONS

- 7.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

8.0 RISK ASSESSMENT

Risk 1 Description	The risk of not reducing the readmissions could affect; outcomes for individuals and their carers and spend associated with readmissions if the Partnership's performance does not improve.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - An in depth analysis of readmission data is included in this paper. - The Unscheduled Care Board is prioritising improvements in this area. - Senior Operational Managers will continue to be consulted with in order that findings can be used to make improvements.
Residual Risk	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Approval Recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

9.0 CONSULTATIONS

9.1 The Chief Officer, Head of Health and Community Care, the Unscheduled Care Board and the Clerk were consulted in the preparation of this report.

10.0 BACKGROUND PAPERS

10.1 None.

Dave Berry
Chief Finance Officer

DATE: 11 February 2020

Stephen Halcrow
Principal Information Analyst, ISD Local Intelligence Support Team

Lynsey Webster
Senior Officer, Strategy and Performance

APPENDIX 1

Repeat Elective Activity and its Impact on Readmission Rates

Stephen Halcrow (LIST)

date
2019

Local Intelligence Support Team (LIST), ISD Scotland

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Introduction

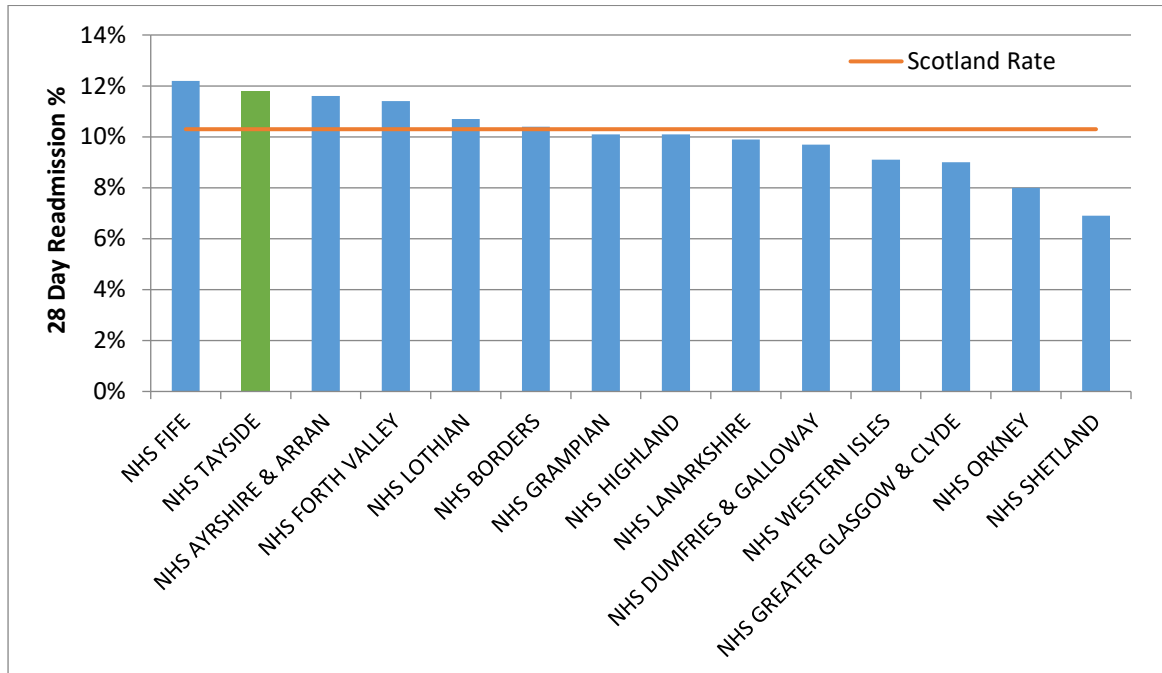
Over the years NHS Tayside has consistently had one of the highest 28 day readmission rates in Scotland (see figure 1). One possible explanation for this is that NHS Tayside has one of the lowest admission rates in Scotland, and in particular, day cases; this could be a factor in high readmission rates because if readmissions are unchanged but the denominator is lower due to less day cases, then the higher the rate of readmissions.

The annual 28 day readmission rate is calculated by:

Numerator	Annual Number of Emergency Readmissions within 28 Days from Last Hospital Discharge
Denominator	Annual Total Number of All Non-Elective and Elective Admissions (including Day Cases)

Local Intelligence Support Team (LIST), ISD Scotland

Figure 1: 28 Day Readmission Rates for All Ages by NHS Board of Residence in 2017/18



Source: NSS Discovery Level 2 Readmissions Residence (extracted 19/08/2019)

Data Sources

The data used for this report is taken from the SMR01 (inpatient/daycase) dataset and the SMR00 (outpatient) dataset. Data is shown as at 2017/18, except where shown by procedures, which are shown as at 2016/17 due to the implementation of TRAK in June 2017.

Local Intelligence Support Team (LIST), ISD Scotland

Main Points

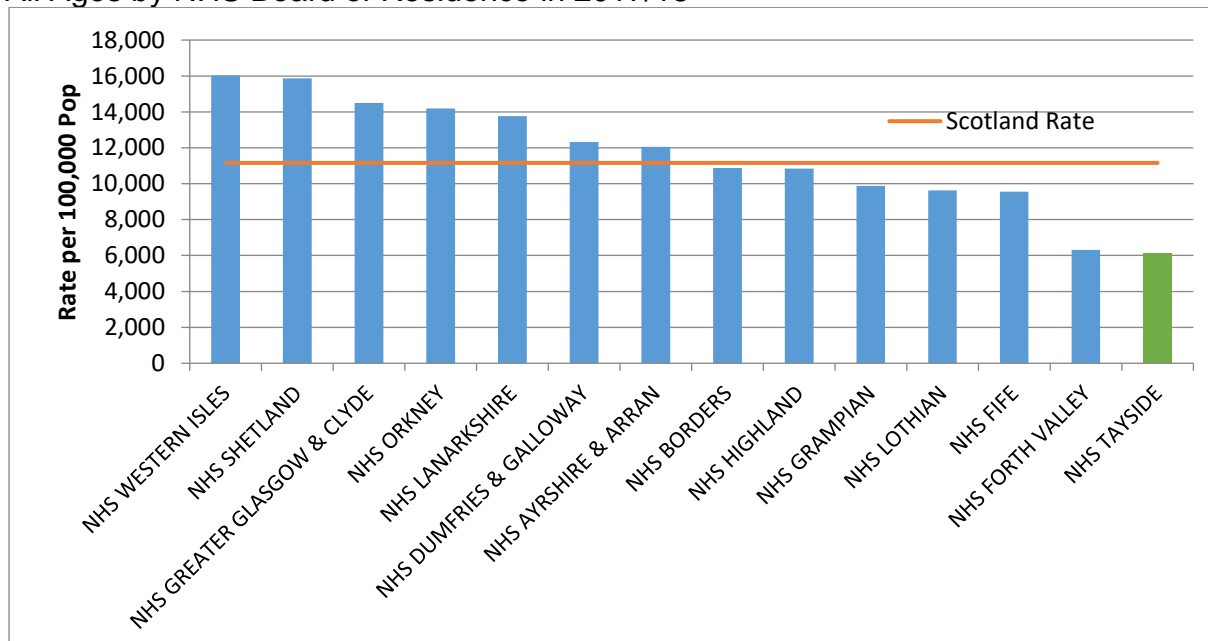
- As at 2017/18, NHS Tayside has the second highest 28 day readmission rate per 1,000 admissions in Scotland
- As at 2017/18, NHS Tayside has the lowest inpatient admission rate per 1,000 population in Scotland
- The low admission rate is driven by the low day case rate. NHS Tayside had the lowest day case admission rate per 1,000 population; this rate was less than half of the rate for NHS Fife and NHS Grampian
- Around 47% of all admissions in NHS Tayside are inpatients whereas Scotland sees only 27% of all admissions that are inpatients
- For all day cases in 2017/18, only 3% of NHS Tayside's were coded as repeat planned whereas 34% of all day cases in Scotland are coded as repeat planned
- Return outpatient appointments as a rate of the population are highest in NHS Tayside; 100,000 per 100,000 population compared to 77,500 for Scotland.
- Comparing repeat elective activity in NHS Tayside to the other Hospital Board of Treatments it is apparent that many procedures are coded as repeat outpatients in NHS Tayside whereas the same procedures are coded as repeat day cases in other boards.
- NHS Tayside has seen a 76% decrease in repeat day case recordings and a 209% increase in repeat outpatient appointment recordings between 2006/07 and 2016/17.
- If NHS Tayside had seen an increase in all admissions between 2006/07 and 2016/17, similar to the Scottish percentage increase, then NHS Tayside would have a 28 day readmission rate similar to the Scottish rate.

Analysis

Elective Admissions By Board of Residence

As a rate per 100,000 population, NHS Tayside had the lowest elective admission rates in Scotland in 2017/18 (figure 2). However, for inpatient elective admissions NHS Tayside rate is above the Scottish rate (figure 3) whereas for day case admissions NHS Tayside rate is the lowest in Scotland (figure 4).

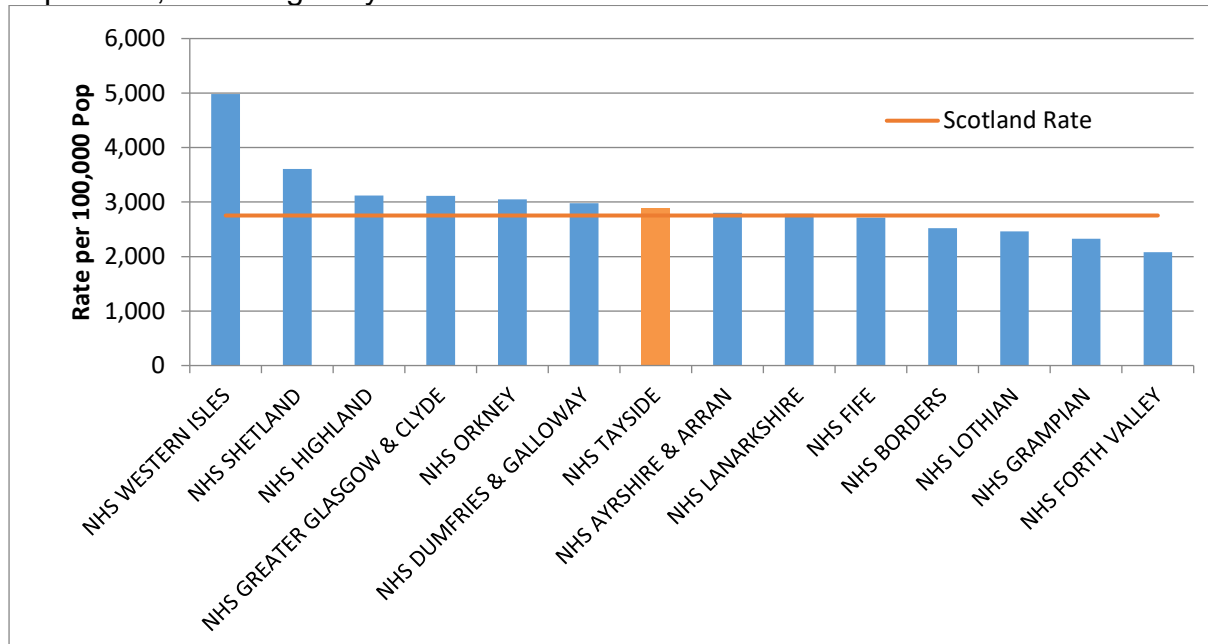
Figure 2: Number of All Elective Admissions, as a Rate per 100,000 Population, for All Ages by NHS Board of Residence in 2017/18



Source: NSS Acadme Boxi (extracted 19/08/2019)

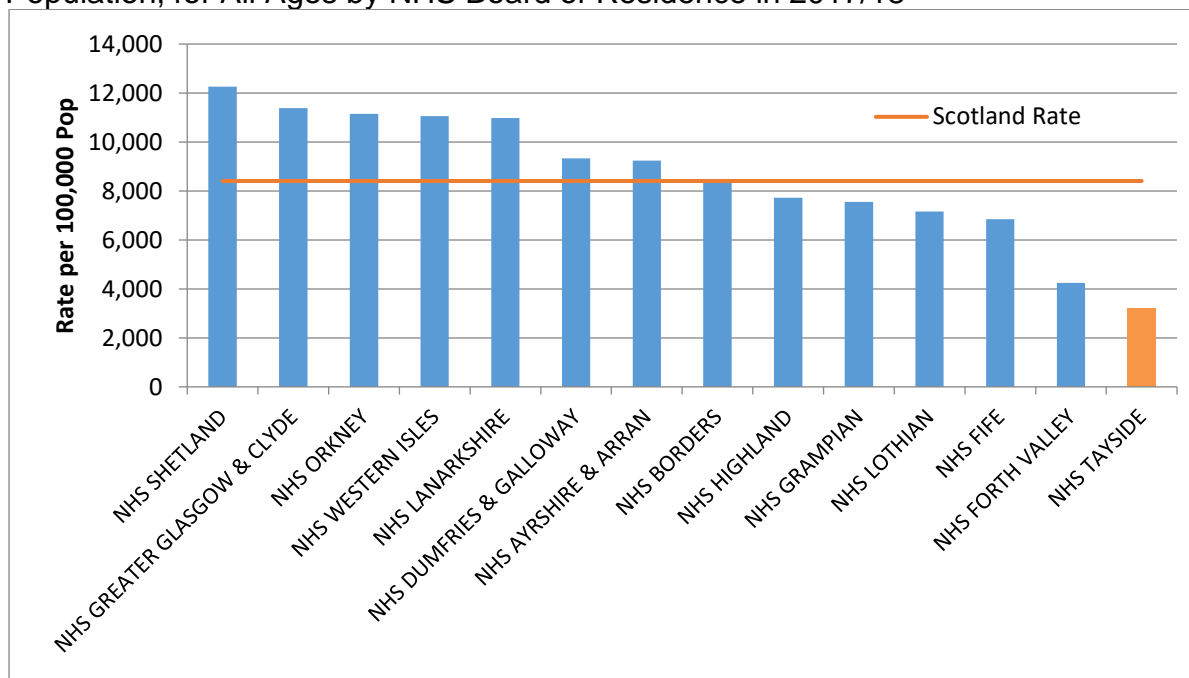
Local Intelligence Support Team (LIST), ISD Scotland

Figure 3: Number of All Elective **Inpatient** Admissions, as a Rate per 100,000 Population, for All Ages by NHS Board of Residence in 2017/18



Source: NSS Acadme Boxi (extracted 19/08/2019)

Figure 4: Number of All Elective **Day Case** Admissions, as a Rate per 100,000 Population, for All Ages by NHS Board of Residence in 2017/18



Source: NSS Acadme Boxi (extracted 19/08/2019)

Elective Admissions By Board of Treatment

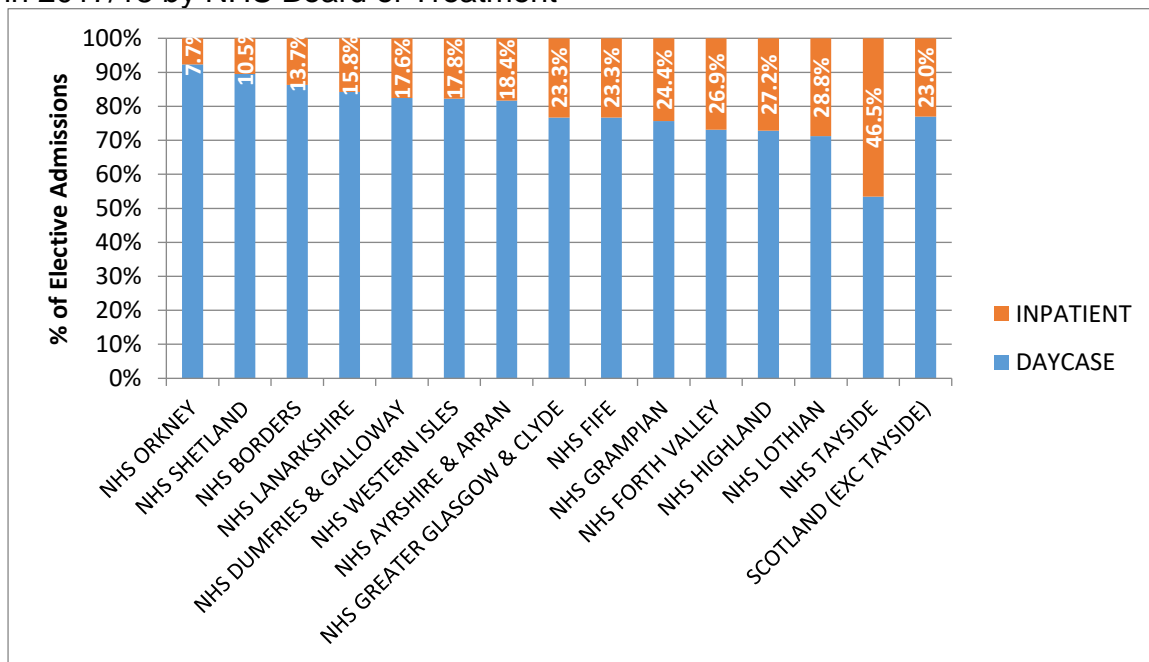
The split between elective inpatient admissions and elective day cases in 2017/18 showed that for NHS Tayside only 53% of all elective admissions were day cases compared to an average of 73% for all other boards (figure 5).

Local Intelligence Support Team (LIST), ISD Scotland

All elective admissions, including day cases, are coded by 'Waiting List Type'. These are either coded as 'True Waiting List', 'Planned Repeat Waiting List', 'Not on Waiting List', 'Not Known' or 'Blank'. Figure 6 shows NHS Tayside had the lowest percentage of all elective day case admissions coded as 'Planned Repeat Waiting List' in Scotland; only 3% of all recorded day cases were coded as planned repeat compared to 34% of all other boards of treatment.

In terms of actual numbers of day case records recorded as planned repeats, NHS Tayside has fewer of these than NHS Shetland or NHS Orkney between 2015/16 and 2017/18.

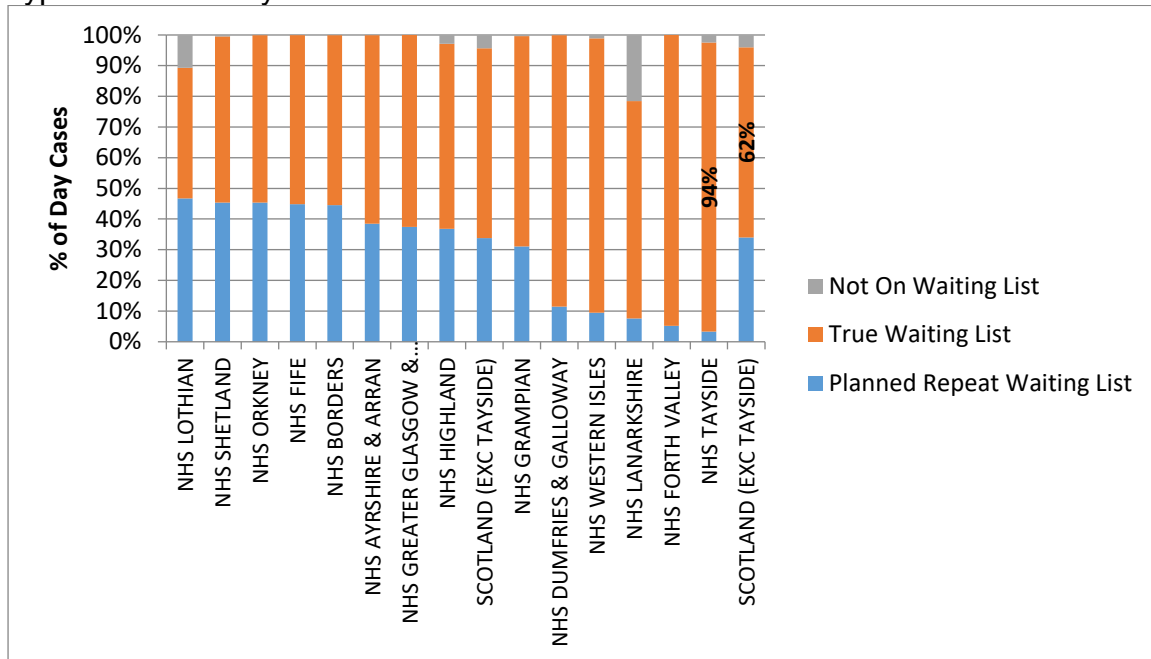
Figure 5: Percentage of Elective Admissions Split between Inpatient and Day Cases in 2017/18 by NHS Board of Treatment



Source: NSS Acadme Boxi (extracted 19/08/2019)

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Figure 6: Percentage of Elective Day Case Admissions Split between Waiting List Type in 2017/18 by NHS Board of Treatment



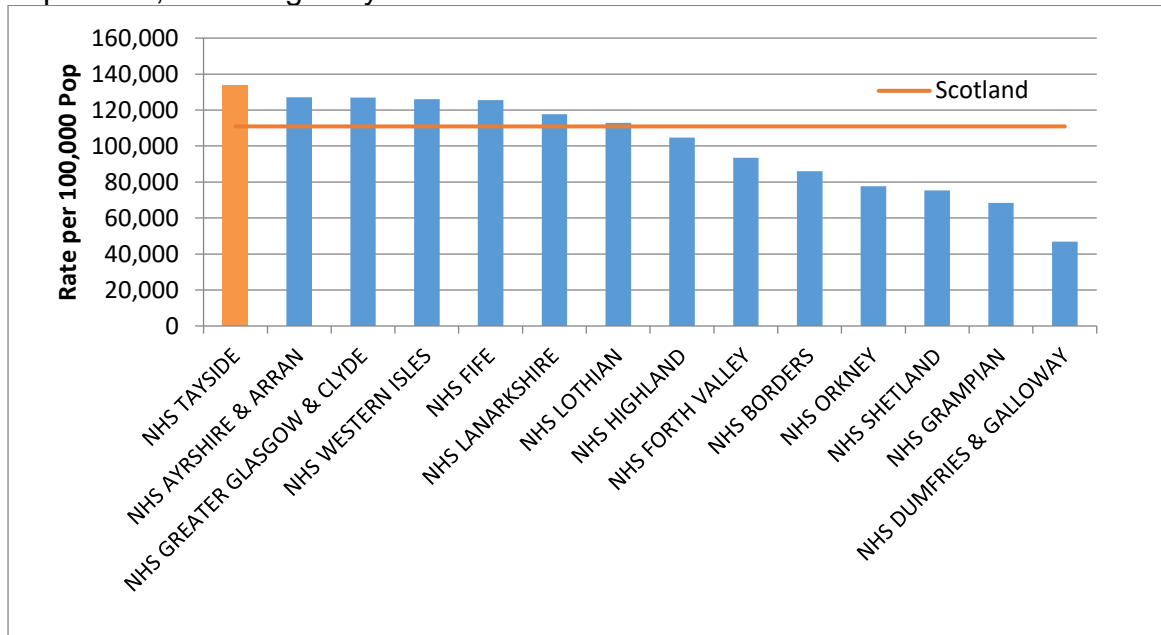
Source: NSS Acadme Boxi (extracted 19/08/2019)

Is Repeat Elective Activity Captured as Return Outpatients in NHS Tayside?

NHS Tayside had the highest outpatient appointments in Scotland as a rate per 100,000 population in 2016/17 with 134,000, compared to a Scottish rate of 111,000 (figure 7). However, when these were split between new outpatient appointments (figure 8) and return outpatient appointments (figure 9), it is apparent that it was the return outpatient appointments that were the driving force behind the high rates. Table 1 and 2 shows that, for the same procedures, NHS Tayside has noticeably less repeat day cases but noticeably higher return outpatient appointments than the other large hospital boards. Table 3 shows that NHS Tayside has seen a large percentage reduction in repeat day cases over the last ten years but an even greater percentage increase in return outpatient appointments over the same period.

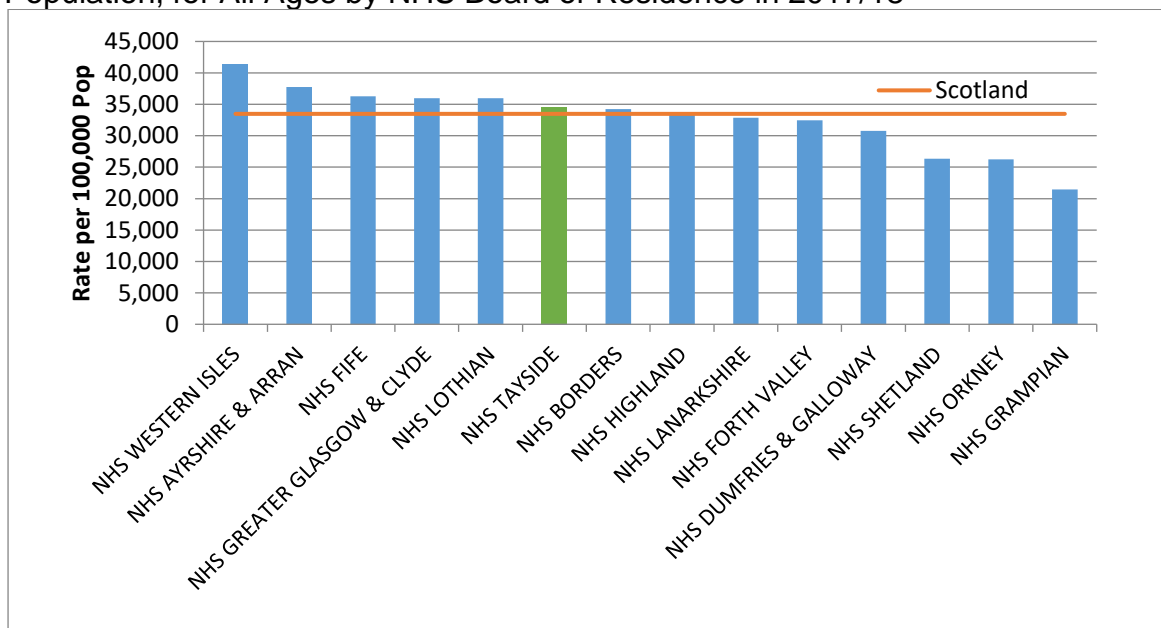
Local Intelligence Support Team (LIST), ISD Scotland

Figure 7: Number of **All** Outpatient Appointments, as a Rate per 100,000 Population, for All Ages by NHS Board of Residence in 2017/18



Source: NSS Acadme Boxi (extracted 19/08/2019)

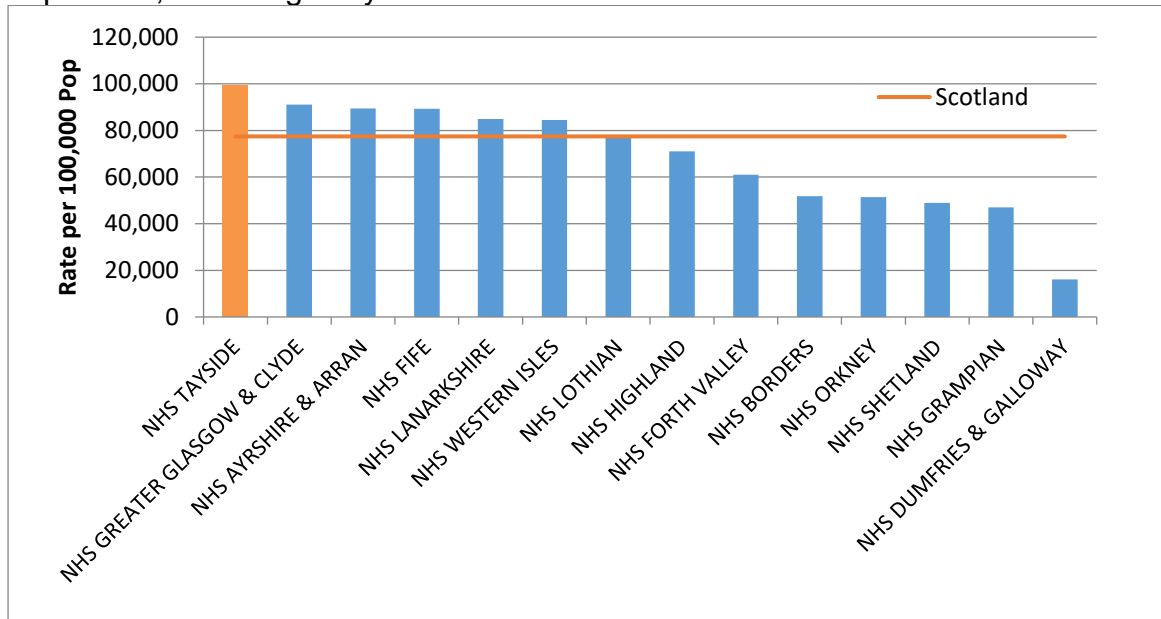
Figure 8: Number of **New** Outpatient Appointments, as a Rate per 100,000 Population, for All Ages by NHS Board of Residence in 2017/18



Source: NSS Acadme Boxi (extracted 19/08/2019)

Local Intelligence Support Team (LIST), ISD Scotland

Figure 9: Number of **Return** Outpatient Appointments, as a Rate per 100,000 Population, for All Ages by NHS Board of Residence in 2017/18



Source: NSS Acadme Boxi (extracted 19/08/2019)

Table 1: Number of Repeat Day Case Admissions in 2016/17 by Procedures and by NHS Board of Treatment

Procedure	NHS Grampian	NHS GG&C	NHS Lothian	NHS Tayside
Delivery Of Chemotherapy For Neoplasm	4,497	21,600	13,916	52
Continuous Infusion Of Therapeutic Substance	2,193	9,092	2,877	588
Other Blood Transfusion	637	3,135	1,781	52
Diagnostic Endoscopic Examination Of Bladder	890	2,639	89	23
Subcutaneous Injection	760	888	1,026	11

Source: NSS Acadme Boxi (extracted 21/08/2019)

Local Intelligence Support Team (LIST), ISD Scotland

Table 2: Number of Return Outpatient Appointments in 2016/17 by Procedures and by NHS Board of Treatment

Procedure	NHS Grampian	NHS GG&C	NHS Lothian	NHS Tayside
Delivery Of Chemotherapy For Neoplasm	0	2,965	0	6,026
Continuous Infusion Of Therapeutic Substance	0	220	0	2,225
Other Blood Transfusion	*	30	0	883
Diagnostic Endoscopic Examination Of Bladder	0	290	456	1,102
Subcutaneous Injection	8	663	8	440

Source: NSS Acadme Boxi (extracted 21/08/2019)

Note: * is used for values less than 5

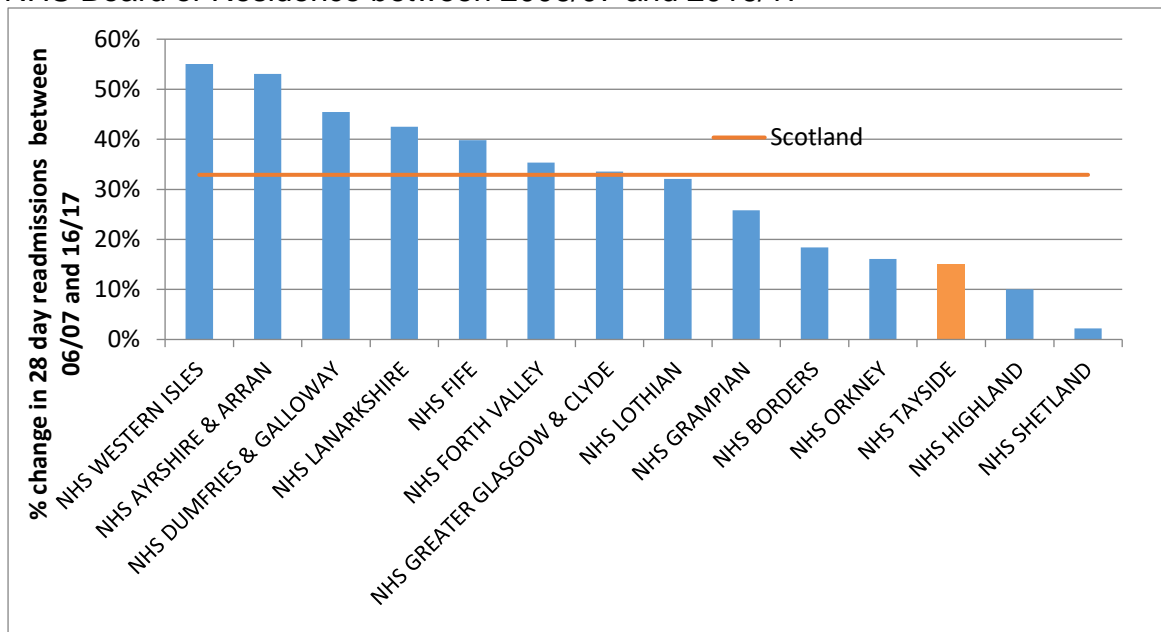
Table 3: Number of All Inpatient and Day Case Admissions and All Outpatient Appointments in NHS Tayside Board of Treatment in 2006/07 and 2016/17

Activity Type	2006/07	2016/17	% Change
All Admissions	83,460	79,135	-5.2%
All Inpatient Admissions	59,908	62,738	4.7%
Elective Inpatient Admissions	16,665	14,166	-15.0%
Non Elective Inpatient Admissions	43,243	48,572	12.3%
Day Cases	23,552	16,397	-30.4%
True Waiting List	16,217	14,649	-9.7%
Planned Repeat Waiting List or Not On Waiting List	7,335	1,748	-76.2%
All Outpatient Appointments	273,133	595,443	118.0%
New Outpatient Appointments	130,856	155,378	18.7%
Return Outpatient Appointments	142,273	440,060	209.3%

Impact from Change in Coding to 28 Day Readmission Rates

Figure 10 shows that, between 2006/07 and 2016/17, NHS Tayside has seen one of the smallest percentage change increases in the number of 28 day readmissions across Scotland whilst Figure 11 shows that NHS Tayside is one of the few boards to actually see a decrease in overall admissions. Hypothetically, if the number of admissions in NHS Tayside increased similar to the percentage increase seen across Scotland, then with all other things equal, the 28 day readmission rates in 2016/17 for NHS Tayside would have been around the Scottish average (Figure 12).

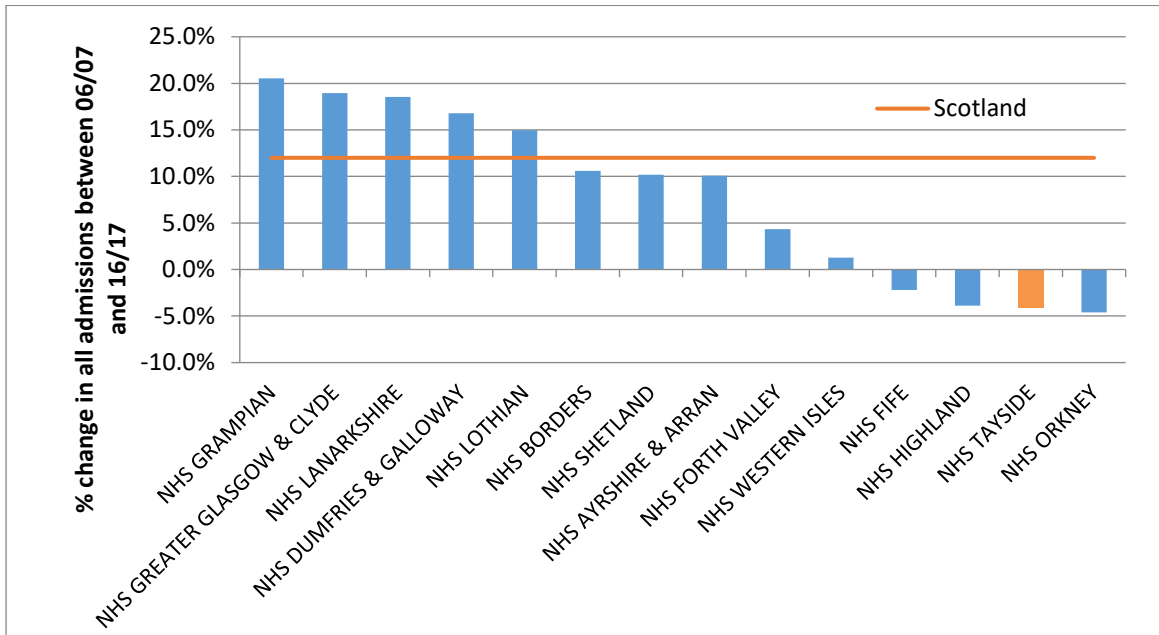
Figure 10: Percentage Change in the Number of 28 Day Readmission Numbers by NHS Board of Residence between 2006/07 and 2016/17



Source: Discovery SPSS Syntax for 28 Day Readmission Rates (ISD)

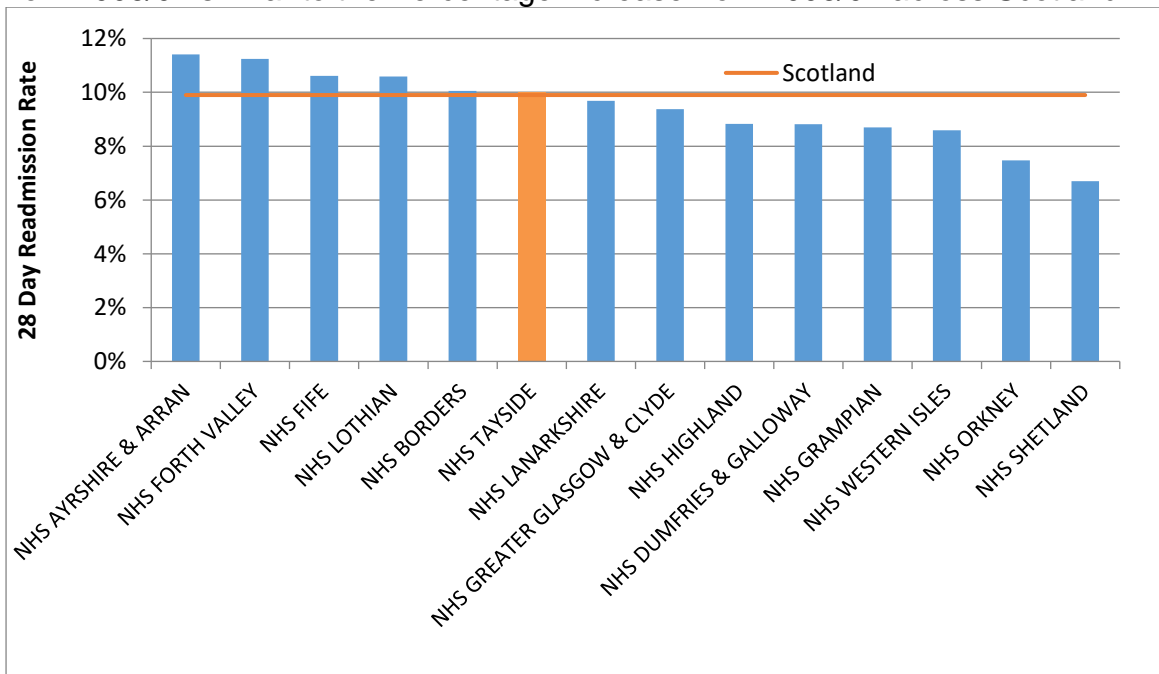
Local Intelligence Support Team (LIST), ISD Scotland

Figure 11: Percentage Change in the All Admission Numbers by NHS Board of Residence between 2006/07 and 2016/17



Source: Discovery SPSS Syntax for 28 Day Readmission Rates (ISD)

Figure 12: Hypothetical Scenario showing Rate of 28 Day Readmissions in 2016/17 by NHS Board of Residence if NHS Tayside had seen an Increase in All Admissions from 2006/07 similar to the Percentage Increase from 2006/07 across Scotland



Source: Discovery SPSS Syntax for 28 Day Readmission Rates (ISD)



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 22 SEPTEMBER 2020

REPORT ON: ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP

REPORT BY: CLINICAL DIRECTOR

REPORT NO: PAC30-2020

1.0 PURPOSE OF REPORT

- 1.1 This annual report is to provide assurance to the Clinical Quality Forum regarding matters of Clinical, Care and Professional Governance. In addition, the report provides information on the business of the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group (“the Group”, DHSCP CCPG Group), and to outline the ongoing planned developments to enhance the effectiveness of the group.

2.0 RECOMMENDATIONS

It is recommended that the Clinical Quality Forum:

- 2.1 Notes the content of this report.
- 2.2 Notes the work undertaken by the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group from April 2019–March 2020 to seek assurance regarding matters of Clinical, Care and Professional Governance.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

4.1 Objectives and Responsibilities

- 4.1.1 Review and enquiry about risks being managed across the Dundee Health & Social Care Partnership (DHSCP) and action progressed to mitigate risk.
- 4.1.2 Review and enquiry to demonstrate there are systems to embed clinical, care and professional governance at all levels from front line staff to the IJB and to drive a culture of continuous improvement.
- 4.1.3 Sharing and learning from best practice and innovative ways of working in relation to clinical, care and professional governance across DHSCP.

4.2 Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group

4.2.1 The Business considered by the DHSCP CCPG Group during 2019/20 has addressed the function and remit of the Group; profiling national policy and local application of policy and guidance that affects practice. Key themes considered are outlined below:

- Service Area Reports / Service Area Updates.
- The Risk Register.
- Outcome of Inspection Reports.
- Updates on Clinical Governance and Risk Management Local Adverse Event Reviews / Significant Case Adverse Event Reviews / Significant Case Reviews.
- Exception reports relevant to the Clinical, Care and Professional Governance Domains.
- Processes for the introduction of new clinical, care and professional policies and procedures.

4.2.2 Action notes of the meetings in the Group have been timeously submitted to the Dundee Executive Management Team and to the NHS Tayside Clinical Quality Forum for review and discussion.

4.2.3 The Group met on six occasions during the period 1 April 2019 to 31 March 2020 on the following dates:

- 10 April 2019
- 26 June 2019
- 28 August 2019
- 30 October 2019
- 4 December 2019
- 6 February 2020

4.2.4 During the financial year ending 31 March 2020 membership of the Group comprised:

Clinical Director (Chair)
 Head of Health and Community Care Services (Vice Chair)
 Associate Nurse Director
 Associate Medical Director
 Locality Manager (4)
 Lead Allied Health Professional (DHSCP)
 Lead Nurse (DHSCP)
 Lead Pharmacist (DHSCP)
 Clinical Governance Lead (DHSCP)
 Senior Officer – Business Planning and Information Governance (DHSCP)
 NHS Business Support Representative
 Third Sector representative

4.3 Schedule of Business Considered During the Period 1 April 2019 to 31 March 2020

4.3.1 10 April 2019

Clinical, Care and Professional Governance Exception Reporting

- Noted Mental Health Services Report and Presentation
- Noted Integrated Substance Misuse Service Report

Review of General Data Protection Regulations

- Action requested to ensure local compliance across HSCP

Internal Audit – Focus on Information Governance

TrakCare Update – Delayed Discharges

Review of Recruitment Processes

Noted report on mandatory training compliance

Review of number of DATIX submissions across HSCP

Review of HSCP Service Risks

- Agreed all service risks to be recorded through DATIX system
- Self assessment template to be completed by all teams

Noted current Large Scale Investigation within Dundee Care Home and support required from DHSCP

Infection Control Update

Legionella Testing

Paper presented in relation to Non Medical Prescribing in Nursing Homes

Inspection Reports

- Care Inspectorate Report for Menzieshill House presented.

SIGN 156: Children and Young People exposed prenatally to alcohol

- Guideline noted by the group

4.3.2 26 June 2019

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted Health Inequalities Service Report

Clinical Quality Forum Reporting

- Feedback from CQF on content and style of reporting for future reports

Recruitment Processes

- Agreement reached to support critical posts escalation through recruitment process

Infection Control Review

Integrated Substance Misuse Service Update

- Increased risk in service – already on risk register

CCPG Group Annual Report

- Report reviewed and content noted by Group.

Noted Drugs Commission Report due for publication

Annual Work Plan Noted by the Group

Review of HSCP Governance Structure discussed in relation to development of Primary Governance Groups reporting directly into the CCPG Group

Noted General Data Protection Regulation Report

- Noted improvement required for training

Review and Implementation of the Risk Management Self Assessment Template

- Noted that no responses received and further work required to progress
- Agreed further work required to align service and corporate risks within CCPG Group

Service Risk Report presented and noted in the Group

Complaint Report

- Noted that no report was provided for the Group
- Customer Care and Governance Officer has been appointed

No new Inspection Report during reporting period

Transcribing Medication

- Longstanding issue currently being explored with colleagues across Tayside
- Robust Guidance and Governance to be brought to the group for noting
- Guidance relates to District Nursing only

2C Practices

- Noted risks associated with 2C practices and actions to mitigate

4.3.3 28 August 2019

Clinical, Care and Professional Governance Exception Reporting

- Noted update service report for Integrated Substance Misuse Service
- Noted update service report for Mental Health services
- Noted update report from Legionella outbreak demonstrating improvement

Infection Control Update

- Feedback received from the Infection Prevention and Control Committee
- DHSCP concerns escalated through the Committee

Dundee Drug Commission Report

- The report was noted. It was recognised that a significant amount of work is required across services and regular updates will be sought via the Group.
- Staff wellbeing was noted as being key at this time

Getting it Right for Everyone (GIRFE) Framework Review

- Noted the work of the group

General Data Protection Regulation Report

- Report noted
- Chair requested broader, more comprehensive report to ensure capture of all potential GDPR breaches

Safe Staffing Bill

- Noted that guidance for the Safe Staffing Bill due to be published

Adverse Event Report

- Report noted. No queries raised.

Service Risk Report

- Report noted
- Identified further work required to enhance links between operational risks and higher level risks

Complaints Report

- Noted a new style of reporting that better reports on overdue complaints, which were significant across the Partnership
- Managers tasked with taking work forwards to address
- Care Inspectorate Complaint discussed regarding home care service
- Learning shared via SPSO report from Glasgow City Partnership

Inspection Reports

- Mackinnon Centre has been inspected – final report is awaited
- Mental Welfare Commission Visit to Kingsway Care Centre. Very positive feedback.
- Care Inspectorate Gradings – Registered Care Homes Report presented with continuous improvement activities across the year noted

4.3.4 30 October 2019

Clinical, Care and Professional Governance Exception Reporting

- No new service reports presented
- Noted update report from Integrated Substance Misuse Service
- Noted Update report from Mental Health Services
- Noted update report from Community Nursing Service

GIRFE Update

- Working Group reviewing framework – those present agreed to provide feedback to take into the group. Noted a workshop is planned for wider consultation.

Primary Governance Group Development

- Terms of Reference presented, feedback requested from group

Duty of Candour Report

- The submitted report was noted and it was agreed further work was required to ensure a fully integrated report across the full remit of the Partnership.

Mandatory Training

- Noted some teams were finding maintenance of mandatory training a challenge. Group agreed for this to be monitored through the Forum, with exceptions reported back to the group as required.

Adverse Events, Duty of Candour and LAERs Report

- Report noted and work highlighted to manage number of overdue red events
- Learning shared with the group from adverse events

Service Risks Report

- Report noted. No questions raised.
- Work continues to progress risk management on a single platform

Complaints Report

- Noted increase in complaints received.
- Noted further work required to manage complaints within required timeframe.
- Noted SPSO report within complaints report.

Inspection Report – Mackinnon Centre

- Report noted. Clarification about levels of supervision sought.

Primary Governance Groups Exception Report

- Noted exceptions from each service

Noted NHS Tayside Infection Prevention and Control Committee Minute

4.3.5 4 December 2019

Clinical, Care and Professional Governance Exception Reporting

- Noted report from Integrated substance misuse service
- Noted report from Menzieshill House Care Home

Hosting Arrangements

- Requirement for comprehensive reporting for Hosted services noted across three HSCP areas

Standards on Healthcare Associated Infections on Antibiotic Use

- Presented to the group
- Agreed further clarification with infection control required

Risk Register Review

- Number of risks agreed to be archived

iMatter Report

- Report reviewed across HSCP. Actions noted for managers.

Presentation of Impact of Oral Nutritional Support Redesign, NHS Tayside

- Hugely positive outcomes noted by the group
- Discussion within Group regarding enhanced methods to support this domain
- Senior Officer, Health Improvement Commissioning to be invited to future meeting to support further discussion

4.3.6 6 February 2020

Clinical, Care and Professional Governance Exception Reporting

- Health and Work Support Presentation noted
- Reviewed reporting schedule to ensure all Primary Governance Groups report exceptions at each CCPG Group
- High Risk Concern Services to provide comprehensive update report:
 - Integrated Substance Misuse Service
 - Mental Health Services
 - Psychology Service
- Emerging issues:
 - 24 Hour cover at RVH
 - RVH Environment
 - Delay of Reshaping Non-Acute Care

GIRFE Workshop Feedback

- Noted output from this excellent session with particular reference to Chief Auditor T Gaskin's very positive contribution
- Ongoing support for Framework review agreed

Perth & Kinross HSCP Inspection Report

- Group noted this report and ensured system-wide learning and developments pertinent to the DHSCP

General Data Protection Regulation Report

- No report provided due to long term sickness absence

Safe Staffing Bill

- Presentation provided

Red Datix Events and Local Adverse Event Review Report

- Noted changes to Datix reporting nationally
- Managers requested to focus on overdue events

Service Risk Report

- Report noted and discussed
- Concerns raised in relation to recording of mitigation of risks, managers to address

Large Scale Investigation Report

- Report noted following closure of Home with learning shared with colleagues

Listening Service Annual Report

- Group noted good example of integrated working and reporting

Care Home Inspection Reports

- Group noted new framework implemented over past year
- Group noted very positive outcomes for Dundee Care Homes

Infection Control Report

- Report and action plan for next 12 months noted

4.4 Assurance Statement

4.4.1 As Chair of the Dundee HSCP Clinical, Care and Professional Governance Group during the financial year 2019-2020, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings has supported the fulfilment of the Group's objectives and responsibilities.

4.4.2 I would like to offer my thanks to the commitment and dedication of fellow members of the Group. Significant work goes into the preparation of the written reports and I am grateful to all those who have attended and contributed to each of the meetings.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	The risk of not providing sufficient assurance through governance assurance routes will reduce confidence in the ability of the HSCP to deliver safe, quality care.
Risk Category	Governance
Inherent Risk Level	Likelihood (2) x Impact (4) = Risk Scoring (8)
Mitigating Actions (including timescales and resources)	Systems in place for all operational teams to provide exception reports to the clinical, care and professional governance group. 'Getting It Right' Group established to support development of reporting framework for HSCP.
Residual Risk Level	Likelihood (2) x Impact (4) = Risk Scoring (8)
Planned Risk Level	Likelihood (1) x Impact (3) = Risk Scoring (3)
Approval recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

7.0 CONSULTATIONS

7.1 The Chief Officer, Chief Finance Officer, Clerk and the Lead Nurse were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

David Shaw
Clinical Director

DATE: 11.09.2020

Diane McCulloch
Chief Social Work Officer/Head of Health and Community Care

Matthew Kendall
Lead AHP



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 22 SEPTEMBER 2020

REPORT ON: CLINICAL, CARE AND PROFESSIONAL GOVERNANCE (CCPG) – PERIOD MARCH 2020 – JULY 2020

REPORT BY: CLINICAL DIRECTOR

REPORT NO: PAC31-2020

1.0 PURPOSE OF REPORT

1.1 To provide an update to the Performance & Audit Committee on the business of the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group. This report is presented as an SBAR (Situation, Background, Assessment and Recommendations).

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Note the exception report for the Dundee HSCP Clinical, Care and Professional Governance as detailed in sections.
- 2.2 Note the Annual Report as attached at Appendix 1.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4 REPORT SUMMARY

4.1 Situation

4.1.1 This report is to provide an update to the NHS Tayside Clinical Quality Forum (CQF) on the business of the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group. Clinical, Care and Professional Governance (CCPG) is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation, built upon partnership and collaboration within teams and between health and social care professionals and managers.

4.1.2 The Framework for CCPG within integrated services in Tayside is set out in the agreed framework – Getting It Right for Everyone: A Clinical, Care and Professional Governance Framework. CCPG relies on all of these elements being brought together through robust reporting and escalation processes using a risk management approach to ensure person-centred, safe and effective patient care.

4.2 Background

4.2.1 In Dundee Health and Social Care Partnership (DHSCP) key elements of CCPG are monitored through the following forums:

- CCPG Leadership Huddle ('the Huddle') which meets on a weekly basis
- CCPG Forum (CCPGF) which meets on a two monthly basis
- CCPG Group (CCPGG) which meets on a two monthly basis
- Primary CCPG Groups sit at a service level and meet regularly in accordance with service need

These groups provide the forums to monitor, review, discuss and disseminate CCPG issues, identify any risks and mitigate/escalate these as required.

4.2.2 It should be noted that throughout the COVID-19 pandemic all governance forums have reduced activity and frequency of meetings. A series of Partnership-wide forums established to provide leadership and management throughout this period have captured key risks and challenges and ensured ongoing management and support as required. One of each of the CCPG Group and Forum were cancelled during this period. Normal frequency for these groups has now been re-established.

4.2.3 The CCPGF and CCPGG review all action plans in relation to the implementation of the CCPG framework, and implement the subsequent dissemination of learning that arises from all Local Adverse Event Reports (LAERs), Significant Adverse Events Reports (SAERs), Significant Case Reviews (SCRs), Case Reviews, Scottish Public Sector Ombudsman (SPSO) reports and review all risks recorded on the DHSCP Datix risk register on a two monthly basis. In addition, the Forum and Group review all action plans and implement the dissemination of learning that arises from all inspection reports and standards, guidelines and relevant legislation.

4.2.4 The Huddle reviews all adverse events reported on Datix and ensures that themes and learning are identified and discussed at the CCPGF and CCPGG.

4.2.5 The following table sets out the reporting arrangements for the DHSCP:

	CCPGF	CCPGG	CQF
Scorecard	Full	Exceptions (from scorecard)	Persistent Exception (Three Reports) Exceptions affecting multiple teams Level of Risk (High)
Datix Themes / Action Taken	All Service Reported and themed	Exceptions (Individual/Themes)	Persistent Exception (Three Reports) Exceptions Affecting Multiple Teams Level of Risk (High)
Red Events	All for service	All	Overview – themes/numbers
LAER/SAER/SCR	All reported and learning shared	High Level Summary	Exceptions Organisational Learning Organisational Risk
Complaints (and SPSO)	All – learning shared	Quality Report highlighting numbers/service areas/themes	SPSO Numbers Organisational Learning
Risks	All for service	High Level Report with assurance statement. Persistent long term risks Transient risks	Overview Report Persistent Exception (Three Reports) Exceptions affecting multiple teams Level of Risk (High)
Inspection Reports	Action Plan Produced per team (where applicable)	Action Plan Produced per team (where applicable)	Overview Statement

Standards/ Legislation/ Guidelines	New Standards Reported	Agenda items prioritised when required	Organisational Impact
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4.2.6 The DHSCP Clinical Director is required to provide information to both Performance and Audit Committee and the CQF in order that both organisations can achieve assurance as to the matters of CCPG within the Partnership. This report covers the period up to July 2020.

4.3 Assessment

4.3.1 DHSCP continues to review the processes for clinical, care and professional governance in order to ensure processes and scrutiny are of a level which can provide the required assurance. A number of elements of governance are working well across the Partnership with the development of the Primary Governance Groups becoming established and feeding in enhanced quality of assurance to the CCPG Group.

4.3.2 The CCPG Forum has changed its format and is now a forum specifically for sharing of good practice and learning in relation to challenges and provides support and development to managers and lead governance staff across the Partnership. The August forum reviewed exception reports from services and had focussed discussion on a number of operational challenges. The group then held an interaction session on the Qlikview system via MS Teams.

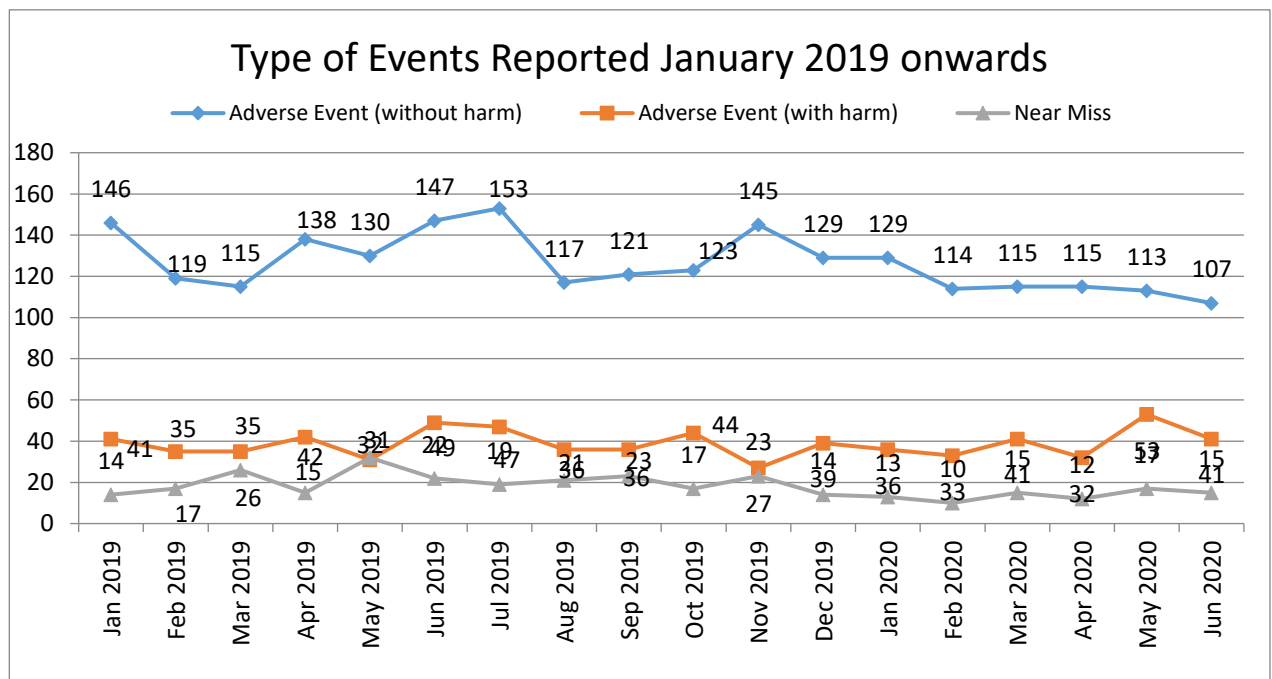
4.3.3 To support social distancing, the CCPG Group now meets via Microsoft Teams. These have been very positive meetings and the format continues to work well for participants.

4.4 Adverse Events Report

4.4.1 The following tables present adverse event data for DHSCP from the Datix system. It is recognised that Datix is predominately used by Health staff within the DHSCP and therefore the numbers may not reflect all the adverse events that have occurred. Work is underway to develop the use of Datix across all Partnership staff.

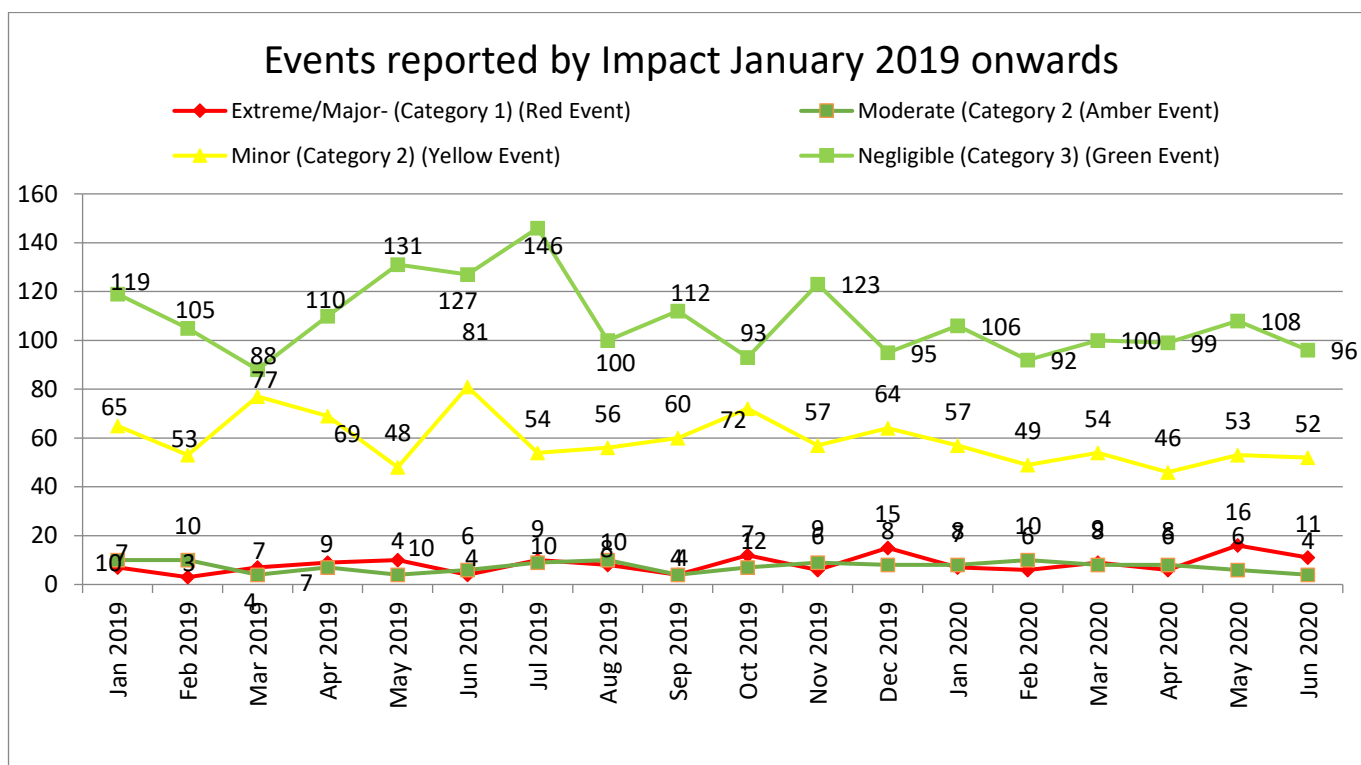
The following graph shows the types of adverse events reported through Datix from 1.1.2019 to 30.6.2020.

Graph 1



The following graph shows the adverse events reported by impact from 1.1.2019 to 30.6.2020.

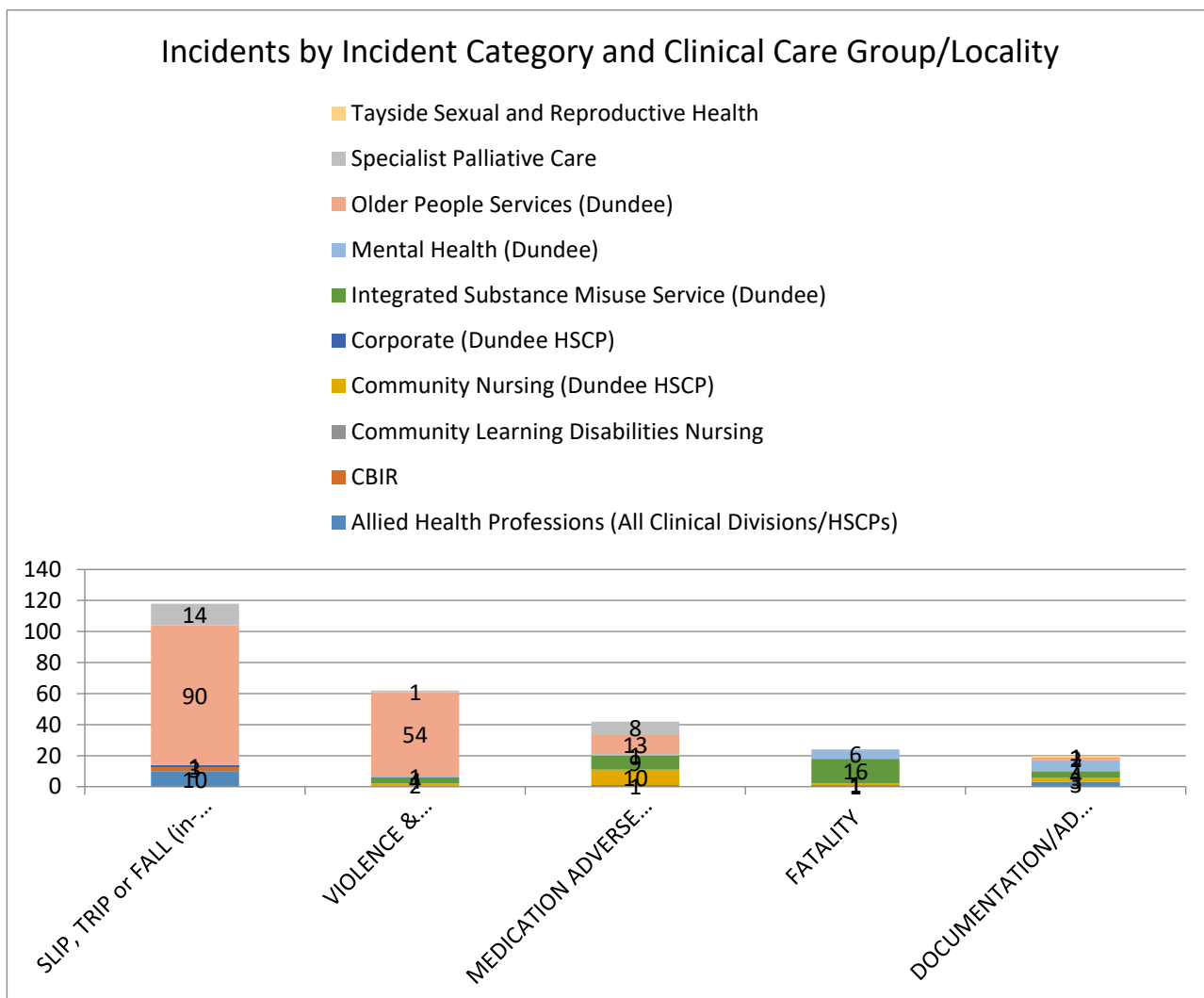
Graph 2



These graphs show a reduction in adverse events without harm over the past five months. They also show a slight increase in adverse events with harm over the same period, especially the last two months. This is explored further in the graphs below.

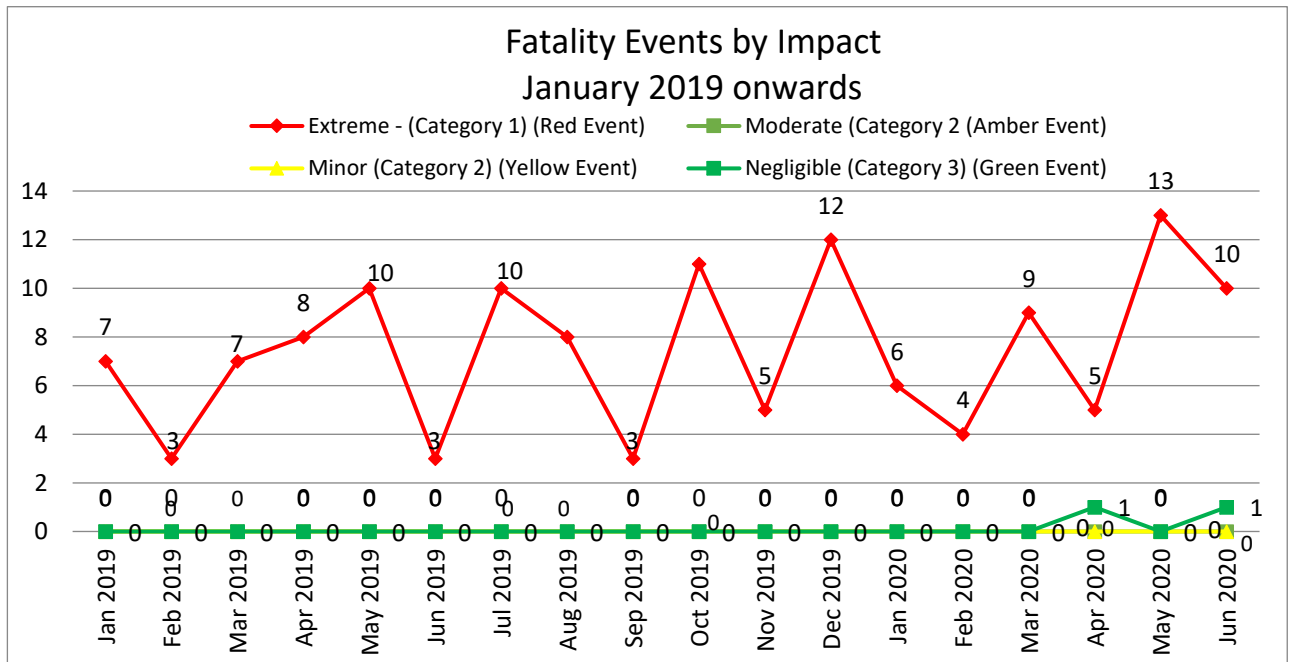
4.4.2 The following graph shows the top five categories reported between 1.5.2020 and 30.6.2020 by service. The top five categories are Slip, Trip or Fall (inpatients only) (117 incidents); Violence and Aggression (62 incidents); Medication Adverse events (42 incidents); Fatality (24 incidents); and Documentation/Administration (20 incidents).

Graph 3



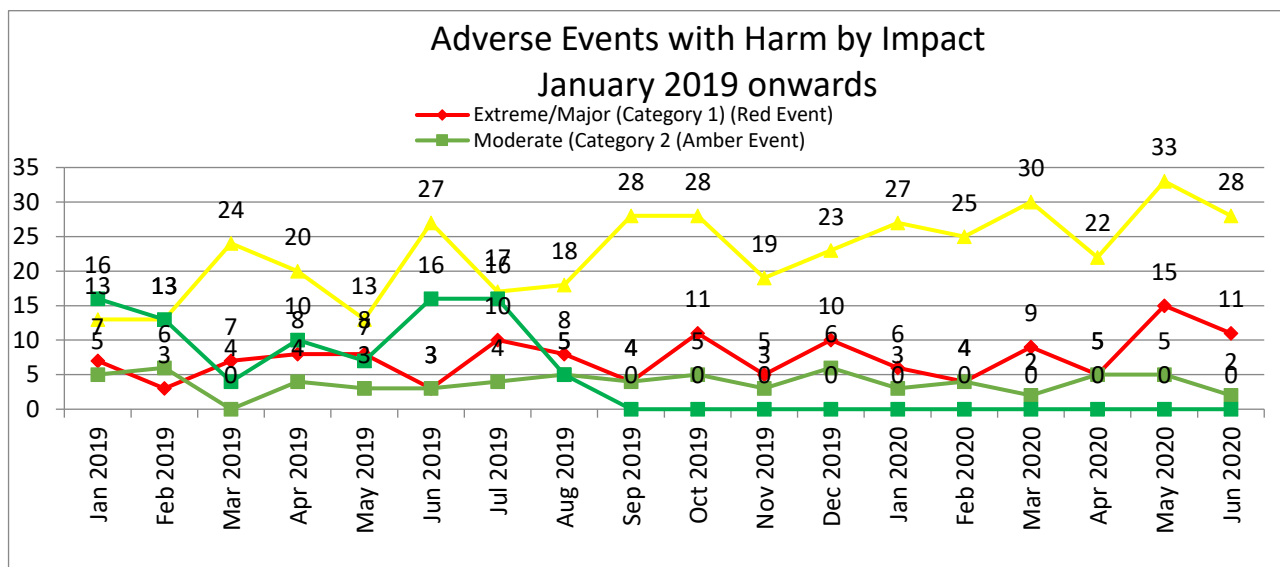
- 4.4.3 A review of the fatalities has been conducted across the Integrated Substance Misuse service to identify why there was an increase in fatalities and to explore if COVID-19 may have been a contributory factor. The review concluded that the patterns and reasons for these incidents correlated with previous months and determined that it does not appear as though COVID-19 has had a direct impact. This will continue to be closely monitored.
- 4.4.4 Slips, trips and falls continue to be the highest reported incident. Within this, Kingsway Care Centre had noticed an increase in slips, trips and falls and have undertaken a review of incidents, risk assessments and management of falls within the Centre.

Graph 4



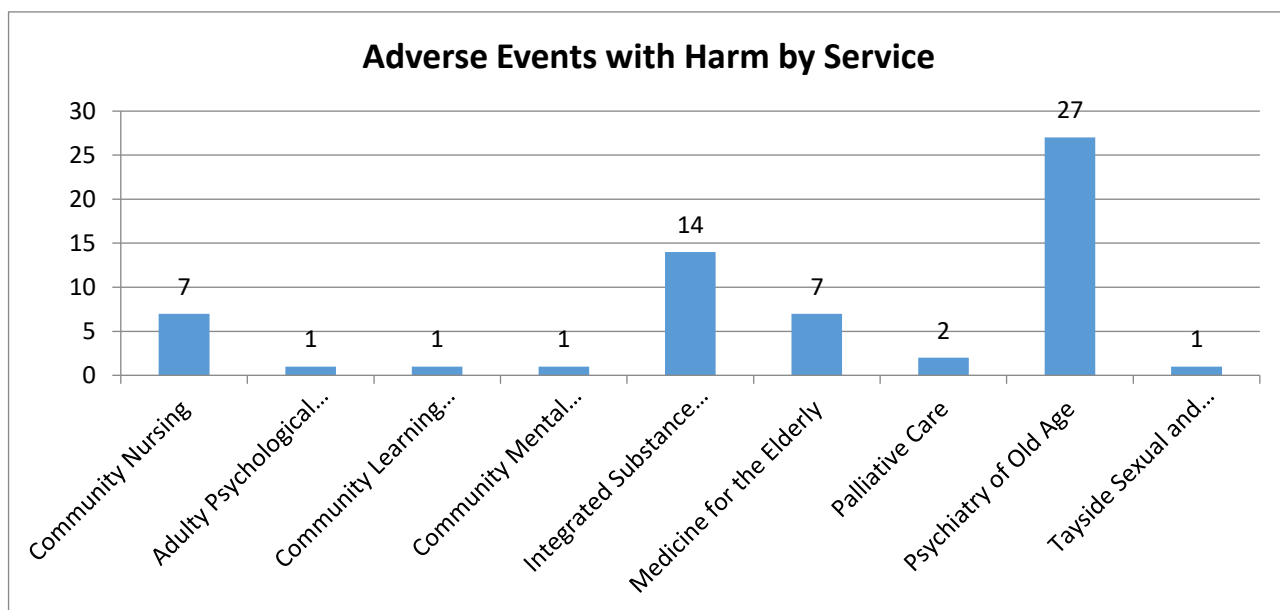
- 4.4.5 There were 24 fatalities reported within the time period. 16 of the fatalities were reported by the Integrated Substance Misuse Service; 5 by Community Mental Health Services; 1 by Community Learning Disability Services; 1 by the Eating Disorder Service; and 1 by Community Nursing. 13 of the fatalities were reported as suspected drugs-related deaths; 8 as unexpected/trauma-related death; 1 as suicide (confirmed) and 2 as expected deaths. There have been no reports of never events, 2222 calls or unintentional weight loss during this reporting period.
- 4.4.6 There has been one adverse event reported that has been identified as triggering the Statutory Duty of Candour within the time period. Following review of this incident with support from the clinical governance team it has been determined that this incident did not trigger the statutory duty of candour. Therefore, there have been no incidents triggering the statutory duty of candour in this reporting period. There were 94 adverse events with harm reported within the time period.
- 4.4.7 34 of the adverse events with harm were reported under the 'slip, trip or fall' category. The next most frequent categories reported were fatality (22 events); accident (10 events); violence and aggression (7 events); and medication adverse event (5).

Graph 5



The following chart shows the distribution of adverse events with harm by service.

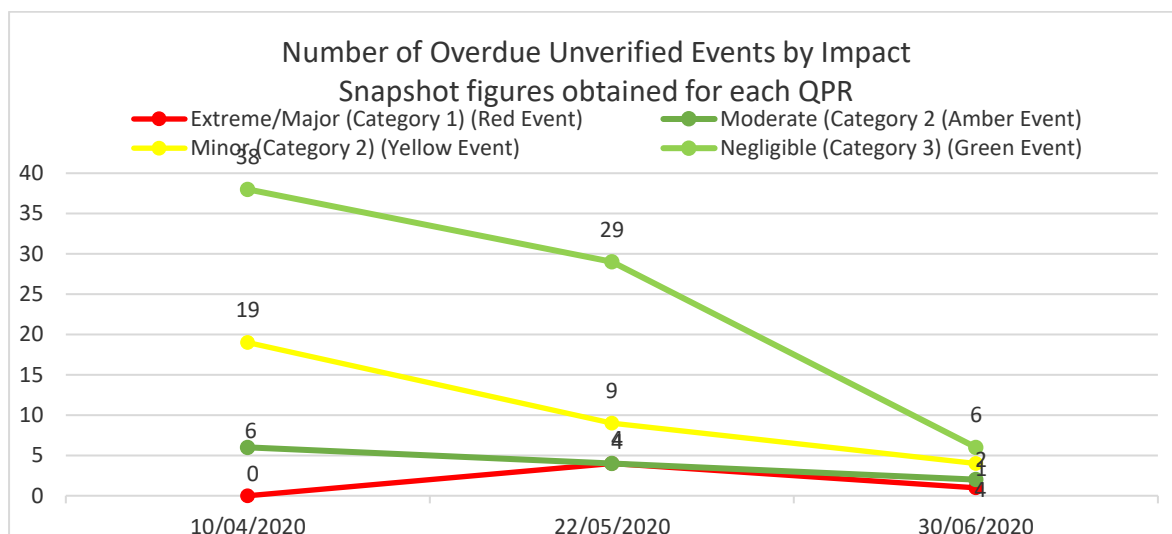
Graph 6



4.5 Overdue Unverified Events

4.5.1 These are the overdue adverse events that have not been verified within 72 hours of reporting, as outlined in the Adverse Event Management Policy. The number of overdue unverified records at the time of extracting the data on 25.5.2020 was 13. This is a reduction from the last reporting period, when there 46 overdue unverified events.

Graph 7



The table below summarises the number of overdue unverified adverse events by service and year.

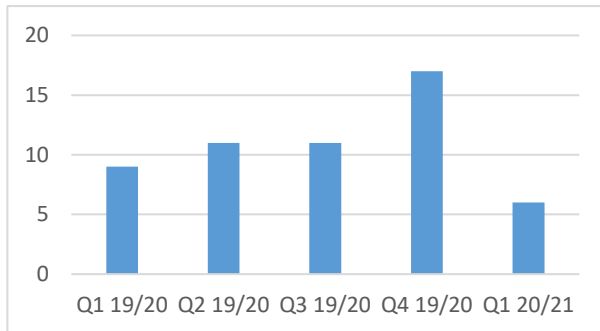
Service	Overdue from 2019	Overdue from 2020	TOTAL
Community Mental Health Services	-	2	2
Integrated Substance Misuse Service	2	5	7
Medicine for the Elderly	-	2	2
Palliative Care	-	1	1
Psychiatry of Old Age	-	1	1
TOTAL	2	11	13

4.6 Overdue Verified Events

- 4.6.1 These are adverse events that have been verified but not completed within the timescales outlined in both the “National Framework for Learning from Adverse Events Through Reporting and Review” and the local Adverse Event Management Policy. The number of overdue verified events at the time of extracting the data on 25.5.2020 was 187. This is a decrease from the last report, when there were 210 overdue verified events. Additional resource has been secured within the Mental Health Service to support management of overdue adverse events.

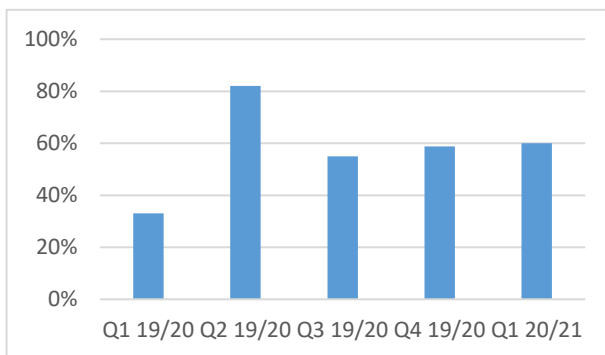
4.7 Complaints

SC Number of Complaints Received



Quarter 1 20/21 has seen a large drop in the volume of social care complaints received which could be down to the fact that for much of this quarter the country as a whole was in lockdown.

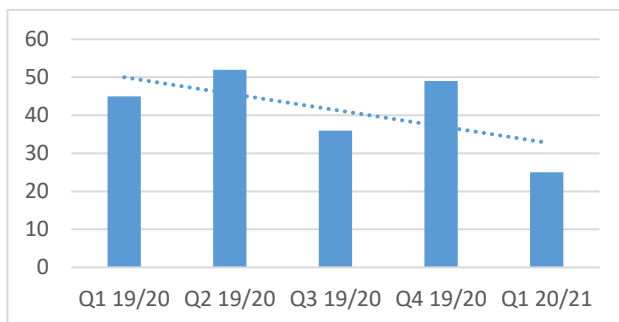
SC Closed Within Timescales



This has remained steady for the last three quarters with getting complaints resolved within the timescales.

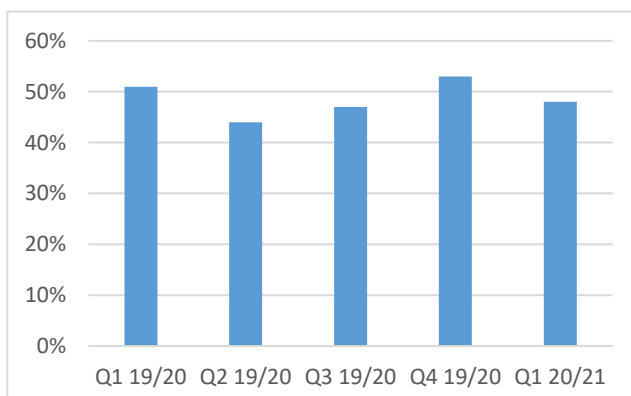
Within Q1 the two complaints that breached; one was closed after 40 days as an enquiry rather than a complaint. The second one was a complex complaint that was completed 11 days outside the target.

Health Complaints Received



There were 25 health complaints logged in quarter 1 with 20 being frontline resolution stage 1 and five progressing to a stage 2 investigation.

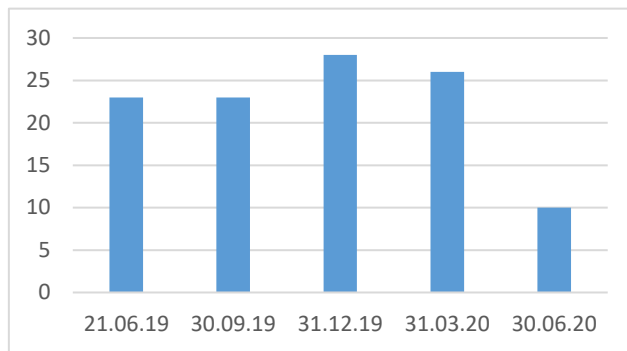
Health Complaints Closed Within Timescales



The number of complaints being closed within timescale has decreased slightly in Q1.

A new staff member has now been recruited to the complaints team so this should see an improvement in these figures for Q2.

Health Complaints Open



The volume of open complaints has decreased, however there have been some complaints which have been open for a significant period.

There are a variety of open complaints with no key themes standing out as a particular problem area. There are a small number of complaints regarding the lack of psychiatrists and this is a known issue currently being reviewed.

4.8 Quality/ Patient Care

- 4.8.1 Mobilisation plans are currently being drawn up to ensure a seamless, safe return to services once they are able to begin to operate again. A number of advice lines and mobile applications are being / have been developed to support service delivery and safety of staff and public.
- 4.8.2. Rehabilitation is critical to ensuring our population's recovery from the impacts of the pandemic and for the long-term sustainability of the health and social care system. Allied Health Professionals (AHPs) are at the centre of shaping the rehabilitation agenda while working as part of the wider multidisciplinary and multiagency teams across all sectors. This collective approach is necessary as we anticipate an increase in the need for rehabilitation across four main population groups:
1. People recovering from COVID-19, both those who remained in the community and those who have been discharged following extended critical care / hospital stays
 2. People whose health and function are now at risk due to pauses in planned care
 3. People who avoided accessing health services during the pandemic and are now at greater risk of ill-health because of delayed diagnosis and treatment
 4. People dealing with the physical and mental health effects of lockdown

It is essential that the requirement for rehabilitation is built into future plans alongside the reintroduction of planned care to ensure all the work undertaken throughout the acute phase of COVID-19 is not lost.

4.8.3 Inspection Reports

Health Improvement Scotland visited all four wards in Royal Victoria Hospital late July 2020. The team had a combined focus of Safety and Cleanliness and Care of Older People in hospital. The verbal feedback was positive for the most part, stating that all patients were treated with dignity and respect, all patients appeared well cared for and all interactions seen were positive. Challenges were noted in relation to assessment and documentation. When talking to staff they reported feeling well supported throughout the pandemic, talking about visible leadership and whilst the information was frequently changing they felt that they were kept up to date and that people were doing the best they could in the situation. The full written report will be available in September 2020.

4.9 Workforce

4.9.1 Staff Wellbeing - Staff Musculoskeletal (MSK) Service

AHPs across Tayside have reinstated the staff MSK service for any member of staff suffering with MSK complaints as a result of a change in their work environment or work practices during COVID-19. Physiotherapists, occupational therapists and podiatrists continue to support this service. Staff Review COVID-19 – “A Qualitative Exploration of Physiotherapists and Occupational Therapists’ Perceptions of Redeployment during the 2020 COVID-19 Pandemic within Ninewells Hospital and Royal Victoria Hospital”. This work was undertaken by a senior staff member (recently retired and then employed to support COVID-19) to explore staff perceptions relating to redeployment. The learning and recommendations from this report have been shared with staff across the Partnership.

4.9.2 Community Nursing Service

Dundee District Nursing Service continues to face significant challenges in the growth of demand for nursing assessment, care planning and care delivery. Key challenges include shift in care provision from hospital to home, people living longer, people presenting with multiple complex conditions and frailty resulting in the demand for district nursing services increasing at a significant pace.

4.9.3 Data validated in May 2019 using the National Nursing and Midwifery Workload Workforce Planning tool indicated that an increase of 24 WTE Band 5 Registered (staff) nurses was required in addition to the current established District Nursing workforce to meet demand. Measures were agreed with DHSCP Senior Management team to address these workload issues in November 2019. The recruitment to an additional 5.0 WTE band 5 Staff nurse posts within the Service was completed in May 2020. It is also anticipated that changes in service delivery will produce efficiencies and release capacity. It is difficult to evaluate the effectiveness of these measures at this time due to the additional pressures put on the service during the current pandemic.

4.9.4 District Nursing is also tasked with the implementation of major changes in service delivery in response to the NHS Scotland “Transforming Nursing, Midwifery and Health Professions’ Roles: Paper 3 – The district nursing role in integrated community nursing teams” which describes the refocused role of the district nurse. It is anticipated that investment will be required to progress this, and a Tayside paper is to be submitted to the three HSCP as well as NHST Nurse Directorate requesting support for this. The District Nurse Management Team continue to monitor service staffing and time out and implement measures to support safe staffing using the agreed DHSCP District Nursing Service Escalation Plan.

4.10 Financial

4.10.1 DHSCP continues to monitor additional expenditure as a result of COVID-19.

4.11 Risk Assessment/Management

4.11.1 Post COVID-19 Infrastructure

Services are now beginning to focus towards business as usual models of care balanced alongside COVID-19-based services. A number of risks and challenges have been highlighted around this including:

- Accommodation

A number of factors are contributing towards limited availability of space for staff to work in and deliver services. These include the closure of a number of buildings, new services being established that have displaced existing services (i.e. community assessment hub and the COVID-19 testing team) and new guidance around social distancing. Factors being considered to address this across DHSCP include flexible working, working from home, seven day working, remote working and screening work stations. A number of staff who previously worked in the community are now largely office-based, so the already high demand for desk space has significantly increased. The offices at Claverhouse are due to reopen in the near future and this will help to alleviate some of the current pressures.

- Remote Access

The development of remote access between patient and staff must be viewed as a positive step forwards post COVID-19. It is essential that existing infrastructure is built upon to ensure this remains a viable option long term for service delivery. Access to appropriate hardware, including laptops, desktops, webcams, headsets and appropriate software/systems access to support the range of contacts required to best provide patient care, is essential. Where needed, a variety of modes of interaction will be utilised to support activities such as education sessions, gym classes and multi-disciplinary meetings. It is essential that NHS Tayside is able to provide the required speed of access to allow videoconferencing for both staff meetings and patient interactions, across seven days.

4.11.2 Flu Immunisation

There will be a broader cohort requiring flu immunisation this year and the DHSCP have commenced planning to ensure the wider availability of staff to support the provision of immunisation to both staff and patients.

4.11.3 DHSCP Infection Control Group

The Lead Nurse is progressing the setting up of this Group which will provide assurance on infection prevention and control. This group will report into the DHSCP Clinical, Care and Professional Group and the NHS Tayside Infection Prevention and Control Committee. The first meeting is due to be held on 9 September 2020. Structure of the oversight required and the terms of reference have been developed. It is a Partnership group and will include all aspects of the Partnership services.

4.11.4 Care Homes

The enhanced oversight for care homes continues with a daily review of status, staff asymptomatic testing and surveillance testing. There are currently no homes in Dundee with an outbreak of COVID-19. There is one home at Amber status; however, this is not for a COVID-19-related reason. All care home visiting plans have been signed off by Public Health.

4.11.5 Risk Register

There are 31 risks recorded on Datix. 29 of these risks currently have outstanding actions against them. 6 have an inactive manager or owner, where the individuals named have left the organisation. 16 of them have no planned controls documented. 13 have outstanding actions past their due date and 15 have overdue risk reviews. All managers have been tasked with a comprehensive review of the risks to ensure these are updated prior to the next CCPCG Group meeting.

4.11.6 Royal Victoria Hospital (RVH) and Kingsway Care Centre Environments

Neither RVH nor Kingsway Care Centre environments are fit for purpose. RVH in particular presents challenges and, whilst efforts have been made to mitigate risk, this impacts on the health and safety of staff, infection control and patient care. It would take significant investment to make the building fit for purpose and a decision has been taken to develop a replacement. The Reshaping Non Acute Care Programme which is looking at a replacement has not been able to make progress during the COVID-19 period. A project team now needs to be identified to develop an Initial Agreement. It is unlikely that this can be resourced from existing staff and other options need to be explored.

4.11.7 Maryfield Health Centre

The lease of Maryfield Health Centre is currently held by the partners of the former GMS practice. NHS Tayside now manages the practice under a 2C arrangement and has a licence to occupy that will shortly expire. A short life working group led by Bill Nicoll and working with representatives of the HSCP, Property and Primary Care Departments developed an options appraisal for the premises and those services that use them, which had a recommended preferred option that NHS Tayside assume the lease and continue the practice as a 2C practice, with the potential to review if the practice could become independent again in the future. NHS Tayside Board accepted this preferred option and processes are in place to ensure this can be legally agreed by the end of the lease extension period.

4.11.8 Mental Health Psychiatry Services

Ensuring the provision of safe, effective and person-centred Psychiatry resources across Community Mental Health services in Dundee continues to be a significant challenge. At present there are four locum Consultants working full time across Dundee. Their activity covers two CMHTs, the Assertive Rehabilitation Team, Recovery@Dundonald and our recently introduced Mental Health Discharge Hub. There remains no dedicated Psychiatry cover for the Tayside Adult Autism Consultancy team - this has been the position for approximately a year. The introduction of Saturday clinics earlier this year has served to mitigate the risk related to longstanding shortages in Psychiatry cover and the effects of this i.e. a large number of people who have been waiting for some time to be seen by the service. Other measures introduced to deliver more timely access and the quality provision of mental health services include the establishment of more stable locum Consultant cover across the Service, maximisation of opportunities for other professional disciplines to undertake assessments and the establishment of nurse-specific clinics. It is envisaged that additional measures such as the Saturday clinics will require to be in place for some time if safe and effective services are to be delivered, this at the same time as new pathways / models of support are introduced.

4.11.9 Equality and Diversity including Health Inequalities

The full impact of COVID-19 on health inequalities is yet to be determined. Health inequalities are known to be a challenge across Dundee and the following areas will need further consideration and action over the coming weeks to mitigate the possibility of growing inequalities in the coming months:

- Potential increase in presentation of mental health issues associated with COVID-19 recovery, impact of social isolation, bereavement, loss of employment and increased poverty
- Potential increase in those misusing substances

- Potential increase in Protecting People concerns
- Potential increase in domestic violence
- Impact on physical health including the effect of increased poverty

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	The risk of not providing sufficient assurance through governance assurance routes will reduce confidence in the ability of the HSCP to deliver safe, quality care.
Risk Category	Governance
Inherent Risk Level	Likelihood (2) x Impact (4) = Risk Scoring (8)
Mitigating Actions (including timescales and resources)	Systems in place for all operational teams to provide exception reports to the clinical, care and professional governance group. 'Getting It Right' Group established to support development of reporting framework for HSCP.
Residual Risk Level	Likelihood (2) x Impact (4) = Risk Scoring (8)
Planned Risk Level	Likelihood (1) x Impact (3) = Risk Scoring (3)
Approval recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

7.0 CONSULTATIONS

7.1 The Chief Officer, Chief Finance Officer and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None

David Shaw
Clinical Director

DATE: 11.09.2020

Diane McCulloch
Chief Social Work Officer/Head of Health and Community Care

Matthew Kendall
Lead AHP



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 22 SEPTEMBER 2020

REPORT ON: GOVERNANCE ACTION PLAN PROGRESS REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC27-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Performance and Audit Committee with an update on the progress of the actions set out in the Governance Action Plan.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

2.1 Notes the progress made in relation to the actions set out in the Governance Action Plan as outlined in Appendix 1.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Governance Action Plan was presented and approved at the PAC meeting of the 25th March 2019 (Article VIII of the minute of the meeting refers) in response to a recommendation within Dundee Integration Joint Board's Annual Internal Audit Report 2017/18. This action plan enables the PAC to regularly monitor progress in implementing actions and understand the consequences of any non-achievement or slippage in strengthening its overall governance arrangements. The PAC remitted the Chief Finance Officer to present an update progress report to each PAC meeting. This action plan has also been added to in order to reflect a range of actions arising from the recent Annual Governance Statement which formed part of the Annual Accounts for Dundee Integration Joint Board. The progress of the actions is noted in Appendix 1.

4.2 Members of the PAC will note a delay in progressing a range of actions as set out in the report. This has been due to challenges in meeting a range of priorities with limited resources available to progress within the Health and Social Care Partnership, and compounded by limited working arrangements and competing priorities in response to Covid-19. Progress is being made in strengthening the support structure and realign priorities to ensure these actions are completed over the course of this financial year. The Chief Internal Auditor has recommended within their Annual Internal Audit Report that this delay is escalated from the Performance and Audit Committee to the Integration Joint Board through a report outlining the reasons for the delays and actions required to make progress with these. This will be actioned accordingly with a report due to be presented to the October IJB meeting. Subject to this recommendation, the Chief Internal Auditors assessment of these frameworks concludes that reliance can be placed on the IJB's governance arrangements and systems of internal controls for 2019/20.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it relates to the development of an action plan in line with the findings of the Annual Internal Audit Report.

7.0 CONSULTATIONS

7.1 The Chief Officer, Chief Internal Auditor and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

DATE: 2 September 2020

Performance and Audit Committee Report	Audit Recommendation	Agreed Action	Original Action By / Date	Red: Not Started Amber: In Progress Green : Complete	Remedial Action/Comments	Revised Target Completion Date
Dundee Integration Joint Board Clinical, Care and Professional Governance Internal Audit Review (PAC9-2018) 13 th February 2018	A particular focus should be given to the level and nature of data to be provided at each level. This should include consideration of the fact that groups may need related information to provide context and allow triangulation.	Produce (review) Terms of Reference to define the governance arrangements including clear reporting between each group.	Lead Allied Health Professional / Head of Service, Health and Community Care 31 March 2018	GREEN		N/A
	Work should be undertaken on establishing a consistent assurance appetite to ensure that the level of assurance received is consistent across all clinical and care governance domains across all services commensurate with the level of risk each represents (e.g. an understanding of falls might be equally appropriate in both hospital and community care settings).	Review work of R2 and Forum reporting arrangements and risk management against governance principles (Appendix A) and amend and adopt new approaches as required.	Lead Allied Health Professional / Head of Service, Health and Community Care	GREEN	Review work completed – considered and reflected within review of terms of reference.	

Transformation and Service Redesign Internal Audit Report (PAC9-2019) 12 th February 2019	Range of recommendations arising from the report.	Chief Finance Officer to provide an action plan in response to the issues raised within the report to be held on 28 th May 2019.	Chief Finance Officer May 2019	GREEN	Action Plan presented on agenda for meeting on 29 th May 2019	N/A
2017/18 Annual Internal Audit Report – Action Plan Update (PAC7-2019) 12 th February 2019	Developments in relation to clinical and care governance should take into account the Social Work Scotland guidance document on Governance for quality social care in Scotland.	To be tabled as agenda item for Clinical and Care Governance Group for progressing.	Revised March 2019	GREEN	Taken into account as part of review of terms of reference.	N/A
2017/18 Annual Internal Audit Report – Action Plan Update (PAC7-2019) 12 th February 2019	Implementation of an action points update to each meeting of the IJB and PAC in addition to an annual work plan to be agreed for both meetings.	To be developed as suggested and implemented with effect from the October 2018 IJB meeting (subsequently revised to April).	Revised April 2019	GREEN	Action plan developed by the Clerk to the Board for each IJB and PAC. Further development for action plan to be forwarded to Chairs of IJB and PAC.	N/A
2017/18 Annual Internal Audit Report – Action Plan Update (PAC7-2019) 12 th February 2019	Development of an overall Governance Action Plan to progress previous recommended areas for improvement.	To be developed as suggested.	Revised March 2019	GREEN	N/A	N/A

2017/18 Annual Internal Audit Report – Action Plan Update (PAC7-2019) 12 th February 2019	Development of regular IJB and PAC member induction and development process.	To be developed as suggested.	Revised June 2019	GREEN	Development session held prior to October IJB meeting.	N/A
2017/18 Annual Internal Audit Report – Action Plan Update (PAC7-2019) 12 th February 2019	Present the governance principles adopted by the Health and Social Care Partnership.	To be presented to the February 2019 IJB meeting.	Revised April 2019	GREEN	<i>Report DIJB17-2019 presented to the April IJB noting progress being made and requesting that Dundee City Council and NHS Tayside agree the principles as they apply to Dundee Integration Joint Board. Report to come back to IJB once agreed by both parties.</i>	N/A
2017/18 Annual Internal Audit Report – Action Plan Update (PAC7-2019) 12 th February 2019	Development of multi-year financial plan as part of the review of the Strategic and Commissioning Plan.	Development of multi- year financial plan to be part of the budget setting process for 2019/20 and beyond which will reflect and be incorporated into the revised Strategic and Commissioning Plan.	March 2019	GREEN	<i>Incorporated within the review of the Strategic and Commissioning Plan. Will also be reflected in the IJB's final budget setting report to be presented to the June 2019 IJB meeting following receipt of confirmation of delegated budget from NHS Tayside.</i>	N/A

2017/18 Annual Internal Audit Report – Action Plan Update (PAC7-2019) 12 th February 2019	Develop Scheme of further delegation in relation to delegated services to the Integration Joint Board.	To be developed as suggested.	Revised April 2019	GREEN	Report 16-2019 presented to the April IJB meeting.	N/A
2017/18 Annual Internal Audit Report – Action Plan Update (PAC7-2019) 12 th February 2019	Clarify responsibilities and accountabilities around the impact of General Data Protection Regulations (GDPR) legislation with partner bodies.	Update report to be presented to the October IJB meeting.	October 2018	GREEN	N/A	N/A
Audit Scotland Annual Audit Report 2018/19	The position of the achievement of savings proposals and the impact on the transformation programme should be regularly reported to members.	Reports on savings progress and the impact on the transformation programme to be presented regularly to members.	Chief Finance Officer October 2019	GREEN	Financial monitoring report presented from October IJB meeting now includes assessment of progress around savings/transformation.	N/A
Audit Scotland Annual Audit Report 2018/19	Chair's Assurance Report from the Clinical, Care and Professional Governance Group should be presented to the Performance and Audit Committee on a regular basis.	To be included on PAC agendas as appropriate depending on timing of Clinical, Care and Professional Governance group meetings.	Clinical Director/Head of Service Health and Community September 2019	GREEN	Reports now included on all PAC agendas.	N/A
Audit Scotland Annual Audit Report 2018/19	The Governance Action Plan progress report should be further developed to include all improvement action plans.	Further develop the Governance Action Plan to include all improvement action plans.	Chief Finance Officer November 2019	GREEN	Action Plan now includes both internal and external audit recommendations.	N/A

<p>Audit Scotland Annual Audit Report 2018/19</p>	<p>Budget monitoring processes should be amended to include:</p> <ul style="list-style-type: none"> • explanations within monitoring reports to members in relation to changes to the approved budget • monitoring reports on the final out-turn for the year 	<p>A final outturn monitoring report for 2018/19 was considered at the June 2019 Board meeting.</p> <p>Budget monitoring reports have not developed to include explanations in relation to changes to the approved budget.</p>	<p>Chief Finance Officer</p> <p>March 2020</p>	<p>GREEN</p>	<p>Budget monitoring reports from October 2019 now include details of budget changes.</p>	<p>N/A</p>
<p>2017/18 Annual Internal Audit Report – Action Plan Update</p> <p>(PAC7-2019)</p> <p>12th February 2019</p>	<p>Update the Integration Joint Board’s Participation and Engagement Strategy.</p>	<p>To be taken forward by the Communication and Engagement Group as part of the review of the Strategic and Commissioning Plan.</p>	<p>Revised June 2019</p>	<p>GREEN</p>	<p><i>Delivering the Strategic Plan is the priority with the Communication and Engagement Strategy a key companion document to the plan –presented to the IJB December 2019 Report IJB 49-2019.</i></p>	<p>N/A</p>
<p>Audit Scotland Annual Audit Report 2018/19</p>	<p>The risks arising from EU withdrawal should be included in the IJB’s strategic risk register and, as commissioning authority, the IJB should seek to ensure, that satisfactory arrangements have been put in place by partner bodies to manage potential risks.</p>	<p>Work with partner bodies to obtain assurance that satisfactory arrangements have been put in place by partner organisations to manage the potential risks arising from EU withdrawal. Reflect the outcome in the strategic risk register.</p>	<p>Chief Finance Officer</p> <p>November 2019</p>	<p>GREEN</p>	<p>Information gathered from partner bodies to enable register to be updated.</p>	<p>N/A</p>

<p>Audit Scotland Annual Audit Report 2018/19</p>	<ul style="list-style-type: none"> publish the register of interests covering Board members and senior management on the IJB's website, 		<p>Chief Officer/ CFO/ Clerk to the Board</p> <p>September 2019</p>	<p>GREEN</p>	<p>The register of interests is reviewed at least once a year. Next review will be undertaken in May 2020. It is the personal responsibility (of the member) to comply with these regulations (The Code of Conduct) and they should review regularly and at least once a year their personal circumstances. Separate to this the Clerks office carries out annual reviews and new members upon their appointment are also provided with relevant forms and guidance for them to complete and return their register of interests for placing on the website of the Partnership.</p>	<p>N/A</p>
<p>Dundee Integration Joint Board Clinical, Care and Professional Governance Internal Audit Review</p> <p>(PAC9-2018) 13th February 2018</p>	<p>A review should be undertaken to establish or update the remits of the PAC, R2 and Forum in relation to clinical and care governance.</p> <p>The remits should set out reporting lines and be</p>	<p>Undertake review as outlined in the Audit Recommendations, setting out the remits of the PAC, R2 and Forum, and the reporting lines between all three.</p> <p>This process should also be followed for the Mental</p>	<p>Lead Allied Health Professional (Forum)</p> <p>Clinical Director (R2)</p> <p>Chief Finance</p>	<p>AMBER</p>	<p><i>Review of the CCPG forum and the CCPG Group has led to the development of primary governance groups under each locality manager. Each Primary Governance Group is to report</i></p>	<p>March 2020</p>

	<p>translated into annual work plans for each group.</p> <p>This should ensure reports, both for the purpose of assurance as well as for implementation or delivery, go to the most appropriate group.</p>	<p>Health Governance Group to ensure appropriate lines of communication into the DHSCP governance processes.</p>	<p>Officer (PAC)</p> <p>Associate Nurse Director - Mental Health and Learning Disabilities</p> <p>31 March 2018</p>		<p><i>directly into the CCPG Group. Terms of reference are in development for the primary governance groups, which link directly through CCPG Group and Clinical Quality Forum ensuring assurance process from service level to CQF. CCPG Forum will continue to operate as an avenue for service managers to share good practice and have dedicated space to discuss challenges across the Partnership.</i></p>
	<p>In addition to the 6 domains of clinical and care governance across delegated services, this review of remits needs to give consideration to:</p> <ul style="list-style-type: none"> - Hosted services - Information Governance - Care Commission reports - Risk 	<p>Clarify and agree datasets and information to be presented at each group and associated timescales to ensure coordination of governance process.</p>	<p>Lead Allied Health Professional / Head of Service, Health and Community Care</p> <p>30 June 2018</p>	<p>AMBER</p>	<p>December 2019 December 2020</p> <p>A reporting table has been developed in the Dundee Partnership outlining the expectation and reporting detail across different groups. This reporting table has been adopted by all three Partnerships.</p> <p>The Getting it Right for Everyone – A CCPG Framework is currently under review with a cross Tayside working group. This group is building on work</p>

					already completed on reporting datasets which includes inspections reports, risks, adverse events etc.	
	It is recommended that any new arrangements be considered and approved by the IJB or a nominated Committee/group.	<p>The IJB will formally request that the Chair of the R1 Group advise the IJB of performance of R1 and any new arrangements to be implemented.</p> <p>Chief Officer of DIJB to clarify reporting arrangements between R1 and IJB.</p> <p>Regular representation at the R1 and CQF will be provided from the R2 Group.</p>	Chief Officer Lead Allied Health Professional / Head of Service, Health and Community Care 31 July 2018 (To allow time for R1 meetings to run).	AMBER	<p><i>Working group established at Tayside level which will support and clarify reporting arrangements.</i></p> <p><i>A regular report is provided to the CQF and the Head of Service and/or Lead AHP attend to speak to the report at each meeting.</i></p>	October 2019 February 2020
	Work undertaken to map out the assurance routes for the key domains should be further augmented by a mapping to the functions set out in the Appendix to the Integration Scheme, setting out all delegated functions, with priority given to the areas of highest importance/risk.	<p>Integration scheme delegated functions will be mapped to ensure forum membership reflects the breadth of delegated functions.</p> <p>Service reports and performance data will reflect the breadth of the delegated functions ensuring that reports to the IJB also reflect the breadth of the delegated functions.</p>	Lead Allied Health Professional / Head of Service, Health and Community Care 30 April 2018	AMBER	<p><i>Programme reporting covering all services will all be completed by June 2019.</i></p> <p><i>Schedule of services confirmed and membership extended to ensure all areas are considered by the R2 group.</i></p> <p><i>The development of the Primary Governance Groups will ensure</i></p>	March 2020

					<p><i>comprehensive reporting across all aspects of the Partnership. There are a number of anomalies with some teams sitting outwith Locality Manager structures and these teams will report directly to CCPG Group.</i></p> <p><i>Further work to identify core and service datasets is ongoing, locally for DHSCP and across Tayside via the Getting it Right for Everyone Review Group. This work is nearing completion.</i></p>	
	Agreed levels of reporting should be reviewed against the governance principles appended to this report.	Further work will be done with the reporting templates to refine areas of common risk across the HSCP to support identification and mitigation of identified risks.	Lead Allied Health Professional / Head of Service, Health and Community Care 30 June 2018	AMBER	Work continues to progress the reporting arrangements but not yet complete – revised timescale of end of December 2019.	December 2019
Dundee Integration Joint Board Workforce Internal Audit Review (PAC8-2018) 27 th March 2018	Work to fully implement the actions in the Workforce and Organisational Development Strategy should continue with regular reporting on progress towards implementation being submitted to the IJB.	The DH&SCP management team fully recognises the need to ensure the vision and objectives of the Workforce and Organisational Development Strategy become embedded within the	Head of Health and Community Care / Head of Finance and Strategic Planning	RED	<i>Review of Workforce and Organisational development strategy as companion document to the review of Strategic Plan.</i>	December 2019 June 2020 December 2020

	<p>In addition, Locality Managers should strive towards ensuring that the DH&SCP culture becomes fully embedded.</p> <p>Engaging staff in developing and maintaining the partnership culture as well as sharing and embedding the guiding principles should assist with this.</p>	<p>partnership and acknowledged that this is a fundamental element of the partnership's continued development.</p> <p>Implementing in full the actions in the Strategy has been identified by the operational management team as one of the key actions to be delivered over the next 6 months.</p>	<p>August 2018</p>			
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	<p>Consideration should be given to developing a formal Service Level Agreement (SLA) detailing all key corporate support services to be provided to the DH&SCP by Dundee City Council and NHS Tayside.</p> <p>The service provided should be regularly reviewed along with the SLA to ensure that the defined support is being provided and the SLA continues to be appropriate. Alternatively, in the absence of a SLA, specific details regarding the types and level of support expected should be clearly documented and formally agreed by senior management at the DH&SCP, Dundee City Council and NHS Tayside.</p> <p>In addition, regular reports on the support service requirements should be provided to the IJB.</p>	<p>The DHSCP Management Team continues to monitor the level of support being provided to the IJB from NHS Tayside and Dundee City Council on an informal basis and responds to the organisations in relation to shortfalls in service provision accordingly.</p> <p>Given the current stage in the partnership's development, with greater knowledge and awareness of what the partnership needs to support its business, the service will progress with its partners, a more formal statement of the expected level of support which can subsequently be monitored and report to the IJB.</p>	<p>Head of Finance and Strategic Planning</p> <p>August 2018</p>	<p>RED</p>	<p>Current level of resources have not enabled progress to be made.</p> <p>Proposals for enhanced IJB support functions being developed within the H&SCP to assist taking this and other governance issues forward.</p> <p>Review of Integration Scheme will allow the opportunity to scope out the required level of support based on experience of Integration to date.</p>	<p>265</p> <p>June 2020</p> <p>December 2020</p>
	<p>Future workforce plans for DH&SCP should include plans for all areas of delegated responsibility, tailored to deliver the relevant elements of the Strategic Plan.</p>	<p>As DH&SCP continues to evolve, with the continued development of integrated locality based services and redesign of services, the shape and mix of the workforce required to deliver on the IJB's strategic</p>	<p>Head of Health and Community Care / Head of Finance and Strategic Planning</p> <p>August 2018</p>	<p>AMBER</p>	<p>Development work halted due to Covid response. Future workforce requirements to be informed by HSCP Covid Recovery Plan</p>	<p>December 2019</p> <p>June 2020</p> <p>December 2020</p>

	Plans should take account of demand for and availability of staff to maximise the use of resources within the DH&SCP.	objectives is becoming clearer and will be reflected in future integrated workforce plans. While acknowledging that further national guidance is awaited on this matter, the first integrated workforce plan will be developed over the next 6 months.				
Action Plan in Response to the Services for Older People (Edinburgh) Inspection Report (PAC 29-2018) 29 th May 2018	Action Plan was requested by the PAC in relation to lessons learned from the Edinburgh inspection and what improvements would be required in Dundee.	A wide range of actions are reflected in this detailed action plan therefore it is not feasible to reflect in this plan – a separate update report will be provided at the May 2019 PAC.	Various with latest timescales for completed action identified as March 2019.	RED	Report to now be presented to the November 2020 PAC meeting Work on collating and rationalising improvement plans and action plans is underway in recognition that a number of issues have not been actioned.	November 2019 March 2020 November 2020
Risk Management Action Plan (PAC8-2019) 12 th February 2019	Action Plan was required to respond to the findings of the Risk Maturity Assessment presented to the PAC on the 25 th September 2018.	A wide range of actions are reflected in this detailed action plan therefore it is not feasible to reflect in this plan. A separate update report will be provided to the September 2019 PAC meeting as agreed.	Chief Finance Officer September 2019	AMBER	Report DIJB37-2020 presented to the August 2020 IJB Discussions held between risk management functions of Dundee City Council and NHS Tayside to agree way forward for actions. Follow up meetings with partners across	December 2019 June 2020 August 2020 September 2020

					Tayside scheduled to enable actions to be completed A separate report to the PAC has been presented September 2020	
2017/18 Annual Internal Audit Report – Action Plan Update (PAC7-2019) 12 th February 2019	Review of Action Plan developed to respond to the range of areas for improvement arising from the IJB’s 2017/18 Annual Internal Audit Plan.	Wide range of actions detailed in the action plan. Chief Finance Officer to provide an update to the PAC by June 2019 outlining the status of the outstanding actions.	Not Applicable			
<i>The following reflects the detail of this action plan.</i>	Clarification of deputising arrangements for the Chief Officer to be presented to the IJB.	Agreement to be reached between Chief Executives of Dundee City Council and NHS Tayside.	Revised February 2019.	RED	Discussion to be held between Chief Executives	July 2019 March 2020 November 2020
	Consideration should be given to providing the IJB with reporting on workforce issues including the Workforce and Organisational Development Strategy as well as the partnership forum.	Complete review of Workforce and Organisational Development Strategy and provide update to IJB. Consider frequency and content of update report of	Revised April 2019	AMBER	<i>Updated Workforce and Organisational Development Plans, compatible with the revised Strategic and Commissioning Plan due to be presented to the IJB in December 2020.</i>	December 2019 June 2020 December 2020

		activities of Staff Partnership Forum.				
	Consideration should be given to arrangements required by the IJB to comply with Freedom of Information and Public Records legislation.	Review current arrangements in place across the IJB/NHS Tayside and Dundee City Council to determine if they are effective in meeting the IJB's statutory requirements.	Revised April 2019	GREEN	Self-assessment of arrangements in place deemed to be satisfactory. Further discussion to be arranged with statutory partners to ensure all parties satisfied that requirements being met. The DCC data controller holds the function on behalf of the IJB.	February 2020
	Development of Large Hospital Set Aside arrangements in conjunction with the Scottish Government, NHS Tayside and Angus and Perth and Kinross Integration Joint Boards.	Work progressing with NHS Tayside in association with the 3 Tayside IJB Chief Finance Officers and Scottish Government to conclude the methodology or determining and monitoring the Large Hospital Set Aside to inform commissioning decisions as set out within the legislation.	Revised - March 2019	AMBER	Value of Large Hospital Set Aside agreed for inclusion in 2019/20 Annual Accounts. Methodology for calculating this has been agreed across 3 IJB's. Dundee IJB budget 2020/21 includes additional transfer of funding from NHS Tayside to reflect progress made in reducing emergency bed days under the large hospital set aside arrangements..	December 2019 March 2020 March 2021
	Development of improved Hosted Services	Current hosted services arrangements subject to	Revised June 2019	AMBER	Discussions ongoing with neighbouring IJB's	December 2019

	arrangements around risk and performance management for hosted services.	discussion across the 3 Tayside Chief Officers and Chief Finance Officers. Proposal to be brought forward to IJB and PAC before the end of the financial year.			re responsibilities around hosting arrangements as part of the review of the Integration Scheme.	March 2021
	Further develop the Integration Joint Board's local Code of Governance.	To be developed as suggested.	Revised April 2019	AMBER	Clerk to the Board developing arrangements in conjunction with Chief Finance Officer. Actions postponed as a result of pandemic working restrictions	October 2019 June 2020 December 2020
	Further develop performance report information into a delivery plan framework to ensure IJB fulfils its remit in delivering the direction of travel within the Strategic Commissioning Plan.	To be taken forward by the Strategy and Performance Team, aligned with the review of the Strategic and Commissioning Plan.	Revised July 2019	AMBER	Will form part of revised performance monitoring reporting into 2020/21 following approval of revised Strategic and Commissioning Plan. Work has started on performance against 4 high level indicators in plan. Needs further development in line with any revisions to the SPG structure.	June 2020 March 2021

Audit Scotland Annual Audit Report 2018/19	The financial ledger should be fully updated in 2019/20 prior to the approval of the annual accounts.	Ensure the financial ledger is fully updated to reflect all accounting entries prior to the approval of the annual accounts.	Chief Finance Officer June 2020	GREEN	Instruction issued to DCC to ensure this happens at the year end.	June 2020
	A long-term financial strategy (5 years or more) supported by clear and detailed financial plans (3 years or more) should be prepared.	Build on the three year financial framework developed during 18/19, which sets out the estimated resources and anticipated increase in expenditure from rising demand and costs of providing services. Continue to work with partner bodies to align longer term financial planning processes and the development of long- term financial strategy on how to close the gap between funding and service provision.	Chief Finance Officer March 2020	AMBER	Work continues to develop the longer term financial framework as part of the budget setting process.	March 2020 October 2020

	The IJB should liaise with NHS Tayside and consider the arrangements for regular attendance by a member appointed as the registered medical practitioner providing primary care.	NHS Tayside Board is responsible for appointing the role of registered medical practitioner providing primary care to the IJB. This issue has been noted by the IJB and the Clerk to the Board will formally write to the Chair of NHS Tayside Board on this issue.	Clerk to the Board December 2019	AMBER	Clerk has written to NHS Tayside and awaits a formal response. 23-01-20 NHS have not confirmed a replacement for Registered Medical Practitioner as yet. (NHS have also to confirm replacement for one voting member on Dundee IJB.	March 2020 November 2020
	The IJB should liaise with its partner organisations to ensure an agreed budget is approved prior to the start of the year.	An indicative NHS Budget was provided at the IJB budget meeting of 30th March 2019. The final budget from NHS Tayside was consistent with the indicative budget. Continue to work with partner bodies to align budget setting processes as far as practicable.	Chief Finance Officer March 2020	AMBER	Continues to be discussed at budget meetings with the parties. Timescale impacted by Covid19 pandemic for 2020/21 budget	March 2020 March 2021
	The IJB should seek to combine financial and performance reporting to ensure that members have clear sight of the impact of variances against budget in terms of service performance.	Continue to explore options on how to combine financial and performance reporting in a format which provide useful information to users.	Chief Finance Officer March 2020	AMBER	Progressing slower than as planned as a result of changes to working arrangements during Covid19 pandemic.	August 2020 March 2021

	The IJB should review its reserves to ensure they are adequate	Reserves can only be accumulated through year end surpluses of funding. Ensure robust budgeting, monitoring of identified savings and financial monitoring processes in place to identify opportunities to enhance reserves position.	Chief Finance Officer March 2020	AMBER	Levels of uncommitted reserves are now at zero as a result of contributing to the IJB's overspend in line with the terms of the integration scheme.. Reserves have been reviewed and are inadequate in terms of the Reserves Policy.	March 2020
	The IJB should: <ul style="list-style-type: none"> review its processes for minute taking. 	Further development of the IJB and PAC minutes and papers to ensure full transparency and accurate recording of the discussions, questions asked and assurances provided.	Chief Officer/ CFO/ Clerk to the Board September 2019	AMBER	Format of minutes reflects that of parent organisation providing this support service function.	N/A
	Mechanisms and reporting arrangements should be implemented to provide assurance to the Chief Officer and the Board that the IJB has arrangements in place to demonstrate that services are delivering Best Value.	Further learning from other IJB's reporting with regards to Best Value to be gained and considered for reflection in the 2019/20 Annual Performance Report.	Chief Finance Officer June 2020	AMBER	Report provided to the September 2020 PAC meeting	June 2020 September 2020
2019/20	Implementation of and reporting on all outstanding recommendations arising from the Ministerial Steering Group report on Health & social care Integration		Chief officer/ Chief Finance Officer	AMBER	Progress halted with partner agencies due to Covid19 pandemic	December 2020

2019/20	Further development of governance arrangements considering agreed governance principles and updated advice from the Scottish Government Health & Social care Division		Chief officer/ Chief Finance Officer	AMBER	Progress halted with partner agencies due to Covid19 pandemic	December 2020
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REPORT TO: PERFORMANCE & AUDIT COMMITTEE - 22 SEPTEMBER 2020

REPORT ON: DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT CHARTER

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC22-2020

1.0 PURPOSE OF REPORT

1.1 The aim of this paper is to seek approval for an updated Internal Audit Charter for Dundee IJB.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Notes and approves the proposed update of the Internal Audit Charter as set out in Appendix 1 to this report.
- 2.2 Agrees that changes to the Internal Audit charter in future will be approved as part of the approval of the IJB's Annual Internal Audit Plan.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

- 4.1 The Performance and Audit Committee previously considered and approved the Internal Audit Charter at its meeting of the 28th November 2017 (Item VIII of the minute refers). It had been drafted in line with the requirements of the Public Sector Internal Audit Standards applicable to both Health and Local Authority Internal Audit services. The cover paper stated that the Charter will take effect from the date approved at the Performance and Audit Committee until such times as it is revoked or replaced. However it has more recently been agreed to review this charter more regularly.
- 4.2 The Charter sets out the purpose of the internal audit function as defined within the Public Sector Internal Audit Standards. It establishes the scope of the Internal Audit function and lays out the requirements of the Chief Internal Auditor. The role of the Chief Internal Auditor and the authority of that position is set out clearly alongside the controls in place to provide assurance on independence, ethics, confidentiality and objectivity.
- 4.3 As well as reviewing and approving this updated Charter, it is recommended that the Charter be reviewed annually at the point of approval of the Annual Internal Audit plan (from 21/22, assumed to be June in each financial year), to ensure it remains up to date.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 The Chief Officer, Regional Audit Manager and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

Date: 31 August 2020

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Introduction

Public Sector Internal Audit Standards require each organisation to agree an Audit Charter which is regularly updated following approval by the Board, in this case through the Performance & Audit Committee of Dundee IJB. This Charter is complementary to the relevant provisions included in the organisation's own Standing Orders (SOs) and Standing Financial Instructions (SFIs), which include provision for the delivery of audit services to Dundee IJB.

The terms 'Board' and 'senior management' are required to be defined under the Standards and therefore have the following meaning in this Charter:

- Board means the Integration Joint Board (IJB) with responsibility to direct and oversee the activities and management of the organisation. The Board has delegated authority to the Performance & Audit Committee in terms of providing a reporting interface with internal audit activity; and
- Senior Management means the Chief Officer as being the designated Accountable Officer for Dundee IJB. The Chief Officer has made arrangements within this Charter for an operational interface with internal audit activity through the Chief Finance Officer;

In addition, for clarity, the following definitions are explained:

- FTF Audit and Management Services (FTF) are the Internal Auditors for NHS Tayside and, following a meeting of Dundee IJB in May 2016, were appointed as Dundee IJB's Internal Audit Service, with the current Chief Internal Auditor (CIA) for NHS Tayside also fulfilling this role for Dundee IJB. Both FTF and Dundee City Council Internal Audit commit resources to support Dundee IJB's Internal Audit requirements and allow delivery of the Internal Audit function.
- Accountable Officer means the Chief Officer;
- Partner bodies means Dundee City Council and NHS Tayside.

Purpose and responsibility

Within the organisation, responsibility for internal control rests fully with management to ensure that appropriate and adequate arrangements are established. *"Internal audit is an independent, objective assurance and consulting function designed to add value and improve the operations of NHS Tayside. Internal audit helps the organisation accomplish its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of governance, risk management and control processes." Its mission is to enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.* (See Annex 1 for FTF Mission Statement).

Internal Audit is responsible for providing an independent and objective assurance opinion to the Accountable Officer, the Board and the Audit Committee on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. In addition, internal audit's findings and recommendations are beneficial to management in securing improvement in the audited areas.

The Shared Services Agreement and associated Service Specification between FTF and NHS Tayside set out their specific responsibilities as internal auditors to NHS Tayside and by extension, to Dundee IJB.

Authority and Accountability

Internal Audit derives its authority from the Integration Joint Board, the Accountable Officer and Performance & Audit Committee. These authorities are established in Standing Orders and Standing Financial Instructions adopted by the Board.

The Chief Internal Auditor (CIA) leads the internal audit activity and assigns a named contact to each client. For line management (e.g. individual performance) and professional quality purposes (e.g. compliance with the Public Sector Internal Audit Standards), the Regional Audit Managers report to the Chief Internal Auditor. A joint working protocol has been agreed between the Local Authority and NHS Internal audit services to ensure work is performed to the required standards.

The Chief Internal Auditor reports on a functional basis to the Accountable Officer and to the Audit Committee on behalf of the Board. Accordingly the Chief Internal Auditor has a direct right of access to the Accountable Officer, the Chair of the Performance & Audit Committee and the Chair of the IJB if deemed necessary.

The Performance & Audit Committee approves all Internal Audit plans and may review any aspect of its work. The Performance & Audit Committee provides for the opportunity for private meetings with the Chief Internal Auditor. The Performance & Audit Committee Chair and members have a right to have private meetings with the Chief Internal Auditor and vice versa if issues cannot be addressed through Performance & Audit Committee meetings.

In order to facilitate its assessment of governance within the organisation, Internal Audit is granted access to attend any committee, sub-committee or group of the Board charged with aspects of governance.

Scope

The scope of Internal Audit encompasses the examination and evaluation of the adequacy and effectiveness of the organisation's governance, risk management arrangements, systems of internal control, and the quality of performance in carrying out assigned responsibilities to achieve the organisation's stated goals and objectives. It includes but is not limited to:

- Reviewing the reliability and integrity of financial and operating information and the means used to identify measure, classify, and report such information;
- Reviewing the systems established to ensure compliance with those policies, plans, procedures, laws, and regulations which could have a significant impact on operations, and reports on whether the organisation is in compliance;
- Reviewing assurances received on internal controls operating through partner bodies;
- Reviewing and appraising the economy and efficiency with which resources are employed, this may include benchmarking and sharing of best practice;
- Reviewing assurances received that directions are consistent with the organisation's objectives and goals are being carried out as planned;
- Reviewing specific operations at the request of the Performance & Audit Committee or management, this may include areas of concern identified in the corporate risk register;
- Monitoring and evaluating the effectiveness of the organisation's risk management arrangements and the overall system of assurance (see below);
- Ensuring effective co-ordination, as appropriate, with external auditors; and
- Reviewing Annual Governance Statement prepared by senior management.

Internal Audit will devote particular attention to any aspects of the risk management, internal control and governance arrangements affected by material changes to the organisation's risk environment.

If the Chief Internal Auditor or the Audit Committee consider that the level of audit resources or the Charter in any way limit the scope of internal audit, or prejudice the ability of internal audit to deliver a service consistent with the definition of internal auditing, they will advise the Accountable Officer and Board accordingly.

Risk Management

Internal Audit will liaise with both the Performance & Audit Committee and senior management as part of our annual internal audit planning process to discuss the alignment of audit priorities to strategic and emerging risks. This will include the strategic risks not being audited in-year to enable a discussion about coverage and the level of audit resource.

Periodically, a detailed review of risk management arrangements will be undertaken by internal audit as well as an annual high level review as part of the governance assessment to inform the Annual Internal Audit report and specifically the Chief Internal Auditor's opinion on the adequacy and effectiveness of internal control.

Irregularities, Fraud & Corruption

It is the responsibility of management to maintain systems that ensure the organisation's resources are utilised in the manner and on activities intended. This includes the responsibility for the prevention and detection of fraud and other illegal acts.

Internal Audit shall not be relied upon to detect fraud or other irregularities. However, Internal Audit will give due regard to the possibility of fraud and other irregularities in work undertaken. Additionally, Internal Audit shall seek to identify weaknesses in control that could permit fraud or irregularity.

If Internal Audit discovers suspicion or evidence of fraud or irregularity, this will immediately be reported to the organisation's NHS Fraud Liaison Officer in accordance with the relevant partner's Fraud policy/Plan and in line with S10 of the SSA.

Independence and Objectivity

Independence as described in the Public Sector Internal Audit Standards is the freedom from conditions that threaten the ability of internal audit to carry out internal audit responsibilities in an unbiased manner. To achieve the degree of independence necessary to effectively carry out the responsibilities of the internal audit activity, the Chief Internal Auditor will have direct and unrestricted access to the Board and Senior Management, in particular the Chair of the Performance & Audit Committee and the Accountable Officer.

Organisational independence is effectively achieved when the auditor reports functionally to the Audit Committee on behalf of the Board. Such functional reporting includes the Performance & Audit Committee:

- approving the internal audit charter;
- approving the risk based internal audit plan;
- receiving outcomes of all internal audit work together with the assurance rating; and
- reporting on internal audit activity's performance relative to its plan.

Whilst maintaining effective liaison and communication with the organisation, as provided in this Charter, all internal audit activities shall remain free of untoward influence by any element in the organisation, including matters of audit selection, scope, procedures, frequency, timing, or report content to permit maintenance of an independent and objective attitude necessary in rendering reports.

Internal Auditors shall have no executive or direct operational responsibility or authority over any of the activities they review. Accordingly, they shall not develop nor install systems or procedures, prepare records, or engage in any other activity which would normally be subject to Internal Audit.

This Charter makes appropriate arrangements to secure the objectivity and independence of internal audit as required under the standards. The Shared Services Agreement between FTF and NHS Tayside sets out the operational independence of FTF as internal auditors. In particular it states '*FTF may be called upon to provide advice on controls and related matters, subject to the need to maintain objectivity and to consider resource constraints. Normally FTF will have no executive role nor will it have any responsibility for the development, implementation or operation of systems. Any internal audit input to systems development work will be undertaken as specific assignments. In order to preserve independence and objectivity, any such involvement in systems development activities will be restricted to the provision of advice and ensuring key areas in respect of control are addressed.*'

FTF have controls in place to ensure compliance with the relevant aspects of the Public Sector Internal Audit Standards and the wider requirement to conform with NHSScotland standards of conduct regulations.

Similarly, Dundee City Council Internal Audit has a Charter in place which sets out how to maintain the internal auditors' independence and objectivity.

Appointment of CIA and Internal Audit Staff, Professionalism, Skills & Experience

Under the Service Specification for FTF, NHS Fife, as the host body, is responsible for appointing a CIA who is a member of a CCAB Institute or CMIIA with experience equivalent to at least five years post-qualification experience and at least three years of audit.

The Specification also sets out the required qualified skill-mix and the proportion of the Audit Plan to be delivered by the Chief Internal Auditor, Regional Audit Manager and other qualified staff as well as specifying the responsibility of FTF to ensure staff are suitably trained with appropriate skills with a formal requirement for preparation and maintenance of Personal Development Plans for all audit staff. These provisions apply to the totality of the service provided to NHS Tayside and are also applicable to Dundee IJB, although not specifically measured for them.

Relationships

The Chief Internal Auditor will maintain functional liaison to the Chief Finance Officer who has been nominated by the Accountable Officer as executive lead for internal audit.

In order to maximise its contribution to the Board's overall system of assurance, Internal Audit teams will work closely with each other as well as IJB Management in planning its work programme. Co-operative relationships between the audit teams and with management enhance the ability of internal audit to achieve its objectives effectively. Audit work will be planned in conjunction with partner auditors as well as management, particularly in respect of the timing of audit work.

Internal Audit will meet regularly with the external auditor to consult on audit plans, discuss matters of mutual interest, discuss common understanding of audit techniques, method and terminology, and to seek opportunities for co-operation in the conduct of audit work. In particular, internal audit will make available their working files to the external auditor for them to place reliance upon the work of Internal Audit where appropriate.

Internal Audit strives to add value to the organisation's processes and help improve its systems and services. To support this, Internal Audit will obtain an understanding of the organisation and its activities, encourage two way communications between internal audit and operational staff, discuss the audit approach and seek feedback on work undertaken.

Subject to the availability of resources, FTF and its staff shall co-operate and respond to reasonable requests or give support in situations, whether or not they are detailed in the specification.

Standards, Ethics, and Performance

Internal Audit must comply with the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics, the Standards and the Definition of Internal Auditing. The CIA will discuss the Mission of Internal Audit and the mandatory elements of the International Professional Practices Framework with senior management and the Board.

Internal Audit will report progress against the annual internal audit plan to each meeting of the Audit Committee.

Reporting arrangements

Arrangements for reporting individual assignments are contained within the Audit Joint Working Protocol approved through the Tayside Chief Internal Auditor Group as well as the Output Sharing Protocol approved by the Performance & Audit Committee.

Internal Audit will produce an Annual Audit Report for each audit year in time to provide the assurance required in considering the Board's Annual Accounts.

The Annual Audit Report should contain:

- *An opinion on whether:*
 - ✧ *Based on the work undertaken, there were adequate and effective internal controls in place throughout the year;*
 - ✧ *The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role;*
 - ✧ *The Internal Audit plan has been delivered in line with PSIAS;*
- *Analysis of any changes in control requirements during the year;*
- *Comment on the key elements of the control environment.*

Assurances provided to parties outside the organisation;

Internal Audit will not provide assurance on activities undertaken by Dundee IJB to outside parties without specific instruction from Dundee IJB or as per the approved output sharing protocol.

Approach

To ensure delivery of its scope and objectives in accordance with the Charter, the lead Internal Audit team has arrangements in place for annual and strategic planning, individual audit assignment planning and reporting. Fieldwork allocated to either or both Internal Audit teams will be conducted in accordance with the normal audit approach adopted by that team, including appropriate quality assurance processes.

Access and Confidentiality

Internal Audit shall have the authority to access all the organisation's information, documents, records, assets, personnel and premises that it considers necessary to fulfil its role. This shall extend to the resources of the third parties that provide services on behalf of the organisation.

All information obtained during the course of a review will be regarded as strictly confidential to the organisation and shall not be divulged to any third party without the prior permission of

the Accountable Officer. S6.6 of the Shared Service Agreement sets out those circumstances in which reports and working papers will be shared with the statutory External Auditors and the application of the Freedom of Information (Scotland) Act 2002.

A separate protocol is in place which sets out the sharing of information and reports amongst partner bodies or other Tayside IJBs.

Quality Assurance

The Chief Internal Auditor has established a quality assurance programme designed to give assurance through internal and external review that the work of Internal Audit is compliant with the Public Sector Internal Audit Standards and to achieve its objectives. A commentary on compliance against PSIAS will be provided in the Annual Internal Audit Report.

Resolving Concerns

The Chief Internal Auditor will be responsible for managing the delivery of the internal audit service. The CIA will be available to meet with the Chief Finance Officer as required to discuss the service and any issues arising. If the matter is not resolved to the satisfaction of the Client, the matter shall be presented to the next available meeting of the Performance & Audit Committee.

Review of the Internal Audit Charter

This Internal Audit Charter shall be reviewed annually and approved by the Performance & Audit Committee.

Date: August 2020

Date of next review August 2021.

Annex 1 FTF Mission Statement

Mission and values

The purpose of the internal audit function has been defined within the Public Sector Internal Audit Standards (PSIAS). FTF, following discussion with staff and the Management Board has developed a mission and vision statement which incorporates this definition as well as additional elements reflecting our way of delivering the audit function as follows:

WORKING TOGETHER TO PROVIDE ASSURANCE AND ADD VALUE

We achieve this by following the Public Sector Internal Audit Standards:

*“Internal Audit is an independent, objective **assurance** and consulting activity designed to **add value** and **improve** an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes”.*

We work with our clients to provide an excellent service by understanding their values, their objectives and risks and the environment in which they operate. We value and listen to our staff and ensure that they have the skills and knowledge they require to help us to succeed, continuously assessing and improving the service we provide.



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 22 SEPTEMBER 2020

REPORT ON: INTERNAL AUDIT REVIEW – INFORMATION GOVERNANCE & TECHNOLOGY AS ENABLERS

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC24-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to present the findings of the Internal Audit Review of Information Governance and Technology as Enablers to the Performance and Audit Committee.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

- 2.1 Notes the content and findings of the Internal Audit Review of Information Governance and Technology as Enablers attached as Appendix 1 to this report.
- 2.2 Notes and agrees the action plan associated with the report as the management response to the findings.
- 2.3 Instructs the Chief Finance Officer to report progress in delivering the actions set out in the action plan through the Governance Action Plan presented to each Performance and Audit Committee meeting.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

- 4.1 Dundee Integration Joint Boards Internal Audit Plan 2018/19 set out a number of reviews to be delivered by the combined Internal Audit resources of Dundee City Council and FTF Audit and Management Services under the direction of the IJB's Chief Internal Auditor. These reviews were identified following a review of the IJB's Strategic Risk Register and are designed to support development of governance arrangements to mitigate against these risks. The scope of this particular report is to review IT and data processes supporting the delivery of the IJB's strategic plan through seamless cross system working, in recognition of the risk that lack of progress to integrate systems and information governance arrangements could significantly undermine the IJB's ability to operate effectively as an "integrator" of health and social care services. The lack of progress in these issues nationally has also been highlighted by Audit Scotland and through the Scottish Government's Ministerial Strategic Group for Health and Social Care Integration.
- 4.2 The overarching objective of the audit review is to determine whether in relation to IT and data processes, the terms of the Integration Scheme are being supported in that "it will be the responsibility of the parties to work collaboratively to provide the Integration Joint Board with support services which will allow the Integration Joint Board to carry out its functions and requirements.

4.3 The review has identified a number of key findings and recommendations for all parties to consider and respond to in relation to strengthening IT and information governance arrangements which leads to the Chief Internal Auditors opinion that the review should be graded as Category D which is Inadequate. This means there is increased risk that objectives may not be achieved. Improvements are required to enhance the adequacy and/or effectiveness of risk management, control and governance.

4.4 These findings have been presented to the collective management of Dundee City Council, NHS Tayside and Dundee Health and Social Care Partnership who have agreed a range of actions in response to the key findings and recommendations. These actions are set out in the Action Plan on page 8 onwards of the Internal Audit Report. The progress of these actions will be monitored through the Governance Action Plan presented to each meeting of the Performance and Audit Committee.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it a status update and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 The Chief Officer, Chief Internal Auditor and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Office

Date: 30th August 2020

DUNDEE IJB
INTERNAL AUDIT SERVICE



INFORMATION GOVERNANCE & TECHNOLOGY AS ENABLERS

REPORT NO. D04/19 (DCC REPORT NO. 2018/28)

Issued To: **Dundee IJB Officers**
V Irons, Chief Officer
D Berry Chief Finance Officer

NHS Tayside Officers

M Dunning, Board Secretary and Acting Senior Information Risk Owner
J Bodie, Director of eHealth /L Kalique, Director of Digital Technology
A Gentles, Head of Operations, eHealth
A Dailly, Head of Information Governance and Cyber Assurance/Data Protection Officer
A Graham, Head of Service, eHealth
R Jamieson, eHealth Service Delivery Manager
N McColgan, Head of Service, eHealth

Dundee City Council Officers

B McCleary, IT Service Manager
I Smail, Information Governance Manager
D McCulloch, Head of Health and Community Care
G Colgan, Executive Director of Corporate Services
S Flight, Head of Corporate Finance

Audit Committee
External Audit

Date: 22 January 2020

INTRODUCTION & SCOPE

1. Dundee Health and Social Care Partnership (DH&SCP) utilises financial and other resources provided by Dundee City Council (DCC) and NHS Tayside (NHST) to deliver integrated services. The Integration Scheme states that “it will be the responsibility of the parties to work collaboratively to provide the Integration Joint Board with support services which will allow the Integration Joint Board to carry out its functions and requirements”. One area where this is particularly important is around the provision of and access to IT / data processes, especially where staff need to access systems that are not managed by the organisations that employ them.
2. A Data / Information Sharing Agreement to cover the collaborative arrangements between the Dundee IJB (DIJB), DCC and NHST is not yet in place.
3. A number of teams within the IJB partner organisations work in collaboration, however, it has been highlighted that access to a range of both patient / service user administration systems as well as corporate / admin IT systems, paper based systems, and some key documents, such as the operational risk register are not currently available to appropriate members of staff across each organisation. In addition, there have also been some difficulties in terms of the use of, and access to, email across both organisations. However, we have been informed by NHS Tayside eHealth department that the use of nhs.net is now available to all DH&SCP staff members.

OBJECTIVE OF THE AUDIT REVIEW

4. The Integration Scheme states that “*it will be the responsibility of the parties to work collaboratively to provide the Integration Joint Board with support services which will allow the Integration Joint Board to carry out its functions and requirements*”.
5. In particular, we have undertaken a review of IT and data processes supporting the delivery of the IJB's strategic plan through seamless cross system working. This has included consideration of the relevant governance arrangements.

DETAILED OBJECTIVES

6. The following were identified as within scope for this audit.
 - ◇ Assess the arrangements in place for enabling and managing (including off-boarding) access for DH&SCP staff across each of the key partner's operational systems and determine the effectiveness of the arrangements.
 - ◇ Determine the corporate support arrangements in place for IT services to DH&SCP and whether these are sufficient to allow the partnership to operate efficiently and effectively. This will include whether DH&SCP requirements have been taken into account as part of the partners' strategic planning on IT as well as operational support.
 - ◇ Identify barriers to achieving effective electronic communications across key partner organisations and determine the operational arrangements in place to ensure that accounts are regularly reviewed and managed. Focus to include individuals who have multiple email addresses.

AUDIT OPINION AND FINDINGS

7. The audit opinion is **Category D** – Inadequate – There is increased risk that objectives may not be achieved. Improvements are required to enhance the adequacy and/or effectiveness of risk management, control and governance.

Key findings are as follows:

8. Information Governance principles included in the HSCI Governance Principles on which DIJB was updated in April 2019 have not yet been agreed. There is also no DH&SCP representation on the NHS Tayside IG & Cyber Security Committee; however DH&SCP is represented on the DCC Information Governance Compliance Group. DH&SCP should identify an appropriate representative to attend the NHST IG & Cyber Security Committee.
9. The Tayside Information Governance Group has no clear reporting lines to the partner bodies or to the DIJB. There is no clear governance route for DIJB to direct IG work or receive appropriate assurances. Clear escalation routes should be agreed between DH&SCP, NHST and DCC for Information Governance and eHealth (IT).
10. The Data / Information Sharing Agreement has not yet been finalised. We have been informed by the NHST Head of Information Governance that progress has been made on a draft version which will apply in both Perth and Kinross Council (PKC) and DCC. We strongly recommend that the pace of getting to an agreed position is increased. A Data / Information Sharing Agreement would provide clarity around the basis for determining appropriate access to systems.
11. There is corporate commitment from both partners to develop integrated IT solutions for the DH&SCP as set out in their IT Strategies. Currently, the lack of integrated or shared use of systems, both for clinical / care use and corporate / admin use, impacts on the level of integration that can be achieved by operational teams. Consideration should be given to how IT services within the Council and NHS Tayside, along with representatives from DH&SCP, should consider the needs of all parties when key IT development decisions are being taken.
12. After meeting in August 2017 and then again in January and March 2018, the DCC and NHS Tayside Workplace Enablement Group (WEG) has recently been re-instated and met again in June 2019. The WEG, which includes representation from NHS Tayside eHealth, DCC IT Service as well as DH&SCP management, has a number of outstanding actions since its first meeting in 2017. The work of this group should address a number of practical issues encountered by DH&SCP staff, including a number of issues included in this report. It is recommended that the role of this group should be reviewed with clear terms of reference established. The group should have appropriate membership and be supported by both senior leadership commitment and clear escalation routes within the wider structures of DH&SCP, DCC and NHS Tayside.
13. A flowchart setting out the process on how DH&SCP staff request access to a partner's systems, and how leavers will be off-boarded has been drawn up. This process requires interaction between the NHS Tayside eHealth department and the DCC IT Service. We have been informed that this is not working in practice due to delays in communication. Agreement should be reached through the WEG, with DH&SCP management escalating if necessary to ensure that the required support is provided by the partners. NHS Tayside has provided a record of DCC staff on NHS Tayside systems to DCC and has requested the equivalent information from them, but had not received it at the time of our audit. This would allow both organisations to ensure leavers have been off-boarded.

Governance

14. Paragraph 10.5 of the Dundee Health and Social Care Integration Scheme, Section 10, "Information Sharing and Data Handling", states that "*within three months of the establishment of the Integration Joint Board the Parties will develop and agree an Information Sharing Agreement to define the processes and procedures that will apply to sharing information for any purpose connected with the preparation of a Strategic Plan or carrying out of the integration functions*".
15. Governance principles developed by a pan-Tayside short life working group and adopted by NHS Tayside in December 2017 include the following principles in relation to information governance:
 - i) *The information governance policies, procedures and protocols of the parent bodies shall be amended to reflect integration and partnership working and for each system the data controller and data processor shall be identified with particular consideration given to the role of the IJB and the issues arising from the possibility that staff from outside the body will have access to information and systems;*
 - [...]
 - iii) *The principles will be monitored through the governance systems of each body with appropriate cross-assurances provided.*
16. DIJB was updated in April 2019 in relation to these Governance principles and requested that an agreement is reached between Dundee City Council and NHS Tayside on governance principles as they apply to Dundee IJB.
17. The membership of the NHS Tayside Information Governance and Cyber Assurance Committee as stated in its terms of reference updated in May 2019, includes a representative from each IJB, but the membership as set out in minutes of the committee only shows representatives for Angus and P&K partnerships attending. DH&SCP should identify an appropriate representative to attend this group on their behalf. In DCC, the Information Governance Compliance Group considers Information Governance and includes senior DH&SCP representation.
18. A Tayside-wide Information Governance Group with a remit which includes to '*develop and promote common information sharing model agreements*' is in place and meets regularly. The remit of the Tayside Information Governance Group only states that '*Members will be responsible for reporting to their organisations as appropriate*'. However, there is currently no clear governance route for DIJB to direct Information Governance work or receive assurance on implementation.
19. Relevant officers from DCC and NHS Tayside have met regularly to develop the Data / Information Sharing Agreement. However, this has not been finalised to date and we strongly recommend that the pace of getting to an agreed position is increased. We have been informed by NHS Tayside's Head of Information Governance that progress has been made on a draft version of the agreement which is intended to apply in both P&K and DCC. A Data / Information Sharing Agreement would provide the basis for determining appropriate access to systems and requires to be agreed as a matter of urgency, and disseminated as appropriate.

Integrated Working

20. Processes in place allow DH&SCP staff employed by DCC and NHS Tayside access to each other's systems. This is for the most part, 'view only' access and is based on the 2007 General Protocol for Sharing Information, which does not

- support fully integrated working. Operational arrangements being, in general, that NHS Tayside staff use NHS Tayside systems and DCC staff use DCC systems.
21. For corporate / admin functions, DH&SCP managers and administration staff are currently working with 2 systems (1 within each partner organisation) to manage a number of operational tasks, specifically e-mail, recruitment, complaints, annual leave, sickness absence, procurement and travel / subsistence.
 22. The NHS Tayside eHealth Delivery Plan to 2020 includes the aim '*to contribute to care integration and to support people with long term conditions*', supported by objectives that *NHS Boards will continue to work with the Health and Social Care Partnerships to fully define their information management requirements and develop appropriate solutions and that the current deployment of initial capability to enable sharing of information between health and social care will continue*. The DCC Digital Strategy 2017 also includes a high level action to '*Work with our partners to deliver ICT services that enable Health and Social Care Integration*'. Both support the direction of travel set out in Scotland's Digital Health & Care Strategy.
 23. We acknowledge the restrictions placed on the Health Board by national programmes and directives as well as other practical barriers towards more integrated IT solutions. However, given the corporate commitment from both partners as set out in their IT Strategies, consideration should be given to how IT services within DCC and NHS Tayside can support progress with integration. Representatives from DH&SCP should meet regularly with DCC and NHS Tayside to ensure that the needs of all parties are considered when key IT development decisions are being taken and any IT problems that arise due to the unique circumstances of the DH&SCP can be discussed and resolved timeously. Given the need for NHS Tayside to engage with its partners across all 3 partnerships, it may be useful to establish a Tayside wide forum for this.
 24. Management have informed us that for corporate / admin functions and systems, the introduction of Office 365 planned nationally for the NHS would allow better integrated working for corporate and admin systems as it allows for federated use by both parties. This should be discussed and agreed by the WEG.
 25. However, further commitment is needed to work towards integrated / shared use of required IT systems across Tayside. In the meantime, where required, the possibility of interfaces sharing information between systems should be explored.

Managing System Access

26. NHS Tayside has in place a Systems Access Policy which was due for review in July 2018. Paragraph 8.1 of this Policy states: '*Staff members from external NHS or supporting organisations who require access to NHS Tayside's patient information systems for their job role or function will not be given access until the organisation concerned has completed a System Access Request Form and this has been signed off by all the requisite signatories.*' This would apply to the situation of staff employed by Local Authorities who work in Health & Social Care Partnerships. The current arrangement is that access to systems which hold and provide clinical information relating to patients within NHS Tayside must be sponsored and authorised by a relevant lead clinician for that service.
27. DH&SCP should request that NHST review and update this Policy to ensure any issues encountered in the case of DH&SCP staff are covered as well as address any other findings of this report.
28. DCC has an ICT Security and Safe Use policy with additional procedures in place dependent on the system to be accessed and who manages it.

29. A flowchart setting out a process how DH&SCP staff who require access to a partner's systems should request it, and how leavers will be off-boarded has been drawn up, showing actions to be taken by the Health Board, Local Authority and the DH&SCP end user. This process requires interaction between the NHS Tayside eHealth department and the DCC IT Service. We have been informed by both NHST eHealth and DCC IT Service management that this has not been working appropriately in practice due to a lack of communication and delays in this process. Agreement should be reached through the WEG, with DH&SCP management escalating if necessary, to ensure that the required support is provided by the partners. NHS Tayside has provided a record of DCC staff on NHS Tayside systems to DCC and has requested the equivalent information but had not received it at the time of our audit. This would allow both organisations to ensure leavers have been off-boarded.
30. Through this process, DH&SCP staff employed by DCC can obtain access to appropriate NHS Tayside systems if this is required for their post. Relevant forms must be completed and authorised by an appropriate member of NHS Tayside staff and submitted to the NHS Tayside IT Help Desk. Similarly, DH&SCP staff employed by NHS Tayside can obtain access to relevant DCC systems if this is required for their post and relevant forms must be completed, appropriately authorised and submitted to DCC's IT Help Desk.
31. Whilst currently adding large numbers of DCC staff users to Datix presents difficulties, we have been informed by NHS Tayside officers (eHealth Head of Service as well as the Clinical Governance & Risk Co-ordinator/Datix System Specialist) that the proposed next upgrade to Datix to the Cloud should solve this issue, which would allow the use of Datix for e.g. incident / risk recording across both health and social care services.
32. As part of the audit fieldwork, a request was made to DCC's IT Service to provide details of the DH&SCP staff employed by NHS Tayside who had been granted a corporate login to DCC's active directory for Council access. However, a complete record of this information was not readily available. Recent additions of DH&SCP staff employed by NHS Tayside to the DCC's active directory have been grouped in such a way as to instantly identify that they are DH&SCP staff employed by NHS Tayside, however this was not always the case.
33. The information that was subsequently provided by DCC's IT Service indicated that 137 DH&SCP staff employed by NHS Tayside have DCC corporate logins, 86 of whom also have access to MOSAIC. However, the MOSAIC Support Team records show that only 77 DH&SCP staff employed by NHS Tayside have access to MOSAIC and neither set of records were accurate and up to date. The MOSAIC Support Team advised that an exercise was undertaken recently to tidy up accounts where a request to deactivate accounts had not been completed. Arrangements are now in place to ensure that future requests to deactivate accounts will be completed timeously.
34. We also obtained a list of DH&SCP staff employed by DCC with access to NHS Tayside systems. We were informed by the NHST eHealth Service Delivery Manager that there were likely to be inaccuracies as the flow of information from DCC in relation to leavers has not been operating as intended as set out above. This includes DCC staff with access to TrakCare and EMIS which NHST eHealth were able to identify through a manual trawl.

35. As part of the agreement reached between the DH&SCP Chief Finance Officer and DCC's IT Service Manager in February 2018, a list of DH&SCP staff employed by NHS Tayside with access to DCC systems was to be sent to the Chief Finance Officer on a regular basis in order for him to confirm that these people were still employed by NHS Tayside, however, this exercise has not yet been carried out.

Corporate Support Arrangements

36. Corporate support (including for IT / IG) was identified as a barrier to further integration in the Dundee partnership response self assessment against the MSG report on progress with integration of health & social care. However, internal audit was informed by the Head of IG and Head of Service- eHealth that NHS Tayside's IG and eHealth teams were not involved in the response or subsequent action plan, and neither were relevant IT staff in DCC.
37. As previously detailed in Internal Audit Report D06/17, "Workforce" (DCC Report No 2016/20) a formal Service Level Agreement detailing key corporate support services to be provided to DH&SCP by DCC and NHS Tayside has yet to be agreed. The most recent Audit Follow Up position as reported to the September 2019 Performance and Audit Committee (PAC) shows that lack of management capacity means this has not yet progressed and is planned to be completed by December 2019. An SLA may not be the most appropriate method and other options should be explored in the context of the improvement action plan developed in response to the MSG report and self assessment.
38. Discussions with DCC's IT Service Manager established that, whilst there is not a formal agreement regarding IT support arrangements in place, they have been directed to facilitate integration as much as possible. Discussions with NHS Tayside's Head of Service eHealth established that IT support from NHS Tayside is provided via requests submitted to the NHS Tayside IT Help Desk in the same way as an NHS Tayside employee would request and receive support. For Angus and P&K partnerships, NHS Tayside and the respective councils have agreed IT helpdesk support models in place with the relevant local authority help desks. A similar agreement should be reached for DH&SCP staff.
39. During the audit fieldwork, the following observations were made:
- ◇ DH&SCP staff, employed by NHS Tayside, who are based in DCC buildings have had problems accessing NHS Tayside systems from these buildings. Dual Network Connections have been installed in a number of DCC buildings in order to help alleviate this problem.
 - ◇ DH&SCP staff, employed by DCC who are based in NHS Tayside buildings have experienced problems accessing the DCC network because, as part of the PSN (Public Services Network) accreditation, DCC was not permitted to allow staff to access DCC systems using devices that are managed by other bodies. As a solution, DCC provided laptops for these staff to use. For the majority of these staff this will no longer be a problem as a new secure email blueprint is in the process of being introduced and most staff will not have to interact with the PSN.
 - ◇ DH&SCP staff, employed by NHS Tayside, who are based in DCC buildings are unable to print to the 'Followme' printers because they are not set up on DCC's Active Directory. Whilst a solution has now been set up, which allows the staff to print, the functionality is limited.

40. After meeting in August 2017 and then again in January and March 2018, the DCC and NHS Tayside Workplace Enablement Group (WEG) has recently been re-instated and met again in June 2019. The WEG, which includes representation from NHS Tayside eHealth, DCC IT Service as well as DH&SCP management, has a number of outstanding actions since its first meeting in 2017. The work of this group should address a number of practical issues encountered by DH&SCP staff, including a number of issues included in this report. It is recommended that the role of this group should be reviewed with clear terms of reference established. The group should have appropriate membership and be supported by both senior leadership commitment and clear escalation routes within the wider structures of DH&SCP, DCC and NHS Tayside.

ACTION

41. An action plan has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

ACKNOWLEDGEMENT

42. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

A Gaskin BSc. ACA
Chief Internal Auditor

P Redpath FCCA
Senior Manager – Internal Audit,
DCC

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
1.	There is currently no clear governance route for DIJB to direct IG work or receive assurance on implementation. The remit of the Tayside Information Governance Group only states that ' <i>Members will be responsible for reporting to their organisations as appropriate</i> '. There is also currently no DH&SCP representation on the NHST IG & Cyber Security Committee, but DH&SCP is represented on the DCC Information Governance Compliance Group.	<p>Clear escalation routes should be agreed between DIJB and its partners for Information Governance and eHealth (IT).</p> <p>DH&SCP should identify an appropriate representative to attend the NHST IG & Cyber Security Committee.</p>	2	<p>The Tayside Information Governance Group includes representatives from all Councils within the region and was established as a working group. NHS Tayside's Head of Information Governance and Cyber Assurance/Data Protection Officer agreed to raise the Terms of Reference for this Group via the online forum with a view to establishing a governance route for IJB's by 31st March 2020.</p> <p>DHSCP to identify appropriate representation to the NHST IG Cyber Security Committee</p>	<p>NHS Tayside's Head of Information Governance and Cyber Assurance/Data Protection Officer</p> <p>31 March 2020</p> <p>DHSCP Chief Officer</p> <p>31 March 2020</p>
2.	Relevant officers from DCC and NHST have met regularly to develop the Data / Information Sharing Agreement. However, this has not been finalised to date. We have been informed by the NHST Head of IG that progress has been	We strongly recommend that the pace of getting to an agreed position is increased. A Data / Information Sharing Agreement would provide the basis for determining appropriate access to systems	2	NHS Tayside's Head of Information Governance and Cyber Assurance/Data Protection Officer to work with DCC's Information Governance Manager to agree, disseminate and gain approval for a Data Sharing Agreement. The Data	NHS Tayside's Head of Information Governance and Cyber Assurance/Data Protection Officer/

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
	made on a draft version to apply in P&K and DCC	and as a matter of urgency requires to be agreed and disseminated as appropriate.		Sharing Agreement will not cover specific systems. The Data Sharing Agreement should be considered by the Systems Application Strategy and Sharing Group which should develop policies and procedures for governing access to specific systems.	DCC's Information Governance Manager 31 March 2020
3.	There is corporate commitment from both partners to develop integrated IT solutions for the DH&SCP as set out in their IT Strategies. However, currently the lack of integrated or shared use of systems, both for clinical / care use and corporate / admin use, impacts on the level of integration that can be achieved by operational teams. Therefore, further commitment is needed to work towards integrated/ shared use of required IT systems across Tayside.	Consideration should be given to how IT services within the Council and NHS Tayside, along with representatives from DH&SCP, should meet regularly to ensure that, the needs of all parties are considered when key IT development decisions are being taken and any IT problems that arise due to the unique circumstances of the DH&SCP can be discussed and resolved timeously. Given the need for NHST to engage with its partners across all 3 partnerships, it may be useful to establish a Tayside wide	2	Strategic discussions will be held between all partners in conjunction with Scottish Government to help facilitate an operational solution through the provision of available funding / resources.	Executive Director of Corporate Services DCC Director of Digital Technology NHST Chief Finance Officer, DIJB 30 June 2020 Dundee HSCP's MOSAIC Project / IT Board has been focussed on developing and implementing the MOSAIC case recording system Chief Finance Officer DIJB 30 June 2020

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
		<p>forum for this. In the meantime, where required, the possibility of interfaces sharing information between systems should be explored.</p> <p>As previously noted under Internal Audit report D06/17 key corporate support services to be provided to DH&SCP by DCC and NHS Tayside has yet to be agreed. Options should be explored in the context of the improvement action plan developed in response to the MSG report and self assessment.</p>		<p>since the inception of the HSCP. As the main system features have now been implemented the focus of this group will now move to identifying, prioritising and planning the integrated IT needs of the HSCP through the development of an IT strategy. IT leads from both NHST and DCC are invited members to this Board. The Board will provide the strategic direction with the WPE providing the technical response.</p> <p>Frequency of meetings of the Workplace Enablement (WPE) group will be increased to quarterly. A Bi-Yearly meeting will be established which will include Angus and PKC representation.</p> <p>It was agreed that the remit of the WPE Group was to remain a technical enablement forum. The DHSCP IT Board will set out the direction including the key issues</p>	<p>NHST E-Health Service Delivery Manager, DCC IT Service Manager</p> <p>30 June 2020</p> <p>Chief Finance Officer</p> <p>30 June 2020</p>

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
				highlighted in the MSG report.	
4.	NHST Systems Access Policy is out of date	DH&SCP should request that NHST review and update this Policy to ensure any issues encountered in the case of DH&SCP staff are covered as well as address any other findings of this report.	3	This policy is currently under review and will be submitted to the NHS Tayside Information Governance Committee in January 2020. If agreed this will then be submitted to the Audit and Risk Committee for final approval.	NHS Tayside's Head of Information Governance and Cyber Assurance/Data Protection Officer 31 March 2020
5.	A flowchart setting out a process how HSCP staff who require access to a partner's systems should request it, and how leavers will be off-boarded has been drawn up. This process requires interaction between the NHS Tayside eHealth department and the DCC IT Service. We have been informed that this is not working appropriately in practice due to a lack of communication and delays in this process, leading to	Agreement should be reached through the Workplace Enablement Group (WEG), with DIJB management escalating if necessary to ensure that this process operates effectively and that the required support is provided by the partners.	2	This recommendation is already in progress. Workflows are required to be tested around off boarding of staff.	NHST E-Health Service Delivery Manager, DCC IT Service Manager 31 March 2020

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
	inaccuracies in the list of users.				
6.	After meeting in August 2017 and then again in January and March 2018, the DCC and NHST Workplace Enablement Group (WEG) has recently been reinstated and met in June 2019. However, a number of actions remain outstanding since the first meeting in 2017. The work of this group would address a number of practical issues encountered by DH&SCP staff as included in the body of this report.	<p>The role of this group should be reviewed with clear terms of reference established. The group should have appropriate membership and be supported by both senior leadership commitment and clear escalation routes within the wider structures of DH&SCP, DCC and NHST.</p> <p>Future meetings of this group should also include discussion on an IT helpdesk agreement for DH&SCP staff as well as agreement on the processes for sharing information on DH&SCP staff active directory users.</p> <p>Given the need for NHST to engage with its partners across all 3 partnerships, it may be useful to establish a Tayside wide forum for this.</p>	2	<p>Terms of Reference for the Workplace Enablement Group to be drawn up and agreed at the next meeting at the end of January 2020.</p> <p>This agreement and process has already been agreed and is now in place.</p> <p>A Bi-Annual Meeting to be arranged.</p>	<p>NHST E-Health Service Delivery Manager, DCC IT Service Manager 31 January 2020</p> <p>Complete</p> <p>NHST E-Health Service Delivery Manager 30/11/2020</p>

DEFINITION OF ASSURANCE CATEGORIES AND RECOMMENDATION PRIORITIES

Categories of Assurance:

A	Good	There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives.
B	Broadly Satisfactory	There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives, although minor weaknesses are present.
C	Adequate	Business objectives are likely to be achieved. However, improvements are required to enhance the adequacy/ effectiveness of risk management, control and governance.
D	Inadequate	There is increased risk that objectives may not be achieved. Improvements are required to enhance the adequacy and/or effectiveness of risk management, control and governance.
E	Unsatisfactory	There is considerable risk that the system will fail to meet its objectives. Significant improvements are required to improve the adequacy and effectiveness of risk management, control and governance and to place reliance on the system for corporate governance assurance.
F	Unacceptable	The system has failed or there is a real and substantial risk that the system will fail to meet its objectives. Immediate action is required to improve the adequacy and effectiveness of risk management, control and governance.

The priorities relating to Internal Audit recommendations are defined as follows:

Priority 1 recommendations relate to critical issues, which will feature in our evaluation of the Governance Statement. These are significant matters relating to factors critical to the success of the organisation. The weakness may also give rise to material loss or error or seriously impact on the reputation of the organisation and require urgent attention by a Director.

Priority 2 recommendations relate to important issues that require the attention of senior management and may also give rise to material financial loss or error.

Priority 1 and 2 recommendations are highlighted to the Audit Committee and included in the main body of the report within the Audit Opinion and Findings

Priority 3 recommendations are usually matters that can be corrected through line management action or improvements to the efficiency and effectiveness of controls.

Priority 4 recommendations are recommendations that improve the efficiency and effectiveness of controls operated mainly at supervisory level. The weaknesses highlighted do not affect the ability of the controls to meet their objectives in any significant way.



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 22 SEPTEMBER 2020

REPORT ON: INTERNAL AUDIT REVIEW – GOVERNANCE MAPPING

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC28-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to present the findings of the Internal Audit Review of Governance Mapping to the Performance and Audit Committee.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

- 2.1 Notes the content and findings of the Internal Audit Review of Governance Mapping attached as Appendix 1 to this report.
- 2.2 Notes and agrees the action plan associated with the report as the management response to the findings.
- 2.3 Instructs the Chief Finance Officer to report progress in delivering the actions set out in the action plan through the Governance Action Plan presented to each Performance and Audit Committee meeting.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

- 4.1 Dundee Integration Joint Boards Internal Audit Plan 2018/19 set out a number of reviews to be delivered by the combined Internal Audit resources of Dundee City Council and FTF Audit and Management Services under the direction of the IJB's Chief Internal Auditor. These reviews were identified following a review of the IJB's Strategic Risk Register and are designed to support development of governance arrangements to mitigate against these risks. The scope of this particular report is to review the extent to which the IJB's structures support the delivery of the IJB's strategic commissioning priorities.
- 4.2 This audit also reviewed the controls established to address Dundee IJB's Strategic risk Ref 7: "Increased Bureaucracy: Revised governance mechanisms between the IJB and partners could lead to increased bureaucracy in order to satisfy the arrangements required to be put in place."
- 4.3 In order to assess this position the Internal Audit work has:
 - identified and mapped Dundee Health and Social Care Partnership's (DHSCP) key committees and working groups;
 - reviewed interdependencies and interfaces with Dundee City Council and NHS Tayside;
 - considered working arrangements and reporting requirements for the above;

- considered if the structure of these committees & groups best supports delivery of DHSCP's strategic objectives.

4.4 The review has identified a number of key findings and recommendations to be considered in relation to the governance arrangements surrounding the IJB and the complexities of its interface with the partner bodies. The Internal Auditors opinion is that that the review demonstrated limited assurance. This means that there is a satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.

4.5 These findings have been presented to the management of Dundee Health and Social Care Partnership who have agreed a range of actions in response to the key findings and recommendations. These actions are set out in the Action Plan on page 6 onwards of the Internal Audit Report. The progress of these actions will be monitored through the Governance Action Plan presented to each meeting of the Performance and Audit Committee.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it a status update and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 The Chief Officer, Chief Internal Auditor and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

Date: 30th August 2020

FTF Internal Audit Service

Dundee IJB Internal Audit Service Governance Mapping Report No. D06/19

Issued To: V Irons, Chief Officer
D Berry, Chief Finance Officer
S Weir, Section leader, Finance
D McCulloch, Head of Health & Community Care

Dundee Integration Joint Board
External Audit
P Redpath, Senior Manager- Internal Audit, Dundee City Council

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Draft Report Issued	31 July 2020
Management Responses Received	11 September
Target Audit & Risk Committee Date	22 September 2020
Final Report Issued	14 September 2020

CONTEXT AND SCOPE

1. Dundee IJB's Health & Social Care Strategic Commissioning Plan sets out eight priority areas, with related actions that underpin the delivery of the Plan. These 8 priority areas are:
 - *'Health Inequalities - these actions are about stopping unfair differences between people's health.*
 - *Early Intervention/Prevention - these actions will help support people early to stop them getting worse.*
 - *Person Centred Care and Support - this will help Dundee Health & Social Care Partnership (DHSCP) provide support that people want and need.*
 - *Carers - these actions will help people who give care and support to family and friends.*
 - *Localities and Engaging with Communities - these actions will help DHSCP to make services closer to people's homes.*
 - *Building Capacity - these actions will support local people to develop and build better communities.*
 - *Models of Support/Pathways of Care - this is about how services and support are delivered.*
 - *Managing our Resources Effectively - this is about getting the best value for money.'*
2. The scope of this review was to assess the extent to which the IJB's structures support the delivery of these priorities.
3. We have:
 - identified and mapped Dundee Health and Social Care Partnership's (DHSCP) key committees and working groups;
 - reviewed interdependencies and interfaces with Dundee City Council and NHS Tayside;
 - considered working arrangements and reporting requirements for the above;
 - considered if the structure of these committees & groups best supports delivery of DHSCP's strategic objectives.
4. This audit also reviewed the controls established to address Dundee IJB's Strategic risk Ref 7:
 - ***"Increased Bureaucracy: Revised governance mechanisms between the IJB and partners could lead to increased bureaucracy in order to satisfy the arrangements required to be put in place. (Current risk rating L= 4, I= 3, 12)"***

AUDIT OPINION

5. The Audit Opinion of the level of assurance is as follows:

Level of Assurance		System Adequacy	Controls
Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.

A description of all definitions of assurance and assessment of risks are given in Section 4 of this report.

Overall, we could not find clear evidence that the structures in place will provide appropriate assurance, or that they have minimised bureaucracy and duplication of effort.

Structures

- A joint exercise was undertaken with DHSCP managers where we jointly identified 41 groups (we use this term collectively to refer to all Boards, Forums, Teams, Committees etc) where Dundee HSCP senior management report or attend within both the HSCP and partner bodies. These groups are at both governance (i.e. with input from members and non-executives) and management level. Appendix 1 maps these groups and shows any reporting lines we were able to ascertain as well as identifying the relevant governance strand.
- The IJB and the Integrated Strategic Planning Group are required by statute and the Performance and Audit Committee is considered best practice and recommended by Audit Scotland. Under 'Getting it Right For Everyone Clinical, Care & Professional Governance Framework for Tayside' (GIRFE), each Tayside HSCP also has in place a Clinical, Care & Professional Governance Group.
- Other groups are set up at the discretion of DHSCP management to assist in the development and implementation of the objectives of the organisation. We confirmed that all those in place support one of the strategic priorities set out in the DIJB Strategic Commissioning Plan or the resources to support them. However, there is no guidance in place for DH&SCP staff on the establishment of such groups to create consistency and ensure best practice.
- In addition, DHSCP management attend a number of groups and committees within the partner bodies, both for management and governance purposes. We could see no clear reasoning or consistency for which groups within the partner bodies include HSCP representation.
- We found that the Chief Finance Officer is named in the membership of over 40 groups and committees. Although not all these will require frequent attendance, this has a significant impact on scarce management capacity. We suggest that DHSCP presentation should be reviewed and should be primarily focused on groups which make strategic and service planning decisions impacting on the HSCP/ IJB. Equally, attendance at partner groups should be based on a consideration of whether this is necessary to provide assurance to allow the partner body to fulfil their agreed responsibilities in line with their accountabilities.

11. We compiled a map detailing the reporting line of each of the groups identified. The structure for governance groups in DHSCP is simple and only includes the IJB and the Performance & Audit Committee (PAC). However, the landscape for operational/management groups is both complex and confusing with the strong possibility of duplication of effort. The number of groups has grown organically without any apparent review of whether there is crossover with the remit of existing groups. In addition, the reporting lines do not have clear, linear reporting and assurance lines.

Next step- Assurance mapping

12. The (SPFM Audit and Assurance Committee Handbook 2018) states: *'We encourage all organisations within the Scottish Government family to define their assurance needs, map their various sources of assurance and develop an integrated approach to assurance which will secure best value for the public purse and embed best practice principles within their organisation.'*
13. Within this review we have identified the groups in place. Whilst not a specific feature of this audit, we have previously commented on the usefulness of assurance mapping to ensure coherence between Governance Structures, Performance Management, Risk Management and Assurance. We are of the view that the management response to this audit, especially when reviewing the purpose and remits as well as the timing of meetings of groups should work towards optimising the flow of assurance and providing a basis for a future assurance mapping exercise. This includes ensuring that workplans support the assurance to be provided and comprehensive annual reports are prepared.

Working arrangements of groups

14. Of the 19 DHSCP groups reviewed as part of our work, only 10 could provide current terms of reference. Best practice for all groups is to consider and document the purpose of the work of the group, including who is required to attend to ensure the groups understands and achieves its objectives. A template should be provided to all management groups including the following headings: purpose and objectives, membership, decision-making (quorum required), meetings, delegating tasks and powers to sub groups, reporting, monitoring and review. Once completed, they should be discussed and reviewed by the DHSCP Senior Management team to show overlap and duplication between groups.
15. Not all meetings of groups are documented with minutes or action points to show actions agreed or decisions made. Where these are available, the format varies considerably. In addition, many groups do not include a standing agenda item following up agreed actions at the next meeting.
16. Whilst not all groups in our sample sit along a clear reporting line (e.g. some report to partner organisation groups), we could find no evidence the timing of meetings is scheduled to enable the most current information to be reported/ scrutinised and corrective action to be taken as soon as possible.
17. It is recognised that the integrated nature of the DH&SCP and the merging of various organisation cultures requires a flexible and responsive approach. The groups we reviewed as part of our audit work have a wide range of purposes, reflecting the diverse nature and complexity of the Partnership's business. This means that a "one size fits all" approach to setting up & governing such groups is likely to have some limitations (e.g. a time-limited group is likely to require completely different arrangements from those which are on-going) therefore a degree of flexibility will be beneficial.

18. However, we would recommend that a best practice guidance document is developed to ensure the operation of all groups across DHSCP conforms to the following principles:
- A clear purpose and remit is documented for each group, including how this purpose aids the achievement of DIJB’s corporate objectives and this is reviewed annually
 - membership (including deputising arrangements) and quorum for decision making is considered and documented in the remit
 - Scheduling (frequency and timing) of meetings takes into account the reporting lines of each group
 - Following each meeting, sufficient detail should be recorded to demonstrate the process and rationale for reaching a decision as well as any agreed actions. An update on the actions agreed should be a standing agenda item at the next meeting of any group.
 - Where a group reports on to another group or committee, it should prepare an annual workplan for approval by the parent committee. In addition, they should prepare an annual report for presentation to the parent Committee, providing assurance that the group has fulfilled its remit and noting any actions required.
 - A corporate database/ joint calendar showing all relevant groups and meetings might help to administer this.

Strategic Risk

19. Dundee IJB has noted a strategic risk (Ref 7) in relation to Increased Bureaucracy: *‘Revised governance mechanisms between the IJB and partners could lead to increased bureaucracy in order to satisfy the arrangements required to be put in place. (Current risk rating L= 4, I= 3, 12)’*
20. The only control currently noted against this risk is the ‘Development and testing of a range of governance scenarios to provide clarity over responsibilities’; which was based on a now superseded internal audit recommendation. The actions to be taken in response to this report should be noted as controls when this risk is next updated and the risk itself would benefit from more detailed consideration.


ACTION


1. The action plan at Section 2 of this report has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.


ACKNOWLEDGEMENT

2. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

A Gaskin BSc. ACA
Chief Internal Auditor

Action Point Reference 1	
Finding:	
<p>DHSCP Management attend a number of groups and committees within the partner bodies, both for management and governance purposes. In particular, we found that the Chief Finance Officer is named in the membership of over 40 groups and committees. Although not all these will require frequent attendance, this has a significant impact on scarce management capacity.</p> <p>We could see no clear reasoning or consistency for which groups within the partner bodies include HSCP representation.</p>	
Audit Recommendation:	
<p>We recommend that the DHSCP management team should review attendance at groups based on agreed principles. We suggest these principles should be primarily focused on groups which make strategic and service planning decisions impacting on the HSCP/ IJB. Equally, attendance at partner groups should be based on a consideration of whether this is necessary to provide assurance to allow the partner body to fulfil their agreed responsibilities in line with their accountabilities.</p>	
Assessment of Risk:	
<p>Significant</p>	 <p>Weaknesses in control or design in some areas of established controls.</p> <p>Requires action to avoid exposure to significant risks in achieving the objectives for area under review.</p>
Management Response/Action:	
<p>As noted in this report, the evolving complexity of integrated arrangements are such that the capacity of the management team of the Health and Social Care Partnership in its widest sense is insufficient to effectively contribute to all the demands placed on it through partner groups in particular. The development of a range of principles as recommended will provide a better structured approach and through the shared understanding of the partners of priorities, provide the necessary assurances to them. This will be actioned as recommended.</p>	
Action by:	Date of expected completion:
Chief Officer, Dundee HSCP	31 March 2021





Action Point Reference 2	
Finding:	
We identified a number of inconsistencies and weaknesses in the establishment of the numerous groups across the HSCP. Whilst there can be no single approach which will be appropriate for all groups, working arrangements should follow good practice principles.	
Audit Recommendation:	
We recommend that a best practice guidance document is developed to ensure the operation of all groups conforms to the following principles:	
<ul style="list-style-type: none"> • A clear purpose and remit is documented for each group, including how this purpose aids the achievement of DIJB's corporate objectives and this is reviewed annually • Membership (including deputising arrangements) and quorum for decision making is considered and documented in the remit • Scheduling (frequency and timing) of meetings takes into account the reporting lines of each group • Following each meeting, sufficient detail should be recorded to demonstrate the process and rationale for reaching a decision as well as any agreed actions. An update on the actions agreed should be a standing agenda item at the next meeting of any group. • Where a group reports on to another group or committee, it should prepare an annual workplan for approval by the parent committee. In addition, they should prepare an annual report for presentation to the parent Committee, providing assurance that the group has fulfilled its remit and noting any actions required. • A corporate database/ joint calendar showing all relevant groups and meetings might help to administer this. 	
Once these principles are in place, the groups in place should be reviewed to ensure there is no duplication.	
Assessment of Risk:	
Significant	 <p>Weaknesses in control or design in some areas of established controls.</p> <p>Requires action to avoid exposure to significant risks in achieving the objectives for area under review.</p>
Management Response/Action:	
Agreed that a best practice guidance document would be beneficial and will be developed as recommended	
Action by:	Date of expected completion:
Head of Finance & Strategic Planning, Dundee HSCP	31 March 2021

Action Point Reference 3	
Finding:	
<p>Dundee IJB has noted a strategic risk (Ref 7) in relation to Increased Bureaucracy: <i>'Revised governance mechanisms between the IJB and partners could lead to increased bureaucracy in order to satisfy the arrangements required to be put in place. (Current risk rating L= 4, I= 3, 12)'</i></p> <p>The only control currently noted against this risk is the 'Development and testing of a range of governance scenarios to provide clarity over responsibilities'; which was based on an internal audit recommendation which has now been superseded.</p> <p>The risk was last reviewed in January 2018.</p>	
Audit Recommendation:	
<p>An in depth review should be undertaken to update this risk. This should include updating the controls to refer to any actions to be taken in response to this audit report.</p>	
Assessment of Risk:	
<p>Significant</p> 	<p>Weaknesses in control or design in some areas of established controls.</p> <p>Requires action to avoid exposure to significant risks in achieving the objectives for area under review.</p>
Management Response/Action:	
<p>The risk and associated controls will be reviewed as recommended</p>	
Action by:	Date of expected completion:
<p>Head of Finance and Strategic Planning, Dundee HSCP</p>	<p>31 March 2021</p>

Section 4 Definition of Assurance and Recommendation Priorities

Definition of Assurance




To assist management in assessing the overall opinion of the area under review, we have assessed the system adequacy and control application, and categorised the opinion based on the following criteria:

Level of Assurance		System Adequacy	Controls
Comprehensive Assurance		Robust framework of key controls ensures objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.
No Assurance		High risk of objectives not being achieved due to the absence of key internal controls.	Significant breakdown in the application of controls.

Section 4 Definition of Assurance and Recommendation Priorities

Assessment of Risk

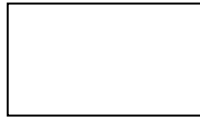
To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Risk Assessment		Definition	Total
Fundamental		Non Compliance with key controls or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	None
Significant		Weaknesses in control or design in some areas of established controls. Requires action to avoid exposure to significant risks in achieving the objectives for area under review.	Three
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	None

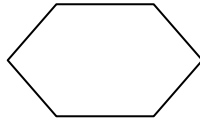
Appendix 1:
All groups

Key:

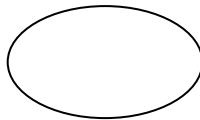
SHAPE



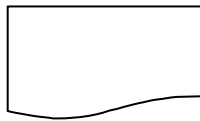
NHS Tayside



Dundee Integration Joint Board



Dundee Health and Social Care Partnership



Dundee City Council

COLOUR



Corporate Governance

Clinical Governance

Financial Governance

Information Governance

Staff Governance

Other

SHADING



Governance



Management

Appendix 1:
All groups

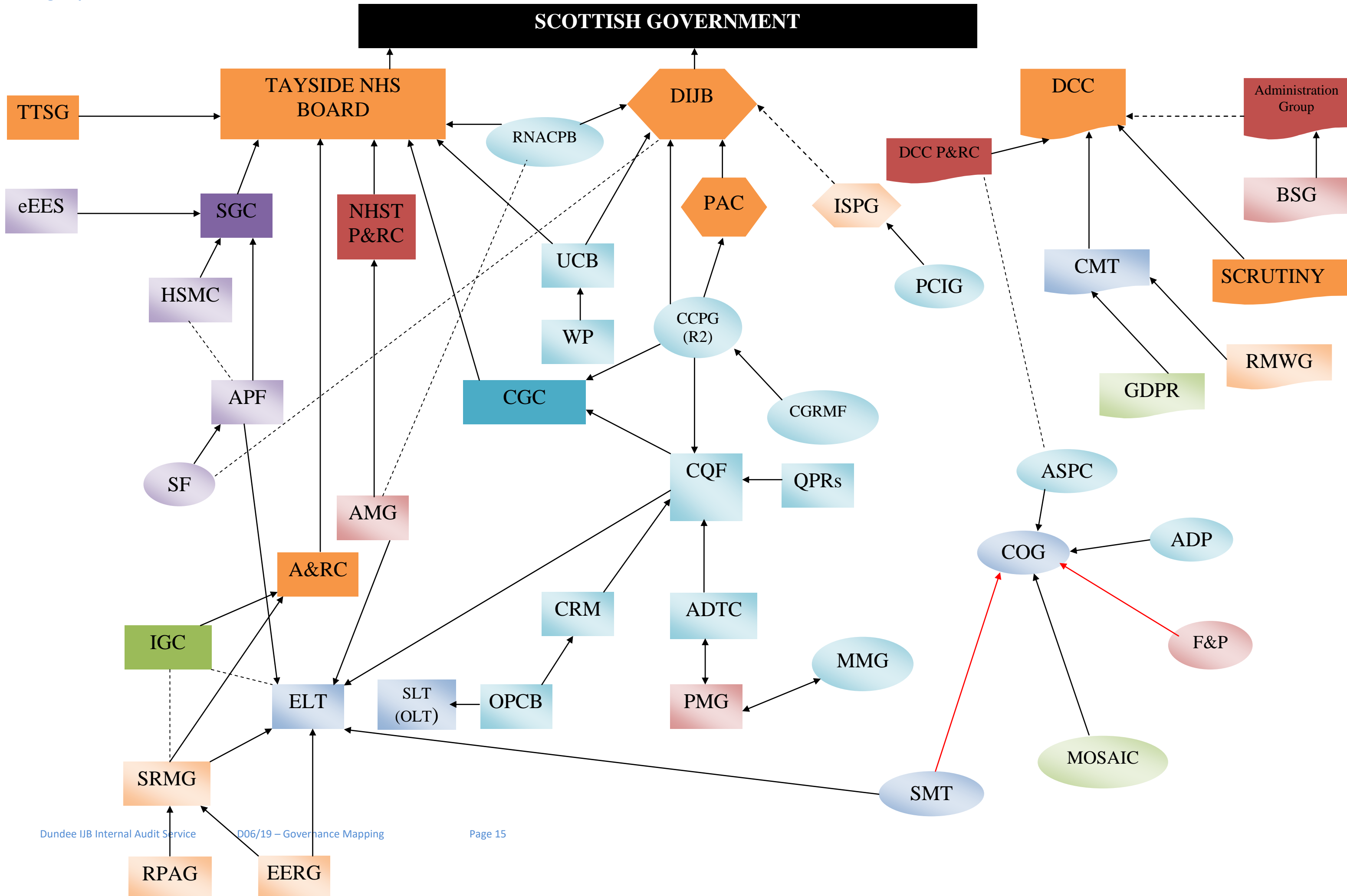
	DHSCP	NHST	DCC
Corporate Governance	IJB: Dundee Integration Joint Board	NHS Board : Tayside NHS Board	Scrutiny: DCC Scrutiny Committee
	PAC: Performance and Audit Committee	A&RC: Audit & Risk Committee	RMWG: Risk Management Working Group
	ISPG: Integrated Strategic Planning Group	SRMG: Strategic Risk Management Group	
		TTSG: Transforming Tayside Steering Group	
		RPAG: Resilience Planning Advisory Group	
		EERG: EU Exit Readiness Group	
Clinical & Care Governance	R2 (CCPGF): Clinical Group (R2 Forum)	CGC: Care Governance Committee	
	CGRMF: Clinical Governance and Risk Management Forum	CQF: Clinical Quality Forum	
	ASPC: Adult Support and Protection Committee	UCB: Unscheduled Care Board	
	ADP: Alcohol and Drug Partnership (ADP)	OPCB: Older Peoples Clinical	

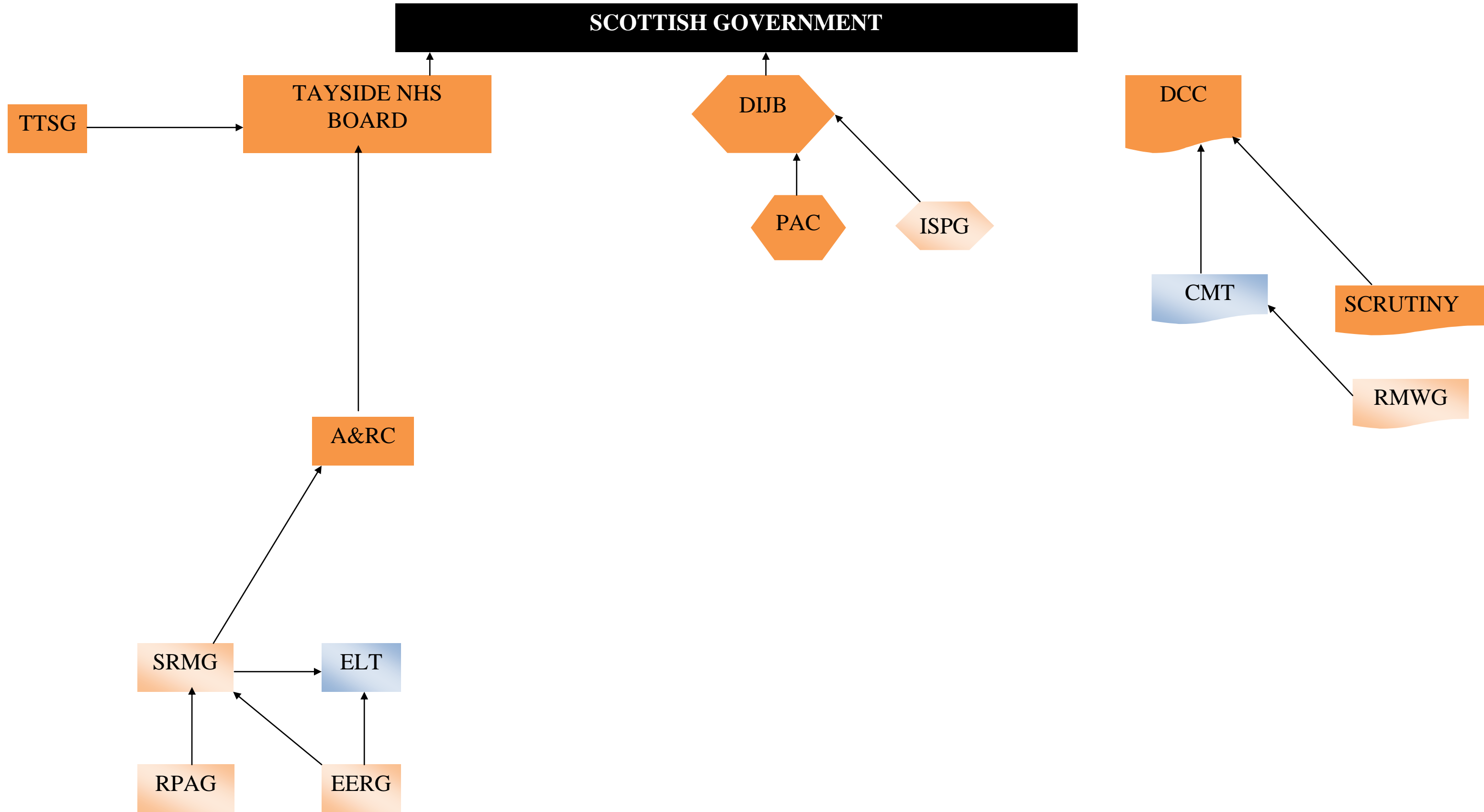
Appendix 1:
All groups

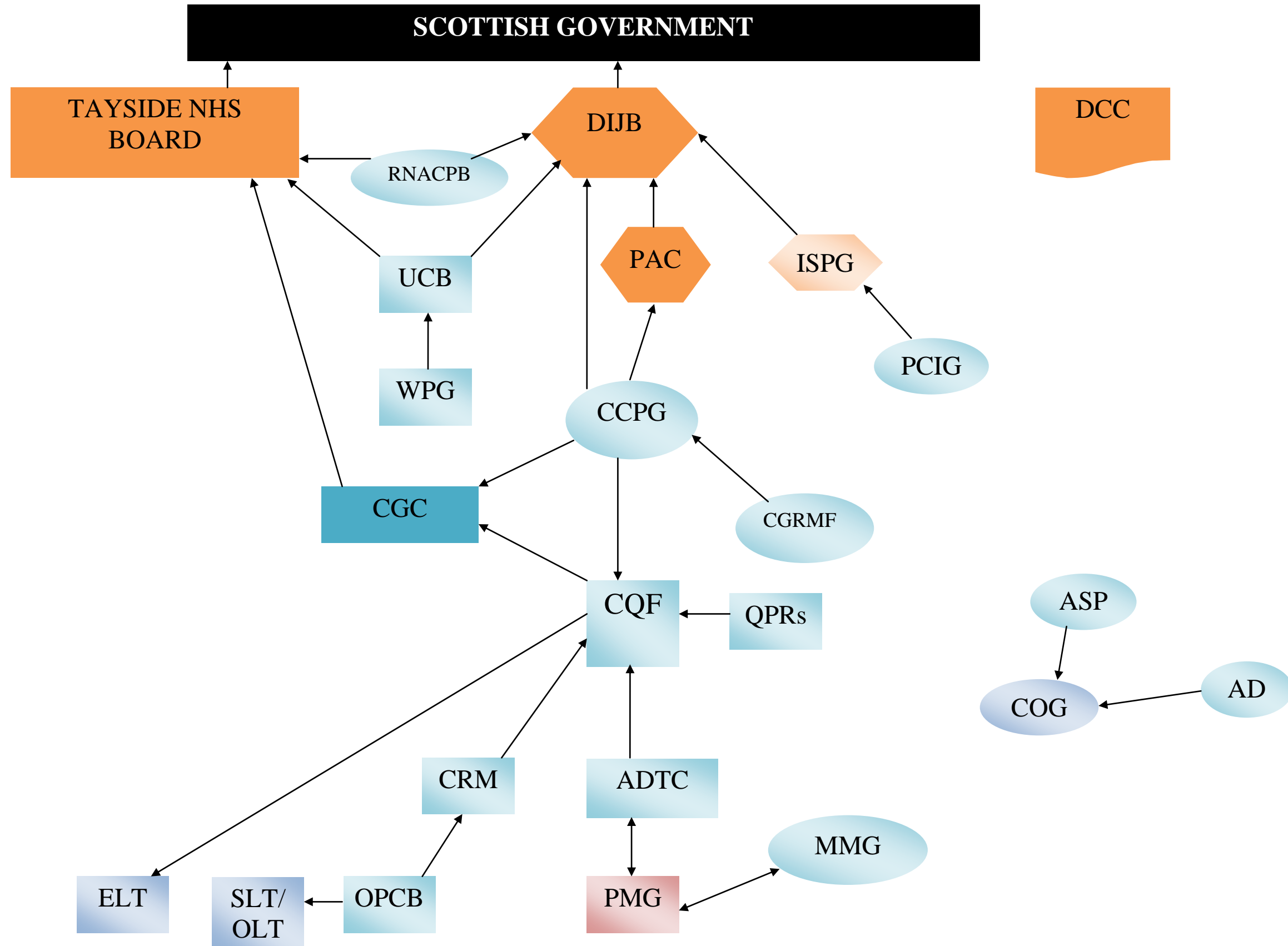
		Board	
	MMG Dundee Medicines Management Group	WPG: Winter Planning Group	
	PCIG Primary Care Improvement Group	CRM: Clinical Risk Management meetings	
	RNACPB Reshaping Non-Acute Care Project Board (DHSCP)	ADTC Area Drugs & Therapeutic Committee	
		QPR: Quality & Performance Reviews	
Staff Governance	SF: Staff Forum	SGC: Staff Governance Committee	
	H&SF: Health & Safety Forum	EESS: eESS Project Board	
		HSMC: Health & Safety Management Committee	
		APF: Area Partnership Forum	
Financial Governance	F &P: Finance and Performance Group	P&RC: Policy and Resources Committee	P&RC: Policy and Resources Committee
		AMG: Asset Management Group	AG: Administration Group
		PMG: Prescribing Management Group	BSG: Budget Strategy Group
Information Governance	MOSAIC: MOSAIC (<i>Social care IT system</i>) Project Board / Health and Social Care IT Board	IGC: Information Governance Committee	GDPR: General Data Protection Regulation Strategic Group

Appendix 1:
All groups

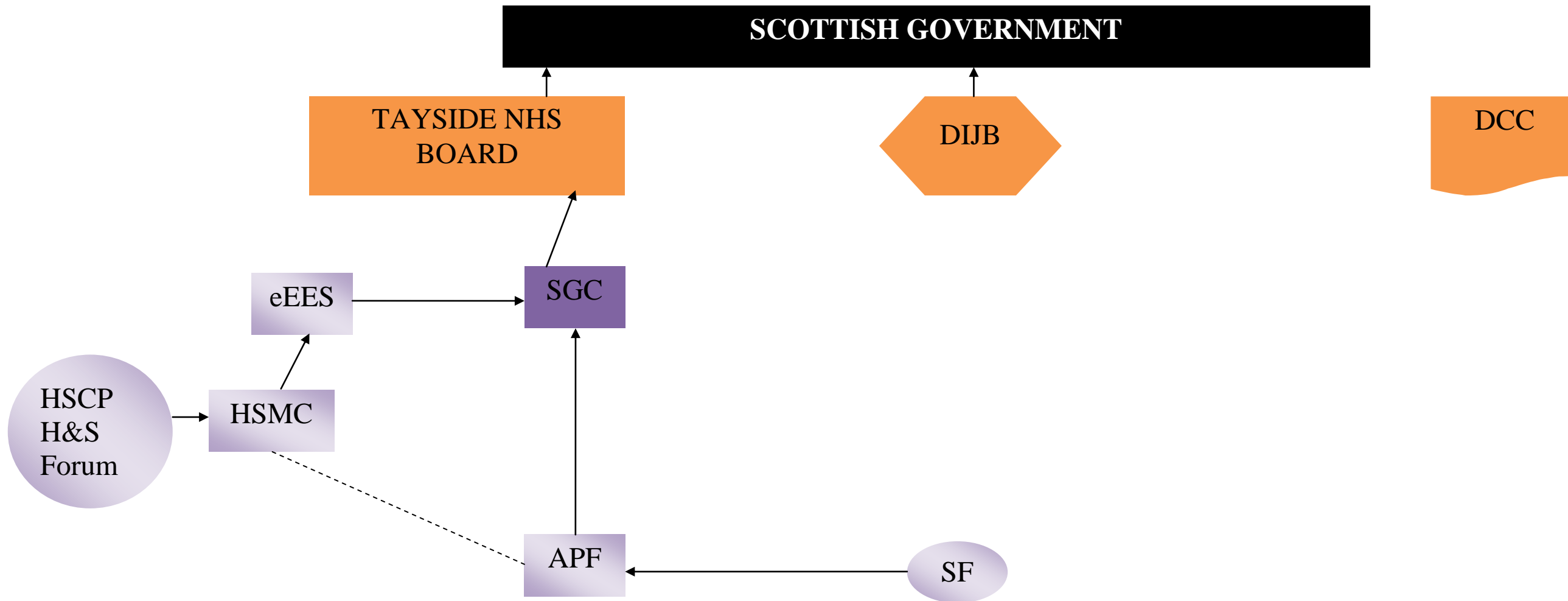
Other (Management)	SMT: DHSCP Senior Management Team	ELT: Executive Leadership Team	CMT: Council Management Team
	COG: Chief Officer's Group	SLT/OLT Senior Leadership Team /Operational Leadership Team	

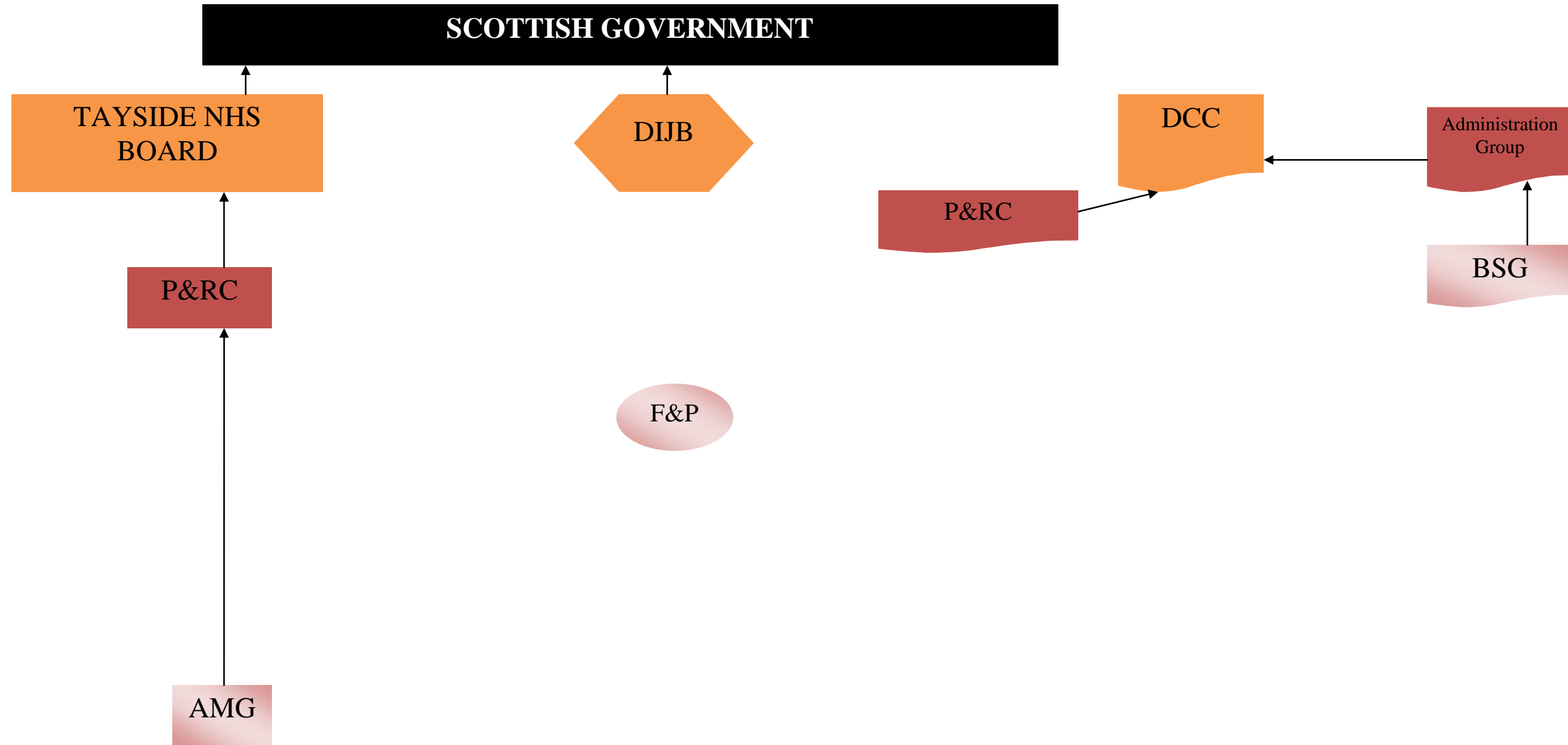


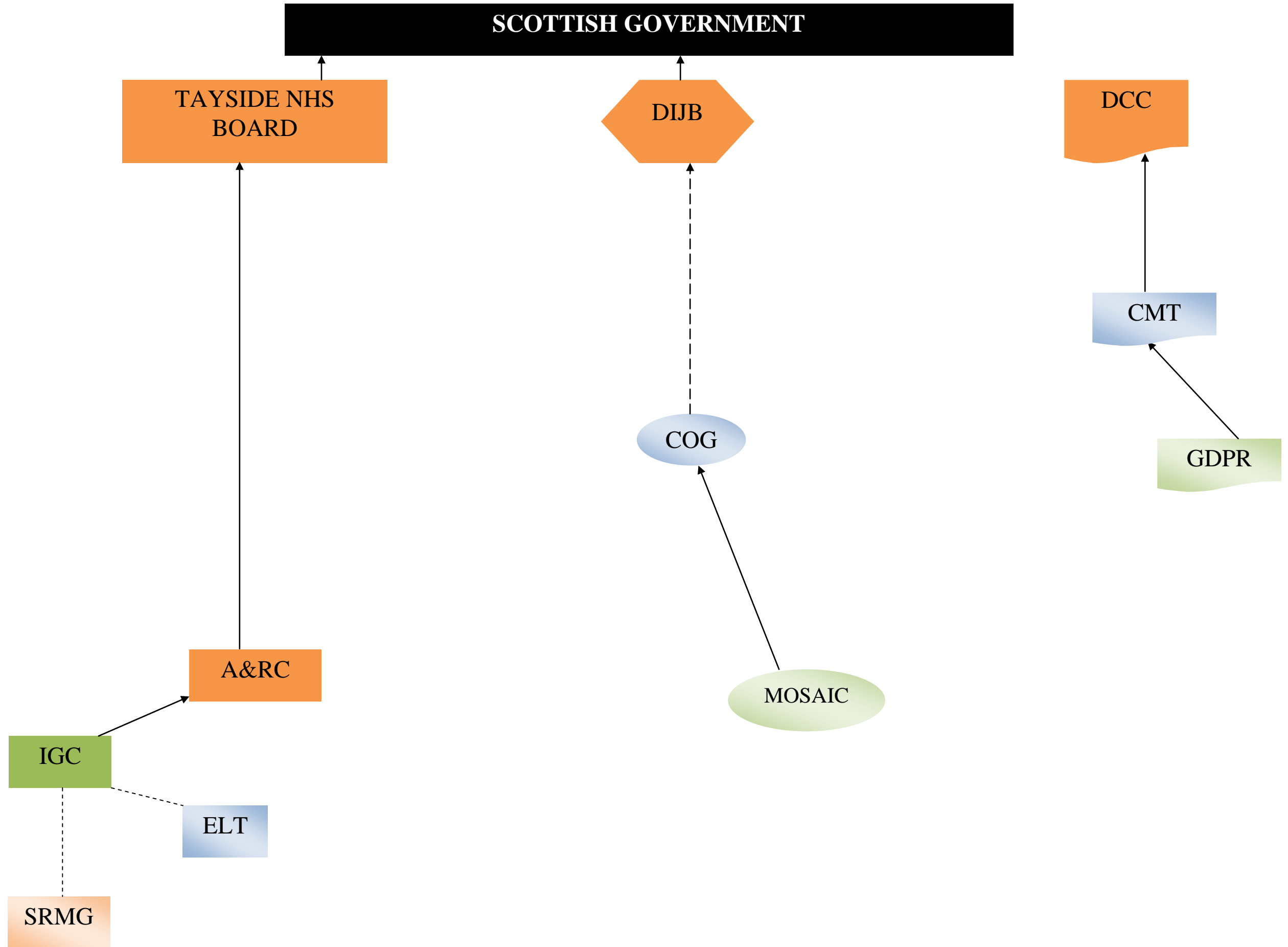




Appendix 4:
Staff Governance







ITEM No ...21.....



REPORT TO: PERFORMANCE & AUDIT COMMITTEE - 22 SEPTEMBER 2020

REPORT ON: DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN
PROGRESS REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC21-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Performance and Audit Committee with a progress update in relation to the current Internal Audit Plan.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

2.1 Notes the continuing delivery of the audit plan and related reviews as outlined in this report.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 As approved under the essential business procedure and formally noted by Dundee IJB at its meeting of the 25th August 2020 (Report PAC15-2020), during 2020/21, Internal Audit Activity will focus on the previously agreed audits with updated scopes agreed with management.

4.2 As per Audit Scotland's recommendation and subsequent agreed action following the Dundee IJB External Audit Annual Report 2016/17, presented to the September 2017 Performance and Audit Committee (PAC21-2017 Article IV of the minute refers), progress of the Internal Audit Plan is now a standing item on Performance and Audit Committee agendas.

4.3 An update on the progress of all the IJB's Internal Audits is shown in Appendix 1.

- Information Governance (D04/19): Final report issued January 2020 and included separately on this agenda (PAC24-2020)
- Governance Mapping (D06/19): Final report issued August 2020 and included separately on this agenda (PAC28-2020)
- Finance (D05/19): Fieldwork complete. Draft report in review process
- Performance management (D05/20): Planning commenced
- Adverse events management (D06/20): Planning commenced

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it a status update and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 The Chief Officer, Regional Audit Manager and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

Date: 31 August 2020

Ref	Audit	Indicative Scope	Target Audit Committee	Planning Commenced	Work in Progress	Draft Issued	Completed	Grade
D01-19	Audit Planning	Agreeing audit universe and preparation of strategic plan	N/A	Complete	Complete	Complete	Complete	N/A
D02-19	Audit Management	Liaison with management and attendance at Audit Committee	N/A	Complete				
D03-19	Annual Internal Audit Report	CIA's annual assurance statement to the IJB and review of governance self-assessment	N/A	Complete	Complete	Complete	Complete	N/A
D04-19	Information Governance	Review of IT/ data processes supporting the delivery of the IJB's strategic plan through seamless cross system working	September 2020	Complete	Complete	Complete	Complete	D
D05-19	Finance	Review of arrangements established to control and mitigate Risks 1&2 from the high level risk register	November 2020	Complete	Complete	Ongoing		
D06-19	Governance & Assurance	Governance mapping exercise: Assess the extent to which the IJB's structures support the delivery of strategic objectives Includes review of controls to address Risk 7	September 2020	Complete	Complete	Complete	Complete	Limited Assurance

Ref	Audit	Indicative Scope	Target Audit Committee	Planning Commenced	Work in Progress	Draft Issued	Completed	Grade
D01-20	Audit Planning	Preparation of Annual Internal Audit Plan	September 2019	Complete	Complete	Complete	Complete	N/A
D02-20 & D02-21	Audit Management	Liaison with management and attendance at Performance and Audit Committee	N/A	Ongoing				
D03-20 & D03-21	Annual Internal Audit Report	CIA's annual assurance statement to the IJB and review of governance self-assessment	June 2019 August 2020	Complete	Complete	Complete	Complete	N/A
D04-20	Governance & Assurance	Ongoing support and advice on further development of governance and assurance structures, including issues identified as part of the annual report process and the self assessment against the MSG report and help in implementing an audit follow up process	N/A	Ongoing				
D05-20	Performance management	Adequacy, accuracy, relevance, reliability, data quality, timeliness and interpretation of reporting against the priorities in the Strategic and Commissioning Plan and core integration indicators. Compliance with DL 2016 (05) - Guidance for Health and Social Care Integration Partnership Performance Reports and preparation for/ implementation of the anticipated new national guidance on the 'Joint Accountability Framework'	November 2020					

		This work will link to Strategic Risk 10 as well as a number of operational risks						
D06-20	Adverse events management	This work will link to Operational risks 30 and 34 Risk of duplication or omission at the interface of NHS and Local Authority Adverse event management processes and systems. Effective sharing of learning from reviews. Clear flow of assurance	November 2020					



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 22 SEPTEMBER 2020

REPORT ON: AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2019/20

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC29-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to note and approve the proposed Dundee Integration Joint Board Annual Audit Plan 2019/20 as submitted by the IJB's appointed External Auditor (Audit Scotland)

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Notes the content of this report;
- 2.2 Approves the proposed Audit Plan for 2019/20 as submitted by Audit Scotland (attached as Appendix 1).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Dundee Integration Joint Board's (IJB) assigned External Auditor for 2019/20 is Audit Scotland who have produced their Annual Audit Plan in relation to the 2019/20 financial year. This plan contains an overview of the planned scope and timing of their audit work and is carried out in accordance with International Standards on Auditing (ISAs), and the Code of Audit Practice. This plan sets out the independent auditors work necessary to provide an opinion on the annual accounts and to meet the wider scope requirements of public sector audit. The wider scope of public audit includes assessing arrangements for financial sustainability, financial management, governance and transparency and value for money.

4.2 In preparing this audit plan, Audit Scotland has drawn from a wide range of information such as IJB reports and other published documentation, attendance at IJB meetings and discussions with staff and have identified a number of main risk areas in relation to Dundee IJB. These are categorised as being financial statements risks and wider dimension risks with associated audit testing noted within the plan under Exhibit 1. These risks are summarised below:

Financial statement issues and risks:

- 1) Risk of material misstatement caused by management override of controls
- 2) Risk of material misstatement caused by fraud in expenditure
- 3) Hospital acute services budget (set aside)
- 4) Financial accounting records
- 5) Compliance with the Local Authority Accounts (Scotland) Regulations 2014
- 6) Annual accounts audit process

Wider Dimension Risks:

- 7) Financial sustainability
- 8) IJB Strategic and Commissioning plan and transformation
- 9) Financial Management – Budget Setting
- 10) Governance – improvement actions
- 11) Inquiry into Mental Health Services in Tayside
- 12) Risk Management
- 13) Board member attendance
- 14) Leadership and governance
- 15) Vacant position – registered medical practitioner providing primary care
- 16) Best Value
- 17) Implementation of improvement actions and audit recommendations
- 18) Internal audit plan - slippage

- 4.3 Once the audit is complete, Audit Scotland will submit an independent auditor's report to the members of Dundee City Integration Joint Board and the Accounts Commission, summarising the results of the audit of the annual accounts. They will also provide the IJB and the Controller of Audit with an annual report on the audit containing observations and recommendations on significant matters which have arisen in the course of the audit.
- 4.4 The auditor will give an opinion on the financial statements prepared by the IJB as to whether:
- the financial statements give a true and fair view of the state of affairs of Dundee City Integration Joint Board as at 31 March 2020 and of its income and expenditure for the year then ended.
 - the annual accounts have been properly prepared in accordance with International Financial Reporting Standards as adopted by the European Union, as interpreted and adapted by the 2019/20 Code of Practice on Local Authority Accounting in the United Kingdom.
 - whether the annual accounts have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, the Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.
- 4.5 The unaudited annual accounts were submitted to the IJB at its meeting on the 25th August 2020. Due to the IJB working under the Essential Business Process at the end of June 2020, the Chief Finance Officer signed the draft accounts at the end of June 2020 in order to formally submit them to Audit Scotland to enable the audit process to commence. It is acknowledged that the Covid-19 crisis has caused significant disruption to the provision of services and the governance arrangements around those services. Accordingly, provisions made in the Coronavirus (Scotland) Act 2020 in relation to the publication of statutory reports provide some flexibility around reporting requirements and timescales associated with the statutory accounts process as set out within the Local Authority Accounts (Scotland) Regulations 2014. This particularly relates to the potential postponement of the publication of the unaudited accounts, associated inspection periods and publication of the audited accounts with a 2 month extension available if required. Audit Scotland have advised that it is likely that the audit process will be complete by late October 2020 therefore the audited accounts will be presented to the meeting of the Performance and Audit Committee to be held on 24th November 2020 for final sign off in line with the revised requirements.
- 4.6 The annual audit fee set for Dundee City Integration Joint Board is £28,390 for 2019/20 (£25,000 for 2018/19) which is a 13.6% increase. All IJB's have had fee increases applied of 6% to reflect the costs of audit input required to complete the audits. Audit Scotland have also applied an increase in the Auditors remuneration element of the fee locally to reflect the high number of risks identified which will be required to be followed up during the audit.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it forms part of the IJB's statutory governance process. Any risks identified through the annual accounts process will be reflected in the relevant Integration Joint Board or Performance and Audit Committee Reports.

7.0 CONSULTATIONS

7.1 The Chief Officer, Audit Scotland and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

DATE: 01 September 2020

Dundee City Integration Joint Board

Annual Audit Plan 2019/20 - DRAFT



 AUDIT SCOTLAND

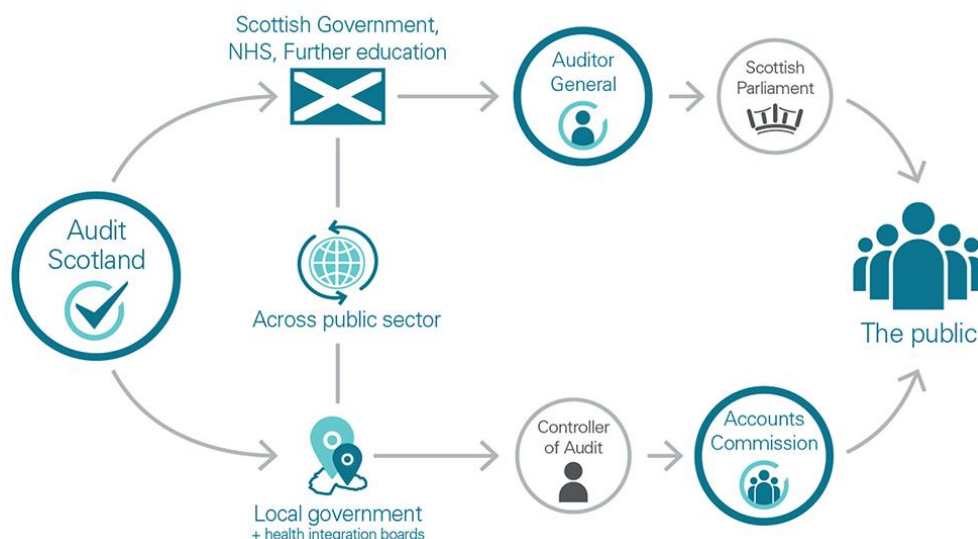
Prepared for Dundee City Integration Joint Board
March 2019



Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- The Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance.
- The Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government.
- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



About us

Our vision is to be a world-class audit organisation that improves the use of public money.

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

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Risks and planned work

1. This annual audit plan contains an overview of the planned scope and timing of our audit which is carried out in accordance with International Standards on Auditing (ISAs), the Code of Audit Practice, and guidance on planning the audit. This plan sets out the work necessary to allow us to provide an independent auditor's report on the annual accounts and meet the wider scope requirements of public sector audit.
2. The wider scope of public audit contributes to assessments and conclusions on financial management, financial sustainability, governance and transparency and value for money.

Adding value


3. We aim to add value to the Dundee City Integration Joint Board through our external audit work by being constructive and forward looking, by identifying areas for improvement and by recommending and encouraging good practice. In so doing, we intend to help the Integration Joint Board promote improved standards of governance, better management and decision making and more effective use of resources.


Audit risks


4. Based on our discussions with staff, attendance at committee meetings and a review of supporting information we have identified the following main risk areas for Dundee City Integration Joint Board (the IJB). We have categorised these risks into financial statements risks and wider dimension risks. The key audit risks, which require specific audit testing, are detailed in [Exhibit 1](#).


Exhibit 1 2019/20 Significant audit risks


 Audit Risk	Source of assurance	Planned audit work
Financial statements risks		
<p>1 Risk of material misstatement caused by management override of controls</p> <p>ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. This includes consideration of the risk of management override of controls to change the position disclosed in the financial statements.</p>	<ul style="list-style-type: none"> • Owing to the nature of this risk, assurances from management are not applicable in this instance. 	<ul style="list-style-type: none"> • Detailed testing of journal entries. • Review of accounting estimates. • Focused testing of accruals and prepayments. • Evaluation of significant transactions that are outside the normal course of business. • Service auditor assurances obtained from the auditors of Dundee City Council and NHS Tayside over the completeness, accuracy and


 Audit Risk	Source of assurance	Planned audit work
		allocation of the income and expenditure.
<p>2 Risk of material misstatement caused by fraud in expenditure</p> <p>The Code of Audit Practice requires us to cover the risk of fraud over expenditure. The expenditure of the IJB is processed through the financial systems of Dundee City Council and NHS Tayside. There is a risk that non IJB related expenditure is incorrectly posted to IJB account codes.</p>	<ul style="list-style-type: none"> • Robust budget monitoring. • Assurances provided to the IJB by Dundee City Council and NHS Tayside on the completeness and accuracy of transactions coded to IJB account codes. 	<ul style="list-style-type: none"> • Obtain assurances from the auditors of Dundee City Council and NHS Tayside over the accuracy, completeness and appropriate allocation of the IJB ledger entries.
<p>3 Acute hospital set aside budget</p> <p>The “set aside” budget is the IJB’s share of the budget for delegated acute services provided by large hospitals on behalf of the IJB.</p> <p>The figure is estimated based on prior year data and activity levels provided by NHS National Services Scotland’s Information Services Division.</p> <p>There is a risk that the income and expenditure of the IJB is misstated in 2019/20 due to the lack of current activity information. There is also a risk that the sum set aside recorded in the annual accounts will not reflect actual hospital use in 2019/20.</p>	<ul style="list-style-type: none"> • The IJB continues to work with NHS Tayside to agree an appropriate mechanism. • The IJB will consider Scottish Government guidance when available. • The IJB will implement a commissioning approach against the hospital and set aside budgets. • Further develop the planned and unscheduled care approaches under a collaborative management arrangement. 	<ul style="list-style-type: none"> • Engage with officers to ensure that a robust mechanism has been developed to quantify the IJB’s set aside income and expenditure. • Monitor Scottish Government guidance on the treatment of set aside in the 2019/20 financial statements to establish whether the financial statements are compliant.
<p>4 Financial accounting records</p> <p>The 2018/19 financial ledger had not been fully updated to reflect all accounting entries prior to the production of the annual accounts.</p> <p>There is a risk that the accounting records may not include all transactions and balances. This could impact on the IJB’s ability to demonstrate that the annual accounts show a true and fair view of its financial position.</p>	<ul style="list-style-type: none"> • The financial ledger will be fully updated to reflect all accounting entries prior to the approval of the annual accounts. 	<ul style="list-style-type: none"> • Agree the 2019/20 annual accounts to the financial ledger and supporting financial information from the parent bodies. • Obtain assurances from the auditors of Dundee City Council and NHS Tayside over the accuracy, completeness and appropriate allocation of the IJB ledger entries.
<p>5 Compliance with the Local Authority Accounts (Scotland) Regulations 2014</p> <p>The 2018/19 annual accounts did not comply with the Local Authority Accounts (Scotland) Regulations 2014. The Chief Officer was on leave until after 30 September 2019 which meant</p>	<ul style="list-style-type: none"> • Arrangements have been reviewed for the availability of the officers required to sign the annual accounts, to ensure the accounts are signed immediately 	<ul style="list-style-type: none"> • Continue to meet with key finance officers throughout the year to ensure plans are in place to ensure compliance with the 2014 statutory regulations.

	Audit Risk	Source of assurance	Planned audit work
	<p>the 2018/19 annual accounts were not signed, approved and authorised for issue until after the required date set out in the 2014 statutory regulations.</p> <p>There is a risk that the IJB fails to comply with the statutory regulations related to the 2019/20 annual accounts.</p>	<p>after they are approved by the Performance and Audit Committee.</p>	
6	<p>Annual accounts audit process</p> <p>Whilst we note the commitment of key IJB finance officers, during the 2019/20 and 2018/19 audits we have encountered slow responses to audit queries.</p> <p>There is a risk that the 2019/20 annual accounts audit timetable cannot be achieved. This could result in the IJB annual accounts not being published by the 30 September 2020 deadline as required by the 2014 regulations.</p>	<ul style="list-style-type: none"> • Senior leadership commitment to annual accounts preparation and timetable. • The IJB plans to provide annual accounts and relevant working papers by agreed timescales. • Plans are in place to recruit a Deputy Chief Finance Officer. 	<ul style="list-style-type: none"> • Continue to meet with finance officers throughout the year to ensure the timetable for receipt of the unaudited annual accounts and working papers is met to allow the audit to be progressed in a timely manner.
Wider dimension risks			
7	<p>Financial sustainability</p> <p>The IJB cannot demonstrate its services are sustainable in the future. Medium to long-term financial plans are yet to be developed.</p> <p>The financial monitoring position as at December 2019 noted a projected overspend of £3.897 million. This will be offset by the IJB's non-earmarked reserves leaving £3.336 million to be met by the partners' risk sharing agreement.</p> <p>The likely year end reserve balance after offset of overspends is £0.300 million of earmarked reserves.</p> <p>There is a risk that the IJB services are not sustainable and the IJB is unable to achieve improvements in health and social care services.</p>	<ul style="list-style-type: none"> • A 1-5 year financial plan will be presented to the Board on 27 March 2020 for approval. • The IJB is working to identify solutions to develop more sustainable service models through its transformation programme. 	<ul style="list-style-type: none"> • Review ongoing budget monitoring and progress made on meeting savings targets and dealing with cost pressures. • Review of the IJB's recovery plan agreed with Dundee City Council and NHS Tayside. • Review the 1-5 year financial plan. • Review the Chief Finance Officer's evidence to support the going concern assumption for the 2019/20 annual accounts.
8	<p>IJB strategic and commissioning plan and transformation</p> <p>The Board approved the 2019-22 Strategic and Commissioning Plan in March 2019. The IJB stated it would monitor progress of the plan on an ongoing basis, and report through its Integrated Strategic Planning Group, to the Board and its partners. The Board is yet to be provided with an update on progress.</p>	<ul style="list-style-type: none"> • The integrated strategic planning group and transformation group review will be completed. • An update on progress against the Strategic and Commissioning Plan will be 	<ul style="list-style-type: none"> • Monitor progress with Strategic and Commissioning Plan and transformation reporting to the Board.

 Audit Risk	Source of assurance	Planned audit work
<p>We also note detailed updates on the IJB's transformation programme are not reported to the Board on a regular basis.</p> <p>We have been advised that the Integrated Strategic Planning Group and the transformation group terms of reference and membership are being reviewed with the view to combine the groups.</p> <p>There is a risk that the Board are not aware of whether strategic priorities are being achieved. Nor are they aware of the rate of progress being made with the transformation programme.</p>	<p>presented to the XX Board.</p> <ul style="list-style-type: none"> • Further development of transformation reporting to the Board. 	
<p>9 Financial management – budget setting</p> <p>The IJB awaits the formal budget offers from NHS Tayside and Dundee City Council for its 2020/21 budget.</p> <p>There is a risk that these figures will not be finalised before the start of the 2020/21 financial year and the IJB will be operating without a formally agreed budget.</p>	<ul style="list-style-type: none"> • Continuous discussions between the IJB, NHS Tayside and Dundee City Council to provide the most up to date position regarding budget setting. • The latest budget update taken to the Board includes indicative figures. • The 2020/21 budget will be presented to the Board on 27 March 2020 for approval. 	<ul style="list-style-type: none"> • Ongoing monitoring of 2019/20 budget setting and reporting to the Board.
<p>10 Governance – improvement actions</p> <p>The 2019 Ministerial Strategic Group (MSG) self-evaluation completed by the IJB in 2019 noted a significant number of governance improvement actions. These included: ensuring the IJB's S95 officer is appropriately supported; the Chief Officer is effectively supported and empowered to act on behalf of the IJB; and clinical and care governance arrangements are effective, coherent and joined up.</p> <p>There is a risk that the governance arrangements including clinical and care governance arrangements are not appropriate or operating effectively.</p>	<ul style="list-style-type: none"> • The IJB will continue to work with the statutory partners to progress the implementation of the identified actions. • An MSG action plan update will be reported to the Board in March 2020. • The core functions mapping exercise will be completed and reported to the Board. 	<ul style="list-style-type: none"> • Monitor developments with the implementation of the MSG action plan and reporting to the Board. • Consider the outcome of the core functions mapping exercise and reporting to the Board. • Review the Chief Finance Officer's evidence to support the IJB's 2019/20 Annual Governance Statement.
<p>11 Inquiry into Mental Health Services in Tayside</p> <p>In February 2020 the 'Trust and Respect Final Report of the Independent Inquiry into Mental Health</p>	<ul style="list-style-type: none"> • In February 2020 the Board considered a report with information about the publication of the 	<ul style="list-style-type: none"> • Monitor the response of the IJB and its partners to the mental health inquiry.

 Audit Risk	Source of assurance	Planned audit work
<p>Services in Tayside' was published. The report includes 51 improvement areas for partners across Tayside, including the IJB, to address in providing mental health services. The findings from the inquiry corroborate the IJB's findings from the MSG self-evaluation.</p> <p>There is a risk of service failures if the Tayside wider partners and the IJB do not work in a coherent way to fully address the inquiry findings, including ensuring the clinical and care governance arrangements are effective, coherent and joined up.</p>	<p>inquiry and about the collaborative approach that is being taken in response to the inquiry's findings.</p> <ul style="list-style-type: none"> In April 2020 the Board will receive a further report detailing the inquiry action plan and progress being made in relation to the findings of the report. 	
<p>12 Risk management</p> <p>Following the September 2018 internal audit report - risk maturity review, a number of actions continue to be progressed by the IJB. This includes updating the IJB's risk strategy to develop and build effective risk management arrangements and clarifying the arrangements between the IJB, its parent bodies and the two other IJBs within the Tayside area.</p> <p>We also note the strategic risk register was last presented to the Board in May 2018.</p> <p>Until the risk management arrangements are fully developed and embedded by the IJB and across the Tayside partnerships there is a risk that exposure to risks may not be highlighted and appropriately mitigated through suitable management controls.</p> <p>There is also a risk that members are not cited on the current risks facing the IJB undermining their ability to challenge and scrutinise.</p>	<ul style="list-style-type: none"> Follow up meetings with partners across Tayside have commenced. The updated Strategic Risk Register will be presented to the XX IJB. 	<ul style="list-style-type: none"> Monitor progress with the implementation of the internal audit report - risk maturity review action plan including progress with the joint working. Monitor strategic risk management and register updates to the Board.
<p>13 Board member attendance</p> <p>Two meetings of the Performance and Audit Committee (PAC) have been cancelled in 2019/20 due to voting members vacancies or non-attendance of members.</p> <p>There is a risk that the Board and the PAC are unable to discharge their duties and achieve the stated outcomes against the Strategic and Commissioning Plan.</p>	<ul style="list-style-type: none"> A new NHS Tayside voting member has been appointed to the Board and the PAC. NHS Tayside has appointed a proxy member for the NHS voting members. 	<ul style="list-style-type: none"> Review the IJB's attendance records for the Board and PAC meetings.
<p>14 Leadership and governance</p> <p>During 2019/20 there has been significant change in the membership of the Board and the PAC. There is</p>	<ul style="list-style-type: none"> A programme of development and training opportunities will be 	<ul style="list-style-type: none"> Monitor progress with the development and uptake of training and development opportunities.

	Audit Risk	Source of assurance	Planned audit work
	<p>evidence that training and support has not been sufficient to meet the needs of members.</p> <p>There is a risk that leadership and governance arrangements are not effective if members are not sufficiently trained and supported.</p>	<p>developed and co-ordinated alongside those of Dundee City Council and NHS Tayside for new and existing members.</p>	
15	<p>Vacant position – registered medical practitioner providing primary care</p> <p>The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 stipulates that a non-voting position of ‘registered medical practitioner whose name is included in the list of primary medical services performers’ is appointed to the Board.</p> <p>We reported in the 2018/19 annual audit report that the nominated member for this role had been unable to attend the majority of meetings in 2018/19. The previous nominee has now stood down and a replacement is yet to be identified.</p> <p>The IJB is not complying with the legislation and there is a risk that appropriate professional care expertise is not provided to the Board.</p>	<ul style="list-style-type: none"> The IJB has written to NHS Tayside to seek a nomination for the position. 	<ul style="list-style-type: none"> Monitor progress with the appointment of a replacement.
16	<p>Best Value</p> <p>The statutory duty of Best Value applies to all public bodies in Scotland. There is currently no mechanism in place within the IJB to formally review how it is meeting its Best Value responsibilities.</p> <p>The IJB is unable to demonstrate that it is meeting its statutory duty to deliver Best Value.</p>	<ul style="list-style-type: none"> Learning from other IJBs reporting with regards to Best Value. 	<ul style="list-style-type: none"> Monitor progress with Best Value reporting.
17	<p>Implementation of improvement actions and recommendations</p> <p>In addition to the MSG action plan, the IJB has a number of other improvement action plans which it has committed to implement. Many, but not all of the action plans are included in the Governance Action Plan report which is presented to the PAC.</p> <p>The improvement action plans include internally identified actions (performance management and risk management), scrutiny bodies’ improvement actions (e.g. the Care Inspectorate); and internal and external audit actions and recommendations. There is evidence of continuing</p>	<ul style="list-style-type: none"> The PAC monitor the implementation of agreed action plans. Further development of the Governance Action Plan to include all improvement action plans. 	<ul style="list-style-type: none"> Monitor developments with the Governance Action Plan and reporting to the PAC.

	Audit Risk	Source of assurance	Planned audit work
	<p>slippage in delivery across all areas of improvement.</p> <p>There is a risk that the commitments set out in the IJB's Strategic and Commissioning Plan may not be delivered timeously if improvement actions are not sufficiently coordinated and not delivered within the agreed timescales.</p>		
18	<p>Internal audit plan – slippage</p> <p>There continues to be slippage in reporting on internal audit work to the PAC.</p> <p>The 2018/19 plan has not been completed which has impacted on the delivery of the 2019/20 plan.</p> <p>We have been advised that this is, in part, due to managements difficulty with providing the necessary resource to support the internal audit process.</p> <p>There is a risk that members may not be able to scrutinise key risk areas timeously if internal audit reports are delayed. Also, the Chief Finance Officer may not receive the assurances required to compile the 2019/20 Annual Governance Statement.</p>	<ul style="list-style-type: none"> • The internal audit plan going forward will be risk assessed in recognition that the 2019/20 plan cannot be delivered as planned. • xx 	<ul style="list-style-type: none"> • Continue to monitor progress with delivery and reporting against the internal audit plan. • Review the Chief Finance Officer's evidence to support the IJB's 2019/20 Annual Governance Statement.
Source: Audit Scotland			

5. In ISA 240, there is a presumed risk of fraud in the recognition of income, in financial statements. The IJB is wholly funded by NHS Tayside and Dundee City Council, therefore we conclude that there is no risk of material misstatement caused by fraud in income recognition that needs audit coverage in 2019/20.

Statutory report

6. On 27 February 2020 the Accounts Commission published a [statutory report](#) on Fife Integration Joint Board (IJB). Whilst the report relates to Fife IJB the Accounts Commission reported “that Fife IJB is not the only IJB nationally to face significant challenges”. The statutory report also noted that “The responsibilities of the Board itself – and thus its relationship with its partners Fife Council and NHS Fife need to be clearer and adhered to”. This chimes with the findings of the Dundee City IJB MSG self-evaluation and the recent inquiry report into Mental Health Services in Tayside.
7. We recommend that the Dundee City IJB carry out a self-assessment against the Fife IJB statutory report, to identify areas where improvements are needed. As part of our 2019/20 audit we will monitor and report on how Dundee City IJB performs compared to the findings in the statutory report.

Reporting arrangements

8. Audit reporting is the visible output for the annual audit. All annual audit plans and the outputs as detailed in [Exhibit 2](#), and any other outputs on matters of public interest will be published on our website: www.audit-scotland.gov.uk.
9. Matters arising from our audit will be reported on a timely basis and will include agreed action plans. Draft management reports will be issued to the relevant officer(s) to confirm factual accuracy.
10. We will provide an independent auditor's report to Dundee City Integrated Joint Board and Accounts Commission setting out our opinions on the annual accounts. We will provide the Chief Officer and Accounts Commission with an annual report on the audit containing observations and recommendations on significant matters which have arisen during the audit.

Exhibit 2 2019/20 Audit outputs

Audit Output	Target date	Committee Date
Annual Audit Plan	17 March 2020	24 March 2020
Proposed Annual Audit Report*	15 September 2020	22 September 2020
Independent Auditor's Report	22 September 2020	22 September 2020

* The Annual Audit Report cannot be finalised until after the independent auditor's report is signed.

Source: Audit Scotland

Audit fee

11. The proposed audit fee for the 2019/20 audit of Dundee City IJB is £28,390 (2018/19: £25,000), a 13.6% increase. All IJBs have had fee increases of 6% this year to reflect the costs of audit input required to complete the audits. The additional fee increase for Dundee City IJB reflects the high number of risks that we have identified which we will be required to follow up during the audit. It is also to cover the work required to resolve the high number of issues that we have identified through the annual accounts audit process over the term of our audit appointment.
12. Our audit approach assumes receipt of the unaudited annual accounts, with a complete working papers package on 30 June 2020. Where our audit cannot proceed as planned through, for example, late receipt of incomplete unaudited annual accounts, or slippage in the agreed timetable, a supplementary fee may be levied. An additional fee may also be required in relation to any work or other significant exercises outwith our planned audit activity.

Responsibilities

Performance and Audit Committee and Chief Finance Officer

13. Audited bodies have the primary responsibility for ensuring the proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance, propriety and regularity that enable them to successfully deliver their objectives.
14. The audit of the annual accounts does not relieve management or the Performance and Audit Committee as those charged with governance, of their responsibilities.

Appointed auditor

- 15.** Our responsibilities as independent auditors are established by the 1973 Act for local government and the Code of Audit Practice (including supplementary guidance) and guided by the Financial Reporting Council's Ethical Standard.
- 16.** Auditors in the public sector give an independent opinion on the financial statements and other information within the annual accounts. We also review and report on the arrangements within the audited body to manage its performance and use of resources. In doing this, we aim to support improvement and accountability.

Audit scope and timing

Annual accounts

- 17.** The annual accounts, which include the financial statements, will be the foundation and source for most of the audit work necessary to support our judgements and conclusions. We also consider the wider environment and challenges facing the public sector. Our audit approach includes:
- understanding the business of Dundee City Integration Joint Board and the associated risks which could impact on the financial statements
 - identifying major transaction streams, balances and areas of estimation and understanding how Dundee City Integration Joint Board will include these in the financial statements
 - assessing the risks of material misstatement in the financial statements
 - determining the nature, timing and extent of audit procedures necessary to provide us with sufficient audit evidence as to whether the financial statements are free of material misstatement.
- 18.** We will give an opinion on whether the financial statements:
- give a true and fair view of the state of affairs of Dundee City Integration Joint Board as at 31 March 2020 and of its income and expenditure for the year then ended
 - have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2019/20 Code; and
 - have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.



characteristics



responsibilities



principal activities



risks



governance arrangements

Other information in the annual accounts

- 19.** We also review and report on statutory other information published within the annual accounts including the management commentary, annual governance statement and the remuneration report. We give an opinion on whether these have been compiled in accordance with the appropriate regulations and frameworks in our independent auditor's report.
- 20.** We also review the content of the annual report for consistency with the financial statements and with our knowledge. We report any uncorrected material misstatements in statutory other information.

Materiality

- 21.** We apply the concept of materiality in planning and performing the audit. It is used in evaluating the effect of identified misstatements on the audit, and of any uncorrected misstatements, on the financial statements and in forming our opinions in the independent auditor's report.
- 22.** We calculate materiality at different levels as described below. The calculated materiality values for Dundee City Integration Joint Board are set out in [Exhibit 3](#).

Exhibit 3

Materiality values

Materiality	Amount
Planning materiality – This is the figure we calculate to assess the overall impact of audit adjustments on the financial statements. It has been set at 1% of net expenditure for the year ended 31 March 2020 based on the latest audited accounts for 2018/19.	£2.631 million
Performance materiality – This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality this would indicate that further audit procedures should be considered. Using our professional judgement, we have calculated performance materiality at 60% of planning materiality.	£1.578 million
Reporting threshold (i.e., clearly trivial) – We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount. This has been calculated at 2% of planning materiality, rounded.	£53,000



Source: Audit Scotland

Timetable

23. To support the efficient use of resources it is critical that the annual accounts timetable is agreed with us to produce the annual accounts. We have included an agreed timetable at [Exhibit 4](#).

Exhibit 4

Annual accounts timetable

 Key stage	 Date
Consideration of unaudited annual accounts by those charged with governance	30 June 2020
Latest submission date of unaudited annual accounts with complete working papers package	30 June 2020
Latest date for final clearance meeting with Chief Finance Officer	1 September 2020
Issue of Letter of Representation and proposed independent auditor's report	8 September 2020
Agreement of audited unsigned annual accounts	10 September 2020
Issue of proposed Annual Audit Report to those charged with governance	15 September 2020
Independent auditor's report signed	22 September 2020

Internal audit

24. Internal audit is provided by FTF Audit and Management Services (FTF), supported by Dundee City Council's internal audit section. The audit is overseen by FTF's Chief Internal Auditor.
25. As part of our planning process we carry out an annual assessment of the internal audit function to ensure that it operates in accordance with the main requirements of the Public Sector Internal Audit Standards (PSIAS). ISA 610

requires an assessment on whether the work of the internal audit function can be used for the purposes of external audit. This includes:

- the extent to which the internal audit function’s organisational status and relevant policies and procedures support the objectivity of the internal auditors
- the level of competence of the internal audit function
- whether the internal audit function applies a systematic and disciplined approach, including quality control.

26. Overall, we concluded that the internal audit service generally operates in accordance with the PSIAS, although we have observed slippage in the delivery of internal audit plans.

Using the work of internal audit

27. Auditing standards require internal and external auditors to work closely together to make best use of available audit resources. We seek to rely on the work of internal audit wherever possible to avoid duplication. We plan to consider the findings of the work of internal audit as part of our planning process to minimise duplication of effort and to ensure the total resource is used efficiently or effectively.

28. From our initial review of internal audit plans we do not plan to place formal reliance on the work of internal audit to support our financial statements audit opinion this year, but we do plan to use the work of internal audit in selected areas in respect of our wider dimension audit responsibilities.

29. We will review the results of our work on the internal audit risk included in [Exhibit 1](#).

Audit dimensions

30. Our audit is based on four audit dimensions that frame the wider scope of public sector audit requirements as shown in [Exhibit 5](#).

Exhibit 5 Audit dimensions



31. In reporting on the audit dimensions, we will consider the audit evidence obtained from consideration of the risks included in [Exhibit 1](#) of this plan.

Financial sustainability

32. As auditors we consider the appropriateness of the use of the going concern basis of accounting as part of the annual audit. We will also comment on the body's financial sustainability in the longer term. We define this as medium term (two to five years) and longer term (longer than five years) sustainability. We will carry out work and conclude on:

- the effectiveness of financial planning in identifying and addressing risks to financial sustainability in the short, medium and long term
- the appropriateness and effectiveness of arrangements in place to address any identified funding gaps.

Financial management

33. Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively. We will review, conclude and report on:

- whether the IJB has arrangements in place to ensure systems of internal control are operating effectively
- whether the IJB can demonstrate the effectiveness of budgetary control system in communicating accurate and timely financial performance
- how the IJB has assured itself that its financial capacity and skills are appropriate
- whether the IJB has established appropriate and effective arrangements for the prevention and detection of fraud and corruption.

Governance and transparency

34. Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision-making and transparent reporting of financial and performance information. We will review, conclude and report on:

- whether the IJB can demonstrate that the governance arrangements in place are appropriate and operating effectively
- whether there is effective scrutiny, challenge and transparency on the decision-making and finance and performance reports
- the quality and timeliness of financial and performance reporting.

Value for money

35. Value for money refers to using resources effectively and continually improving services. We will review, conclude and report on whether the IJB can demonstrate:

- value for money in the use of resources
- there is a clear link between money spent, output and outcomes delivered
- that outcomes are improving
- that there is sufficient focus on improvement and the pace of it.

36. EU withdrawal: on 31 January 2020, the United Kingdom left the European Union. Work is ongoing with the Scottish Government and the IJB's partner

organisations to ensure that all necessary and appropriate steps are taken to minimise any disruption caused by EU withdrawal.

Best Value

37. Integration Joint Boards have a statutory duty to make arrangements to secure best value. We will review and report on these arrangements.

Independence and objectivity

38. Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements auditors must also comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies. These standards impose stringent rules to ensure the independence and objectivity of auditors. Audit Scotland has robust arrangements in place to ensure compliance with these standards including an annual “fit and proper” declaration for all members of staff. The arrangements are overseen by the Director of Audit Services, who serves as Audit Scotland’s Ethics Partner.
39. The engagement lead (i.e. appointed auditor) for Dundee City Integration Joint Board is Fiona Mitchell-Knight, Audit Director. Auditing and ethical standards require the appointed auditor to communicate any relationships that may affect the independence and objectivity of audit staff. We are not aware of any such relationships pertaining to the audit of Dundee City Integration Joint Board.

Quality control

40. International Standard on Quality Control (UK and Ireland) 1 (ISQC1) requires that a system of quality control is established, as part of financial audit procedures, to provide reasonable assurance that professional standards and regulatory and legal requirements are being complied with and that the independent auditor’s report or opinion is appropriate in the circumstances.
41. The foundation of our quality framework is our Audit Guide, which incorporates the application of professional auditing, quality and ethical standards and the Code of Audit Practice (and supporting guidance) issued by Audit Scotland and approved by the Auditor General for Scotland. To ensure that we achieve the required quality standards Audit Scotland conducts peer reviews and internal quality reviews. Additionally, the Institute of Chartered Accountants of Scotland (ICAS) have been commissioned to carry out external quality reviews.
42. As part of our commitment to quality and continuous improvement, Audit Scotland will periodically seek your views on the quality of our service provision. We welcome feedback at any time and this may be directed to the engagement lead.

Dundee City Integrated Joint Board

Annual Audit Plan 2019/20 - DRAFT

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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 22 SEPTEMBER 2020

REPORT ON: BEST VALUE ARRANGEMENTS & ASSESSMENT 2019/20

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC23-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide assurance to the Performance and Audit Committee and the Chief Officer that the Integration Joint Board and partners have arrangements in place to demonstrate that Best Value is being achieved.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the content of this report and the full Best Value assessment as set out in Appendix 1 to this report
- 2.2 Notes that the outcome of this assessment provides assurance to the Performance and Audit Committee that Best Value is being achieved through the Integration Joint Board's governance arrangements and activities.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 It is the duty of the Integration Joint Board to secure Best Value as prescribed in Part 1 of the Local Government in Scotland Act 2003. Best Value is defined as the 'continuous improvement in the performance of the organisation's functions'.
- 4.1.2 In 2018/19, the External Auditor's audit findings noted mechanisms and reporting arrangements should be implemented to provide assurance to the Chief Officer and the Board that the IJB has arrangements in place to demonstrate that services are delivering Best Value.
- 4.1.3 The governance action plan had an agreed action that further learning from the arrangements in place within other Integration Joint Boards with regard to assessing and reporting Best Value was to be gained in order to support the development of such a framework for Dundee IJB. The Best Value framework developed by the Scottish Government has been applied to the IJB's governance arrangements and activities in order to demonstrate that the IJB and each of its partners is delivering Best Value and is securing economy, efficiency, effectiveness and equality in service provision.
- 4.1.4 This review of the IJB's systems and processes was undertaken between February and May 2020. The outcome of this assessment is attached as Appendix 1 to this report and concludes that Dundee IJB has sufficient evidence to determine that Best Value is being achieved.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

6.0 CONSULTATIONS

6.1 The Chief Officer and the Clerk were consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

7.1 None.

Dave Berry
Chief Finance Officer

DATE: 30 August 2020

Sheila Weir
Section Leader (Finance)
Dundee Health and Social Care Partnership

Section 1: Vision and Leadership

A Best Value organisation will have in place a clear vision and strategic direction for what it will do to contribute to the delivery of improved outcomes for Scotland's people, making Scotland a better place to live and a more prosperous and successful country. The strategy will display a clear sense of purpose and place and be effectively communicated to all staff and stakeholders. The strategy will show a clear direction of travel and will be led by Senior Staff in an open and inclusive leadership approach, underpinned by clear plans and strategies (aligned to resources) which reflect a commitment to continuous improvement.

Requirement	Measure/Expected Outcome	Evidence/Outcome
<p>The IJB has defined its purpose, role and responsibilities and recorded how these will be fulfilled.</p>	<p>Clear national direction on purpose of IJBs.</p> <p>Code of Corporate Governance setting out how role will be fulfilled, periodically reviewed.</p> <p>Clear statement in Annual Accounts.</p> <p>Public access to reports and information.</p> <p>Clarity as to how the roles and responsibilities of the IJB, DCC and NHST sit together for the functions delegated under the Joint Working Act 2014.</p>	<p>Public Bodies (Joint Working) (Scotland) Act 2014 and related guidance.</p> <p>Dundee IJB Report DIJB21-2016 Code of Corporate Governance was presented on 4th May. A Governance Action Plan is submitted regularly to the Performance and Audit Committee. The Governance Action Plan commits to further develop the IJB's Code of Governance.</p> <p>Management Commentary and Annual Governance Statement.</p> <p>The Dundee Health and Social Care website sets out information for public on the IJB.</p> <p>Since the inception of the IJB, there has been extensive work to define the respective roles and responsibilities across the partnership. A development programme is in place for Health and Social Care staff which includes awareness sessions and presentations from key note speakers on current matters. The overlap between roles will continue to be tested and progressed in line with the implementation of the action plan to support the proposals outlined in the Ministerial Strategic Group for Health and Community Care report on the Review of Progress with Integration of Health and Social Care (February 2019).</p>

Requirement	Measure/Expected Outcome	Evidence/Outcome
The IJB has clearly recorded delegation to Committees and management.	<p>IJB Standing Orders, Scheme of Delegation and Financial Regulations.</p> <p>Terms of Reference for the IJB and the Performance and Audit Committee.</p>	<p>The IJB Integration Scheme can be found at https://www.dundeehscp.com/sites/default/files/publications/dundee_integration_scheme.pdf</p> <p>The IJB standing orders and the Terms of Reference of the Performance and Audit Committee can be accessed here.</p> <p>The revised IJB Scheme of Delegation can be found here.</p>
IJB members are discriminating about getting involved in matters of operational detail.	<p>Minutes of meetings.</p> <p>Feedback and review of effectiveness of arrangements.</p>	<p>Minutes demonstrate level of involvement.</p> <p>Feedback is encouraged through IJB development sessions.</p>

Requirement	Measure/Expected Outcome	Evidence/Outcome
The IJB regularly agrees a strategic plan in conjunction with all key stakeholders which sets out its vision, values and priorities.	Dundee City Integration Joint Board's Strategic and Commissioning Plan 2016/2021 was reviewed and replaced during 2018/19 with the new plan for 2019-2022 approved by the IJB in March 2019.	Dundee City Integration Joint Board's Strategic and Commissioning Plan sets out the context within which integrated services in Dundee operate. The current IJB 2019-2022 Strategic Commissioning Plan can be accessed here .
The strategic plan incorporates the IJB's vision and values and reflects stated priorities.	The new plan is consistent with priorities set out within the partner's plans.	The vision remains the same however the new Strategic and Commissioning Plan focusses on the four strategic priorities of tackling health inequalities, early intervention and prevention, localities and engaging with communities and developing models of support / pathways of care. The 2016-2021 plan's remaining four stated strategic priorities - carers, building capacity, providing person centred care and support and managing our resources effectively continue to be embedded as approaches to supporting the work of the partnership. The new plan is consistent with the aspirations set out within the City Plan for Dundee 2017-26 and the emerging NHS Tayside Transforming Tayside plan.
The strategic plan is communicated effectively to all staff and stakeholders.	Plan available to the public and staff.	The Strategic Commissioning Plan is accessible through the Dundee Health and Social Care Partnership (HSCP) website .
The strategy is translated into directions to the partners with meaningful, achievable actions and outcomes and clear responsibility for action.	Clear links between the strategic commissioning intentions and the strategic priorities.	Directions are set out within IJB reports where applicable. All strategic commissioning intentions are assigned to the appropriate partner/officer. Progress reports are received as appropriate.

Requirement	Measure/Expected Outcome	Evidence/Outcome
<p>The IJB agrees the outcomes and quality standards with the partners.</p>	<p>The IJB performance framework is established to monitor the achievement of key outcomes.</p>	<p>The IJB performance framework is regularly reported to the IJB and the Performance and Audit Committee.</p> <p>The Ministerial Strategic Group for Health and Community Care (MSG) have identified six key areas through which trends over time will be monitored, with a view to supporting improvement and learning within partnerships and across Scotland. IJB has committed to take a lead role, through the Integrated Strategic Planning Group in working with Dundee City Council and NHS Tayside to identify specific arrangements and resources to support the progression of the MSG areas for improvement. The self – evaluation from the review of progress with integration of Health and Social care can be accessed here.</p> <p>Reliance is placed on the each partner’s quality standards compliance arrangements including support, care and clinical governance structures. Exceptions would be reported to the IJB as appropriate.</p> <p>The IJB can demonstrate that continuous improvement is incorporated into its strategy and plans. Areas for improvement have been identified through the governance self-assessment process and Annual Internal Audit Report. Progress against these is monitored by the Performance and Audit Committee.</p>
<p>The strategy and operational plans are based on relevant, reliable and sufficient evidence.</p>	<p>Clear links to national policies in the Strategic Commissioning Plan.</p> <p>Clear links between the Strategic Commissioning Plan and the directions to each partner.</p>	<p>Since 2016, a number of new policy/legislative requirements have emerged and these are factored into current and future strategic planning. The Policy and Legislative Framework includes the Health and Social Care Delivery Plan, Carers (Scotland) Act 2016, Free Personal Care for under 65, Scotland’s Public Health Priorities 2018, Primary Care Improvement Plan and Mental Health Action 15.</p>

Requirement	Measure/Expected Outcome	Evidence/Outcome
<p>Arrangements are in place to secure the commitment of the partners in order to achieve the IJB's strategic outcomes.</p>	<p>As part of the consultation with the key stakeholders, the financial and resource implications associated with the directions is agreed.</p>	<p>The Strategic Commissioning Plan is underpinned with each partner's workforce planning arrangements, financial planning processes, IT strategy, property strategy and asset management strategy.</p> <p>Each partner's reporting arrangements include the financial and employee implications of proposals and also clarification of the funding to meet anticipated costs. These are set out in specific strategies /business cases as appropriate.</p> <p>The IJB Financial Regulations and the Scheme of Delegation set out the remit and responsibilities of Officers in respect of the operational management and delivery of services.</p>
<p>Risks to the achievement of the strategy and supporting plans are identified together with mitigating controls.</p>	<p>Risk Management process.</p> <p>Risk Assessment embedded in any change proposals.</p>	<p>The IJB's Strategic Risk Register is reported to the IJB.</p> <p>The IJB also has oversight of each partner's risks as they relate to the delegated functions.</p> <p>A risk section is included within each IJB and Performance and Audit Committee Report to provide oversight to the Board or Committee of the risks associated with the decisions they are being asked to make. These risks are reflected within the IJB's risk register and monitored through the Pentana risk management system</p> <p>The risk management strategy sets out escalation process.</p>
<p>There are mechanisms within the organisation to develop and monitor relevant leadership and strategic skills in IJB members and senior management.</p>	<p>Annual appraisal and development reviews.</p>	<p>Reliance is placed on the established and documented systems of performance and development reviews embedded within each partner for all senior managers.</p> <p>A number of IJB development events have been held.</p>

Requirement	Measure/Expected Outcome	Evidence/Outcome
<p>The IJB acts in accordance with its values, positively promotes and measures a culture of ethical behaviours and demonstrates a commitment to high standards of probity and integrity.</p>	<p>Code of Conduct. Register of Interests. Decision making process requires declaration of potential conflicts of interests.</p>	<p>The Code of Conduct, Register of Interests and Register of Gifts and Hospitality are in place for the IJB. Reliance is placed on each partner's arrangements for the investigation of fraud, whistle blowing and procurement processes. Reliance is placed on the policies and procedures in place for partnership staff to report breaches of the IJB/partner's values. This includes whistleblowing policies, competency based recruitment, induction courses, online training, and mechanisms to raise concerns/seek feedback, including confidential routes and the promotion of equality and dignity at work.</p>

Section 2: Effective Partnerships

The "Effective Partnerships" theme focuses on how a Best Value organisation engages with partners in order to secure continuous improvement and improved outcomes for communities, not only through its own work but also that of its partners. A Best Value organisation will show how it, and its partnerships, are displaying effective collaborative leadership in identifying and adapting their service delivery to the challenges that clients and communities face. The organisation will have a clear focus on the collaborative gain which can be achieved through collaborative working and community engagement in order to facilitate the achievement of its strategic objectives and outcomes.

Requirement	Measure/Expected Outcome	Evidence/Outcome
<p>There is a process for ensuring that, over time, options for partnership working are considered for all service delivery and service development.</p> <p>Policy and strategy development is undertaken in conjunction with partner organisations and key stakeholders.</p>	<p>Integration of Health and Social Care.</p> <p>Locality Planning is being developed.</p> <p>Contribution to Regional Working.</p> <p>Local Groups and Services including Hosted Services partnership arrangements.</p> <p>National Groups and Services.</p>	<p>The Dundee City IJB was established during 2015/2016. Integrated delivery of health social care services commenced on 01 April 2016.</p> <p>2019/2020 is the fourth year of operation for the IJB.</p> <p>The IJB Strategic Commissioning Plan is consistent with the priorities set out within the City Plan for Dundee 2017-26 and the emerging NHS Tayside Transforming Tayside plan. The priorities in the 2019-2022 Strategic Commissioning Plan are consistent with and support the Scottish Government nine National Health and Wellbeing Outcomes which apply across all health and social care services.</p> <p>Dundee Health and Social Care Partnership continue to redesign and develop its operational delivery structure with a view to embedding a full locality based model of integrated health and social care services to support the delivery of the Dundee City Integration Joint Board's strategic priorities. This structure is based around the eight Local Community Planning Partnership (LCP) areas within the city. Locality managers' portfolios currently include a combination of service specific responsibilities which are city wide (e.g. older people care at home, learning disabilities) as well as an overview of the needs of their locality areas as part of the transition to full locality based integrated health and social care services.</p> <p>Hosted services arrangements are in place.</p> <p>Close working and collaboration with the third and independent sector is in place.</p>

Requirement	Measure/Expected Outcome	Evidence/Outcome
<p>Strategic partnership plans are developed which are supported by appropriate resources and include measures and targets including quality standards.</p>	<p>Integrated service plans and regional planning developments with defined inputs and measures.</p>	<p>IJB strategic plans and regional plans in place and becoming more defined over time.</p> <p>Reliance is placed on the personal development, performance appraisal and formal supervision processes in place within each partner to ensure all employees are managed effectively and efficiently, know what is expected of them and are assisted to maximise their full potential. This also includes the learning and professional development required to support statutory and professional responsibilities and achieve organisational objectives and quality standards. Staff governance arrangements are well embedded across the partnership and recognise the contribution to ensuring continuous improvement and quality.</p> <p>No assets are delegated to the IJB.</p> <p>Fixed assets including land, property, IT, equipment and vehicles are managed efficiently and effectively by each partners and are aligned appropriately to shared priorities.</p>

Requirement	Measure/Expected Outcome	Evidence/Outcome
<p>Reliance on the Best Value arrangements within partners.</p>		<p>A comprehensive self-evaluation of the Best Value arrangements within DCC was undertaken in February 2020. This assessment included the functions delegated to the IJB.</p> <p>Audit Scotland undertook a Best Value assessment of DCC in March 2020. The findings are due to be published.</p>

Section 3: Governance and Accountability

The “Governance and Accountability” theme focuses on how a Best Value organisation achieves effective governance arrangements to support IJB and HSCP SMT leadership decision-making to direct available resources to achieve outcomes. Suitable assurances require to be exchanged between stakeholders, as appropriate. A Best Value organisation will be able to demonstrate structures, policies and leadership behaviours which support the application of good standards of governance and accountability in how the organisation is improving efficiency, focusing on priorities and achieving value for money in delivering its outcomes. These good standards will be reflected in clear roles, responsibilities and relationships within the organisation. Good governance arrangements will provide the supporting framework for the overall delivery of Best Value and will ensure open-ness and transparency. Public reporting should show the impact of the organisations activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Out-with the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

Requirement	Measure/Expected Outcome	Evidence/Outcome
<p>The IJB has identified its stakeholders and understands its relationships with them.</p> <p>The IJB understands residents, service users, patients, staff, partners and stakeholder views, perceptions, and expectations. These views inform the strategic commissioning intentions and directions.</p>	<p>Strategy for involving stakeholders.</p> <p>Mechanisms in place for doing so.</p> <p>Clear guidelines for doing so.</p> <p>Assessment of effectiveness of mechanisms.</p> <p>Evidence of views being taken account of.</p> <p>Emphasis on locality planning structures.</p>	<p>Dundee Health and Social Care Participation and Engagement Strategy sets out the approach that the IJB will deploy in working with key stakeholders to strategically develop Health and Social Care services in Dundee.</p> <p>The IJB has actively involved and consulted with stakeholders on the development of the Strategic Commissioning Plan 2016/21, the revised Strategic and Commissioning Plan 2019/22 and the implementation of transformational changes.</p> <p>Reliance is also placed on the participation and engagement arrangements each of the partners has in place.</p> <p>Locality managers’ portfolios currently include a combination of service specific responsibilities which are city wide (e.g. older people care at home, learning disabilities) as well as an overview of the needs of their locality areas as part of the transition to full locality based integrated health and social care services.</p>

<p>The IJB can demonstrate that it has clear mechanisms for receiving feedback from service users and responds positively to issues raised.</p>	<p>Evidence of views being taken account of.</p>	<p>The IJB has a Complaints Handling Procedure in place.</p> <p>The IJB has approved a revised Communication and Engagement Strategy</p> <p>Reliance is also placed on the mechanisms each partner has to encourage and receive feedback from service users, patients and staff and to respond positively to issues raised.</p>
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Requirement	Measure/Expected Outcome	Evidence/Outcome
<p>The IJB decision-making processes are open, transparent and clearly based on evidence that can show clear links between strategic priorities and outcomes.</p>	<p>Publicly available records of meetings and decisions.</p> <p>Responsive to public questions.</p> <p>Clear remits and delegated powers to the IJB, the Performance and Audit Committee and officers.</p> <p>Scheme of delegation.</p> <p>Well understood, structured processes for decision making.</p> <p>Annual Assessment of the IJB corporate governance framework.</p> <p>Chief Internal Auditors Annual Report.</p> <p>External Auditor's Annual Report.</p>	<p>IJB meetings are open to the public. IJB and Performance and Audit committee minutes and papers are available on the HSCP website.</p> <p>Good compliance with FOI requests.</p> <p>Scheme of delegation is in place which was reviewed and revised during 2019.</p> <p>Internal audit review of structure and reporting lines</p> <p>The IJB places reliance on the robust frameworks of corporate governance within each partner to provide assurance to the IJB that there are effective internal control systems in operation to meet the strategic commissioning intentions and to comply with all relevant legislation, policies and guidance, as appropriate.</p> <p>The Annual Governance Statement is published in the IJB Annual Accounts drawing on a wide range of evidence to inform the view on the implementation of the directions.</p>

Requirement	Measure/Expected Outcome	Evidence/Outcome
<p>The performance of the IJB is self- assessed and appropriate actions identified and implemented as required.</p>	<p>Self- assessment and action plan.</p>	<p>IJB in partnership with Dundee City Council and NHS Tayside completed a self-evaluation in response to the findings of the Ministerial Strategic Group for Health and Community Care (MSG) report on the “Review of Progress with Integration of Health and Social Care” published in February 2019. Dundee City IJB submitted its response to the MSG on 15 May 2019 subject to further revisions to take account of further input from NHS Tayside in May 2019. The self-evaluation assessment was approved by the IJB on 25 June 2019. The self – evaluation from the review of progress with integration of Health and Social care can be accessed here.</p>
<p>The IJB strategic priorities are properly informed to improve efficiency, focus on priorities and achieve value for money in delivering its outcomes.</p>	<p>Agreed programme of partnership reviews.</p> <p>Sound process for conducting partnership reviews.</p> <p>Follow up of partnership reviews including lessons learnt.</p>	<p>The IJB Strategic Commissioning Plans set out the intention to review the way care is delivered in a number of settings. The IJB relies on the frameworks established by each partner to undertake rigorous reviews and option appraisal processes of all areas of partnership activity from a whole system perspective. There are clear processes for stakeholder engagement in reviews.</p>
<p>The IJB has developed and implemented an effective and accessible complaints system in line with Scottish Public Services Ombudsman guidance.</p>	<p>Complaints System.</p> <p>Guidance and training for staff in handling complaints.</p> <p>Evaluation and monitoring of complaints process. Evidence of learning from complaints</p> <p>Learning from Ombudsman rulings.</p> <p>Public facing leaflets and posters.</p>	<p>The IJB has a Complaints Handling Procedure in place</p> <p>Through the partnership arrangements, support is available to people wishing to make a complaint including interpreting, translation and advocacy services.</p> <p>Reliance is also placed on the complaints handling procedures adopted by each partner.</p>

Section 4: Effective Use of Resources

The “Use of Resources” theme focuses on how a Best Value organisation ensures that it makes effective, risk-aware and evidence-based decisions on the use of all of its resources. A Best Value organisation will show that it is conscious of being publicly funded in everything it does. The organisation will be able to show how its effective management of all resources (including staff, assets, information and communications technology (ICT), procurement and knowledge) is contributing to delivery of specific outcomes.

Requirement	Measure/Expected Outcome	Evidence/Outcome
<p>The IJB understands, measures and reports on the relationship between cost, quality and outcomes.</p>	<p>Use of available evidence on relationship between inputs, quality and outcomes.</p>	<p>The partnership attempt to do this where reliable information is available to link cost (or inputs), quality and outcomes. Examples of analysis include:</p> <ul style="list-style-type: none"> • Under the Reshaping Non Acute Care programme, the re-design and reduction of the bed base at Royal Victoria Hospital and re-investing the resources released into a multi-disciplinary Enhanced Community Support model of care. • focus on reducing delayed discharge • review and redesign of the in-house home care service • cessation of the Intermediate Care Contract and reinvestment in community based alternative services <p>Well established option appraisal processes are in place for business cases which set out a range of benefits and costs. Service development plans attempt to set out the relationship between inputs, quality and outcomes where information is available.</p>

Requirement	Measure/Expected Outcome	Evidence/Outcome
<p>The IJB has a comprehensive programme to evaluate and assess opportunities for efficiency savings and service improvements including comparison with similar organisations.</p>	<p>Successful delivery of efficiency requirements.</p>	<p>The IJB relies on the structured mechanisms to identify savings and undertake robust benchmarking. This includes the process for setting target levels of efficiency, developing proposals and reviewing each area's achievement from a whole system perspective.</p> <p>The Prescribing Transformation Programme is informed by regular benchmarking with other Boards prescribing costs and approaches and has resulted in moving from a significant cost pressure to an underspend position</p> <p>A learning disability services benchmarking review is underway</p> <p>A review of voluntary organisations funding for 2020/21 has seen a re-focus of funding priorities and delivery of efficiency savings</p>

<p>Organisational budgets and other resources are allocated and regularly monitored.</p>	<p>Scheme of delegation setting out authorities for managing resources and virement limits.</p> <p>IJB Scheme of Delegation and Financial Regulations.</p> <p>Robust financial planning process.</p> <p>Evidence of escalation on significant financial variances.</p> <p>Range of procedures and guidance notes for managers is available outlining the partner's procurement strategies and procedures.</p>	<p>The IJB Scheme of Delegation and Financial Regulations are in place ensuring an effective framework for budgetary control.</p> <p>IJB financial monitoring reports presented to the IJB Committee.</p> <p>The IJB's financial monitoring position is also reported regularly to the partner agencies</p> <p>Level of financial detail reported to the IJB increased on areas with significant variances or risk. Explanations within the monitoring reports to members in relation to changes to the approved budget was incorporated.</p> <p>Reliance is placed on the financial monitoring and financial planning arrangements which have been established by each partner to achieve financial balance.</p> <p>Reliance is placed on the strategies for procurement and the management of contracts (and contractors) which have been established by each partner to demonstrate appropriate competitive practice. A Social Care Procurement Policy is in place which sets out the framework within which the service purchases care services. This combines the fundamentals of the corporate procurement strategy with social care specific issues. The service hosts the social care contracts team which ensures this policy is adhered to.</p>
<p>The IJB maintains an effective system for financial stewardship and reporting in line with the IJB Financial Regulations.</p>	<p>IJB Scheme of delegation, Financial Regulations, internal audit programme, external audit of financial statements and systems.</p>	<p>All in place and operating effectively.</p>

Requirement	Measure/Expected Outcome	Evidence/Outcome
<p>There is a robust information governance framework in place that ensures proper recording and transparency of all IJB's activities.</p>	<p>Strategy for information governance/assurance.</p>	<p>Reliance is also placed on the processes and controls for information sharing which have been established by each partner. This includes:</p> <ul style="list-style-type: none"> • compliance with General Data Protection Regulations • the arrangements for the Data Protection Officer, Senior Information Risk Owner • learning from events to raise the level of resilience across the partnership e.g. the response by the DCC partner to IT disruption due to power failure. <p>All IJB formal board meetings and committees are minuted and made public for transparency</p>
<p>The IJB understands and maximises the value of the data and information it holds.</p>	<p>Performance Monitoring Framework.</p> <p>HSCP website.</p>	<p>The HSCP uses a comprehensive performance monitoring system - Pentana to record, monitor and report on performance. HSCP participate in Local Government Benchmarking Framework.</p> <p>HSCP website is a useful source of information and easily accessible reference point.</p>

Section 5: Performance Management

The “Performance Management” theme focuses on how a Best Value organisation embeds a culture and supporting processes which ensures that it has a clear and accurate understanding of how all parts of the organisation are performing and that, based on this knowledge, it takes action that leads to demonstrable continuous improvement in performance and outcomes. A Best Value organisation will ensure that robust arrangements are in place to monitor the achievement of outcomes (possibly delivered across multiple partnerships) as well as reporting on specific activities and projects. It will use intelligence to make open and transparent decisions within a culture which is action and improvement oriented and manages risk. The organisation will provide a clear line of sight from individual actions through to the National Outcomes and the National Performance Framework. The measures used to manage and report on performance will also enable the organisation to provide assurances on quality and link this to continuous improvement and the delivery of efficient and effective outcomes.

Requirement	Measure/Expected Outcome	Evidence/Outcome
Performance is systematically measured across all key areas of activity.		IJB’s outcomes are monitored across a set of performance indicators that has been developed to cover the delegated functions and the nine national health and well-being outcomes. These performance measures are reported to the Performance and Audit Committee. IJB Annual Performance Report can be found at : https://www.dundeehscp.com/publications/dhscp-annual-performance-report-2018-19
Residents, service users, patients and other stakeholders are involved in developing indicators and targets and monitoring and managing performance so that information provided is relevant to its audience.		Extensive consultation was undertaken to develop the Strategic Commissioning Plan including events and surveys. Service users are represented within each of the strategic planning groups. The performance framework has been developed to support the implementation of the strategic commissioning intentions. The IJB has approved a Communication and Engagement Strategy
The IJB and the Performance and Audit Committee approve the format and content of the performance reports they receive.	The IJB and the Performance and Audit Committee overview.	Content and frequency of performance reporting to the IJB and the Performance and Audit Committee is kept under review with additional reports on areas of specific interest invited by the Chair and Vice-Chair as appropriate. Recent examples include the readmissions performance analysis and standardized locality performance analysis report, re-admissions to hospital and falls performance

Requirement	Measure/Expected Outcome	Evidence/Outcome
<p>Performance reporting provides an understanding of whether the organisation is on track to achieve its short and long-term strategic, operational and quality objectives</p>	<p>Trends are monitored and influence future decision-making. Reports also include expected trajectories where appropriate with explanations of deviations.</p> <p>Periodic performance reports on progress over longer time horizon.</p>	<p>HSCP Management Team reviews performance against some key indicators on a regular basis in particular emergency bed day and delayed discharge.</p> <p>Dedicated Local Intelligence Support Team Analysts and the HSCP's internal performance management resources are sourcing, linking and interpreting data in order to better understand and project patterns of service demand. This analytical work is providing insights into delivering better plans, designing improved service user pathways and contributing to the achievement of the Health and Social Care outcomes.</p> <p>Quarterly performance reports are presented to the Performance and Audit Committee.</p>
<p>Public performance reports show performance against:</p> <ul style="list-style-type: none"> • objectives, targets and service outcomes • past performance • improvement plans • other relevant bodies 		<p>A review of IJB and Performance and Audit Committee reports provides evidence of all of these comparisons being used but not all together all the time. Performance against objectives/target features in most and the quarterly performance report shows trend analysis. Reports on areas of specific interest are requested.</p>
<p>Reports are honest and balanced and subject to proportionate and appropriate scrutiny and challenge from the IJB and the Performance and Audit Committee.</p> <p>The IJB has received assurance on the accuracy of data used for performance monitoring.</p>		<p>The IJB and the Performance and Audit Committee reports demonstrate scrutiny and challenge.</p> <p>Performance data is validated by ISD.</p> <p>Internal Audit and External Audit conduct periodic reviews of the accuracy of reporting.</p>
<p>The IJB's performance management system is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice and monitoring implementation.</p>		<p>Quarterly performance reporting to the Performance and Audit Committee highlights areas where indicators are not on trajectory to allow for scrutiny and the development of action plans.</p>

Requirement	Measure/Expected Outcome	Evidence/Outcome
<p>The IJB has evidence that it has the necessary capacity and capability to deploy when performance is slow or weak.</p>		<p>Generally resources will be boosted where performance is weak in a priority area. Support across the partnership can be directed to enhance performance however the overall scarcity of resources (both finance and available workforce) means service demands need to be prioritised and closely monitored. Resources will be directed to performance improvements which will have the greatest impact. Response to Covid19 pandemic provides evidence of this.</p>
<p>The IJB can demonstrate that it is sparking creativity and innovation; finding and systematically spreading the best outcomes, practices and ideas; and learning from what works.</p> <p>There is learning across the organisation on how to improve performance with time and opportunities explicitly made available to do so.</p>		<p>A range of innovative integrated approaches are being implemented as part of the transformational programme. For example, the development of assessment at home model enable people to live independently at home or in a homely setting in their community. Other examples include the use of technology enabled care and the development of the Integrated Care Home Team, which adopts a holistic approach to ensure people living in care homes have the best experience as possible.</p>
<p>The IJB overtly links Performance Management with Risk Management to support prioritisation and decision-making at IJB level, supports continuous improvement and provides assurance on internal control and risk.</p>		<p>The Performance and Audit Committee receive regular reports on risk and the actions required to mitigate risks above the tolerance levels. Performance in respect of key indicators is also monitored and actions to improve outcomes are identified, highlighting risks as appropriate. All IJB and Performance and Audit Committee reports contain a risk assessment from which a recommendation is made to decision makers around whether or not to accept the risks associated with any decisions they are being asked to consider. This contributes to the prioritisation and decisions making processes of the IJB and the partners.</p> <p>Well established mechanism are in place for the IJB and the partners to provide the IJB with assurance on internal control and risk. This includes the programme of audit and review of other external assessments, culminating in the annual governance statement.</p>

Section 6: Sustainability

The “Sustainability” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded a sustainable development focus in its work.

The goal of Sustainable Development is to enable all people throughout the world to satisfy their basic needs and enjoy a better quality of life without compromising the quality of life of future generations. Sustainability is integral to an overall Best Value approach and an obligation to act in a way which it considers is most sustainable is one of the three public bodies duties set out in Section 44 of the Climate Change (Scotland) Act 2009. The duty to act sustainably placed upon Public Bodies by the Climate Change Act will require Public Bodies to routinely balance their decisions and consider the wide range of impacts of their actions, beyond reduction of greenhouse gas emissions and over both the short and the long term.

The concept of sustainability is one which is still evolving. However, five broad principles of sustainability have been identified as:

- promoting good governance;
- living within environmental limits;
- achieving a sustainable economy;
- ensuring a stronger healthier society; and
- using sound science responsibly.

Individual Public Bodies may wish to consider comparisons within the wider public sector, rather than within their usual public sector “family”. This will assist them in getting an accurate gauge of their true scale and level of influence, as well as a more accurate assessment of the potential impact of any decisions they choose to make.

A Best Value organisation will demonstrate an effective use of resources in the short-term and an informed prioritisation of the use of resources in the longer-term in order to bring about sustainable development. Public bodies should also prepare for future changes as a result of emissions that have already taken place. Public Bodies will need to ensure that they are resilient enough to continue to deliver the public services on which we all rely.

Requirement	Measure/Expected Outcome	Evidence/Outcome
<p>The IJB can demonstrate that it is making a contribution to sustainable development by actively considering the social, economic and environmental impacts of activities and decisions both in the shorter and longer term.</p> <p>The IJB can also demonstrate that it respects the limits of the planets environment, resources and biodiversity in order to improve the environment and ensure that the natural resources needed for life are unimpaired and remain so for future generations.</p>	<p>Climate Change Duties.</p> <p>Financial Sustainability.</p>	<p>HSCP work closely with its parent bodies to support the implementation of the relevant climate change plans and strategies of DCC and NHST.</p> <p>Financial sustainability is a key priority for the IJB and the partners and work continues to be progressed to develop medium to longer term financial planning.</p> <p>Reliance is also placed on the arrangements each partner has to progress sustainability action plans.</p>

Requirement	Measure/Expected Outcome	Evidence/Outcome
The IJB contributes to building a strong, stable and sustainable economy which provides prosperity and opportunities for all.		<p>The IJB is focused on the sustainability of services, such as the sustainability of GP practices, a focus on tackling health inequalities and supporting the health and work agenda</p> <p>The IJB is committed to building the resilience of people and their communities and effective partnerships with the third and independent sectors have been established by the partners, resulting in a mixed market economy for the delivery of health and social care services</p>
The IJB promotes personal well-being, social cohesion and inclusion.		Reliance is placed on the arrangements each partner has to promote personal well-being, social cohesion and inclusion.
The IJB has implemented policies in which environmental and social costs fall on those who impose them.		Reliance is placed on the arrangements each partner has to ensure environmental and social costs fall on those who impose them.
The IJB can demonstrate that policy is developed and implemented on the basis of strong scientific evidence.		National policy is developed by the Scottish Government. The IJB and the partner's use of scientific evidence would only be in implementation issues or issues within local discretion.
The IJB has self-assessed and reported against the Public Bodies Climate Change Duties Guidance.		<p>The Climate Change (Duties of Public Bodies Reporting Requirements) (Scotland) Order 2015 came into force in November 2015 as secondary legislation made under the Climate Change (Scotland) Act 2009. The Order requires bodies to prepare reports on compliance with climate change duties. Part 4 of the Act places duties on all public bodies in Scotland to reduce greenhouse gas emissions, adapt to a changing climate and act sustainably. The introduction of this reporting is intended to help with Public Bodies Duties compliance, engage leaders and encourage continuous improvement. This will help to aid continuous improvement, to better inform policy and action, and to demonstrate and share good practice and progress and ensure long term commitment and consistency on climate change reporting.</p> <p>The IJB report on the Public Bodies Climate Change Duties 2017: can be accessed here.</p>

Section 7: Equality

This section should be read in conjunction with guidance on the UK Equality Act 2010 which became available in 2011.

The 'Equality' theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded an equalities focus which will secure continuous improvement in delivering equality.

Equality is integral to all our work as demonstrated by its positioning as a cross-cutting theme. Public Bodies have a range of legal duties and responsibilities with regard to equality. A Best Value organisation will demonstrate that consideration of equality issues is embedded in its vision and strategic direction and throughout all of its work.

The equality impact of policies and practices delivered through partnerships should always be considered. A focus on setting equality outcomes at the individual Public Body level will also encourage equality to be considered at the partnership level.

Requirement	Measure/Expected Outcome	Evidence/Outcome
<p>The IJB meets the requirements of equality legislation.</p> <p>The IJB engages in a fair and inclusive dialogue to ensure information on services and performance is accessible to all.</p>	<p>Compliance with Equality Act 2010 and May 2012 regulations on specific duties (May 2013 clarification on Scottish specific duties).</p>	<p>Reliance is placed on each partner's Equality and Diversity Strategy and the equality schemes required by general duties.</p> <p>Equality and diversity is at the center of all that the IJB and the partners do. The approach to equality and diversity as an employer and as a service provider is supported by the equality and diversity frameworks and actions against general and specific duties are monitored.</p> <p>Information is available in accessible formats and reasonable requests for adapted versions of any work will be met. Interpreting services are available and plain English approaches are adopted.</p> <p>All policies and service changes are subject to Equality and Diversity Impact Assessment which highlights any specific adjustments required.</p>
<p>The IJB ensures that all members of staff are aware of its equality objectives.</p>		<p>Reliance is placed on each partner's programme of training and awareness raising.</p>
<p>The IJB and senior officers understand the diversity of their customers and stakeholders.</p>	<p>Consultation requirements.</p> <p>Well understood and structured mechanism for assessing diverse needs.</p>	<p>Engagement and consultation processes are in place and the IJB liaises with the Scottish Government and the Scottish Health Council. All major change programmes are delivered within the parameters recommended in the relevant best practice guidance.</p>

Requirement	Measure/Expected Outcome	Evidence/Outcome
The IJB's policies, functions and service planning overtly considers the different current and future needs and access requirements of groups within the community.		Equality and diversity impact assessment is an integral part of the IJB's and the partner's processes in particular policy or service change proposals. Equality and Diversity Impact Assessment Guidance and Forms are available for staff. Training and support is also available on request.
Equality is mainstreamed into all processes.	Plan on how to mainstream equality and to monitor progress.	Reliance is placed on the arrangements each partner has in place to mainstream equality and diversity.
Wherever relevant, the IJB collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions. The IJB regularly measures and reports its performance in contributing to the achievement of equality outcomes.		<p>The equality outcomes help the IJB and the partners understand the impact on equality groups. Mainstreaming Reports published by the partners include the equality outcomes as well as the further work which continues to be progressed to embed equalities across the HSCP.</p> <p>IJB Equality Outcomes and Mainstreaming Equality Framework sets out the priorities for addressing equality issues. Regular monitoring and reporting on progress against the agreed equality outcomes is performed.</p>
The IJB engages with and involves equality groups to improve and inform the development of relevant policy and practice.		<p>The IJB is committed to engagement. The Dundee Health and Social Care Partnership Participation and Engagement Strategy outlines the approach that the IJB will deploy in working with key stakeholders to strategically develop health and social care services in Dundee.</p> <p>This strategy complements the well-developed methods of participation and engagement adopted by DCC, NHST and the Third and Independent sectors. Although the strategy provides a consistent approach, alternative forms of engagement are adopted to involve individuals, groups and communities who may be harder to reach.</p>

PERFORMANCE AND AUDIT COMMITTEE
PUBLIC DISTRIBUTION LIST

(a) DISTRIBUTION – PERFORMANCE AND AUDIT COMMITTEE

(* - DENOTES VOTING MEMBER)

<u>Role</u>	<u>Recipient</u>
Elected Member (Chair)	Councillor Ken Lynn *
Elected Member	Bailie Helen Wright *
NHS Non Executive Member	Jenny Alexander *
NHS Non Executive Member	Donald McPherson*
Chief Officer	Vicky Irons
Chief Finance Officer	Dave Berry
Registered medical practitioner employed by the Health Board and not providing primary medical services	James Cotton
Chief Social Work Officer	Diane McCulloch
Chief Internal Auditor	Tony Gaskin
Staff Partnership Representative	Raymond Marshall
Person providing unpaid care in the area of the local authority	Martyn Sloan

(b) DISTRIBUTION – FOR INFORMATION ONLY

<u>Organisation</u>	<u>Recipient</u>
Dundee City Council (Chief Executive)	David R Martin
Elected Member – Proxy	Depute Lord Provost Bill Campbell
Elected Member – Proxy	Councillor Lynne Short
Elected Member – Proxy	Councillor Margaret Richardson
Dundee City Council (Executive Director of Corporate Services)	Greg Colgan
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
NHS Tayside (Chief Executive)	Grant Archibald
NHS Non Executive Member – Proxy	Norman Pratt
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee City Council (Members' Support)	Sharron Wright
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership	Kathryn Sharp
NHS Tayside (Communications rep)	Jane Duncan
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
NHS (PA to Tony Gaskin)	Carolyn Martin
Audit Scotland (Audit Manager)	Anne Marie Machan
Dundee City Council (Secretary to Dave Berry)	Pauline Harris
NHS Tayside (PA to James Cotton)	Jodi Lyon