



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

City Chambers  
DUNDEE  
DD1 3BY

20th September, 2022

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 Wednesday, 28th September, 2022 at 10.00am.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434228 or by email at [committee.services@dundeecity.gov.uk](mailto:committee.services@dundeecity.gov.uk) by no later than 12 noon on Monday, 26th July, 2022.

Apologies for absence should be intimated to Willie Waddell, Committee Services Manager, on telephone 01382 434228 or by e-mail [willie.waddell@dundeecity.gov.uk](mailto:willie.waddell@dundeecity.gov.uk).

Yours faithfully

VICKY IRONS

Chief Officer

### **AGENDA**

- 1 APOLOGIES FOR ABSENCE**
- 2 DECLARATION 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 AND ACTION TRACKER**

(a) MINUTE - Page 1

The minute of previous meeting of the Committee held on 20th July, 2022 is attached for approval.

(b) ACTION TRACKER - Page 7

The Action Tracker (PAC18 -2022) for meetings of the Performance and Audit Committee is attached for noting and updating accordingly.

**4 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2022/2023 – QUARTER 1 - Page 15**

(Report No PAC20-2022 by the Chief Finance Officer, copy attached)..

**5 FALLS PERFORMANCE - Page 37**

(Report No PAC21-2022 by the Chief Finance Officer, copy attached).

**6 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT - Page 73**

(Report No PAC22-2022 by the Clinical Director, copy attached).

**7 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT - Page 99**

(Report No PAC23-2022 by the Chief Finance Officer, copy attached).

**8 CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/OLDER PEOPLE AND OTHER ADULT SERVICES 2021/2022 - Page 107**

(Report No PAC25-2022 by the Chief Finance Officer, copy attached).

**9 GOVERNANCE ACTION PLAN PROGRESS REPORT - Page 131**

(Report No PAC24-2022 by the Chief Finance Officer, copy attached).

**10 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE - Page 141**

(Report No PAC26-2022 by the Chief Finance Officer, copy attached).

**11 ATTENDANCE LIST - Page 151**

(A copy of the Attendance Return (PAC27-2022) for meetings of the Performance and Audit Committee held over 2020 is attached for information and record purposes).

**12 DATE OF NEXT MEETING**

The next meeting of the Committee will be held on Wednesday, 23rd November, 2022 at 10.00 am

**PERFORMANCE AND AUDIT COMMITTEE**  
**PUBLIC DISTRIBUTION LIST**

**(a) DISTRIBUTION – PERFORMANCE AND AUDIT COMMITTEE**

**(\* - DENOTES VOTING MEMBER)**

<b><u>Role</u></b>	<b><u>Recipient</u></b>
NHS Non Executive Member (Chair)	Pat Kilpatrick *
Elected Member	Councillor Siobhan Tolland *
Elected Member	Councillor Dorothy McHugh *
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**

<b><u>Organisation</u></b>	<b><u>Recipient</u></b>
Dundee City Council (Chief Executive)	Greg Colgan
Elected Member – Proxy	Councillor Lynne Short
Elected Member – Proxy	Councillor Roisin Smith
Elected Member – Proxy	Bailie Helen Wright
Dundee City Council (Executive Director of Corporate Services)	Robert Emmott
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
NHS Tayside (Chief Executive)	Grant Archibald
NHS Non Executive Member – Proxy	Jenny Alexander
NHS Tayside (Director of Finance)	Stuart Llyall
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Elaine Holmes
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)	Jordan Grant

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At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 20th July, 2022.

Present:-

<u>Members</u>	<u>Role</u>
Pat KILPATRICK(Chairperson)	Nominated by Health Board (Non Executive Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Donald MCPHERSON	Nominated by Health Board (Non Executive Member)
Vicky IRONS	Chief Officer
Tony GASKIN	Chief Internal Auditor
Diane MCCULLOCH	Chief Social Work Officer
Martyn SLOAN	Person providing unpaid care in the area of the local authority

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

Jenny HILL	Head of Health and Community Care
Christine JONES	Partnership Finance Manager
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Kathryn SHARP	Strategy and Performance Service Manager
Lynsey WEBSTER	Strategy and Performance Service Senior Officer

Pat KILPATRICK, Chairperson, in the Chair.

## **I APOLOGIES FOR ABSENCE**

There were apologies for absence submitted on behalf of:-

Dave BERRY	Chief Finance Officer
Raymond Marshall	NHS Tayside (Staff Partnership Representative)

## **II DECLARATION OF INTEREST**

There were no declarations of interest.

## **III MINUTE OF PREVIOUS MEETING AND ACTION TRACKER**

### **(a) MINUTE**

The minute of meeting of the Committee held on 2nd February, 2022 was submitted and approved.

### **(b) ACTION TRACKER**

There was submitted the Action Tracker (PAC18-2022) for meetings of the Performance and Audit Committee.

The Committee agreed to note the content of the Action Tracker.

Following questions and answers the Committee further agreed:-

- (i) that Vicky Irons and her management team would be remitted to review the Action Tracker prior to the next Committee with a view to amending some of the narrative and deciding if anything should be removed;
- (ii) in relation to action no 25, that Vicky Irons would be remitted to check and report back to Donald McPherson why the Delayed Discharge report had been deferred from this Committee to the September Committee;
- (iii) to note, in relation to action no 28, that although an induction session had taken place for members, themed development sessions would continue to be programmed for members throughout the year; and
- (iv) that Vicky Irons and Dave Berry would be remitted to explore ways in which future induction sessions for members related more to their role on the Intergration Joint Board/Performance and Audit Committee.

#### **IV MEMBERSHIP – PERFORMANCE AND AUDIT COMMITTEE – DUNDEE CITY COUNCIL**

Reference was made to Article IV of the minute of meeting of the Dundee Integration Joint Board of 22nd June, 2022. The Committee agreed to note that Councillor Siobhan Tolland and Councillor Dorothy McHugh had been appointed as members of the Committee.

#### **V HEALTH AND CARE EXPERIENCE SURVEY 2021/2022 ANALYSIS**

There was submitted Report No PAC10-2022 by the Chief Finance officer updating the Performance and Audit Committee on the responses from the 2021/2022 Health and Care Experience Survey, which was used to provide measurement for National Health and Wellbeing Indicators 1-9.

The Committee agreed:-

- (i) to note the content of the report, including benchmarked performance by Dundee for the 2021/2022 Health and Care Experience survey provided in Appendix 1 of the report;
- (ii) to note the changes to the methodology used to filter responses and report against the National Health and Wellbeing Indicators detailed in section 5 of the report; and
- (iii) to note the performance of Dundee Health and Social Care Partnership against the Scottish average and eight Family Group Partnerships as outlined in section 6 of the report.

Following questions and answers the Committee further agreed:-

- (iv) that timescales and resources should be included, where appropriate, in the mitigating actions of the risk assessment section of future reports.

#### **VI DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2021/2022 - QUARTER 4**

There was submitted Report No PAC11-2022 by the Chief Finance Officer updating the Performance and Audit Committee on 2021/2022 Quarter 2 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators.

The Committee agreed:-

- (i) to note the content of the summary report contained within Appendix 1 of the report;
- (ii) to note 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 (tables 1, 2 and 3) of the report; and
- (iii) to note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3) of the report.

Following questions and answers the Committee further agreed:-

- (iv) to note, following enquiry from Donald McPherson in relation to actions taken by the Health and Social Care Partnership on the grading of Care Services, that there was a team that leads on Care Home issues, the Care Home Oversight Group continued to meet and work at a Tayside level and that there was a well established contract monitoring process in place;
- (v) to note that a discussion would be arranged between Pat Kilpatrick, Vicky Irons, Jenny Hill and Diane McCulloch on the work undertaken by the Royal Maudsley on supporting staff through trauma;
- (vi) that, at request of Councillor McHugh, information would be provided on the support available to care staff;
- (vii) to note that a specific section on Care Homes would be included in future reports; and
- (viii) that Jenny Hill would send information to Councillor McHugh on the Sloppy Slippers Scheme.

## **VII DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE**

There was submitted Report No PAC12-2022 by the Chief Finance Officer updating the Performance and Audit Committee in relation to the Strategic Risk Register and strategic risk management activities in Dundee Health and Social Care Partnership.

The Committee agreed:-

- (i) to note the content of the Strategic Risk Register Update report;
- (ii) to note the extract from the Strategic Risk Register attached as Appendix 1 to the report; and
- (iii) to note the new risks escalated to the Risk Register as outlined in section 6 of the report.

Following questions and answers the Committee further agreed:-

- (iv) that, at the request of Pat Kilpatrick, the new risk detailed in section 6.5 of the report be reworded to reflect that this related to health and social care;
- (v) that consideration would be given to what further information could be extracted from Pentana and presented to the Committee;
- (vi) that a date for a development session on risk would be arranged; and

- (vii) that further information on the ADP Residential Rehab Pathway and service restructure would be provided to Pat Kilpatrick.

#### **VIII INTERNAL AUDIT REPORT – DUNDEE INTEGRATION JOINT BOARD AS A CATEGORY 1 RESPONDER**

There was submitted Report No PAC13-2022 by the Chief Finance Officer presenting the findings of the Internal Audit Review of Dundee Integration Joint Board (IJB) as a Category 1 Responder.

The Committee agreed:-

- (i) to note the content and findings of the Internal Audit Review of Dundee IJB as a Category 1 Responder which was attached as Appendix 1 to the report; and
- (ii) to note and agree the action plan associated with the report as the management response to the findings.

Following questions and answers the Committee further agreed:-

- (iii) that Dave Berry would be remitted to explain why paragraph 2.3 in the report recommended reporting progress through the Governance Action Plan rather than the way in which other audit reports were tracked; and
- (iv) that an update report would be presented to the next Committee.

#### **IX DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT**

There was submitted Report No PAC14-2022 by the Chief Finance Officer providing the Performance and Audit Committee with an update on the ongoing work from the 2021/2022 plan and the one remaining review from the 2020/2021 plan. Progress on the non-discretionary elements of the provisional plan was also incorporated. The report also included internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs were considered relevant for assurance purposes to the Dundee Integration Joint Board.

The Committee agreed:-

- (i) to note the continuing delivery of the audit plans and related reviews as outlined in the report and noted in Appendix 1 to the report.

Following questions and answers the Committee further agreed:-

- (ii) to seek assurance from Dave Berry that the reports, where the target had slipped twice, would definitely be presented to the September Committee.

#### **X INTERNAL AUDIT ANNUAL PLAN 2022/2023**

There was submitted Report No PAC15-2022 by the Chief Finance Officer seeking approval of the Annual Internal Audit Plan for Dundee City Integration Joint Board (IJB) for 2022/2023 and for agreement to the appointment of the Chief Internal Auditor.

The Committee agreed:-

- (i) to the continuation of Fife, Tayside and Forth Valley Audit and Management Services (FTF) as the IJB's lead internal auditors and therefore taking the role of the Chief Internal Auditor;
- (ii) to approve the 2022/2023 Annual Internal Audit Plan as set out in Appendix 1 to the report; and



- (iii) to note that no updates were required to the Internal Audit Charter at this time.

#### **XI ANALYTICAL REVIEW OF EMERGENCY ADMISSION RATES**

On a reference to Article VII of the minute of meeting of this Committee of 24th November, 2021 wherein the Chief Finance Officer was instructed to submit a further in-depth analysis of readmissions data, there was submitted Agenda Note PAC16-2022 providing the updated position.

The Committee agreed to note the updated position.

#### **XII GOVERNANCE ACTION PLAN PROGRESS REPORT**

There was submitted Report No PAC17-2022 by the Chief Finance Officer providing the Performance and Audit Committee with an update on the progress of the actions set out in the Governance Action Plan.

The Committee agreed:-

- (i) to note the content of the report and the progress made in relation to the actions set out in the Governance Action Plan as outlined in Appendix 1 of the report.

Following questions and answers the Committee further agreed:-

- (ii) that areas where there was not enough resource available should be highlighted as risks to the IJB; and
- (iii) that Dave Berry would be remitted to undertake a deeper dive review of the Governance Action Plan.

#### **XIII DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT**

There was submitted Report No PAC19-2022 by the Clinical Director providing assurance regarding matters of Government policy directives and legal requirements. This aligned to the safe, effective and person centred quality ambitions of NHS Scotland.

The report was brought to the Committee to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership Integration Scheme. Clinical Governance was a statutory requirement to provide, at Board level, from Scottish Government as per NHS MEL (1998) 75. The Performance and Audit Committee was asked to provide their view on the level of assurance the report provided in regard to clinical and care governance within the Partnership. The timescale for the data within the report was to May, 2022.

The Committee agreed:-

- (i) to note the Exception Report for the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group as detailed in Section 4 of the report; and
- (ii) with the Lead Officer for Dundee Health and Social Care Partnership that the level of assurance provided was: Reasonable.

Following questions and answers the Committee further agreed:-

- (iii) that an explanation on how the risk levels were calculated would be provided in future reports;

- (iv) that Diane McCulloch would provide information relating to the missing heading in the table on page 117;
- (v) that, at the request of Pat Kilpatrick, officers be commended for the work that had gone into reducing the number of complaints;
- (vi) that updates would be provided to the next Committee on the Community Mental Health Service Activity and MAT Standards;
- (vii) to note that reports on the Adult Weight Management Service and the Dundee Drug and Alcohol Recovery Service (DDARS) would be brought to future Committee meetings.

#### **XIV ATTENDANCE LIST**

There was submitted Agenda Note PAC20-2022 providing attendance returns for meetings of the Performance and Audit Committee held over 2022.

The Committee agreed to note the position as outlined.

#### **XII DATE OF NEXT MEETING**

The Committee agreed to note that the next meeting of the Committee would be held on Wednesday, 28th September, 2022 at 10.00 am.

Pat KILPATRICK, Chairperson.

<b>ITEM No ...3(b).....</b>
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**PERFORMANCE AND AUDIT COMMITTEE – ACTION TRACKER – Meeting in July 2022 – PAC18-2022**

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
1.	26/05/21	III(ii)	MINUTE OF PREVIOUS MEETING – 3RD FEBRUARY 2021	The Partnership to progress public information being placed on the website including information on Voluntary Action Exercise Group.	Chief Finance Officer	Sep 2021	In progress. Further initiatives around sharing of information on range of services / activities available being explored
2.	“	V(vii)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2020/2021 QUARTER 3 SUMMARY	Kathryn Sharp to undertake further analysis of the position in relation to the figures for the North East area to establish what learning could be achieved for the benefit of the other areas in Dundee.	Strategy and Performance Manager	(June 2022)  March 2023	Completion of this analysis is not able to be prioritised within existing resources at the present time due to other competing demands associated with statutory requirements and other analytical requests from the PAC and operational services.
3.	“	VI (iv)	DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON	Jenny Hill to prepare a one page outline document showing an organisational graph of the Partnership for circulation to the full Committee.	Head of Health and Community Care	Sep 2021	In progress – deferred until HSCP restructure confirmed

			COMPLEX AND STANDARD DELAYS				
5.	“	VIII(vi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT	Dave Berry to take forward the provision of information on Equality Impact Assessment in New Member Induction Training and the possibility of training not being confined to new members but offered as a refresher for the full membership with Tony Gaskin.	Chief Finance Officer/Chief Internal Auditor	June 2022	In progress – arrangements to be made with DCC to provide training to IJB members based on that previously delivered to Council elected members.
8.	29/09/21	VIII(i)	DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT	to note that Tony Gaskin would submit a summary of all reports to the next meeting of the Health Board.	Chief Internal Auditor	November 2021	In progress – Discussions ongoing with NHST re public sharing of information
9.	29/09/21	VIII(iii)	DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT	to note following enquiry from Bailie Wright the explanation from Tony Gaskin in relation to what was meant by Viability as indicated in the report and that a report on Key Risk Viability would be submitted to the February meeting.	Chief Internal Auditor	February 2022	In progress – Deadline to move to coincide with planned completion of Internal Audit Report on provider sustainability – expected November 2022
10.	24/11/21	V(iii)	AUDIT SCOTLAND ANNUAL REPORT AND INTEGRATION JOINT BOARD ANNUAL	to instruct the Chief Finance Officer to provide an update on progress of the action plan noted in Appendix 1 of the external auditor's report by February 2022.	Chief Finance Officer	4 <sup>th</sup> February 2022	In Progress – to be presented at the November 2022 PAC

			ACCOUNTS 2020/2021				
15.	24/11/21	V(x)	AUDIT SCOTLAND ANNUAL REPORT AND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2020/2021	to note as advised by Tony Gaskin that the South Lanarkshire area had also done some work in relation to their Strategic Commissioning Plan and the identification of Risks and he would look to get permission from them to share that document with the Committee.	Chief Internal Auditor	Once approved by South Lanarkshire	In Progress
18.	24/11/21	VII(iv)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – QUARTER 1	to instruct the Chief Finance Officer to submit a further in-depth analysis of readmissions data, which should include analysis of the data for the specialty with the highest readmission rate (excluding where reasons for poor performance were due to coding) no later than 31st March, 2022 (sections 5.4 and 6 of the report).	Chief Finance Officer	(31 <sup>st</sup> March 2022)  Anticipated first PAC of 2023	In progress - deferred due to data availability. Agenda note submitted to July 2022 meeting. Data currently expected to be available from mid-November 2022 allowing report to be prepared for the first PAC in 2023.
19.	24/11/21	VII(vi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – QUARTER	to instruct the Chief Finance Officer to submit an update report on improvement activity that had been undertaken to address the increased rate in hospital admissions due to a fall no later than 31st March, 2022 (sections 5.5 and 6 of the report).	Chief Finance Officer	31 <sup>st</sup> March 2022	Complete – report submitted to September PAC.
25.	02/02/22	IV(xi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP	to note the observation from Donald McPherson in relation to the variance between the figures for Delayed	Chief Officer	(September 2022)	In progress – discharge management report

			REPORT – 2021/2022 – QUARTER 2	Discharge between The Ferry area and the other areas in Dundee and what could be learned from this and that in this respect the advice of the Chief Officer that a full report on Delayed Discharge would be submitted to the next meeting of the Committee.		November 2022	has been deferred to November 2022 to allow amendment to take account of recent feedback from IJB members on data reports and changes associated with recent decisions / programmes of work overseen by the Unscheduled Care Board.
29.	02/02/22	VIII(iv)	CLINICAL, CARE AND PROFESSIONAL GOVERNANCE	to note that advice of Diane McCulloch that regularity of reporting arrangement for this report would be examined and that content may be reported on an annual basis in future.	Head of Health and Community Care	July 2022	Complete – Reports will be produced for each PAC following reporting arrangements for NHS Tayside’s Care Governance Committee
30.	02/02/22	VIII(v)	CLINICAL, CARE AND PROFESSIONAL GOVERNANCE	to note following enquiry from Trudy McLeay in relation to whether or not the Mental Health Emergency Ambulance was only available for Adults and not children that Diane McCulloch would confirm if any requests had been made for treatment of children.	Head of Health and Community Care	September 2022	Complete - Confirmed that current Standing Operating Procedure refers to a service for 18 – 65 year old. The will be further considered following the evaluation of the first period.

33.	20/07/22	III(b)(i)	ACTION TRACKER	that Vicky Irons and her management team would be remitted to review the Action Tracker prior to the next Committee with a view to amending some of the narrative and deciding if anything should be removed.	Chief Officer	September 2022	Complete
34.	20/07/22	III(b)(ii)	ACTION TRACKER	in relation to action no 25, that Vicky Irons would be remitted to check and report back to Donald McPherson why the Delayed Discharge report had been deferred from this Committee to the September Committee.	Chief Officer	September 2022	Complete – report was delayed due to urgent care lead being on leave.
35.	20/07/22	VI(v)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2021/2022 - QUARTER 4	to note that a discussion would be arranged between Pat Kilpatrick, Vicky Irons, Jenny Hill and Diane McCulloch on the work undertaken by the Royal Maudsley on supporting staff through trauma.	Chief Officer	October 2022	In Progress
36.	20/07/22	VI(vi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2021/2022 - QUARTER 4	that, at request of Councillor McHugh, information would be provided on the support available to care staff.	Chief Officer	October 2022	In Progress
37.	20/07/22	VI(viii)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2021/2022 - QUARTER 4	that Jenny Hill would send information to Councillor McHugh on the Sloppy Slippers Scheme.	Head of Health and Community Care	September 2022	Complete

39.	20/07/22	VII(vi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE	that a date for a development session on risk would be arranged.	Chief Finance Officer	December 2022	In Progress
40.	20/07/22	VII(vii)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE	that further information on the ADP Residential Rehab Pathway and service restructure would be provided to Pat Kilpatrick.	Head of Health and Community Care	September 2022	Complete – information regarding the residential rehabilitation pathway provided.
41.	20/07/22	VIII(iii)	INTERNAL AUDIT REPORT – DUNDEE INTEGRATION JOINT BOARD AS A CATEGORY 1 RESPONDER	that Dave Berry would be remitted to explain why paragraph 2.3 in the report recommended reporting progress through the Governance Action Plan rather than the way in which other audit reports were tracked.	Chief Finance Officer	September 2022	Complete – to be covered in minute of previous meeting discussion on PAC agenda
42.	20/07/22	VIII(iv)	INTERNAL AUDIT REPORT – DUNDEE INTEGRATION JOINT BOARD AS A CATEGORY 1 RESPONDER	that an update report would be presented to the next Committee.	Head of Health and Community Care / Service Manager, Strategy and Performance	October 2022	In progress – report to be submitted to IJB in October.
44.	20/07/22	XII(iii)	GOVERNANCE ACTION PLAN PROGRESS REPORT	that Dave Berry would be remitted to undertake a deeper dive review of the Governance Action Plan.	Chief Finance Officer	September 2022	In progress – report to be submitted to September PAC meeting.



47.	20/07/22	XIII(vi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT	that updates would be provided to the next Committee on the Community Mental Health Service Activity and MAT Standards.	Head of Health and Community Care	November 2022	In progress
48.	20/07/22	XIII(vii)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT	to note that reports on the Adult Weight Management Service and the Dundee Drug and Alcohol Recovery Service (DDARS) would be brought to future Committee meetings.	Head of Health and Community Care	November 2022	In progress

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**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 28 SEPTEMBER 2022

**REPORT ON:** DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2022-23 QUARTER 1

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC20-2022

## **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to update the Performance and Audit Committee on 2022-23 Quarter 1 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. This report also sets out a revised approach and format for quarterly performance reports based on feedback received from Integration Joint Board Members and internal audit colleagues.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the content of this summary report.
- 2.2 Note 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 (tables 1, 2 and 3).
- 2.3 Note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3).

## **3.0 FINANCIAL IMPLICATIONS**

3.1 None.

## **4.0 REVISION OF QUARTERLY PERFORMANCE REPORT**

4.1 The Partnership's approach to quarterly performance reporting has been constantly evolving since the establishment of the Integration Joint Board in 2016. Until Quarter 4 2020/21 the overall format of the quarterly performance report had been in place for four years, with only summary reports being provided during 2020/21 due to resource pressures arising from the wider pandemic circumstances. Following consultation with members of the Performance and Audit Committee and also taking into account feedback received via the '2020-21 Annual Governance Report', through discussion with the Chief Internal Auditor and through the process of undertaking the Dundee IJB Performance Management internal audit, the format and content of quarterly performance reports was revised in Quarter 1 2020/21.

4.2 Following a request from the Performance and Audit Committee, officers are working to amend the format for the performance summary to include an illustration of where variation in monthly data follows a normal pattern within statistical limits, using a technique called Statistical Process Control. This change will allow the Committee to understand variation which may or may not be within the control of the Partnership and implement improvement strategies where necessary. In addition,

where data is available, long-term trend charts contained within appendix 3 are to be updated to demonstrate performance benchmarked against the Partnership's Family Group. Work is also being progressed to identify local indicators for mental health and drug and alcohol service areas for incorporation into the quarterly report format. These aspects are being progressed as resource is available within the Strategy and Performance Service; updates on progress will be provided as part of forthcoming quarterly performance reports.

## 5.0 QUARTER 1 PERFORMANCE 2022-23 – KEY ANALYTICAL MESSAGES

5.1 Key analytical messages for the Quarter 1 2022/23 period are:

- Significant variation by Local Community Planning Partnership (LCPP) is still apparent, with poorest performance for many of the National Indicators in the most deprived LCPPs.
- Performance poorer than the 2015/16 baseline for rate of emergency admissions 18+, hospital admissions due to a fall 18+, emergency admission numbers from A+E 18+, emergency admissions as a rate of all A+E attendances 18+, % care services graded good, standard bed days lost to delayed discharges 75+.
- Despite having a deteriorating rate of emergency admissions 18+, with performance across most LCPPs being poorer than the 2015/16 baseline, performance is 2<sup>nd</sup> best out of the 8 family group partnerships. Although performance is poorest out of the 3 Tayside Partnerships.
- The number of emergency admissions from A+E has increased over the last 4 quarters although the number of emergency admissions as a rate per 1,000 of all A+E attendances has decreased over the last 4 quarters (both are higher than the 2015/16 baseline).
- The rate of emergency bed days 18+ has reduced since 2015/16, which is an improvement although the rate has increased (deteriorated) in Maryfield and The Ferry. Performance is best in the family group and 2<sup>nd</sup> out of the 3 Tayside Partnerships.
- 91.7% of the last 6 months of life was spent at home or in a community setting and this is higher than the 2015/16 baseline of 86.6% (improvement) and although performance across Scotland is similar, it is 5<sup>th</sup> out of the 8 family group partnership and is 3<sup>rd</sup> out of the 3 Tayside partnerships.
- Rate of hospital admissions due to a fall for aged 65+ is 29% higher than the 2015/16 baseline and is higher in every LCPP except North East. Dundee is the 2<sup>nd</sup> poorest (behind Glasgow) of the 8 family group partnerships and poorest out of the 3 Tayside partnerships. A full analytical and improvement update regarding falls has been submitted to the Performance and Audit Committee (see report PAC21-2022).
- % care services graded 'good' (4) or better in Care Inspectorate inspections has deteriorated since the 2015/16 baseline.
- Rate of bed days lost to a standard delayed discharge for age 75+ is 54.2% more than the 2015/16 baseline, performance deteriorated in all LCPPs and there was an increase in every quarter over the last 4. At Q1 the LCPP with the highest rate was Lochee (1,158) and the LCPP with the lowest rate was North East (520). It should be noted that Dundee performed significantly better than the Scottish position for national indicator 19 (delayed discharge all reasons) from 2017/18 until 2019/20. During 2020/21 and 2021/22, in common with many Partnerships across Scotland, performance was negatively impacted by the circumstances associated with the COVID-19 pandemic.
- Rate of bed days lost to complex (code 9) delayed discharge for age 75+ is 39% less than the 2015/16 baseline, with increases across 3 LCPPs (Lochee, Maryfield and The Ferry). Performance has improved over the last 4 quarters.

- During Q1 2022/23 98% of all discharges were not delayed.

- 5.2 Quarterly and locality data for rate of readmissions within 28 days is not currently available. The Business Support Unit (BSU) at NHS Tayside is currently revising the recording procedures for readmissions to improve accuracy and benchmarking. The impact of changes to recording practice on data utilised to calculate the readmissions indicator is currently being monitored by the BSU, with a full update due to be provided to the Partnership in mid-November 2022.
- 5.3 Following feedback from Performance and Audit Committee members regarding content in the quarterly and annual performance reports related to delayed discharge work is being progressed to revise the content and format of the Discharge Management report provided to PAC on a periodic basis. Recent changes to data reporting and analysis made by the Unscheduled Care Board, under which discharge management sits, are being worked through and the Partnership's urgent care lead and Strategy and Performance Service will subsequently review the PAC Discharge Management report in full. It is intended to submit a revised report to PAC in November 2022.

## 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

<b>Risk 1 Description</b>	Poor performance against national indicators could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan.
<b>Risk Category</b>	Financial, Governance, Political
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"> <li>- Continue to develop a reporting framework which identifies performance against national and local indicators.</li> <li>- Continue to report data quarterly to the PAC to highlight areas of exceptional performance (poor and excellent).</li> <li>- 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.</li> <li>- 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.</li> <li>- Work with operational managers, through a recommencement of the Performance and Finance Group, to identify areas of poor performance that result in operational risk and undertake additional analysis as required.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
<b>Approval recommendation</b>	Given the moderate level of planned risk, this risk is deemed to be manageable.

**8.0 CONSULTATIONS**

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

**9.0 BACKGROUND PAPERS**

9.1 None.  
Dave Berry  
Chief Finance Officer

**DATE:** 01 September 2022

Lynsey Webster  
Senior Officer, Strategy and Performance

## APPENDIX 1 – Performance Summary

Table 1: Performance in Dundee's LCPPs - % change in Q1 2022-23 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	+6.8%	+10%	+7.6%	+4.2%	+6.3%	+12.4%	+12.5%	+3.3%	-0.8%
Emer Bed Days rate per 100,000 18+	-7%	-7.0%	-8.5%	-10.7%	-4.6%	-2.6%	+4.2%	-24.8%	+1.1%
Readmissions rate per 1,000 Admissions									
Hospital admissions due to falls rate per 1,000 65+	+29%	+44%	+15%	+17%	-2%	+12%	+58%	+30%	+48%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	+54.2%	+90.5%	+43.6%	+24.6%	+14.3%	+28.0%	+54.2%	+14.9%	+146.2%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-39.0%	+62.5%	-72.0%	-36.6%	-100%	-84.5%	+112.3%	-55.2	+300.2%

\* The Business Support Unit at NHS Tayside are currently revising the recording procedures for readmissions to improve accuracy and benchmarking. Reporting is expected to recommence Q4 2022/23

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**Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q1 2022-23 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+	12,752	15,136	17,018	14,293	12,370	14,715	11,149	8,264	10,933
Emer Bed days rate per 100,000 18+	123,666	150,707	166,768	145,575	107,458	120,671	111,099	73,847	127,720
Readmissions rate per 1,000 Admissions									
Hospital admissions due to falls rate per 1,000 65+	32.1	38.3	31.5	35.0	20.2	28.3	36.6	35.8	30.0
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	811	1,158	935	690	540	628	919	783	771
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	179	267	147	281	0	63	344	97	165

Source: NHS Tayside data

\* The Business Support Unit at NHS Tayside are currently revising the recording procedures for readmissions to improve accuracy and benchmarking. Reporting is expected to recommence Q4 2022/23

Key:  Improved/Better  Stayed the same  Declined/Worse

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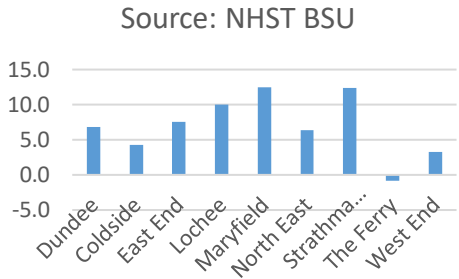
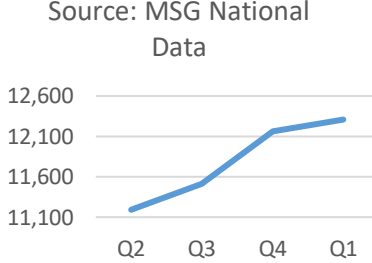
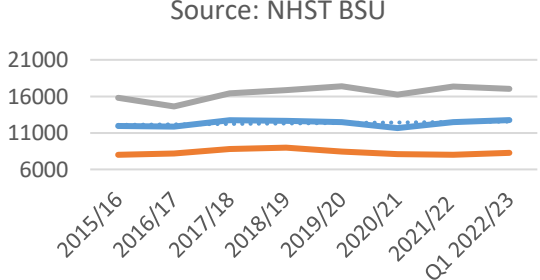
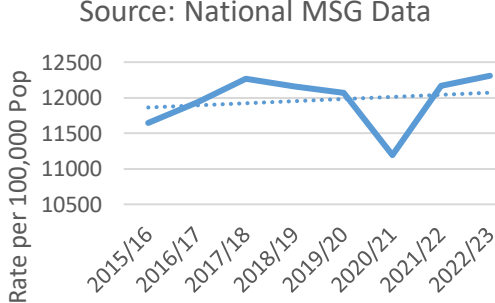
**Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q1 2022-23 compared to Dundee**

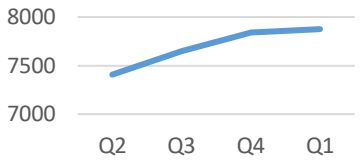
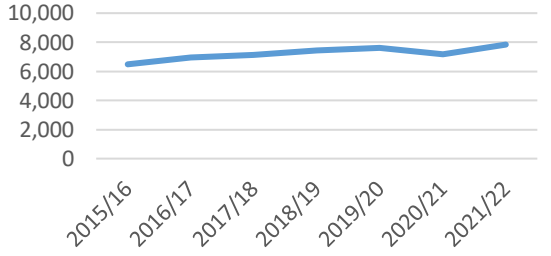
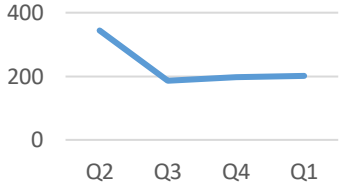
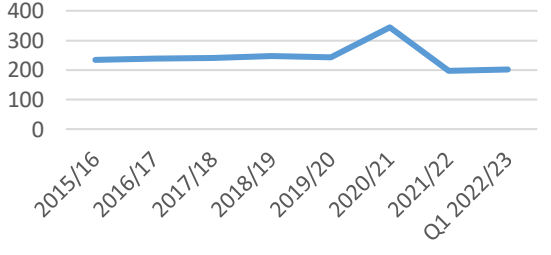
Dundee = D	East End = EE	Coldside = C	West End = WE
Strathmartine = S	North East = NE	Lochee = L	The Ferry = TF

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
1.% of adults able to look after their health very well or quite well*				30th	5th (89%)	3rd
2.% of adults supported at home who agreed that they are supported to live as independently as possible*				5th	1st (84%)	1st
3.% of adults supported at home who agreed that they had a say in how their help, care, or support was provided*				7th	2nd (75%)	2nd
4. % of adults supported at home who agree that their health and social care services seem to be well co-ordinated*				2nd	2nd (76%)	2nd
5.% of adults receiving any care or support who rate it as excellent or good*				2nd	2nd (84%)	1st

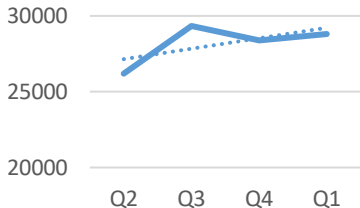
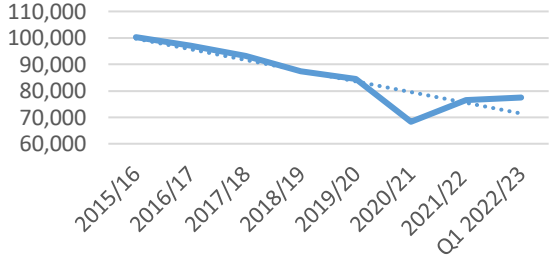
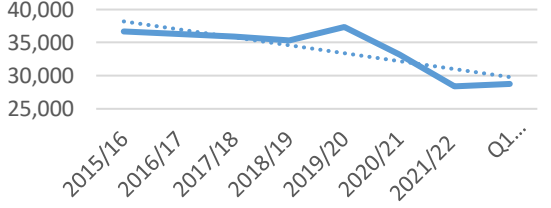
\* Difference from 15/16 baseline, short-term trend and long-term trend cannot be reported for national indicators 1 to 9 as these are reported from the biannual national Health and Social Care Experience Survey. Changes to the survey methodology made between 2017/18 and 2019/20 also mean that data is incomparable longitudinally.

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst												
6.% of people with positive experience of care at their GP practice*				16th	3rd (67%)	3rd												
7.% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life*				29th	8 <sup>th</sup> (72%)	3rd												
8.% of carers who feel supported to continue in their caring role*				26th	7 <sup>th</sup> (27%)	3rd												
9.% of adults supported at home who agreed they felt safe*				20th	7 <sup>th</sup> (77%)	3rd												
10. % staff who say they would recommend their workplace as a good place to work	Not Available Nationally	Not Available Nationally	Not Available Nationally															
11. Premature mortality rate per 100,000 persons	6% less in 20/21 than 15/16 (improved)	Not Available	<table border="1"> <caption>Premature Mortality Rate per 100,000 Persons (2016-2020)</caption> <thead> <tr> <th>Year</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>575</td> </tr> <tr> <td>2017</td> <td>555</td> </tr> <tr> <td>2018</td> <td>540</td> </tr> <tr> <td>2019</td> <td>545</td> </tr> <tr> <td>2020</td> <td>605</td> </tr> </tbody> </table>	Year	Rate	2016	575	2017	555	2018	540	2019	545	2020	605	29th	7th	3rd
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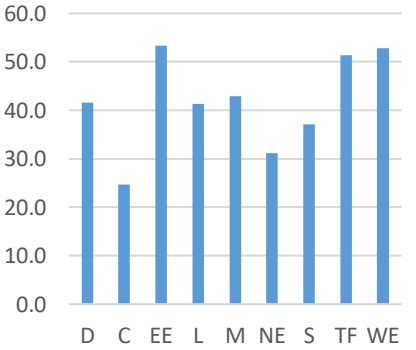
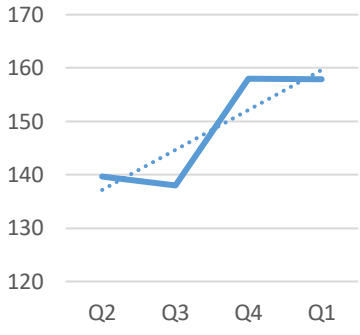
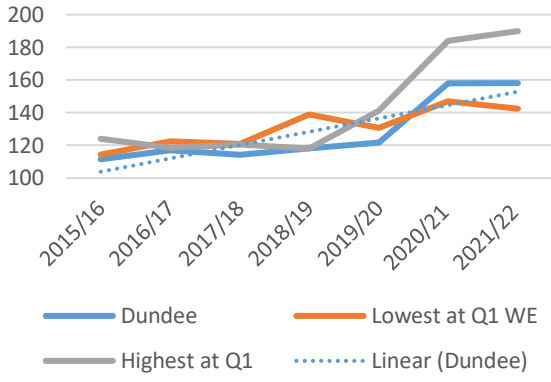
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<b>12. Emer Admissions rate per 100,000 18+</b>	6.2% (877 admissions) more in Q1 22/23 than 2015/16 (deterioration) (source: MSG)   <p>Source: NHST BSU</p>	 <p>Source: MSG National Data</p>	 <p>Source: NHST BSU</p>   <p>Source: National MSG Data</p>	22nd	2nd	3rd

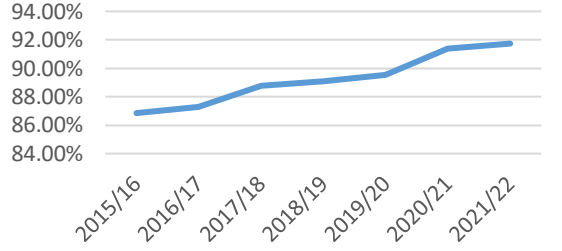
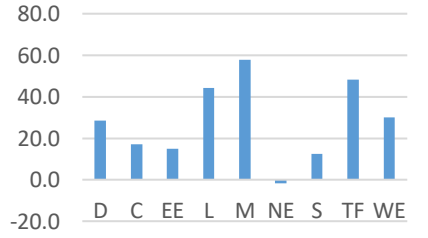
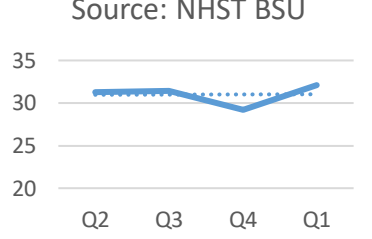
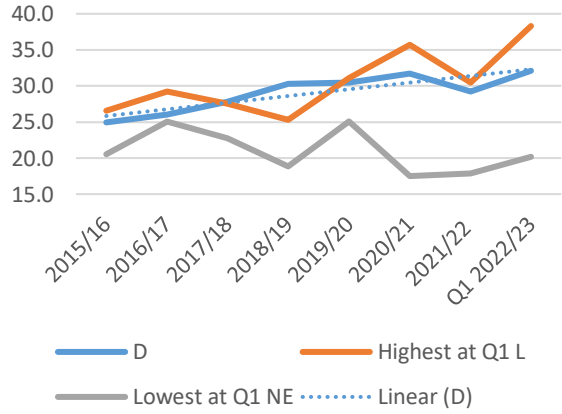
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Emergency Admissions Numbers from A&E (MSG)	1,392 more attendances in Q1 22/23 than 2015/16	<p>Source: MSG National Data</p> 	<p>Source: MSG National Data</p> 	NA as number and not rate	NA as number and not rate	NA as number and not rate
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances (MSG)	44 higher at Q1 2022/23 than 2015/16	<p>Source: MSG National Data</p> 	<p>Source: MSG National Data</p> 	Not Avail	Not Avail	Not Avail

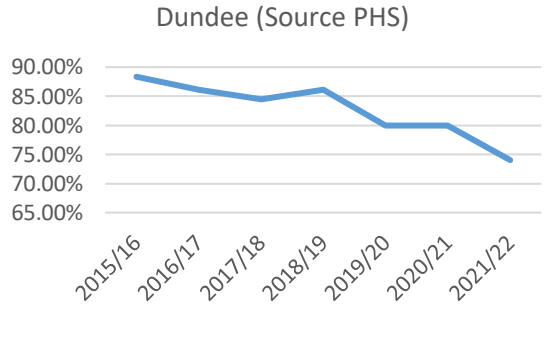
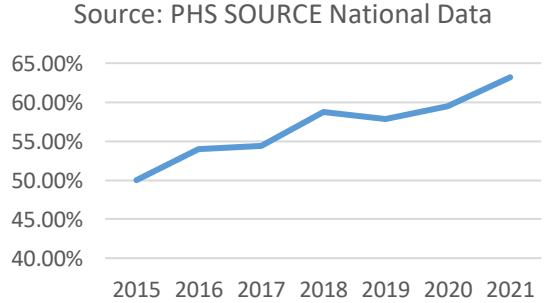
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Accident & Emergency Attendances (MSG)	1,109 more in Q1 2022/23 than 2015/16	<p>Source:MSG National Data</p>	<p>Source: MSG National Data</p>	NA as number and not rate	NA as number and not rate	NA as number and not rate
13.Emer Bed days rate per 100,000 18+	<p>SOURCE: NHST BSU</p> <p>10,449 (6%) less acute bed days in Q1 2022/23 than 2015/16 (improved) (source: NHST BSU)</p>	<p>Source: NHST BSU</p>		18th	1st	2nd

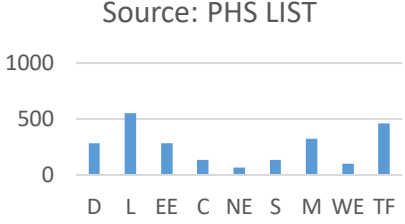
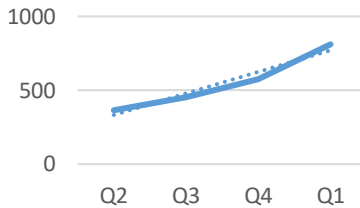
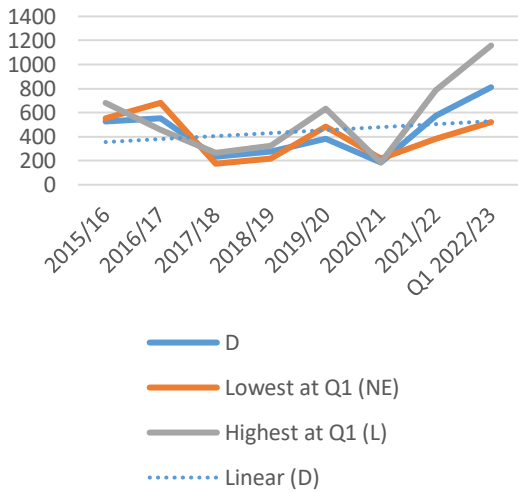
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	<p>9,442 (21%) less mental health bed days in Q1 2022/23 than 2015/16 (improved) (source: MSG)</p>	<p>National MSG Data (Mental Health Specialties)</p>  <table border="1"> <caption>National MSG Data (Mental Health Specialties)</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q2</td> <td>26,000</td> </tr> <tr> <td>Q3</td> <td>29,000</td> </tr> <tr> <td>Q4</td> <td>28,000</td> </tr> <tr> <td>Q1</td> <td>28,500</td> </tr> </tbody> </table>	Quarter	Value	Q2	26,000	Q3	29,000	Q4	28,000	Q1	28,500	<p>Source: National MSG Data (Acute Specialties)</p>  <table border="1"> <caption>National MSG Data (Acute Specialties)</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2015/16</td> <td>100,000</td> </tr> <tr> <td>2016/17</td> <td>95,000</td> </tr> <tr> <td>2017/18</td> <td>90,000</td> </tr> <tr> <td>2018/19</td> <td>85,000</td> </tr> <tr> <td>2019/20</td> <td>80,000</td> </tr> <tr> <td>2020/21</td> <td>65,000</td> </tr> <tr> <td>2021/22</td> <td>75,000</td> </tr> <tr> <td>Q1 2022/23</td> <td>75,000</td> </tr> </tbody> </table> <p>National MSG Data (Mental Health Specialties)</p>  <table border="1"> <caption>National MSG Data (Mental Health Specialties)</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2015/16</td> <td>36,000</td> </tr> <tr> <td>2016/17</td> <td>35,000</td> </tr> <tr> <td>2017/18</td> <td>34,000</td> </tr> <tr> <td>2018/19</td> <td>33,000</td> </tr> <tr> <td>2019/20</td> <td>36,000</td> </tr> <tr> <td>2020/21</td> <td>32,000</td> </tr> <tr> <td>2021/22</td> <td>28,000</td> </tr> <tr> <td>Q1 2022/23</td> <td>28,000</td> </tr> </tbody> </table>	Year	Value	2015/16	100,000	2016/17	95,000	2017/18	90,000	2018/19	85,000	2019/20	80,000	2020/21	65,000	2021/22	75,000	Q1 2022/23	75,000	Year	Value	2015/16	36,000	2016/17	35,000	2017/18	34,000	2018/19	33,000	2019/20	36,000	2020/21	32,000	2021/22	28,000	Q1 2022/23	28,000			
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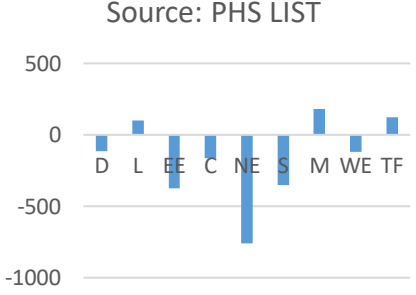
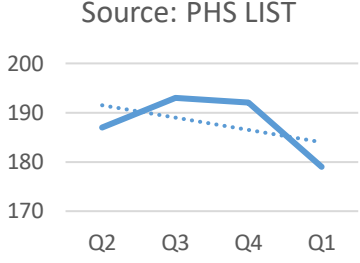
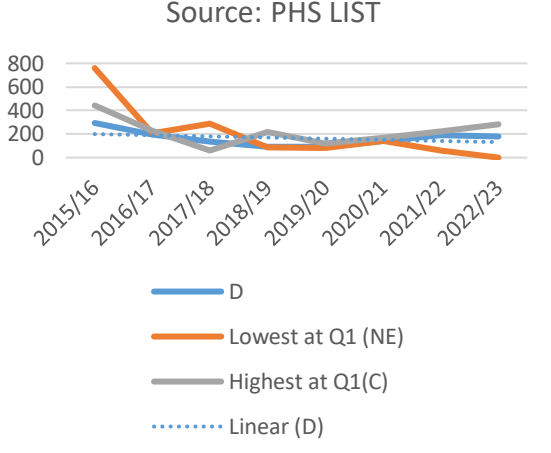
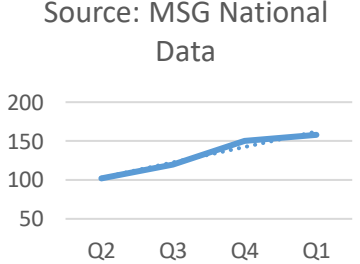
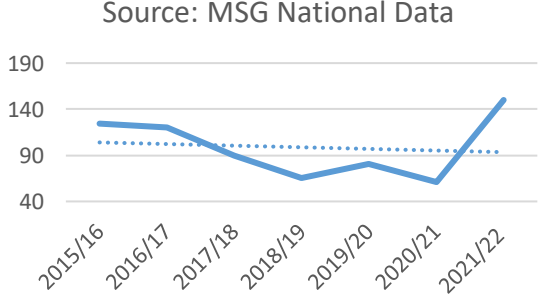


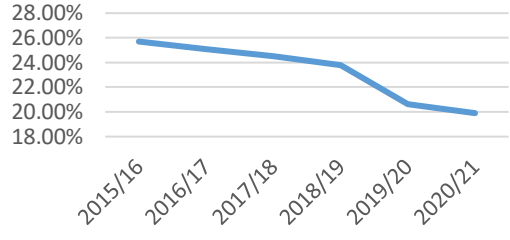
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<p><b>14. Readmissions rate per 1,000 Admissions All Ages*</b></p> <p>* The quarterly and locality data included in this report for rate of readmissions within 28 days is for Q1. The Business Support Unit at NHS Tayside are currently revising the recording procedures for readmissions to improve accuracy and benchmarking. Reporting is expected to recommence Q4 2022/23</p>	 <p>41.6% more at Q1 2021/22 than 2015/16 (deterioration). Variation ranges from 24.6% in Coldside to 53.3% in East End*</p>			29 <sup>th</sup>	8 <sup>th</sup>	3 <sup>rd</sup>

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																
<p><b>15. % of last 6 months of life spent at home or in a community setting</b></p>	<p>Up from 86.8% in 2015/16 to 91.7% in 2021/22 (improvement)</p>	<p>Not Available</p>	<p>Source: PHS National Data</p>  <table border="1"> <caption>Long Term Trend Data (15. % of last 6 months of life spent at home or in a community setting)</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2015/16</td> <td>86.8%</td> </tr> <tr> <td>2016/17</td> <td>~87.5%</td> </tr> <tr> <td>2017/18</td> <td>~89.0%</td> </tr> <tr> <td>2018/19</td> <td>~89.5%</td> </tr> <tr> <td>2019/20</td> <td>~90.0%</td> </tr> <tr> <td>2020/21</td> <td>~91.0%</td> </tr> <tr> <td>2021/22</td> <td>91.7%</td> </tr> </tbody> </table>	Year	Percentage	2015/16	86.8%	2016/17	~87.5%	2017/18	~89.0%	2018/19	~89.5%	2019/20	~90.0%	2020/21	~91.0%	2021/22	91.7%	<p>15th</p>	<p>5th</p>	<p>3rd</p>
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<p><b>16. Hospital admissions due to falls rate per 1,000 65+</b></p>	 <p>29% (188 falls admissions) more in Q1 2022/23 than 2015/16 (deterioration). Greatest increase (deterioration) was in Maryfield with 58% increase (deterioration).</p>	<p>Source: NHST BSU</p>  <p>Deterioration between Q4 and Q1. All LCPPs except Maryfield and East End deteriorated between Q4 and Q1. Lochee had the highest rate in Q1 (38.3).</p>	<p>Source: NHST BSU</p>  <p>Legend:  <span style="color: blue;">—</span> D  <span style="color: orange;">—</span> Highest at Q1 L  <span style="color: grey;">—</span> Lowest at Q1 NE  <span style="color: blue;">⋯</span> Linear (D)</p>	<p>31st</p>	<p>7th</p>	<p>3rd</p>																

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																
<b>17. % care services graded 'good' (4) or better in Care Inspectorate inspections</b>	Dropped from 88.4% in 2015/16 to 74% in 2021/22 (deterioration)	Not Available	 <p>Dundee (Source PHS)</p> <table border="1"> <caption>Dundee (Source PHS) Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2015/16</td> <td>88.4%</td> </tr> <tr> <td>2016/17</td> <td>~85%</td> </tr> <tr> <td>2017/18</td> <td>~84%</td> </tr> <tr> <td>2018/19</td> <td>~86%</td> </tr> <tr> <td>2019/20</td> <td>~80%</td> </tr> <tr> <td>2020/21</td> <td>~80%</td> </tr> <tr> <td>2021/22</td> <td>74%</td> </tr> </tbody> </table>	Year	Percentage	2015/16	88.4%	2016/17	~85%	2017/18	~84%	2018/19	~86%	2019/20	~80%	2020/21	~80%	2021/22	74%	28th	8th	3rd
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<b>18. % adults with intensive care needs receiving care at home</b>	9.2% (115 people) more in 2021 than 2016 (improvement) (note calendar year)	Not Available	 <p>Source: PHS SOURCE National Data</p> <table border="1"> <caption>Source: PHS SOURCE National Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2015</td> <td>50%</td> </tr> <tr> <td>2016</td> <td>~54%</td> </tr> <tr> <td>2017</td> <td>~54%</td> </tr> <tr> <td>2018</td> <td>~59%</td> </tr> <tr> <td>2019</td> <td>~58%</td> </tr> <tr> <td>2020</td> <td>~60%</td> </tr> <tr> <td>2021</td> <td>63%</td> </tr> </tbody> </table>	Year	Percentage	2015	50%	2016	~54%	2017	~54%	2018	~59%	2019	~58%	2020	~60%	2021	63%	23rd	8th	2nd
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<p><b>19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)</b></p>	<p>Source: PHS LIST</p>  <p>54.2% increase (deterioration) since 2015/16.</p>	<p>Source: PHS LIST</p>  <p>Deteriorating trend over the last 4 quarters.</p>	<p>Source: PHS LIST</p>  <p>Legend:  <span style="color: blue;">—</span> D  <span style="color: orange;">—</span> Lowest at Q1 (NE)  <span style="color: grey;">—</span> Highest at Q1 (L)  <span style="color: blue; font-style: dotted;">—</span> Linear (D)</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>

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<p><b>19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)</b></p>	<p>Source: PHS LIST</p>  <p>Overall 39% improvement since 2015/16 although increase (deterioration) in The Ferry 300%, Lochee 63% and Maryfield 112%.</p>	<p>Source: PHS LIST</p>  <p>Deteriorating trend since Q3.</p>	<p>Source: PHS LIST</p> 	NA	NA	NA
<p><b>Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)</b></p>	<p>4,270 more bed days lost in Q1 2022/23 than 2015/16 (deterioration)</p> <p>98% of all discharges were not delayed.</p>	<p>Source: MSG National Data</p> 	<p>Source: MSG National Data</p> 	NA	NA	NA

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst														
<b>20. % of health and social care resource spent on hospital stays where the patient was admitted as an emergency</b>	5.8% less in 2020/21* than 2015/16 (improvement)  *latest data available	Not Available	Source: PHS   <table border="1" data-bbox="1160 422 1668 662"> <caption>Long Term Trend Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2015/16</td> <td>25.8%</td> </tr> <tr> <td>2016/17</td> <td>25.0%</td> </tr> <tr> <td>2017/18</td> <td>24.5%</td> </tr> <tr> <td>2018/19</td> <td>24.0%</td> </tr> <tr> <td>2019/20</td> <td>20.0%</td> </tr> <tr> <td>2020/21</td> <td>19.2%</td> </tr> </tbody> </table>	Year	Percentage	2015/16	25.8%	2016/17	25.0%	2017/18	24.5%	2018/19	24.0%	2019/20	20.0%	2020/21	19.2%	18th	3rd	3rd
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## APPENDIX 2 – DATA SOURCES USED FOR MEASURING PERFORMANCE

The Quarterly Performance Report analyses performance against National Health and Wellbeing Indicators 1-23 and Measuring Performance Under Integration (MPUI) indicators. 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. 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.

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 were provided to the PAC in February 2021 (Article V of the minute of the Dundee Performance and Audit Committee held on 3 February 2021 refers). The Scottish Government changed the methodology used to filter responses to reflect people who receive services from the Partnership and therefore it is not possible to longitudinally compare results for National Indicators 1-7 and 9.

The quarterly performance report also summarises performance against indicators in the Measuring Performance Under Integration (MPUI) suite of indicators for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges, end of life and balance of care. In November 2020 the Performance and Audit Committee agreed that targets should not be set for 2020/21 for these indicators, however that the indicators should continue to be monitored in quarterly performance reports submitted to the PAC (Article VI of the minute of the Dundee Performance and Audit Committee held on 24 November 2020 refers).

National data is provided to all partnerships, by Public Health Scotland. This data shows rolling<sup>2</sup> monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously Public Health Scotland 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+.

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 and emergency bed days.

Data provided by NHS Tayside differs from data provided by Public Health Scotland (PHS); the main differences being that NHS Tayside uses 'board of treatment' and PHS uses 'board of residence' and NHS Tayside uses an admissions based dataset whereas PHS uses a discharge based dataset (NHS Tayside records are more complete but less accurate as PHS data goes through a validation process). As PHS 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 PHS 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.

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<sup>2</sup> 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 2021 to 30 June 2022.

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**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 28 SEPTEMBER 2022

**REPORT ON:** FALLS PERFORMANCE

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC21-2022

## **1.0 PURPOSE OF REPORT**

The purpose of this report is to provide a further analysis of falls related hospital admissions and assurance regarding the preventative and pro-active work being undertaken.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the contents of this report and the analysis of falls related hospital admissions (section 5.0 of this report and appendix 1).
- 2.2 Notes the current model for prevention and rehabilitation and how this links with the wider socio-economic situation.

## **3.0 FINANCIAL IMPLICATIONS**

None.

## **4.0 BACKGROUND INFORMATION**

- 4.1 National Health and Wellbeing Indicator 16 is “Rate of falls related hospital admissions per 1,000 of >65 population”. The focus of this indicator is the number of falls that occur in the population (aged 65 plus) where the person is admitted to hospital. The indicator is measured using data gathered by Public Health Scotland.
- 4.2 Local NHS Tayside data for this indicator is monitored in the Quarterly Performance Report and validated, published data is reported in the Annual Performance Report. Both reports highlighted the particularly high rate of hospital admissions within the Dundee population of people aged 65+ as a result of a fall.
- 4.3 In 2021, Dundee had a high rate of hospital admissions as a result of a fall per 1,000 people aged 65+. Benchmarking with other Partnerships shows that Dundee had the highest falls rate (31.8) in Scotland and was significantly higher than the Scottish rate of 23.0 admissions as a result of a fall per 1,000 people aged 65+. Analysis of falls admissions was presented to the PAC held on 12 September 2017 (PAC26-2017), with further analysis provided to the PAC held on 29 May 2018 (PAC32-2018) and 26 November 2019 (PAC41-2019)
- 4.4 Falls can have a significant impact on an older person's independence and quality of life, impeding a person's mobility and confidence. However, falls are not an inevitable consequence of old age. Well-organised services, delivering recommended and evidence based practices can prevent many falls and fractures in older people in a community setting. Rehabilitation services are key to preventing repeat falls. In addition, the safety of a person's immediate environment as well as a review of their prescribed medicines are important alongside a multifactorial assessment including; eyesight, footwear, foot condition, bone health, nutrition, continence, daily activities and cognition. For every £1 invested in physiotherapy rehabilitation

into falls services, £4 is saved across health and social care services (Chartered Society of Physiotherapy).

- 4.5 A published economic evaluation provided an estimate of the cost to health and social care services in Scotland of managing the consequences of falls is in excess of £470 million and without intervention is set to rise over the next decade as our population ages and the proportion with multi-morbidity and polypharmacy (service users in receipt of multiple drugs to treat conditions) grows.
- 4.6 The National Falls and Fracture Strategy was under development until the COVID-19 Pandemic however is currently paused.

## 5.0 WHAT THE DATA IS TELLING US

- 5.1 Since 2019 Dundee has had the highest admission rate due to falls in Scotland and between 2015 and 2018 Dundee had the highest 2<sup>nd</sup> or 3<sup>rd</sup> rates.
- 5.2 In 2020/21 Coldside, East End and Lochee were the greatest contributors to the high fall admission rates in Dundee for people aged 65+.(Appendix Figure 1.2)
- 5.3 Since 2015/16, the falls admission rate for people aged 65+ increased by 28% in Dundee and 3% in Scotland. The greatest increase (deterioration) was in The Ferry with a 61% increase (deterioration). (Appendix Figure 1.2)
- 5.4 The 85-89 age group has seen the largest increase in fall admission rates between 2018/19 and 2020/21 and in particular males. (Appendix Figure 3.2) Both falls with no procedures and falls with procedures increased for this age group.
- 5.5 The falls admission rate for the 80-89 age group was higher in Dundee than all other partnerships in 2020/21 and considerably higher than Scotland and the Perth and Kinross and Angus Partnerships. (Figure 5.1)
- 5.6 In 2015/16 one in five fall admissions (21%) had a length of stay of 1 day or less, in 2018/19 this was 1 in 2 (54%) and in 2020/21 this remained approximately the same (56%) and of all short stay fall admissions in 2020/21, around 85% of these had no procedures. (Appendix Figure 2.1)
- 5.7 In 2020/21 Dundee had the 3<sup>rd</sup> highest rate of fall admissions which were 1 day or less, with no procedure for the 65+ age group than in Scotland and the Dundee rate was considerably higher than the Scottish average and also when compared with the Angus and Perth and Kinross rates. (Appendix Figure 6.1 and 4.1) In Dundee a person who has fallen and conveyed to A+E are more likely to be admitted where they can be supported and observed before being discharged home to a safe environment with support from appropriate services. This would suggest a safer, high quality level of service, although further review of patient pathways is required to fully understand this data.
- 5.8 Coldside had the highest admission rate due to falls, with length of stay 1 day or less where no medical procedure was required, for people aged 65+ during 2018/19, 2019/20 and 2020/21. (Appendix Figure 4.2)
- 5.9 When excluding falls admissions for people aged 65+ which were short stay with no procedures, the Dundee rate is still considerably higher than the Scotland, Perth and Kinross and Angus rates.

## 6.0 CONTEXT

- 6.1 While we may not be anticipating the very large increases in the 65+ age group that will affect some other parts of Scotland, we still expect to see an increase of 38% in the population aged over 75 by 2043. The 75+ and 90+ age groups, where there will be the largest increase in numbers, are groups who increasingly rely on unpaid family care, and health and social care services, as they become more frail.
- 6.2 Dundee has high levels of deprivation with a wide gap between the richest and poorest communities. Overall Dundee is the fifth most deprived local authority area in Scotland. Seven out of eight Dundee LCPP areas contain postcodes which are of the most deprived in Scotland. More than half of those living in Lochee, East End and Coldsides live in the 20% most deprived areas of Scotland.
- 6.3 A higher percentage of people in Dundee live with one or more health condition than in Scotland as a whole. East End, Coldsides and Lochee are the LCPP areas with the highest levels of deprivation and they also have the highest rates of people experiencing multiple health conditions compared with the more affluent parts of Dundee and Scotland. People in Dundee experience age associated ill health earlier in life than many other areas due to lifestyles associated with deprivation.
- 6.4 Evidence across a range of issues such as attainment, health, mental health and substance misuse highlights a strong correlation between poverty and poorer life outcomes and this association is clearly visible in Dundee. In addition to the frailty and ill health which is prevalent in the ageing population, many younger people are experiencing health conditions earlier in life as a result of lifestyles associated with deprivation. Looking after their own health may be more difficult for people with long term conditions including mental illness and disabilities.
- 6.5 There is no Minor Injuries Unit in Dundee, therefore people who have fallen and need medical attention are conveyed to Ninewells Hospital. In some other NHS Boards, the person may be conveyed to the Minor Injuries Unit to have minor cuts and scrapes, minor head injuries and minor trauma injuries assessed and treated. In many cases the person would be treated and discharged and therefore not recorded as an emergency admission.
- 6.6 In Dundee, the model of care takes into account the increased frailty of some older people and instead of sending those people who have had no procedures and are medically well back home, they are admitted to a ward in order to assess, monitor, hydrate and ensure adequate care and support is available on their return home.
- 6.7 The responsibility to reduce the rate of hospital admissions as a result of a fall is extremely wide ranging and is not solely the responsibility of the Falls Service. The deprivation and associated multi-morbidities and health inequalities in Dundee means that the risk of falling for some people is higher than elsewhere in Scotland and the model of care is enhanced as a response to the high levels of frailty, co-morbidities and deprivation in the population.

## 7.0 PREVENTATIVE AND PROACTIVE APPROACH

### 7.1 Dundee Falls Group

The Dundee Falls Group is a multi-agency group which meets every 2 months. The group is co-chaired by the Dundee HSCP Operational and Strategic Leads for Falls. The key aims for the Dundee Falls Group are to:

- Reduce the number of falls of individuals, harm from falls and consequential costs attached including emergency admissions, extended length of stay in hospital, additional invasive hospital interventions, increased health and social care costs and care home admissions.
- Monitor and continuously improve services to target people for whom a serious fall is more likely, and take effective action to reduce the risks of falling.

- Work in partnership to improve safety within the general environment including where people live, community settings, care homes, hospitals and other service buildings.
- Work in partnership to provide services and interventions which improve strength and balance and maintain bone strength so falls and fractures are less likely to occur.
- Ensure that where falls occur of individuals in the community, hospital admission is avoided wherever possible, effective support to prevent further falls is provided and that where falls occur in hospitals and care homes, there is a safe and effective response.
- Following a fall, ensure a seamless transition for individuals across primary, secondary and tertiary care.
- Heighten awareness about measures to prevent falls through health promotion and self management.
- Promote early and effective identification of people at risk with clear actions to reduce risk of falls.
- Ensure appropriate evidence based services are in place to meet the needs of people at risk of experiencing falls including robust falls assessment and effective intervention programmes for people who fall.
- Utilise emerging technologies aimed at reducing risk of falls and early detection of falls.
- Embed effective communication structures and pathways through a whole system cross organisational collaborative approach and coordinated interventions and strengthened partnerships.

**7.2** A wide array of representatives attends the falls meetings. These include representatives from: Social Care Response Team, Physiotherapy, Occupational therapy, Podiatry, Nutrition and Dietetics, In-Patient Reps, Care Homes, Independent Living Team, Scottish Ambulance Service, Scottish Fire and Rescue Service, DHSCP Strategic Planning, Data Analysts, Community Nursing, Royal Voluntary Service, Dundee Volunteer and Voluntary Action, Social Isolation Team, Dundee Falls Service.

The work across the falls group links across the 4 stages listed below:

**Stage 1:** Supporting active ageing, health improvement and self management to reduce the risk of falls and fragility fractures

**Stage 2:** Identifying individuals at high risk of falls and/or fragility fractures

**Stage 3:** Responding to an individual who has just fallen and requires immediate assistance

**Stage 4:** Co-ordinated management including specialist assessment

**7.3** **Stage 1:** This stage emphasises the importance of supporting individuals to take responsibility for their own health, wellbeing and safety and having a central role in reducing their risk of falls and fractures e.g. by taking opportunities to improve their strength and balance and address other causative factors in falls. The emphasis is on self care, supported self management, health education and promotion to enable active ageing and minimise the risk of falls and fragility fractures.

Specifically, people:

- Have an opportunity to engage in health promotion and lifelong learning around health improvement and minimising falls and fracture risk
- Have an opportunity to access appropriate services and organisations which aim to support the maintenance of health and well being, a safe home environment and a safer community environment.

Many activities and interventions at this stage contribute to healthy and active ageing; some are more specific to falls and fracture prevention. The role of physical activity warrants a special mention; specific balance and strength exercise programmes have been proven to reduce further risk of falling. Active older adults are less likely to fall and suffer less serious consequences if they do. Physical inactivity is detrimental to physical and mental health and can adversely affect an individual's resilience and ability to adapt.

#### 7.4 Stage 2:

- A person at high risk of falls and fragility fractures is identified and this triggers appropriate intervention or referral for appropriate intervention.
- A person is identified *either* (a) when they report a fall, present with a fall or with an injury due to a fall, or (b) opportunistically when a health or social care practitioner, or partner (Scottish Fire and Rescue, for example) asks about falls.
- A level 1 conversation aims to identify individuals at high risk of falling; it is not intended to determine all contributory factors or specific interventions required.

#### 7.5 Stage 3:

- A person has fallen and has requested or requires immediate assistance.
- The person may have sustained an injury and/or be unwell or is asymptomatic, appears uninjured, but is unable to get up from the floor/ground independently.
- Appropriate response, onward referral and intervention at this stage may prevent further falls, unnecessary hospital admission, functional decline (frailty) and unwanted consequences of falls.

This stage is when an individual has just fallen and requires immediate assistance and access to services that provide an effective, safe and timely response and is relevant to those:

- who have fallen, but are not conveyed to hospital following the fall but are considered for further assessment of falls and fracture risk and offered this where indicated.
- who have received treatment for any injury due to a fall, or treatment for any acute medical condition related to a fall and are offered further assessment of falls and fracture risk.

#### 7.6 Stage 4:

- An individual has been identified as being at high risk of falling and/or sustaining a fracture.
- Falls risk and fracture risk management are considered in combination with services for falls and osteoporosis operationally linked or dovetailed.
- Interventions aim to identify, then minimise, an individual's risk factors for falling and sustaining a fracture as well as restoring function following a fall(s).
- Timely, appropriate and co-ordinated management may lead to reduced ED attendances and hospital admissions including admission with a fragility fracture.

**7.7 Assessment:** Older people identified as having a high risk of falling should be offered a multi-factorial assessment /screening to identify contributory risk factors, this should include a comprehensive falls history, medication review and assessments of their: fracture risk, gait and balance, home environment, risk factors for postural hypotension, cognition, feet/footwear and diagnostic tests. This may be in the form of:

- **Level 2 Screening** - A multifactorial falls risk screening process aims to (a) identify risk factors for falling and for sustaining a fragility fracture, and (b) guide tailored intervention. Following this an individualised multifactorial action plan, agreed with the person (and carers, if appropriate), which addresses risk factors and issues identified in the level 2 screen should be provided. The plan should reflect the person's needs, goals and choices.
- **Level 3 Specialist Assessment and intervention** aims to further assess the risk factors identified, with a view to providing tailored interventions to reduce the risk of falls and/or fractures. Evidence-based specialised multi-disciplinary falls assessment services should be available for all older adults who fall or are at risk of falling across Tayside.

**7.8 Treatment:** Following assessment, an older person is considered for an individualised, multi-factorial intervention programme aimed at minimising the identified risks for falling and/or sustaining a fracture, promoting independence, and improving physical and psychological function. Interventions may include; pharmacological management of osteoporosis, strength and balance exercises, medication modification/withdrawal, interventions to mitigate identified home hazards, promotion of the safe performance of daily activities, management of postural

hypotension and heart rate or rhythm abnormalities, management of foot problems, vision correction, nutritional requirements, self management training.

**7.9** The combined efforts from a wide range of agencies is critical in ensuring the delivery of the stages outlined above. The reach into communities and the range of skills and expertise that the wider team brings is essential in supporting people to minimise falls across Dundee.

## **8.0 NEXT STEPS**

8.1 To compare the falls pathways and falls related admissions of a Partnership which has a Minor Injury Unit with Dundee, which does not have a Minor Injury Unit.

8.2 To further analyse the fall related hospital admissions lasting 1 day or less, where no medical procedure was required by using Statistical Process Control to identify the admissions which did not follow a 'normal' statistical trend. In order to do this patient records from A+E would be shared with the Falls Service in order to identify these people, review the pathway and identify if any improvements can be made to the pathway or the early identification of individuals who could have been prevented from falling.

8.3 Analyse falls related admissions alongside intelligence regarding periods of severe weather and COVID-19 lockdowns.

8.4 Further explore and cross-tabulate data regarding people admitted to hospital due to a fall with other intelligence such as care home registers, community alarm service users, polypharmacy data and household composition.

8.5 A more collaborative approach to falls across Tayside is being developed with the appointment of a Tayside Strategic Falls Lead from July 2022. The 3 Health and Social Care Partnerships and Acute Services will work with partners on all aspects of falls.

## **9.0 RISK ASSESSMENT**

<b>Risk 1 Description</b>	The risk of not reducing the rate of hospital admissions due to a fall could affect; outcomes for individuals and their carers and spend associated with unscheduled hospital admissions if the Partnership's performance does not improve.
<b>Risk Category</b>	Financial, Governance, Political
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 5 = Risk Scoring 15
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"> <li>- The in depth analysis included in this paper and appendix will be used to inform senior managers.</li> <li>- The Tayside Falls Prevention and Management Framework will provide an infrastructure to monitor progress in the community, hospital and care homes towards preventing the incidence of falls and reducing the negative effect of falling on people who fall and their carers.</li> <li>- The priority areas for improvement (section 8.0) have been developed to reduce the rate of hospital admissions as a result of a fall.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 3 x Impact 3 = Risk Scoring 9
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6
<b>Approval recommendation</b>	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

**10.0 POLICY IMPLICATIONS**

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

**11.0 CONSULTATIONS**

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

**12.0 BACKGROUND PAPERS**

None.

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Chief Finance Officer

DATE: 01 September 2022

Matthew Kendal  
Allied Health Professional Lead

Lynsey Webster  
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# Falls Report for Dundee H&SCP

**John Wood**

Publication date: April 2022

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## Version history

Version	Date	Summary of changes
1.0	26/01/22	First version
2.0	25/04/22	New section added to look at admission rates when excluding short stays with no procedures

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## Introduction

This report has been prepared by the Local Intelligence Support Team (LIST) on behalf of Dundee Health & Social Care Partnership in order to better understand unscheduled care activity.

This report aims to show how Dundee H&SCP compares to Scotland and other partnerships for fall admissions for those over 65 years of age with regards to length of stay, patient demographics and admissions with and without recorded procedures.

## Data Sources

The data used for this report is taken from the SMR01 national dataset. Trend data shows annual trend data from 2015/16 to 2020/21.

## Summary

- As at 2020/21 Dundee had the highest fall admission rates in Scotland
- Coldside, Lochee and East End seem to be driving the high fall admission rates in Dundee for people aged 65+.
- The proportion of fall admissions with a length of stay 1 day or less rose in Dundee from 50% in 2018/19 to 53% in 2018/19. Of all short stay fall admissions, around 85% of these have no procedures.
- The 85-89 age groups have seen the largest increase in fall admissions between 2018/19 and 2020/21 and in particular females. Both falls with no procedures and falls with procedures have increased for this age group.
- Coldside and East End had the highest rates for admissions both with and without procedures.

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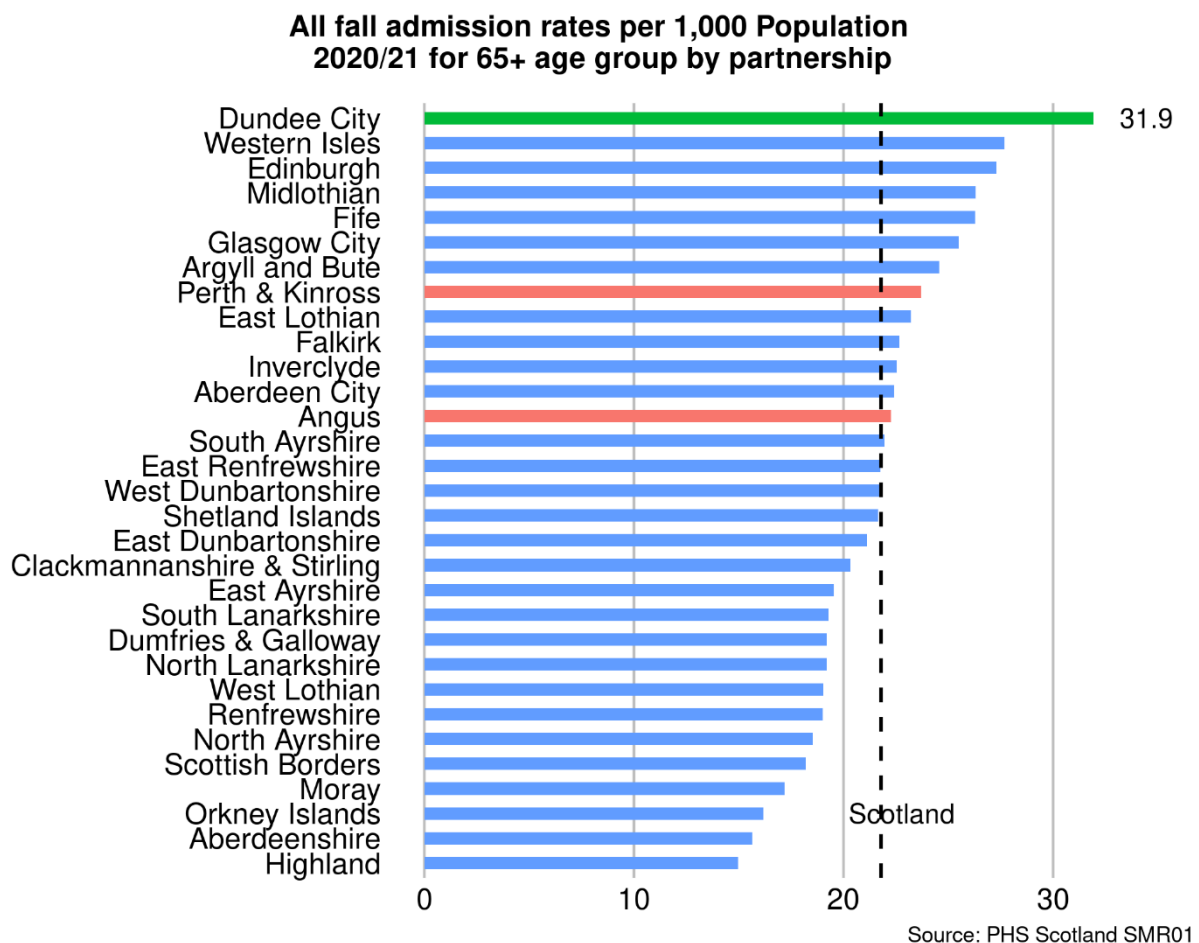


## Analysis

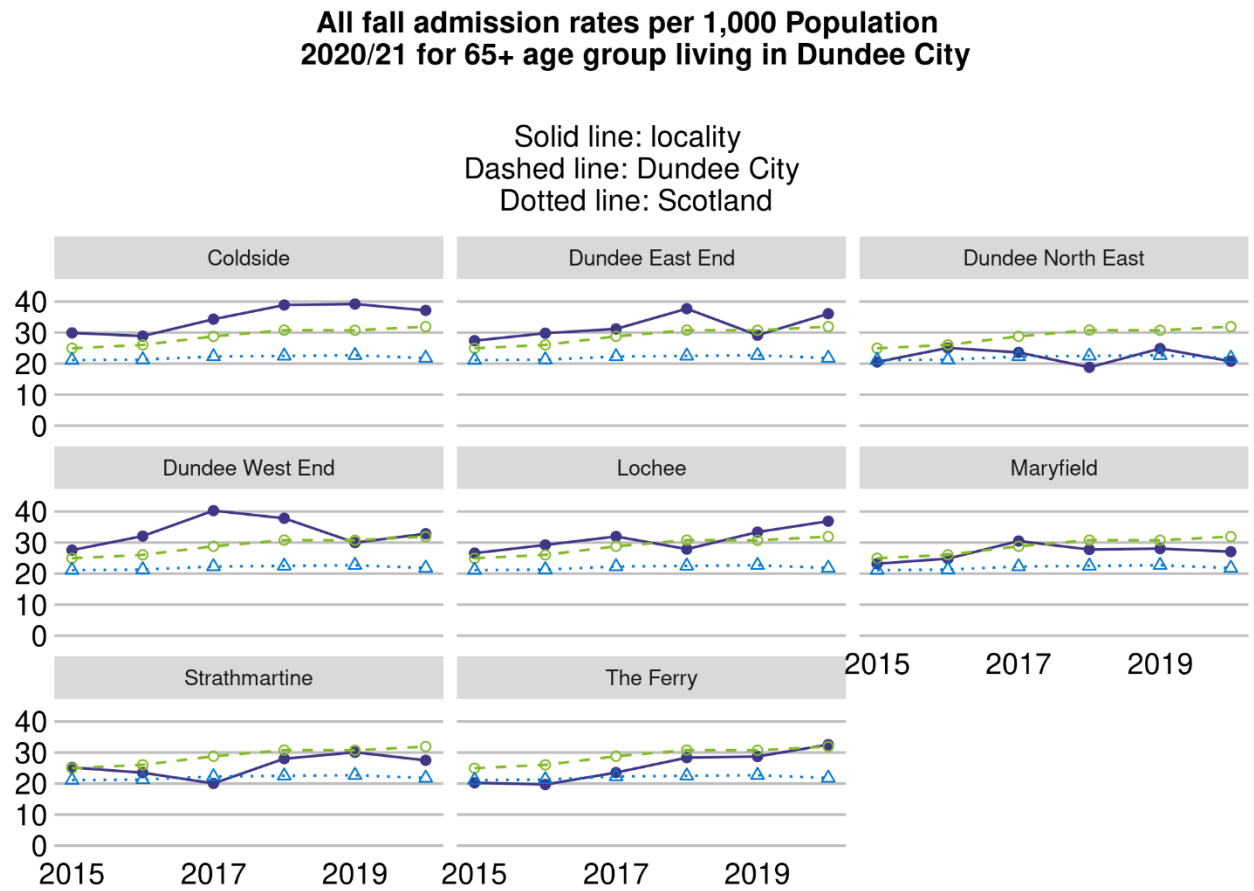
### Fall Admission Rates per 1,000 for population aged 65+

In 2020/21 Dundee City had the highest falls rate with 32 per 1,000 population for people aged 65+ years. Five Dundee localities are in the ten highest falls rates by locality in Scotland: Coldside, Lochee, East End, West End and The Ferry. Dundee City's fall admission rate increased by 1% between 2018/19 and 2020/21.

**Figure 1.1: All Fall Admission Rates per 1,000 population in 2020/21 for 65+ age group, by partnership**

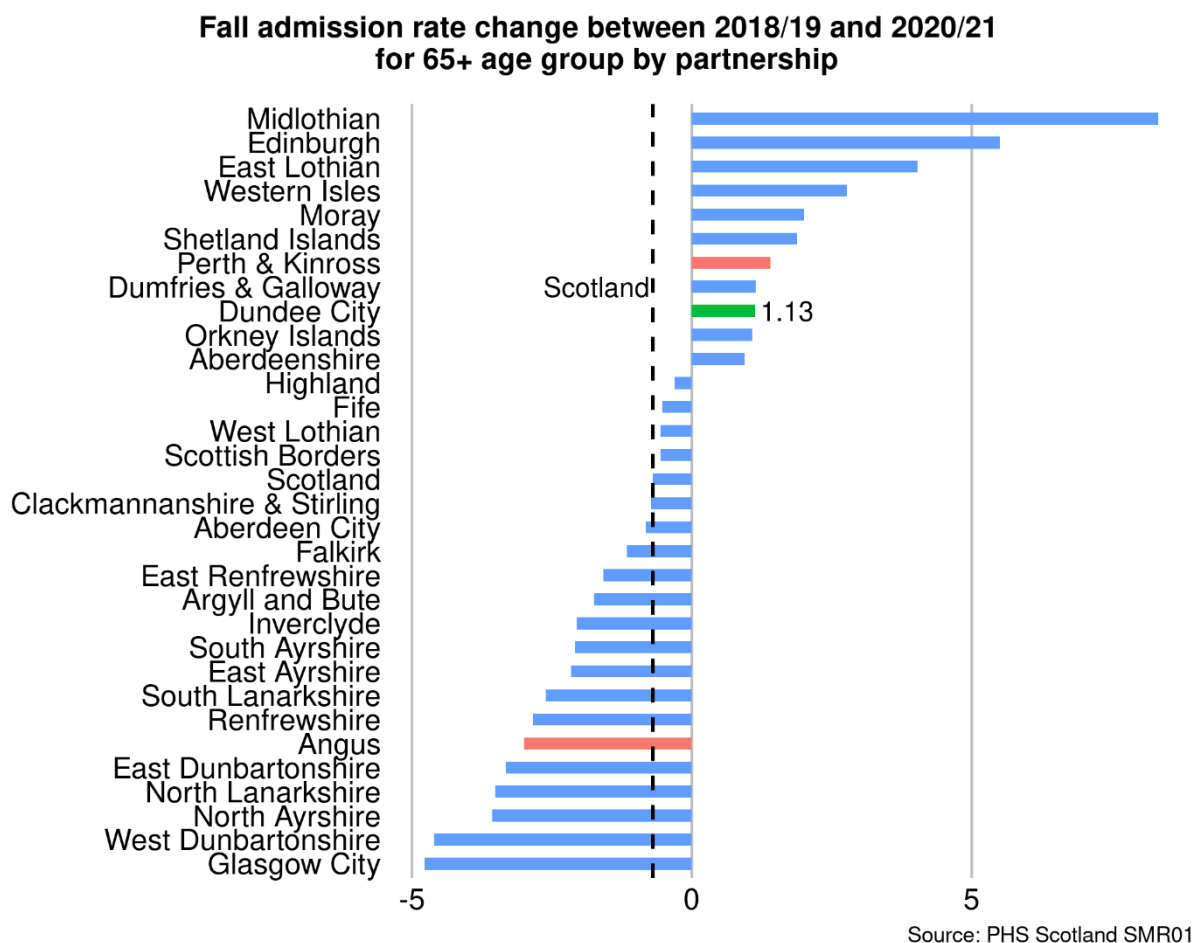


**Figure 1.2: All Fall Admission Rates per 1,000 population in 2020/21 for 65+ age group, Dundee City localities**



Source: PHS Scotland SMR01

**Figure 1.3: Fall Admission Rates per 1,000 population change between 2018/19 and 2020/21 by partnership**

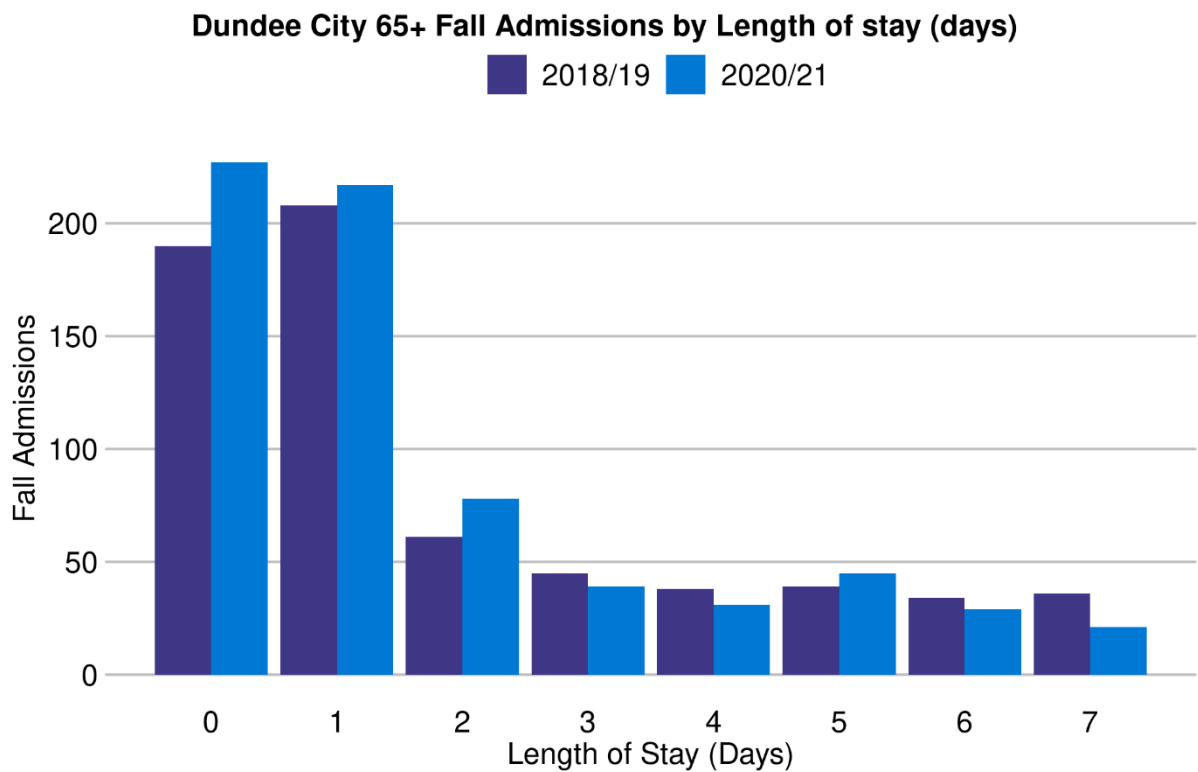


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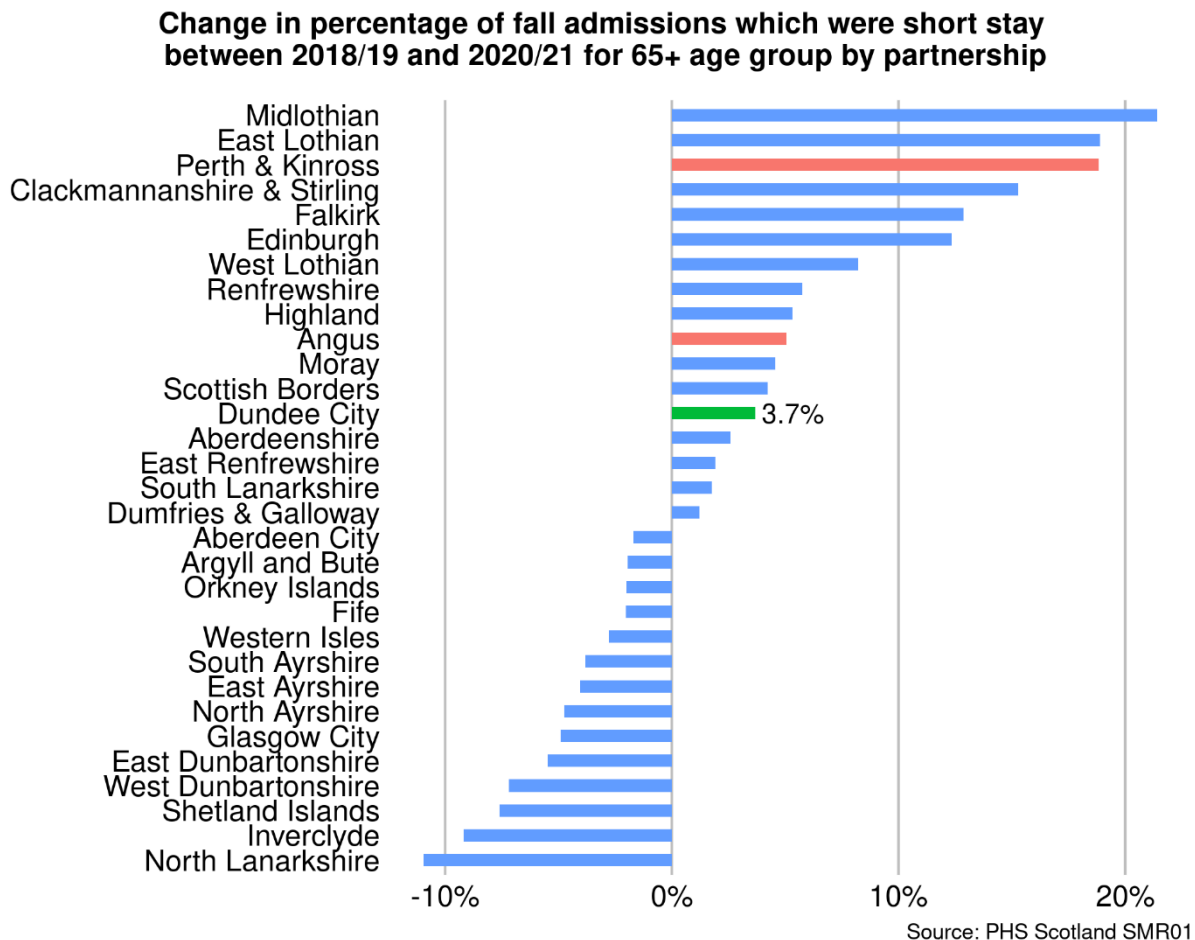
## Short Stays

The proportion of fall admissions with a length of stay 1 day or less rose in Dundee from 50% in 2018/19 to 53% in 2020/21. Of all short stay fall admissions, around 85% of these have no procedures.

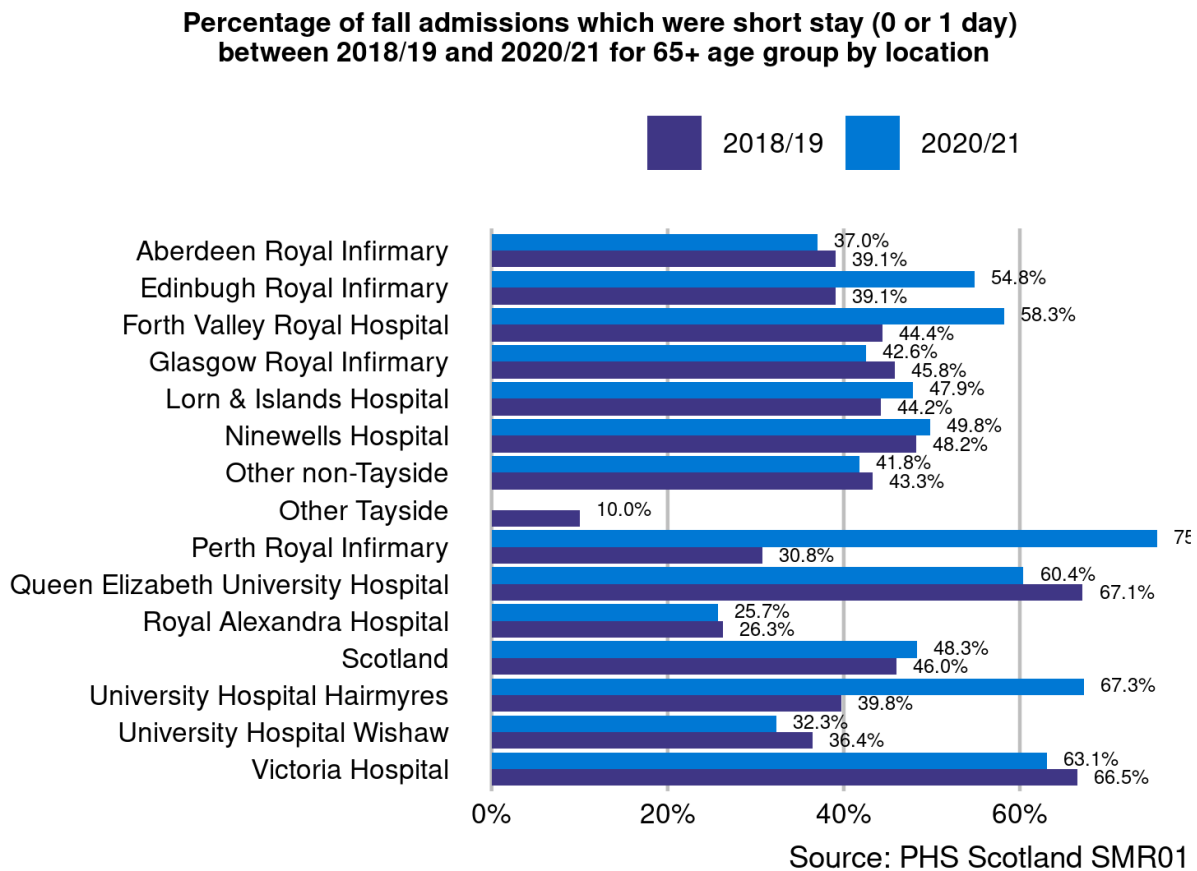
**Figure 2.1: Length of stay (days) for Dundee City falls admissions in 2018/19 and 2020/21**



**Figure 2.2: Change in Percentage of Falls Admissions which were Short Stay (0 or 1 day Stays) between 2018/19 and 2020/21 by Partnerships**



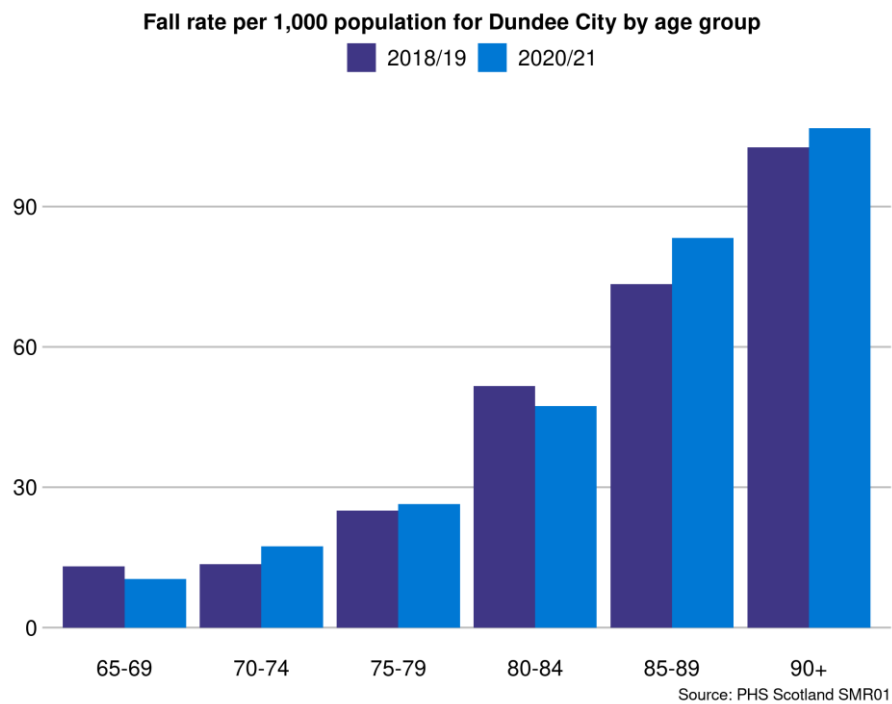
**Figure 2.3: – Percentage of Falls Admissions which were Short Stay (0 or 1 day stays) by Location**



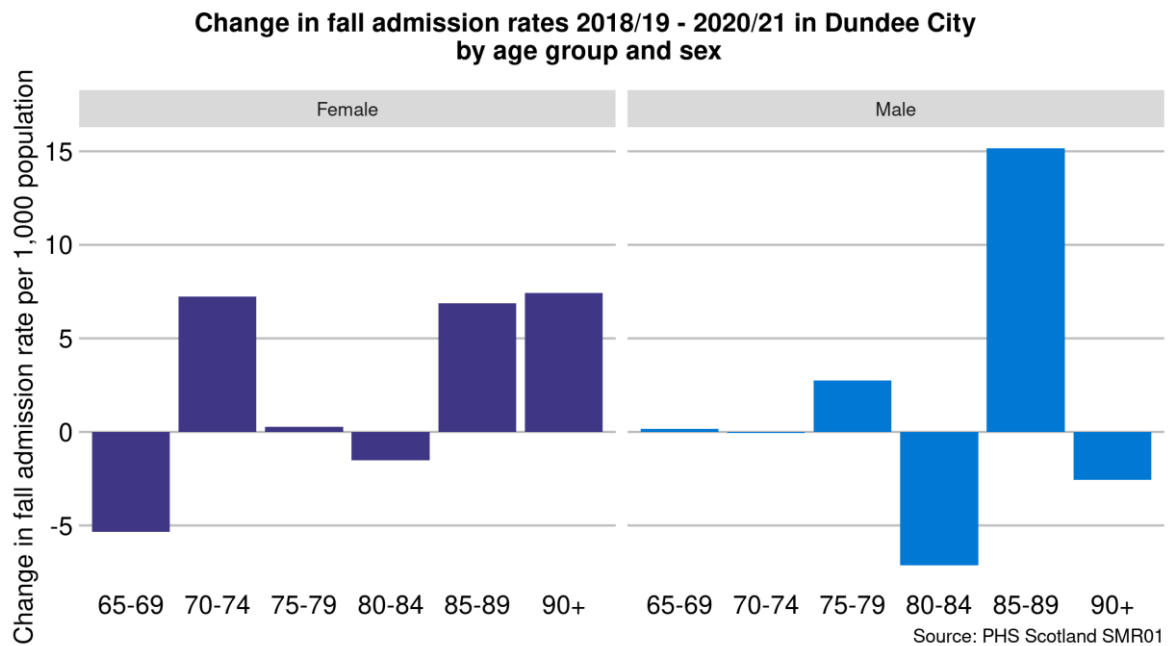
## Age Groups

The biggest increase in fall admission rates in Dundee City between 2018/19 and 2020/21 was seen in the 85-89 year age group. There was a large increase in admissions of women in the 70-74 age group. For the short stay fall admissions all age groups above the age of 65 except 80-84 saw an increase in admissions between 2018/19 and 2020/21 whereas for the 2+ day length of stay admissions it was only the 90+ age group that saw a noticeable increase.

**Figure 3.1: Falls Rate per 1,000 Population in Dundee City by Age Group**

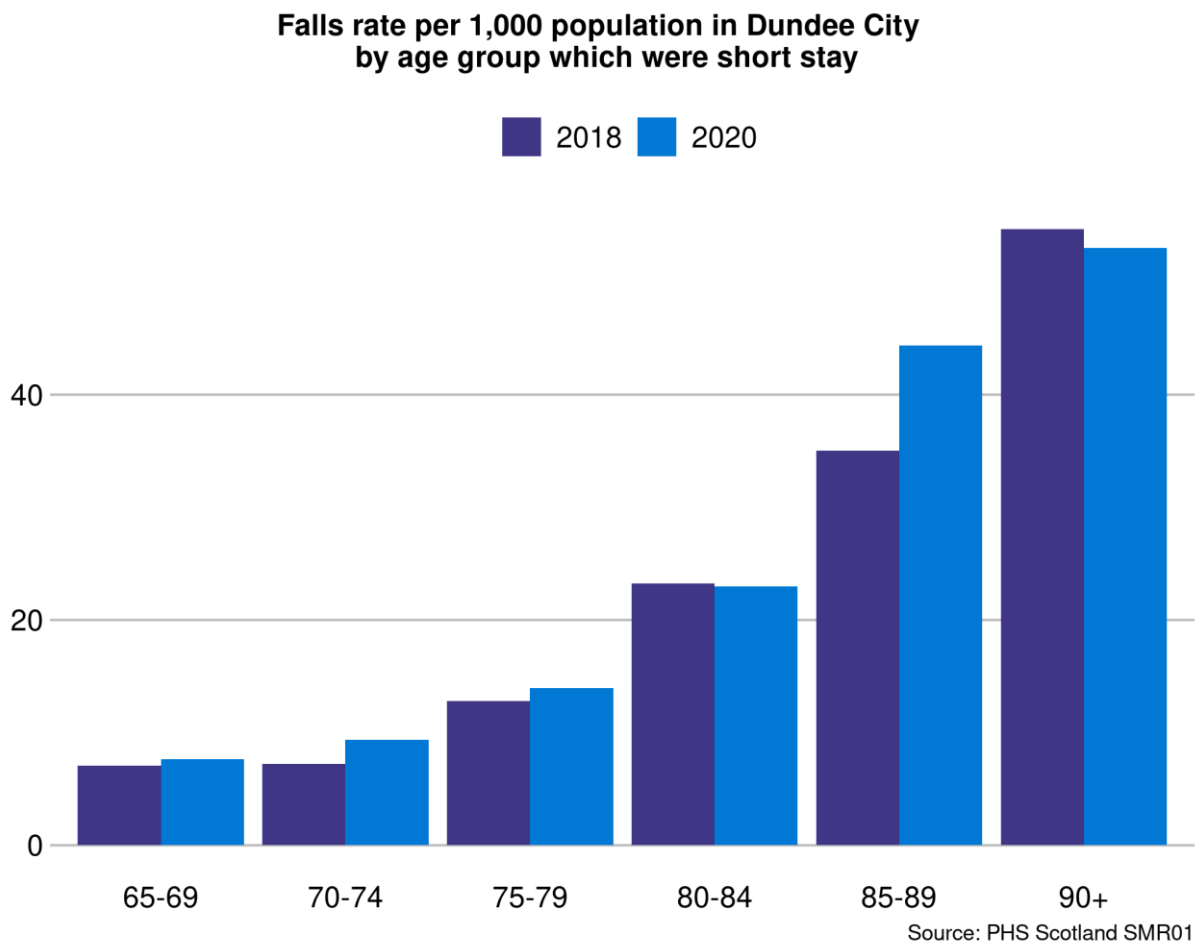


**Figure 3.2: Change in fall admission rates**

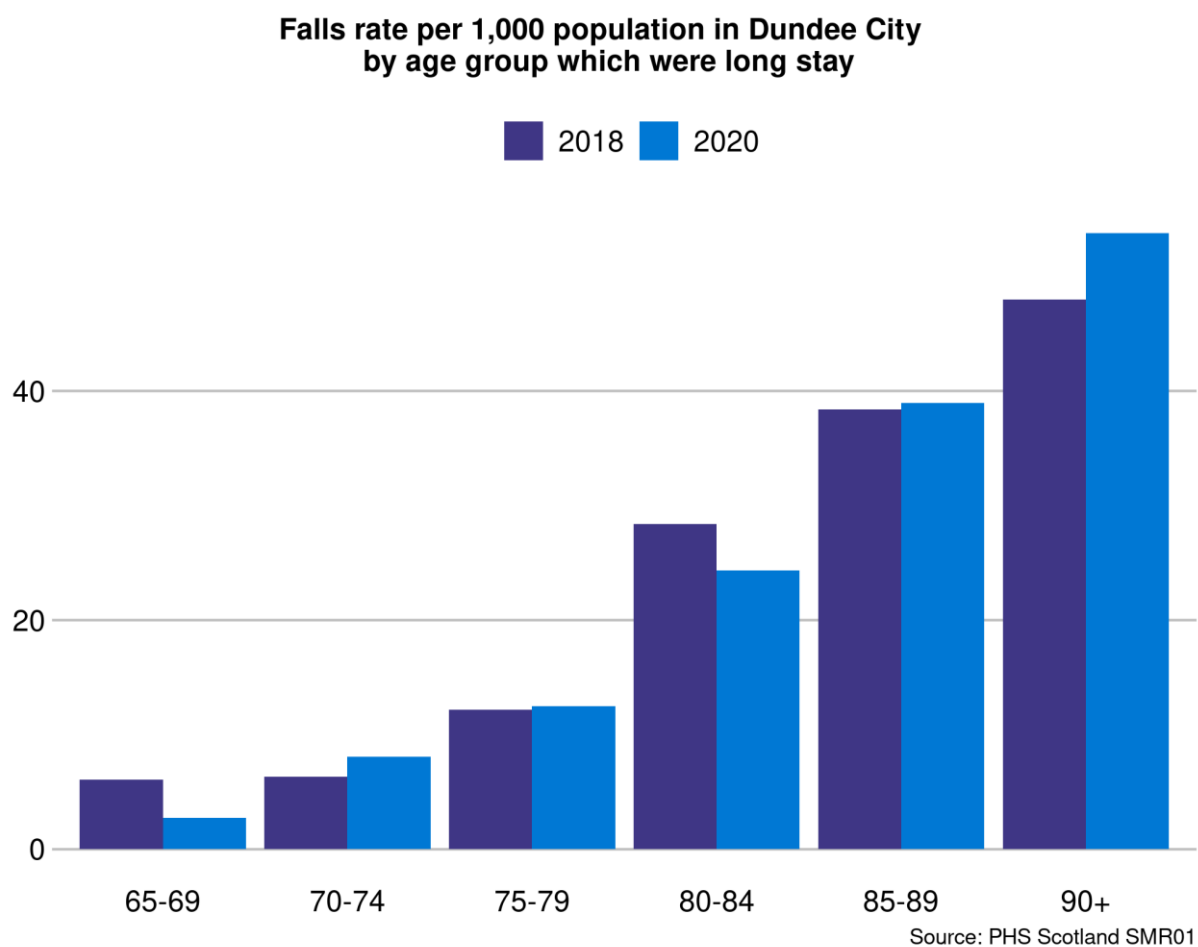




**Figure 3.3: Falls Rate per 1,000 Population in Dundee City by Age Group which were Short Stay (0 or 1 day stays)**



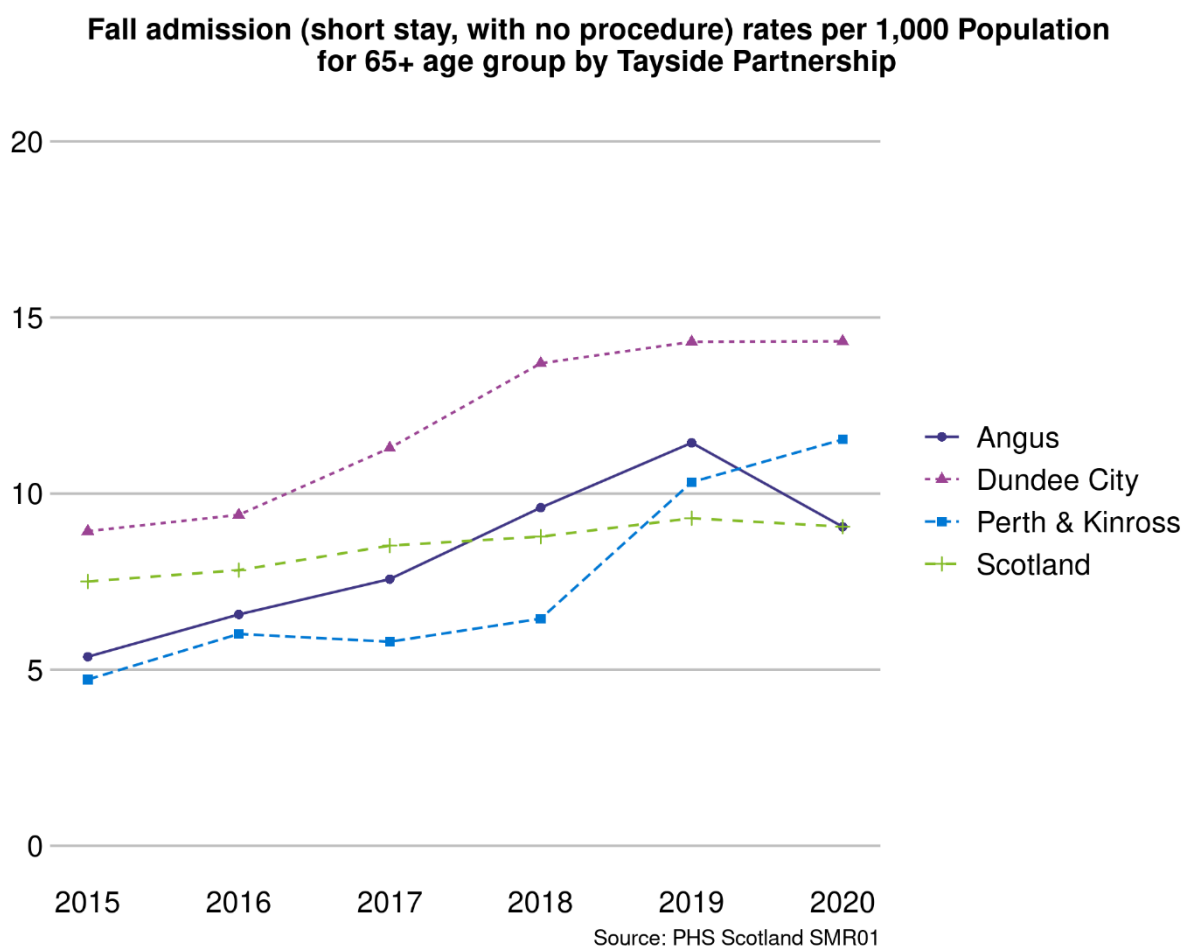
**Figure 3.4: Falls Rate per 1,000 Population in Dundee City by Age Group which were Long Stay (2 or more day stays)**



## Fall Admission (with no procedures) Rates per 1,000 Population for 65+ Age Groups with 1 Day or Less Length of Stay

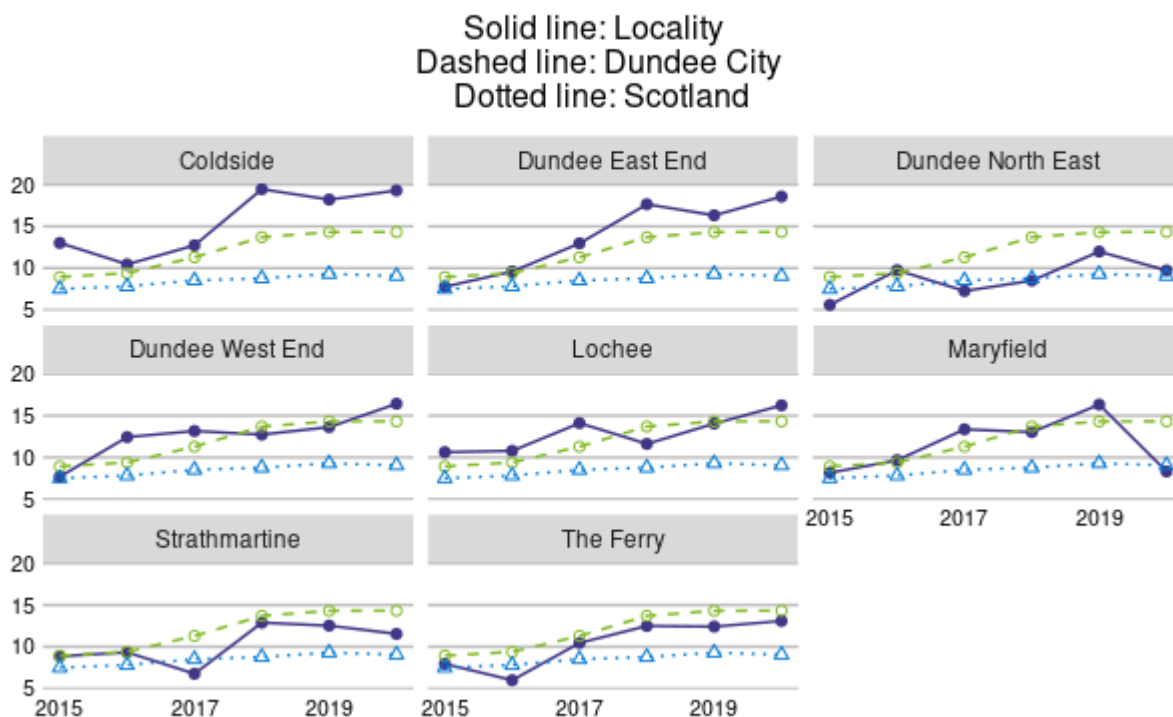
Dundee fall admission rates, with no procedures and length of stay of 1 day or less, for people age 65+ have continually increased since 2015/16, with a very small reduction in 2020/21. The two localities that have the highest rates are Coldside and East End.

**Figure 4.1: All Falls Admission (with no procedures) Rates per 1,000 Population for 65+ Age Group with 1 Day Length of Stay by Tayside Partnerships between 2015/16 and 2020/21**



**Figure 4.2: All Falls Admission (with no procedures) Rates per 1,000 Population for 65+ Age Group with 1 Day Length of Stay by Dundee localities between 2015/16 and 2020/21**

**Fall admission (short stay, with no procedure) rates per 1,000 Population for 65+ age group by Dundee localities**

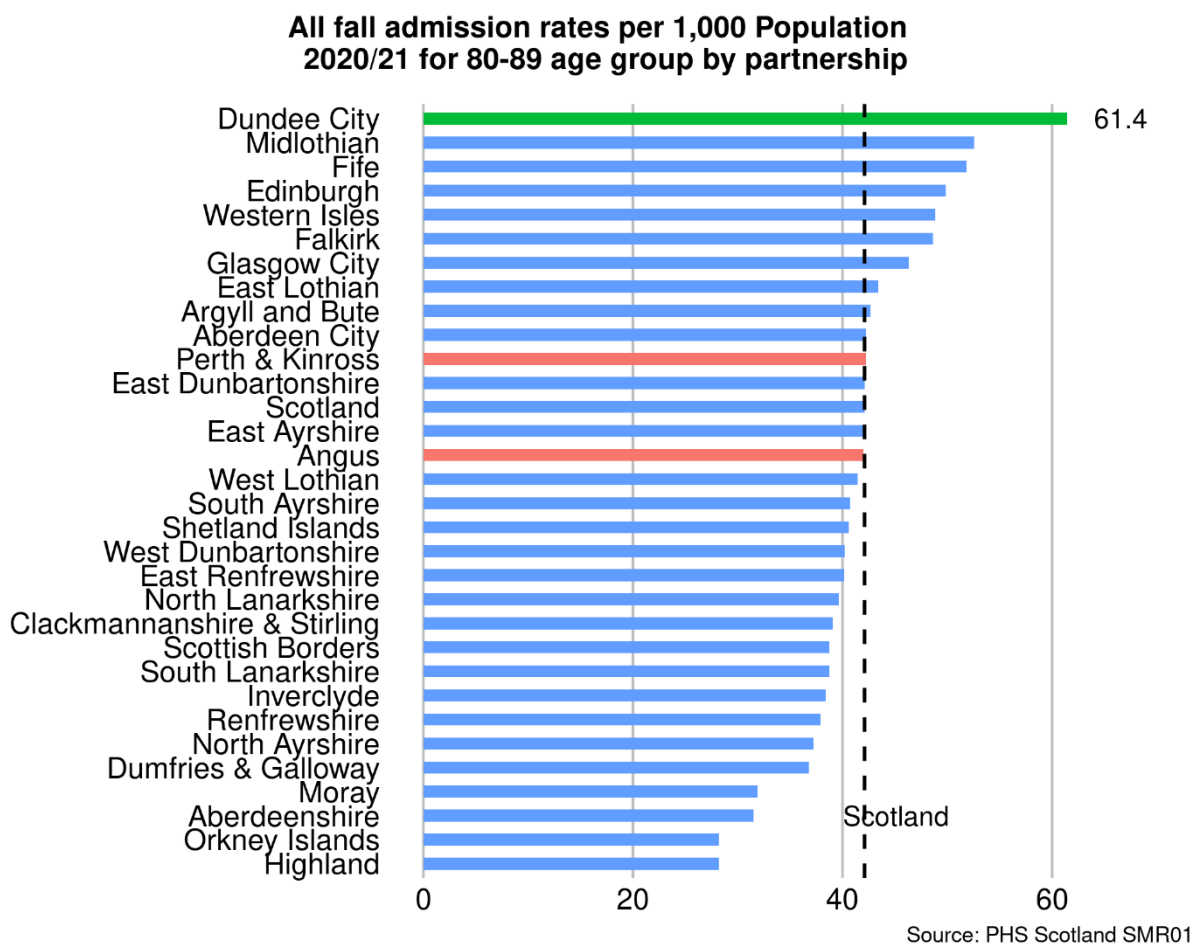


Source: PHS Scotland SMR01

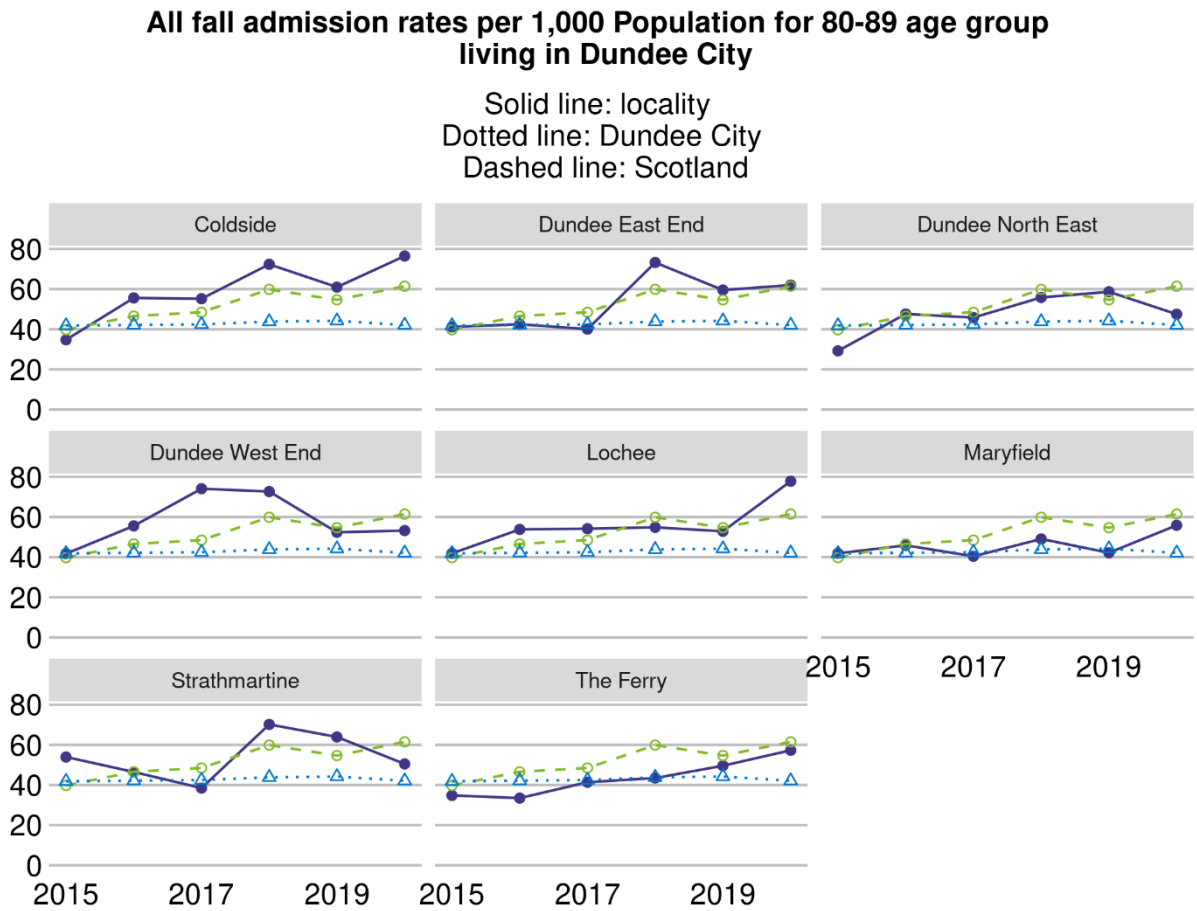
## Fall Admission Rates per 1,000 Population for 80-89 Age Groups

Dundee has the highest fall admission rates for people aged 80-89 with 61 per 1,000 population. As with the 65+ population, Coldside, Lochee and East End and West End are driving these rates up. Coldside and East End had the highest rates for admissions both with and without procedures.

**Figure 5.1: All Falls Admission Rates per 1,000 Population in 2018/19 for 80-89 Age Group by Partnership**

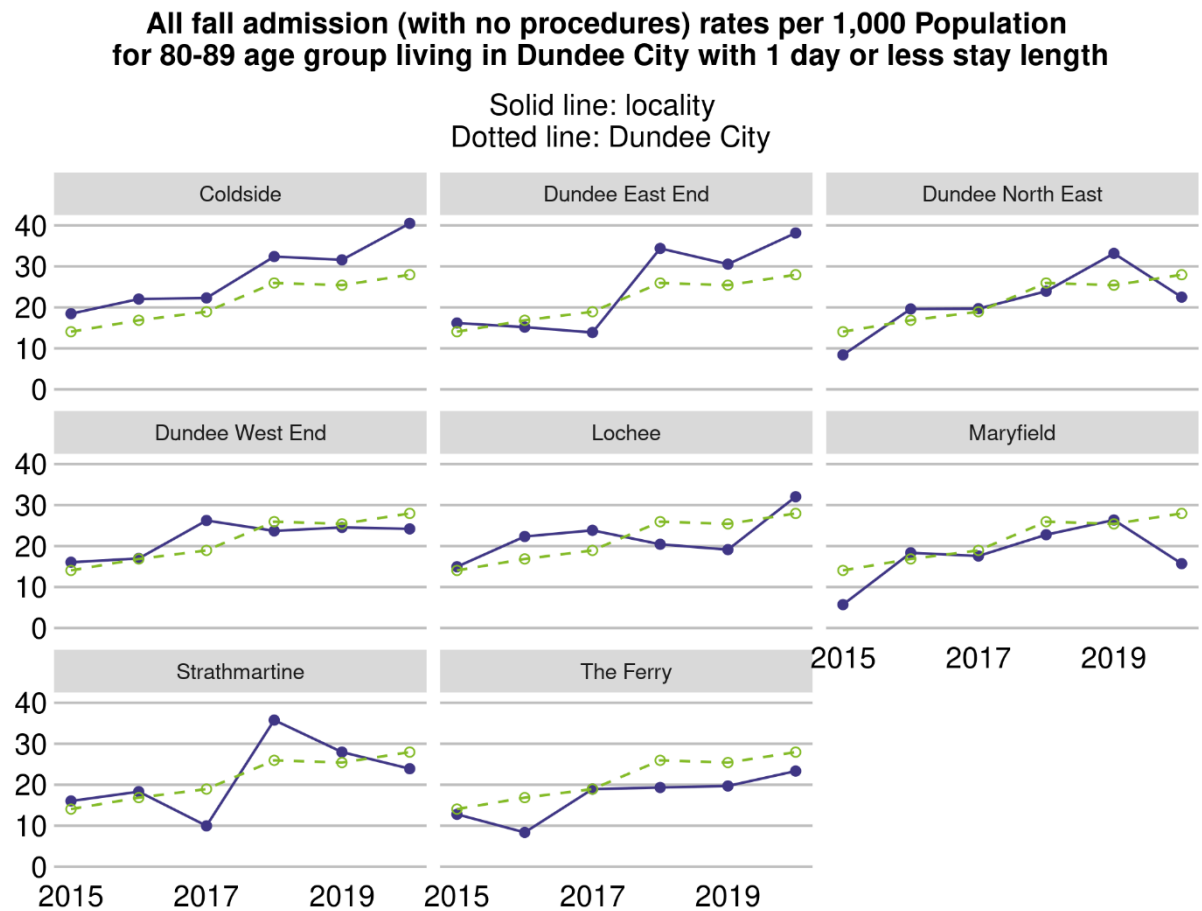


**Figure 5.2: All Falls Admission Rates per 1,000 Population in 2018/19 for 80-89 Age Group in Dundee City**



Source: PHS Scotland SMR01

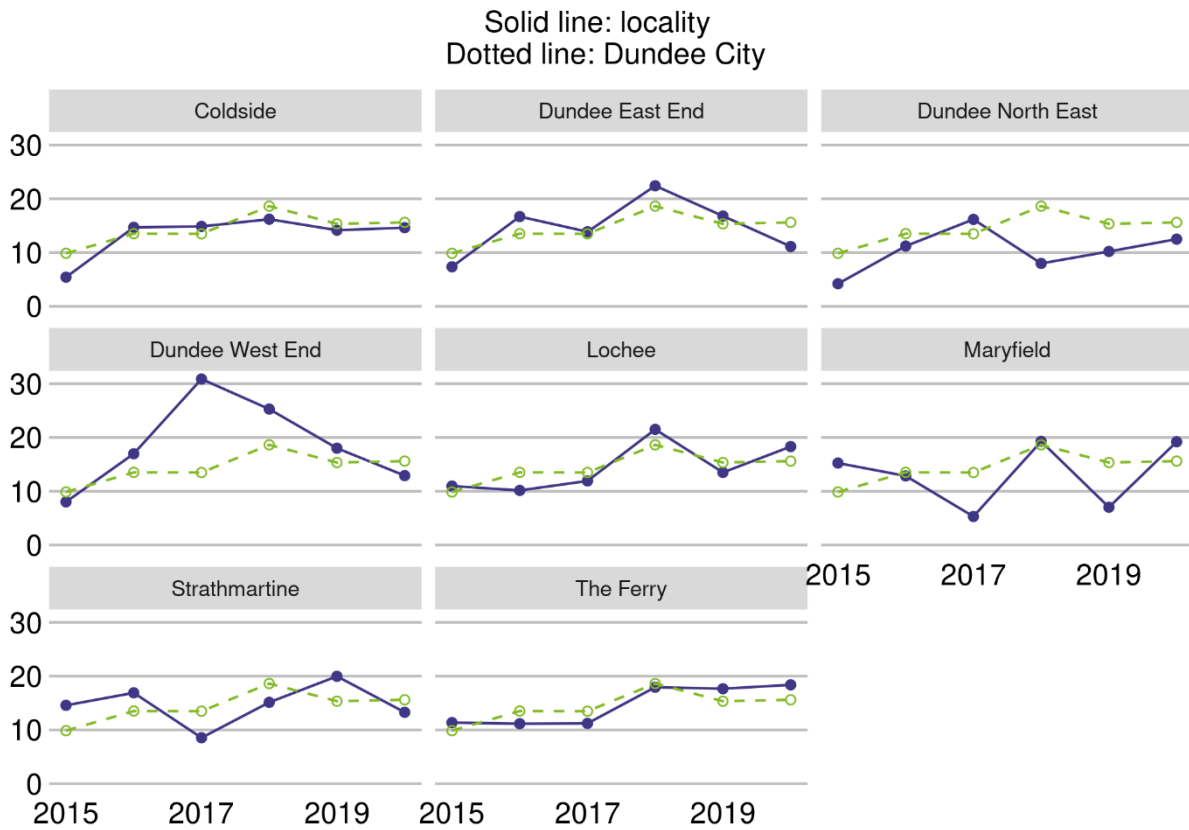
**Figure 5.3: All Falls (with no procedures) Admission Rates per 1,000 Population in 2020/21 for 80-89 Age Group Living in Dundee City with 1 Day or Less Length of Stay**



Source: PHS Scotland SMR01

**Figure 5.4: All Falls (with a procedure) Admission Rates per 1,000 Population in 2018/19 for 80-89 Age Group Living in Dundee City with 2+ Days Length of Stay**

**All fall admission (with procedures) rates per 1,000 Population for 80-89 age group living in Dundee City with 2+ days stay length**



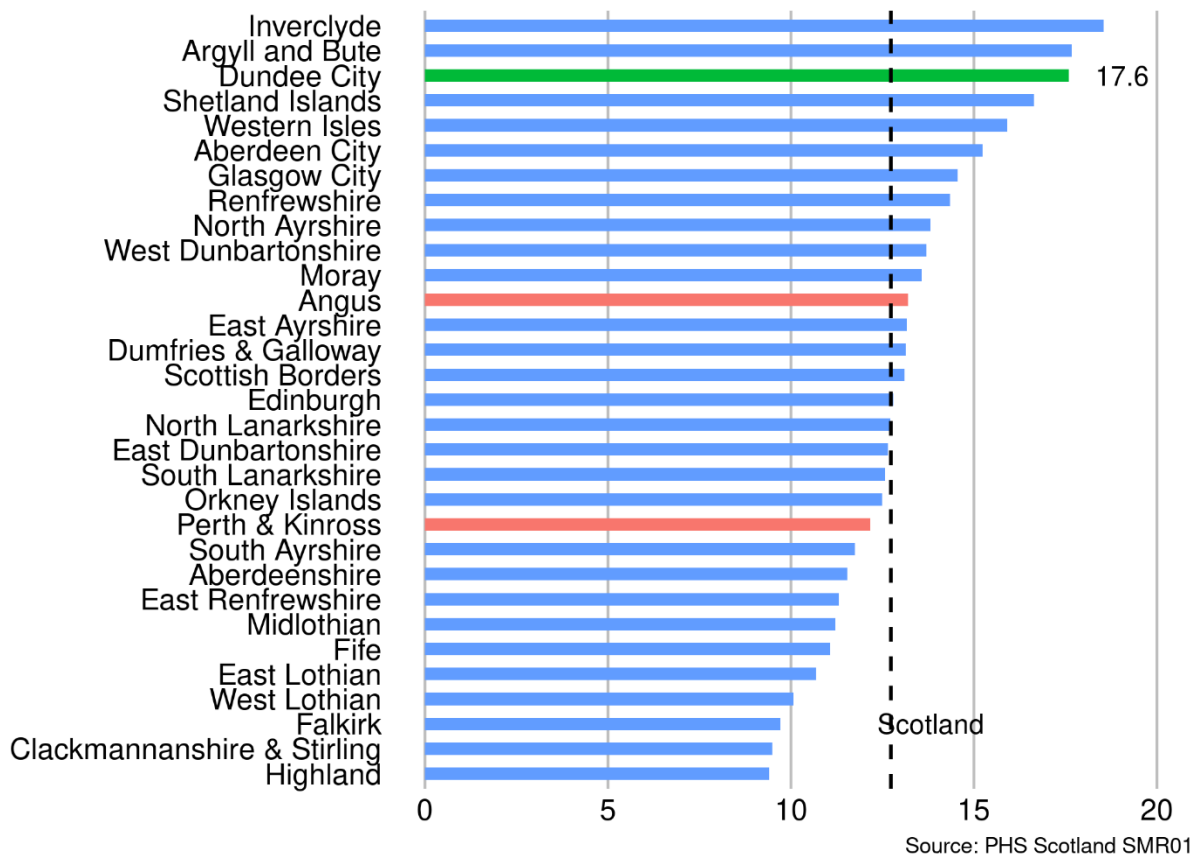
Source: PHS Scotland SMR01



## Fall admission rates per 1,000 Population for 65+ Age Groups excluding with 1 Day or Less Length of Stay and no procedures

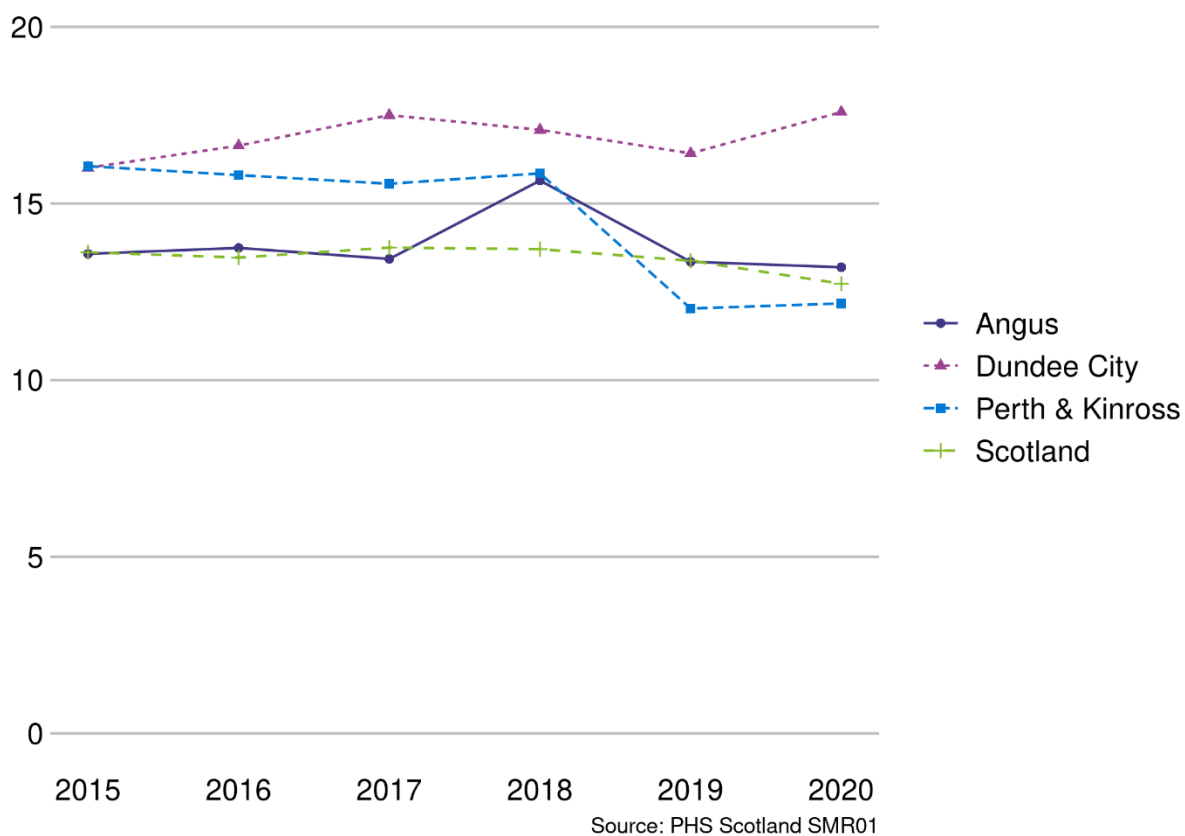
**Figure 6.1 Fall admission rates (excluding short stay with no procedure) per 1,000 Population by partnership**

**Fall admission rates (excluding short stay with no procedure) per 1,000 Population 2020/21 for 65+ age group by partnership**



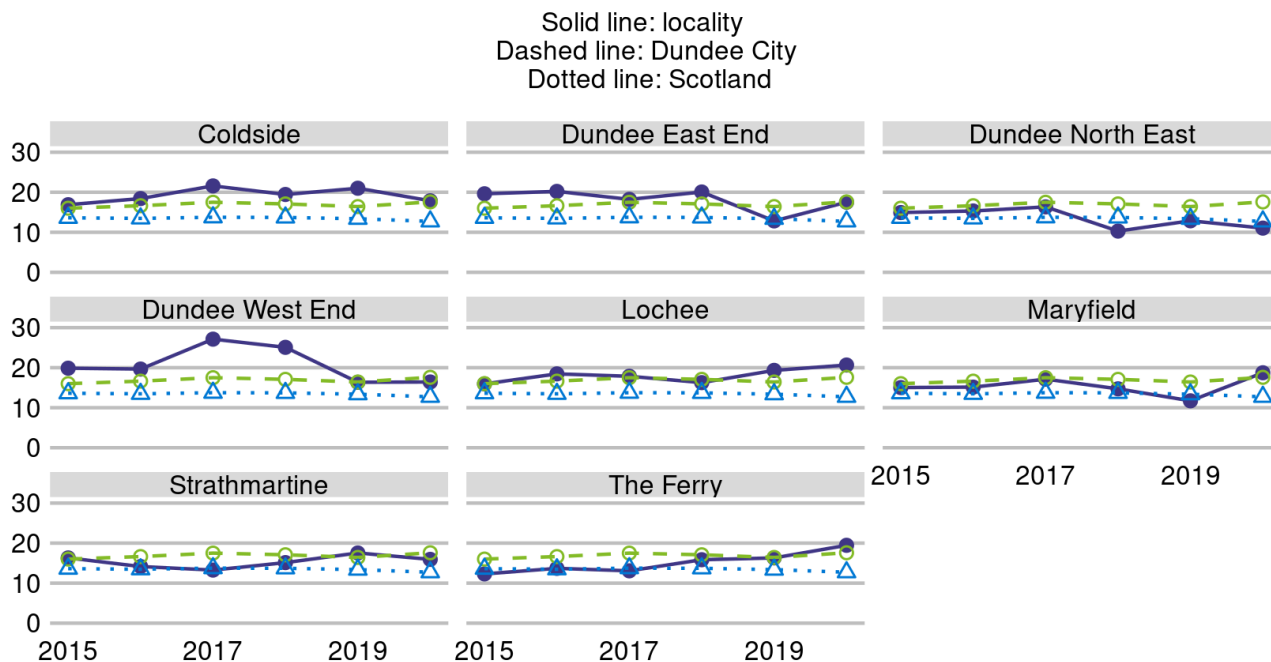
**Figure 6.2 Fall admission rates (excluding short stay with no procedure) per 1,000 Population by partnership**

**Fall admission (excluding short stay with no procedure) rates per 1,000 Population for 65+ age group by Tayside Partnership**



**Figure 6.3 Fall admission rates (excluding short stay with no procedure) per 1,000 Population by Dundee localities**

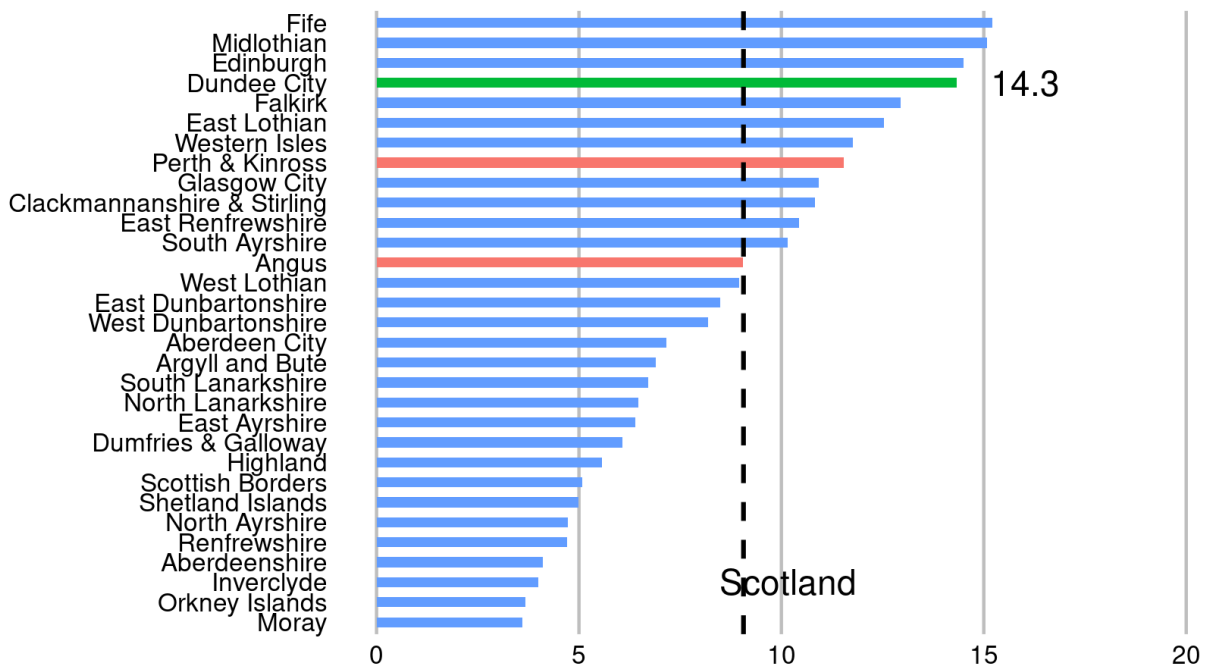
**Fall admission (excluding short stay with no procedure) rates per 1,000 Population for 65+ age group by Dundee localities**



Source: PHS Scotland SMR01

**Figure 6.4 Fall admission rates (only short stay with no procedure) per 1,000 Population by partnership**

**Fall admission rates (short stay with no procedure only) per 1,000 Population 2020/21 for 65+ age group by partnership**



Source: PHS Scotland SMR01

## Contacts

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**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 28 SEPTEMBER 2022

**REPORT ON:** DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT

**REPORT BY:** CLINICAL DIRECTOR

**REPORT NO:** PAC22-2022

## 1 Purpose

1.1 This is presented to the Committee for:

- **Assurance**

This report relates to:

- Government policy/directive
- Legal requirement

**This aligns to the NHSScotland quality ambitions:**

- Safe
- Effective
- Person-Centred

## 1.2 Recommendations

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

- Note the Exception Report for the Dundee Health & Social Care Partnership Clinical, Care & Professional Governance Group as detailed in Section 2.


## 2 Report summary

### 2.1 Situation

This report is being brought to the meeting to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone Framework in accordance with the Partnership integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL(1998) 75. The Committee is being asked to provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the

Partnership. The timescale for the data within this report is from June 2022 to July 2022.

As Lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Reasonable.

Level of Assurance	System Adequacy	Controls	✓
Reasonable Assurance	 <p>There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.</p>	Controls are applied frequently but with evidence of non-compliance.	✓

## 2.2 Background

The role of the DHSCP Clinical, Care and Professional Governance Group is to provide assurance to the Dundee Integration Joint Board (through the Performance and Audit Committee), NHS Tayside Board (through the Care Governance Committee) and Dundee City Council, that there are effective and embedded systems for Clinical, Care and Professional Governance in all services within Dundee Health and Social Care Partnership.

The GIRFE Framework has been agreed by all three HSCPs and the refresh of the document was endorsed at Care Governance Committee and noted by NHS Tayside Board on 31 October 2019. To ensure consistency of approach between Local Authorities, Tayside NHS Board and the IJBs for the three HSCPs, quality assurance is assessed against an agreed, prioritised common data set for each of the governance domains as detailed below. A GIRFE Steering Group has been established and continues to meet, with representatives from each of the three Partnerships, and part of its remit is to support additional common assurance measures and this template.

The six domains continue to evolve over time and must be adaptable and responsive to the changes in legislation and external support and monitoring. The domains reflect the principles set out in the Health and Social Care Standards, My support, My life; Scottish Government, 2018 and the Quality of Care Approach, HIS and Care Inspectorate, September 2018. The domains are:

Information Governance
Professional Regulation and Workforce Development
Patient / Service User / Carer and Staff Safety
Patient / Service User / Carer and Staff Experience
Quality and Effectiveness of Care
Promotion of Equality and Social Justice

This report is assuring NHS Tayside Board and Dundee Integration Joint Board that clinical governance and risk management processes are in place, that reliable, safe,

effective, and person-centred care is delivered in all health and care settings, and learning is identified and shared thereby reducing harm to people.

## 2.3 Assessment

### a. Clinical and Care Risk Management

a.1 The table below shows the top five service risks in the Dundee HSCP.

Title of Risk	Priority Level	Inherent Risk Score (without controls)	Current Risk Score (with current controls in place)
Increasing patient demand in excess of resources – DDARS	1	15	25
Risk that current funding would be insufficient to undertake the service redesign of the DDARS	1	20	20
Insufficient numbers of DDARS staff with prescribing competencies	1	25	16
Lack of resource to deliver the benzodiazepine dependence pathway compliant with guidelines	1	20	16
Negative media reporting increasing reputational, clinical and safeguarding risk	1	25	25

a.2 All five of the top five risks now sit with the Dundee Drug and Alcohol Recovery Service (DDARS). There are ongoing service pressures due to staff turnover that affect all of the key risks identified.

One of these risks continues to show a current risk score in excess of the inherent risk score. This is primarily due to ongoing challenges relating to recruitment and retention into the DDARS service combined with the increased referral rates throughout and beyond the pandemic.

Recent band 5 recruitment saw the withdrawal of all candidates following publication of the Dundee Drugs Commission Report. Internal and external recruitment to this service are increasingly challenging with prospective employees indicating that negative perception of service influences career choices.

Staff morale remains very low. Staff are frequently moved within service to provide cover for absence of staff which has a significant impact on their job satisfaction.

A senior service manager role has been advertised to enhance to local leadership for this team and provide support to the two integrated managers currently in post.

### a.3 Lack of available resource to deliver the benzodiazepine dependent pathway

Many people dying in drugs deaths who are open to DDARS, have etizolam present in the PM toxicology. DDARS does not have access to the resources in the community or a stabilisation inpatient facility to deliver prescribed diazepam detoxes.

Clinical risks, including overdose, could be increased by reduced access to prescribed diazepam withdrawals caused by:

- a lack of capacity / staffing resource to monitor for respiratory depression and substance use
- a lack of staffing resource for structured psychological interventions
- biochemistry drug screening not delivering results for substances commonly causing harm in a clinically useful timescale.

The team are currently working towards:

- identifying the model and resources required for residential rehabilitation
- agreeing the multiagency resources required to implement the benzodiazepine pathway
- identifying the minimum resources required for DDARS to manage patients dependent on benzodiazepines in the community.

### a.4 Staff Resource

Staff availability continues to be a significant pressure across a wide range of teams and professions within the HSCP. This is managed well on a day to day basis and support is provided between teams, between HSCPs and across professional boundaries as required. This is not sustainable in the long term and staff are increasingly reporting fatigue and impacts on their wellbeing. This links to strategic risk HSCR00b1 which describes the risk across a range of staff groups and the control measures including the development of new models of care, organisational development strategy, service redesign and the ongoing development of the workforce plan.

## b. **Clinical & Care Governance Arrangements**

The arrangements for CCPG in the Dundee HSCP are outlined in Appendix A: Dundee HSCP Governance Structure.

During this reporting period exception reports were presented to the CCPG Group from the following services:

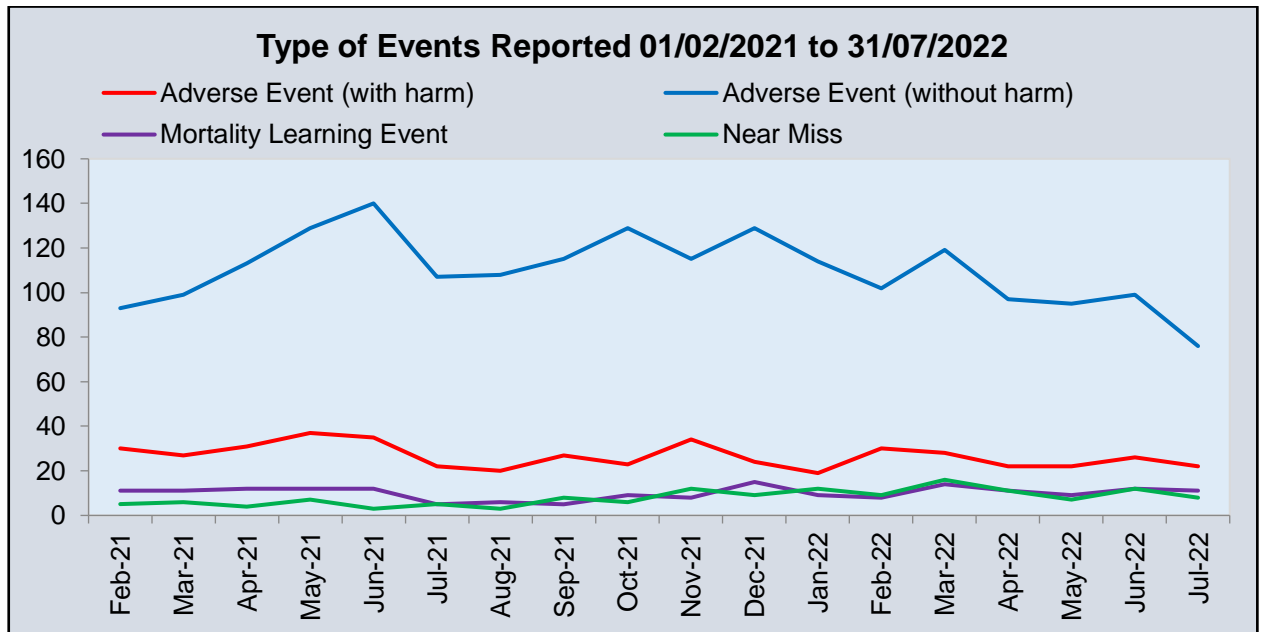
- Nutrition and Dietetics
- Acute and Urgent Care
- Care Homes
- Community Services
- Drug and Alcohol Recovery Service
- In Patient and Day Care
- Mental Health and Learning Disability Services



- Psychological Therapies
- Health Inequalities

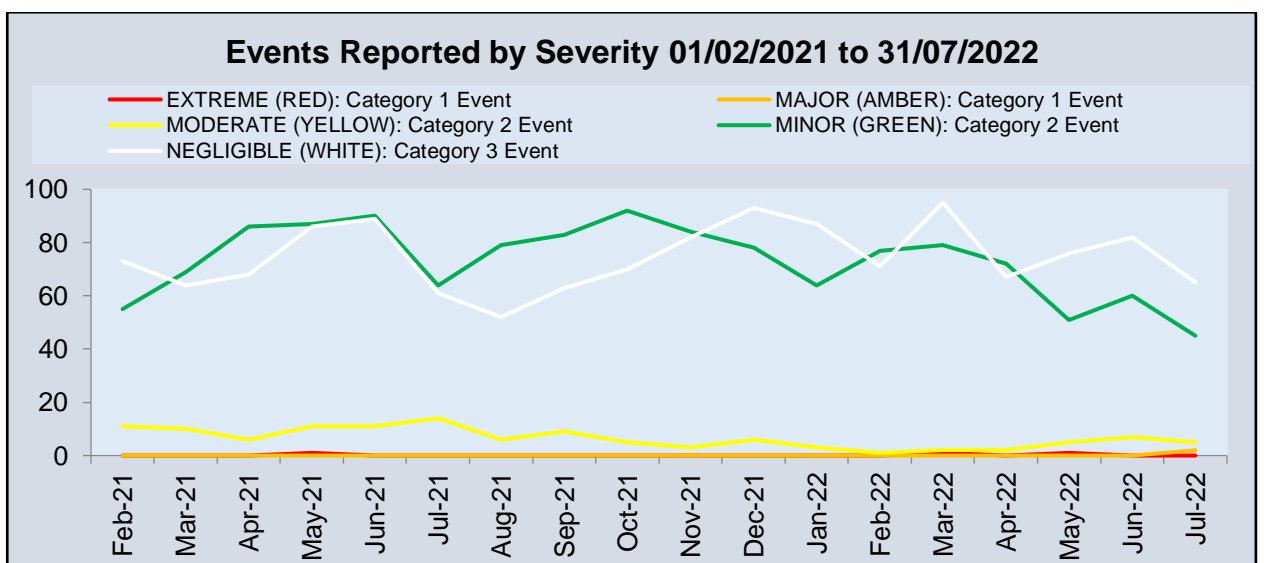
**c. Adverse Event Management**

c.1 The following graph shows the type of adverse events reported through Datix by month over the past 18 months.

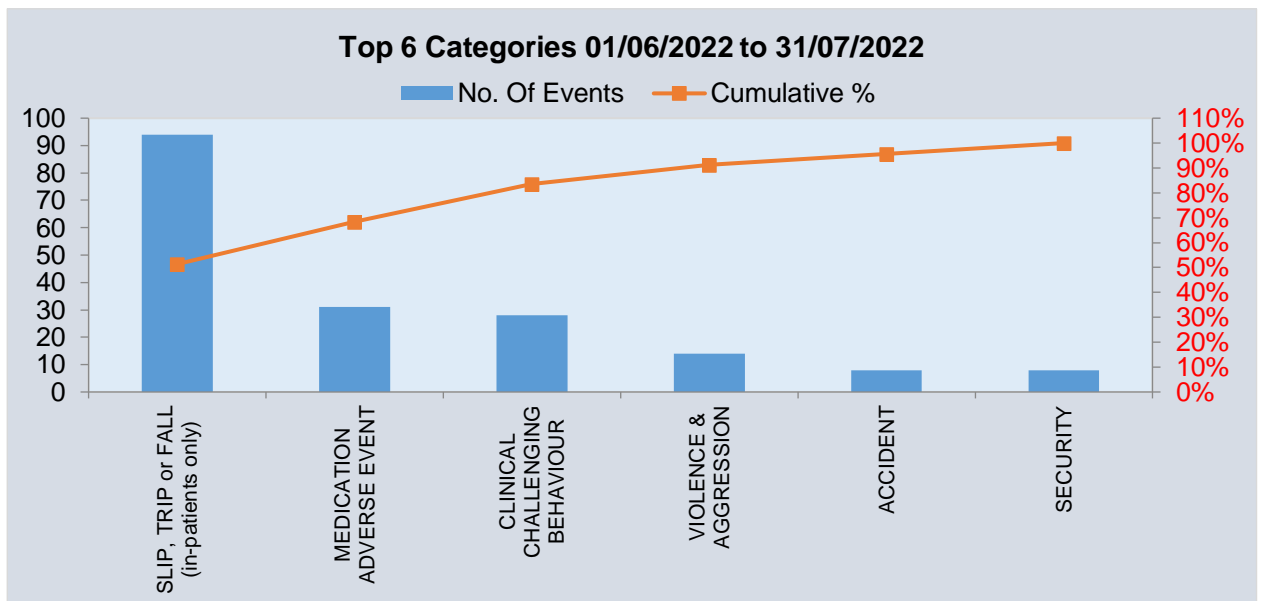


This shows a reduction in the number of reported adverse events.

c.2 The following graph shows the impact of the reported adverse events by month over the past 18 months, with low numbers of extreme, major and moderate events reported. The decline in minor and negligible events can be seen.

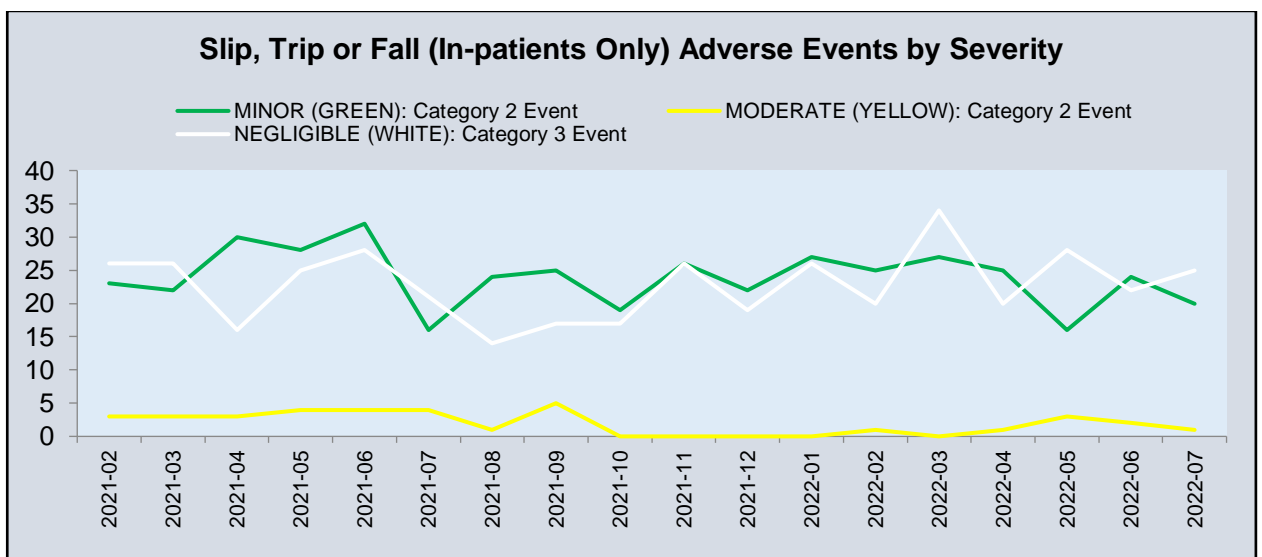


c.3 The following graph shows the top six categories reported between 01/06/2022 and 31/07/2022. These categories account for 183 of the 266 events (69%) reported within the time period.



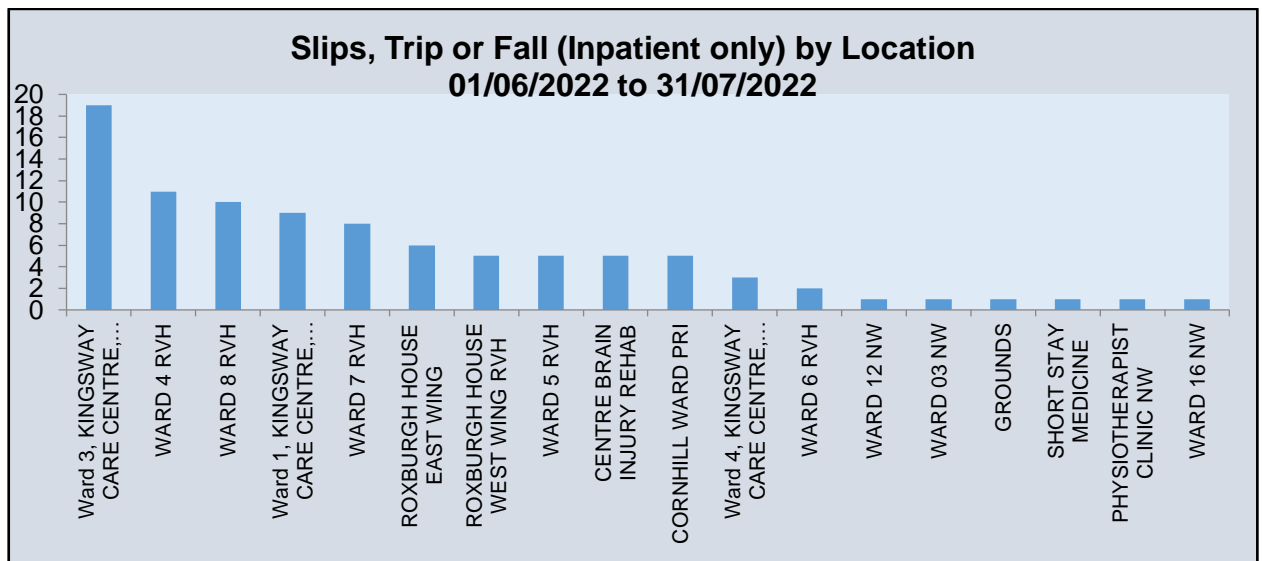
c.4 Slips, Trips and Falls

There were 94 events reported between 01/06/2022 and 31/07/2022.

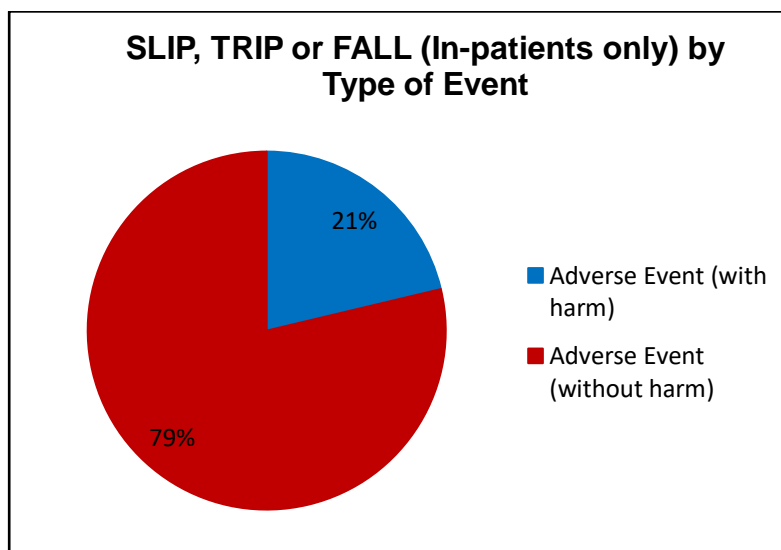


The majority of these events are negligible and minor. There continue to be no significant concerns relating to the falls data that require escalation. Inpatient falls groups across inpatient areas continue to meet and review falls screening work and post falls management.

c.5 The following table shows the number of slips, trips and falls (In-patients only) by location. The areas with the highest number of falls were Ward 3, Kingsway Care Centre (19), Ward 4 RVH (11) and Ward 8 RVH (10).



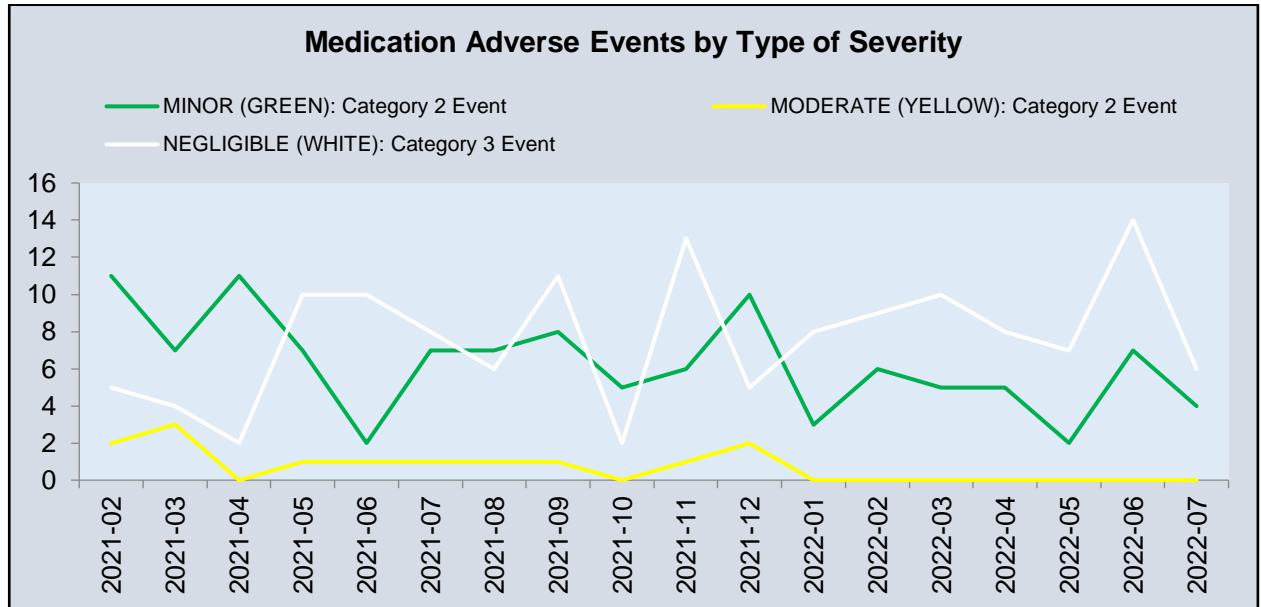
c.6 The chart below shows the falls events reported broken down by harm.



There were 20 adverse events reported with harm. Reviews are conducted following all falls. The levels of harm remain low with reports indicating harm in the form of bruising, skin flaps and discomfort. No patients required transfer for escalation of care following falls in this reporting period.

### c.7 Medication Adverse Events

The chart below shows the medication adverse events reported by severity from February 2021.



There were 31 events reported during this reporting period.

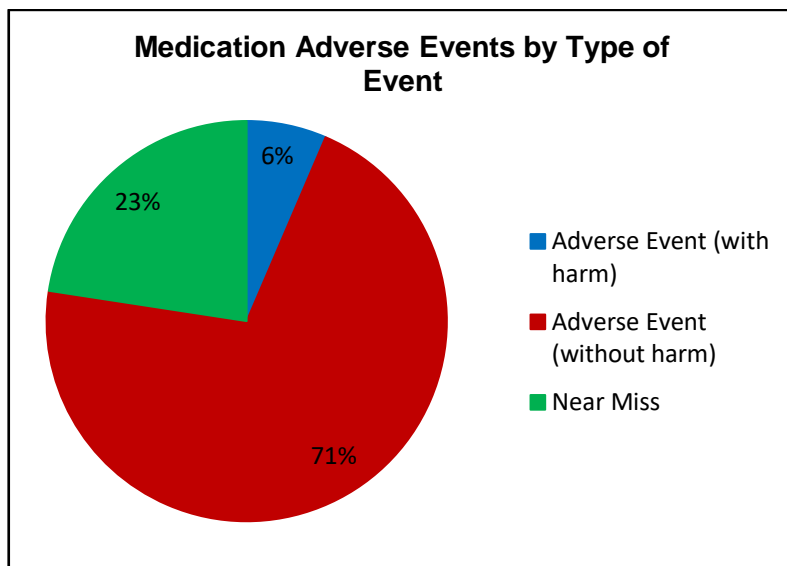
- c.8 The following table shows the subcategory of event by reporting service. The area with the highest number of events was Palliative Medicine (9 Events), followed by adults and older people which is primarily community nursing, with 7 events.

A significant number of these events were very low in number and the individual detail is not provided in the table for numbers less than 5. The table has been included to indicate the breadth of services and wide variety of sub category events that have been reported.

Teams, including Palliative Medicine and Community Nursing, have regular reviews of medication adverse events and report through Primary Governance Groups that there are no patterns of significance to report. Teams continue to monitor and review all medication adverse events with those teams with higher numbers specifically reporting through primary governance groups.

Subcategory	Adults and Older People	Brain Injury Rehabilitation	Central (DDARS)	East (DDARS)	Intermediate Care - Older People Services (Dundee)	MFE (Medicine for the Elderly) - Older People Services (Dundee)	Other - Older People Services (Dundee)	Other - Specialist Palliative Care	Palliative Medicine	Psychiatry of Old Age - Older People Services (Dundee)	Total
MISSED DOSE BY STAFF											7
INCORRECT DOSE/RATE											5
CONTROLLED DRUG INCIDENT											5
INCORRECT LABEL											<5
POOR COMMUNICATION LEADING TO COMPROMISED PATIENT CARE											<5
SAME MEDICINE/DOSE ADMINISTERED TWICE											<5
INCORRECT STORAGE OF MEDICINES											<5
PATIENTS MEDICINES STORED IN WRONG PATIENT POD LOCKER											<5
INCORRECT TIME/FREQUENCY											<5
POOR DOCUMENTATION OF PLAN INVOLVING MEDICINES											<5
MEDICINE RECONCILIATION ON ADMISSION											<5
WRONG DISPENSING MODE											<5
INCORRECT INFORMATION											<5
INCORRECT MEDICINE OVERDOSE/SUSPECTED OVERDOSE											<5
<b>Total</b>	<b>7</b>	<b>&lt;5</b>	<b>&lt;5</b>	<b>&lt;5</b>	<b>&lt;5</b>	<b>5</b>	<b>&lt;5</b>	<b>&lt;5</b>	<b>9</b>	<b>&lt;5</b>	<b>31</b>

c.9 The chart below shows medication adverse events by type.

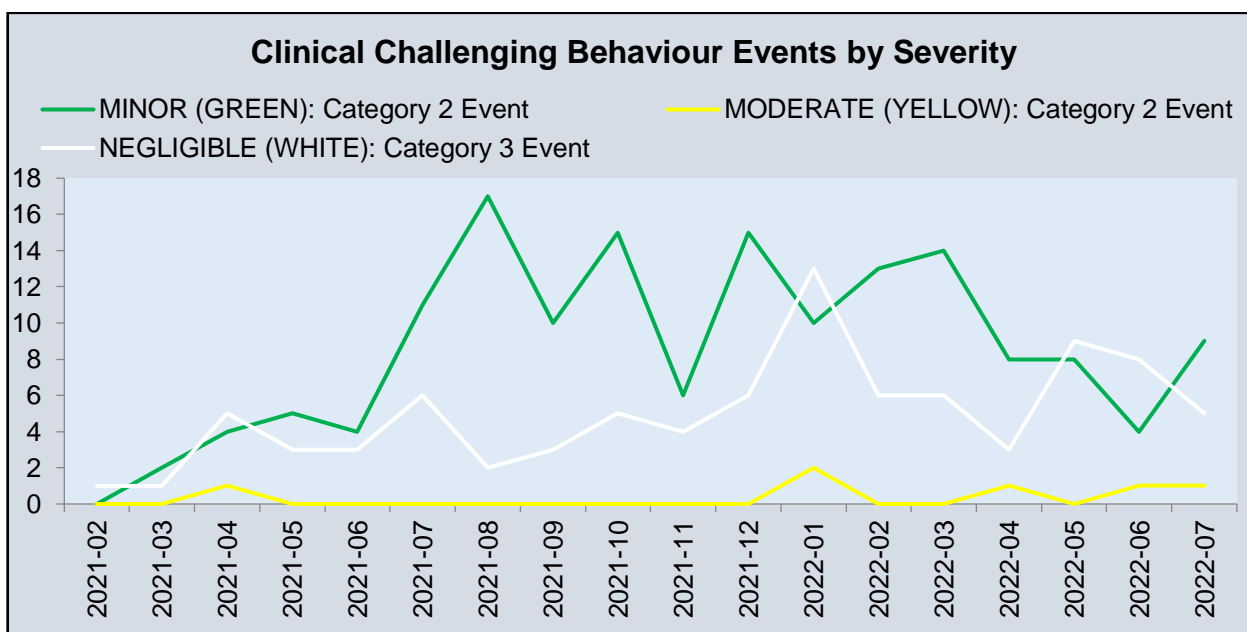


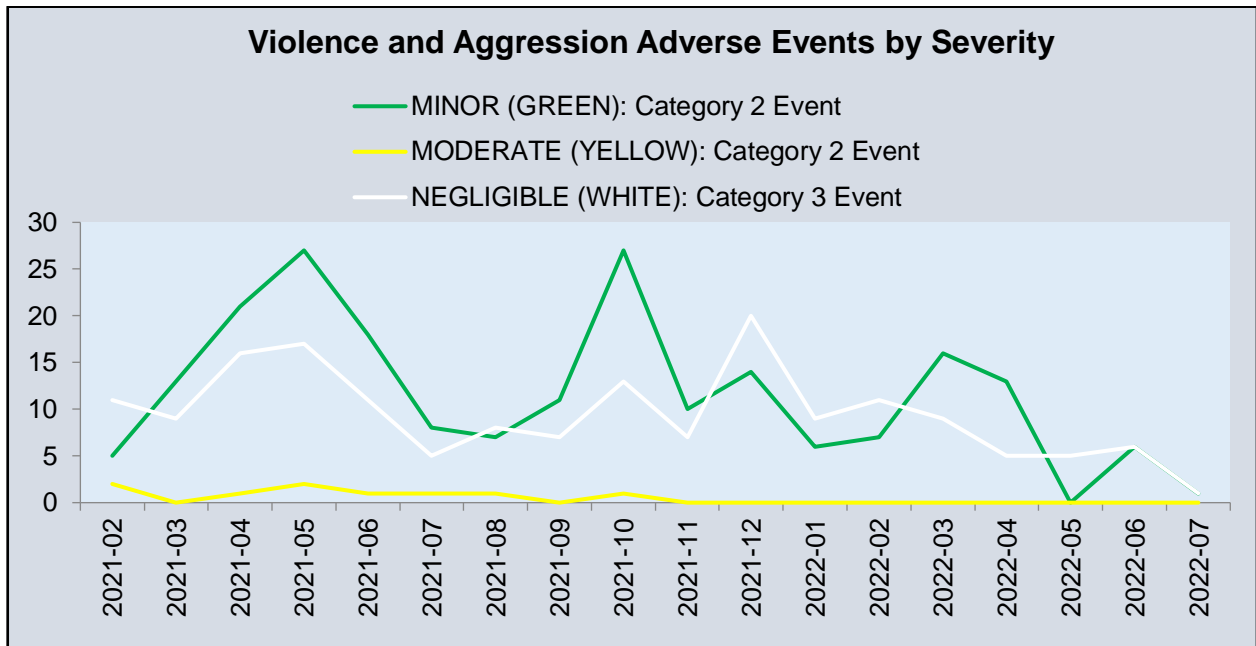
The events with harm were both investigated. The levels of harm were related to changes in blood sugar levels and there was no longer term harm noted. Patients and families were informed of the incidents.

The reviews led to changes in the induction process for rotating staff members, enhanced levels of senior review for new staff and contingencies developed for medicine reconciliation process.

c.10 Clinical challenging behaviour and violence and aggression adverse events

The charts below show clinical challenging behaviour (28) and violence and aggression (14) adverse events during this reporting period.





Work across the Partnership has reduced the number of violence and aggression adverse events which are now more appropriately reported as clinically challenging behaviour events. The charts above show the respective changes for these incident types.

There is a reduction over the past four months across both of these event types. This is due to the nature of the patients in the in-patient units. Higher numbers of incidents are usually linked to individuals being responsible for multiple events and this has not been portrayed over recent months.

Support to staff continues regardless of incident type where this is required. Ongoing training, enhanced levels of training and post incident debrief and support are provided to ensure staff wellbeing.

#### c.11 Accident

There were eight adverse events reported in the accident category in this reporting period. There were 8 different services reporting these incidents across adverse events including road traffic accidents, equipment/machinery related, animal/insect bites and struck by another person.

#### c.12 Security

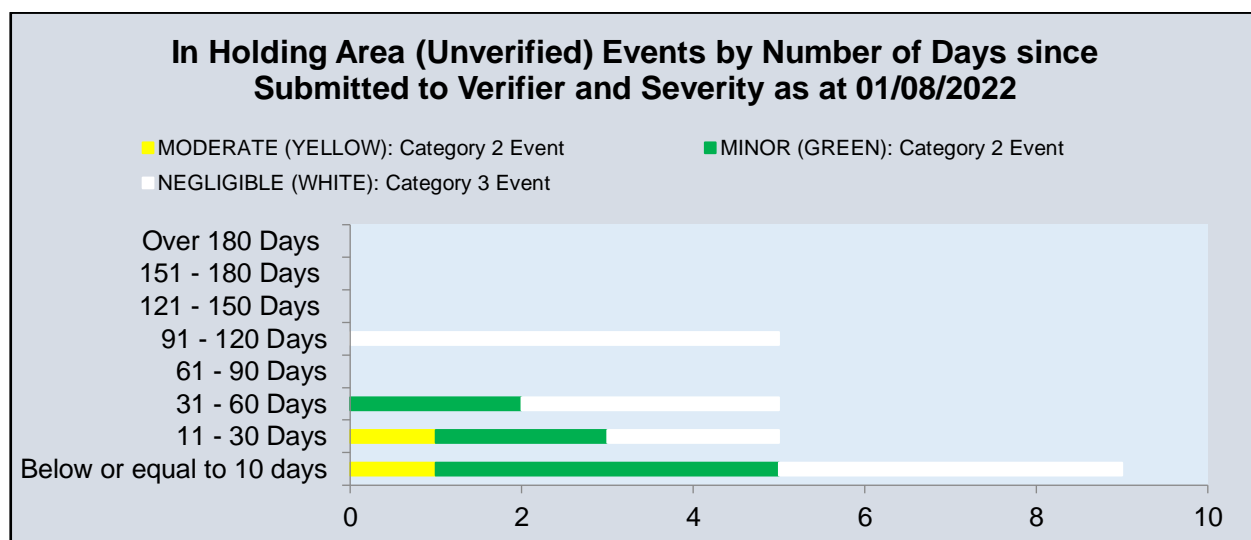
There were eight adverse events reported in this category. They include property loss or damage, attempted absconding, contraband items, missing cutlery and building left unsecure.

All incidents were reviewed with appropriate action taken to address.

## d. Adverse Event Management - Systems and Processes

### d.1 Overdue Unverified Events

At the time of data extraction, there were 24 unverified events. Out of the 24, 19 unverified events had exceeded the timescale of 72 hours for verification. The following graph shows the unverified events by the severity and the number of days overdue. Of the 24 unverified events, 22 of these were graded Negligible or Minor. This does show an improving picture although further work is required to reduce this further.



### d.2 Overdue Verified Events

The table below shows the number of overdue events by the year they were reported. The numbers in brackets represent the number of overdue events by year as included in the last report, demonstrating that the number of historical outstanding reviews continues to reduce.

Event Severity	2018	2019	2020	2021	2022
EXTREME (RED): Category 1 Event	0(0)	0(7)	1(9)	0(14)	2(1)
MAJOR (AMBER): Category 1 Event	0	0	1(4)	0(9)	2(1)
MODERATE (YELLOW): Category 2 Event	0	0	2(2)	8(4)	12(22)
MINOR (GREEN): Category 2 Event	0	0	2(2)	3(9)	19(8)
NEGLIGIBLE (WHITE): Category 3 Event	0	3(0)	9(0)	40(25)	85(67)
(blank)	0	0	0	0	0(2)
<b>Total</b>	<b>0 (0)</b>	<b>3 (7)</b>	<b>15 (17)</b>	<b>51 (61)</b>	<b>120 (101)</b>

## e. Significant Adverse Event Reviews (SAERs)

None in this reporting period.



**f. Complaints and Feedback**

f.1 The table below shows the number of complaints by service area and how long they have been open. An increasing number of complaints are not meeting the 20 day standard.

<b>No. of Open Cases - 38</b>												
<b>Clinical Care Group/Department</b>	<b>Days_Band</b>	0-5 Days	6-10 Days	11-15 Days	16-20 Days	>20 Days	>40 Days	>60 Days	>80 Days	>100 Days	>182 Days	<b>Total</b>
Mental Health (Dundee)		-	-	3	2	5	1	2	1	-	-	14
Allied Health Professionals (Dundee HSCP)		-	3	-	1	1	2	-	-	-	-	7
General Practice - Dundee HSCP		1	1	1	2	2	-	-	-	1	-	8
Specialist Palliative Care		-	-	-	1	1	-	-	-	-	-	2
Older People Services (Dundee)		-	-	-	-	2	-	1	-	-	1	4
Dundee Drug and Alcohol Recovery Service		-	-	-	-	1	-	-	-	-	-	1
CBIR		-	-	-	-	-	-	-	-	1	-	1
Tayside Sexual and Reproductive Health		-	-	-	1	-	-	-	-	-	-	1
<b>Total</b>		1	4	4	7	12	3	3	1	2	1	38

The longest open complaint is currently sitting at 304 days. This complex complaint spans a number of clinical teams across NHS Tayside and the Dundee HSCP. A final draft has been complete with information from Information Governance and will signed off by the Acute Nurse Director.

f.2 The table below shows complaint responses in the HSCP.

	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Performance
<b>No of complaints received</b>	13	17	11	17	14	13	20	19	16	14	13	17	
<b>No of complaints closed</b>	13	17	10	17	14	13	18	19	14	11	11	3	
<b>No of complaints responded to within 20 working days</b>	7	10	5	10	8	6	10	12	8	10	8	3	
<b>%age closed and responded to within 20 days</b>	53.8	58.8	50.0	58.8	57.1	46.2	55.6	63.2	57.1	90.9	72.7	100.0	↑
<b>Target</b>	68%	68%	68%	68%	68%	68%	68%	68%	68%	68%	68%	68%	

The table suggests that DHSCP are managing non-complex complaints well, in terms of responding within 20 days. There are, however, a number of complaints each month that remain open and will be closed in subsequent months, which will show a significantly reduced compliance with the 20 day standard. The Dundee HSCP Feedback Team continues to liaise with the Tayside Feedback team for support in improving this performance.

f.3 The following table outlines the principle and sub themes for complaints received in this reporting period, which is consistent with previous reports.

Feedback per ISD Themes			
Division/Partnership	Principal Themes	Sub Theme	
Dundee HSCP (Health and Social Care Partnership)	Clinical treatment	<b>Total</b>	<b>18</b>
		Disagreement with treatment / care plan	7
		Problems with medication	4
		Co-ordination of clinical treatment	3
		Poor medical treatment	2
		Poor aftercare	1
		Poor nursing care	1
	Attitude and behaviour	<b>Total</b>	<b>13</b>
		Lack of support	4
		Insensitive to patient needs	3
		Conduct	2
		Abruptness	1
		Member of staff has not apologised to patient	1
		Not listening	1
	Rushed - not time to see patient	1	
	Communication (oral)	<b>Total</b>	<b>9</b>
		Telephone	4
		Lack of a clear explanation	2
		Patient not being verbally told things	2
		Other	1
	Date for appointment	<b>Total</b>	<b>5</b>
		Unacceptable time to wait for appointment	3
		Appointment date continues to be rescheduled	1
		Cancellation of appointment	1
	Communication (written)	<b>Total</b>	<b>4</b>
		Letter wording	2
		Lack of information provided	1
		Patient has been sent no communication	1
	Personal records	<b>Total</b>	<b>3</b>
Accuracy of records		2	
Gaining access to records		1	
Competence	<b>Total</b>	<b>1</b>	
	Not involved in the patient's care plan	1	
Admissions / transfers / discharge procedure	<b>Total</b>	<b>1</b>	
	Delays in external transfer (hospital to hospital)	1	
Outpatient and other clinics	<b>Total</b>	<b>1</b>	
	Waiting time too long in reception to see consultant / doctor / nurse	1	
Consent to treatment	<b>Total</b>	<b>1</b>	
	Patient has insufficient info to give informed consent	1	

#### f.4 Compliments

Staff continue to receive very positive comments from those they care for, despite all the pressures currently felt across the system. This comment from relatives of a patient in Roxburgh House is typical of the positive messages we receive.

*“My family & I would like to thank all of the nursing, medical, support staff and nursing students of Ward 4 Ninewells Hospital and Roxburgh House for their kind, caring and professional care of my dad. NHS Tayside you have amazing wonderful staff working in these areas especially your nurses, health care assistants, support staff and volunteers, who are the faces that family and patients see work hard and are professionals. NHS Tayside should be Proud of them.”*

#### g. **External Reports & Inspections**

No external reports in this reporting period.

#### h. **Mental Health**

##### h.1 Staffing

The service has successfully recruited to a locum vacancy, although are currently required to support acute shortages in Angus, where there are currently no medical staff in Community Mental Health Teams. This does have an impact on routine care across services.

There have been no applicants for the Substantive Consultant post in the Tayside Eating Disorder Team. The current locum has now left the service and there has been no success securing a further locum. Complex cases are supported from Community Mental Health Teams across Tayside. The team are exploring other methods to support this team including possible GP sessions.

There continue to be shortages across the nursing workforce in the Crisis Resolution and Home Treatment Team. Collaborative working with community mental health colleagues is supporting at this time.

There continue to be challenges recruiting social care staff, both internally and externally.

Recruitment for the Director of Psychology is moving into the third round of recruitment, following two unsuccessful rounds. A Deputy Director post will be advertised in parallel during this round of recruitment. Clinical Lead, Dr Linda Graham continues to act into this role as interim director.

##### h.2 Delayed Discharges

There are significant capacity challenges within in-patient care resulting in a focus on Delayed Discharges. We are fully engaged with this work and Dundee patients truly in this category all have agreed discharge plans.

Issues have been with achieving safe staffing levels within newly commissioned buildings, and the phase across to full time placements is taking place.

### h.3 Medication Assisted Treatment (MAT) Standards

Significant work is ongoing for the development of a different service model to support compliance with MAT standards mainly focussed on standards 1 - 5 with a proposed implementation date of the 19<sup>th</sup> September. An Improvement Quality workshop with the MAT Implementation Support Team (MIST) is being held on the 7<sup>th</sup> September with all Drug and Alcohol Services to further support this work.

MAT Standards 1-5 are:

1. All people accessing services have the option to start MAT from the same day of presentation.
2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
4. All people are offered evidence based harm reduction at the point of MAT delivery.
5. All people will receive support to remain in treatment for as long as requested.

The national system for recording, the Drug and Alcohol Information System (DAISy), does not capture all the reporting requirements. As a result, there is a small group looking at an outcome measurement tool that is being proposed by MIST and which will be locally updated as required.

There is no current data for MAT Standards, as the proposed date for implementation would be the 19<sup>th</sup> September and the team will commence reporting from the end of September.

#### **2.3.1 Quality / Patient Care**

The principle focus of all services is a desire to achieve the six dimensions of healthcare quality. These state that healthcare must be:

- Safe
- Effective
- Patient-centred
- Timely
- Efficient
- Equitable

The work being progressed will have a positive impact on the quality of care and services for staff and the population of Tayside.

#### **2.3.2 Workforce**

There continue to be significant pressures on staff across all teams due to vacancies and workload.

### 2.3.3 Financial

No direct impact.

### 2.3.4 Risk Management

Risks are included in the report above.

### 2.3.5 Equality and Diversity, including Health Inequalities

An impact assessment has not been completed. Promotion of Equity and Social Justice is one of the domains included in the GIRFE reporting assurance framework.

### 2.3.6 Other impacts

There are no other relevant impacts.

### 2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate.

### 2.3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- DHSCP Clinical, Care and Professional Governance Group, 27 July 2022.

## 2.4 Recommendation

This report is being presented for:

- **Assurance**

As Lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Reasonable

## 3 Risk Assessment

<b>Risk 1 Description</b>	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.
<b>Risk Category</b>	Governance
<b>Inherent Risk Level</b>	Likelihood (2) x Impact (4) = Risk Scoring (8)
<b>Mitigating Actions</b>	Systems in place for all operational teams to provide exception reports to the clinical, care and professional governance group.

(including timescales and resources )	'Getting It Right' Group established to support development of reporting framework for HSCP.
<b>Residual Risk Level</b>	Likelihood (2) x Impact (4) = Risk Scoring (8)
<b>Planned Risk Level</b>	Likelihood (1) x Impact (3) = Risk Scoring (3)
<b>Approval recommendation</b>	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

#### 4 Consultations

The Chief Finance Officer, Chief Officer, Locality Managers and the Clerk were consulted in the preparation of this report.

#### 5 List of Appendices

The following appendices are included with this report:

Appendix 1: Dundee HSCP Governance Structure

Dr. David Shaw  
Clinical Director





DATE: 14 September 2022

Diane McCulloch  
Chief Social Work Officer / Head of Health and Community Care

Report Author: Matthew Kendall, AHP Lead

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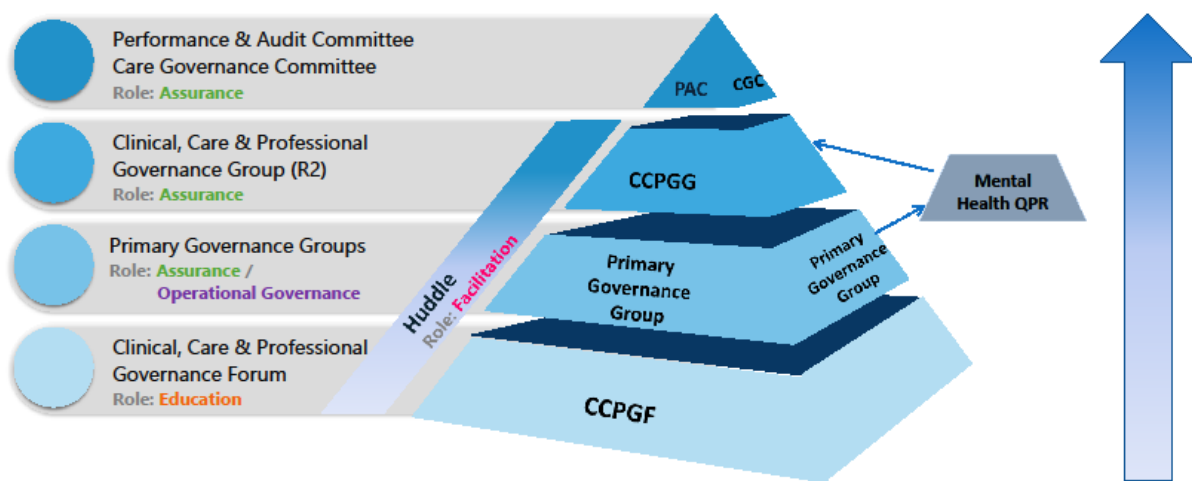
Level of Assurance		System Adequacy	Controls	✓
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.	
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.	✓
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.	
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.	

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## Dundee HSCP Governance Structure

Dundee HSCP governance structures are outlined in the diagram below. The following narrative explains how each of the aspects functions to provide assurance to NHS Tayside and the Dundee IJB.

### DHSCP Clinical, Care & Professional Governance



Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group is responsible for directing, collating and monitoring governance arrangements and ensuring that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within Dundee Health and Social Care Partnership. It is chaired by the Clinical Director, and membership, as referenced in the terms of reference, extends to Head of Health and Community Care Services, Associate Nurse Director, Associate Medical Director, Locality Managers (4), Lead Allied Health Professional, Lead Nurse, Lead Pharmacist, Clinical Governance Lead, Senior Officer – Business Planning and Information Governance, NHS Business Support Representative and Third Sector representative.

Management structures across Dundee HSCP have been redesigned over the past three months and the members of the CCPG Group will be updated to reflect this and the Primary Governance Group Structure which sits beneath the CCPG Group.

At each CCPG Group meeting each Primary Governance Group will present an exception report highlighting key areas of concern across the six domains listed in GIRFE. They will also reference exceptional pieces of work undertaken, current challenges and future potential issues identified through triangulation of data reviewed through Primary Governance Group meetings.

Each Primary Governance Group will produce an annual report in line with the reporting programme.

A range of additional reports are also reviewed at the CCPG Group, which includes DHSCP Analysis Report (Adverse events and Risks), Complaints, Infection Prevention and Control and Inspection Reports.

Further assurance is sought with a range of reports/discussions relating to topics such as professional registration, GDPR, SPSO, contemporaneous issues for example Dundee Drugs Commission review and Trust and Respect Report.

### Primary Governance Groups (PGG)

There are currently nine PGGs:

- In Patient Services (MfE, POA, CBIR, Palliative)
- Community Services
- Acute and Urgent Care
- Mental Health & Learning Disabilities
- Care Homes
- Psychological Therapies
- Health Inequalities
- Nutrition and Dietetics
- Dundee Drugs and Alcohol Recovery Services

Each Primary Governance Group will meet monthly and the remit of the Primary Governance Group is to:

- Provide assurance to the Clinical, Care and Professional Governance Group on the systems and processes for clinical, care and professional governance activities.
- Develop, prioritise, implement, monitor and review the annual work plan for clinical, care and professional governance activities.
- To create the learning environment and conditions within [XXX] Services by dedicating time to allow staff to share learning, tools and other resources and encourage the dissemination of good practice.
- Ensure that clinical and care leadership underpins [XXX] Service assurance processes and that clinical and care leaders are supported to share tools and resources to spread good practice.
- Encourage an integrated approach to quality improvement across [XXX] Services.
- Ensure appropriate actions in relation to clinical, care and professional governance and quality activities are taken in response to internal reports and external reports from bodies such as NHS Healthcare Improvement Scotland, Care Inspectorate, Audit Scotland, Mental Welfare Commission and Scottish Public Services Ombudsman.

- Ensuring that there is a robust reporting and assurance mechanism for [XXX] services which are hosted within the partnership but do not solely operate within Dundee Health and Social Care Partnership.
- Undertake the management, escalation or cascading of issues/risks/concerns as appropriate.
- Collate, review and analyse core and service specific datasets to inform exception report to the CCPGG, reflecting the six domains described in the Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework.
- The exception report should include, but is not limited to:
  - Emergent issues of concern identified
  - Adverse Events:
    - Recurring themes, Major and Extreme Incidents
    - Incidents that trigger Statutory Duty Of Candour
  - All Red Adverse Events
  - Adverse Event Reviews, Significant Case Reviews
  - Complaints
  - Risks
  - Inspection Reports and Outcomes
  - Changes to standards, legislation and guidelines
  - Outcomes of care
  - Adherence to standards
  - Sharing of learning

A representative from each PGG will represent the group at the Dundee HSCP CCPG Group and present and talk to the exception report and, where required, the annual report. The representative will act as a conduit between the PGG and CCPGG ensuring effective communication between groups.

Due to the recent redesign of the management structure, there have been changes in the organisation of the PGGs. The Governance team, alongside the professional leads in the HSCP are working closely with the new chairs of these PGGs to support development of these groups.

### Governance Huddle

There is a weekly governance huddle attended by the professional leads and the governance team. A high level review of all adverse events is undertaken with the intention of identifying themes or patterns and triangulating knowledge of service pressures, governance scorecards and service data to identify services who may be struggling, who require support to manage adverse events or who may display a change in their current performance in relation to managing adverse events. This allows for early support to be provided to teams from both a governance and managerial perspective to undertake early management of developing potential risks.

The huddle is open to managers to attend to gain an enhanced overview of the governance arrangements across the HSCP. Managers can also attend to discuss specific aspects of clinical, care and professional governance as required.

The huddle will also undertake work to review risk management, complaints process and quality and any other governance-related theme as required.

#### Clinical, Care and Professional Governance Forum

The forum is used as an education forum for managers and lead governance staff across the HSCP. The format allows for review of scorecard data, encouraging discussion around works of excellence and challenging areas, with managers peer-reviewing one another and sharing learning across a range of themes.

Each forum will also have a dedicated educational element to improve knowledge and understanding of governance systems and processes across the HSCP. Subjects to date have included: Qlikview, Risk Management System, Datix system report building and scorecard development.



**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 28 SEPTEMBER 2022

**REPORT ON:** DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC23-2022

## **1.0 PURPOSE OF REPORT**

- 1.1 This paper provides the Performance and Audit Committee (PAC) with an update on the substantive completion of the previous years' internal audit plans as well as progress against the 2022/23 plan. In addition, the report also includes internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs are considered relevant for assurance purposes to Dundee IJB.

## **2.0 RECOMMENDATIONS**

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




- 2.1 Notes the continuing delivery of the audit plans and related reviews as outlined in this report.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None.

## **4.0 MAIN TEXT**

- 4.1 The PAC approved the Integration Joint Board's 2022/23 Annual Internal Audit Plan at its meeting on 20 July 2022. The Public Sector Internal Audit Standards (PSIAS) require that the Chief Internal Auditor (CIA) reports periodically to the Audit Committee (the PAC in the case of Dundee City IJB) on activity and performance relative to the approved annual plan. We have previously set out that audit work is planned so as to allow the Chief Internal Auditor to provide the necessary assurances prior to the signing of the accounts.
- 4.2 Acknowledging the slippage in the delivery of the audit plan, and working with our partners in Dundee City Council, we are committed to ensuring that internal audit assignments are reported to the target Performance & Audit Committee. Fieldwork on all outstanding reports has now been completed and draft reports issued. Following a suggestion at the September 2021 PAC (Article VIII of the minute of meeting of this Committee of 29th September 2021 refers) the progress of each audit has been risk assessed and a RAG rating added showing an assessment of progress using the following definitions:

Risk Assessment	Definition	
Green		On track or complete
Amber		In progress with minor delay
Red		Not on track (reason to be provided)

4.3 An update on the progress of all the IJB's Internal Audits is shown in Appendix 1.

4.4 In order that all parts of the system receive appropriate information on the adequacy and effectiveness of internal control within their purview, including controls operated by other bodies which impact on their control environment, an output sharing protocol was developed and approved by all partners' respective audit committees which covers the need to share internal audit outputs beyond the organisation that commissioned the work, in particular where the outputs are considered relevant for assurance purposes. The following reports are considered relevant:

**NHS Tayside reports:**

Report	Final report Issued	Opinion	Key findings
T06&T07/23 NHS Tayside Annual Report & Governance Statement 2021/22	August 2022	N/A	<ol style="list-style-type: none"> <li>1. Based on work undertaken throughout the year we have concluded that: <ul style="list-style-type: none"> <li>• The Board has adequate and effective internal controls in place;</li> <li>• The 2021/22 Internal Audit Plan has been delivered in line with Public Sector Internal Audit Standards.</li> </ul> </li> <li>2. In addition, we have not advised management of any concerns around the following: <ul style="list-style-type: none"> <li>• Consistency of the Governance Statement with information that we are aware of from our work;</li> <li>• The description of the processes adopted in reviewing the effectiveness of the system of internal control and how these are reflected;</li> <li>• The format and content of the Governance Statement in relation to the relevant guidance;</li> <li>• The disclosure of all relevant issues.</li> </ul> </li> </ol>



Dundee City Council reports:

Report	Final report Issued	Opinion	Key findings
N/A			

## 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 Finance Officer, Regional Audit Manager, 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:** 05/09/22


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Outstanding								
Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
D06-21	Audit Follow Up/ Governance Action plan	Joint exercise between Internal Audit and management to review & update and consolidate actions arising from all sources of previous recommendations as well as reprioritising using a RAG status.	September 2024 November 2022* 	✓	✓	✓		
D05-22	Viability of External Providers	Review the controls established to manage Strategic Risk HSCP00d1. A review of the IJB's approach to continually assess the viability of its contracted social care providers as essential partners in delivering health and social care services and the priorities set out in the IJB's Strategic and Commissioning Plan. The review will consider the steps taken to engage with providers around the IJB's strategic direction and how the IJB provides ongoing support to them, including the process invoked should there be concerns over financial or operational sustainability.	November 2024 September 2022** 	✓	✓	✓		

\*: Additional work was performed to ensure the audit adds value and the Governance Action Plan is complete with no duplication. Fieldwork is now complete and a draft report has been issued

\*\* This audit is being delivered by Dundee City Council Internal Audit department through their co-sourcing partner KPMG. Progress was affected by a number of staff absences. Fieldwork is now complete and a draft report has been issued

2022/23:								
Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
D01-23	Audit Planning	Agreeing audit universe and preparation of strategic plan	Complete 	✓	✓	✓	✓	N/A
D02-23	Audit Management	Liaison with management and attendance at Audit Committee	Ongoing 	✓	✓			
D03-23	Annual Internal Audit Report (2021/22)	CIA's annual assurance statement to the IJB and review of governance self-assessment	Complete 	✓	✓	✓	✓	N/A
D04-23	Governance & Assurance	Ongoing advice in relation to governance and assurance arrangements to support the response to the Dundee Drugs Commission	Ongoing 	✓				
D05-23	Workforce	Related risk: Staff Resource Scope: coherent, co-ordinated, adequate and effective approach to managing significant workforce risks. Strategic & operational responses across the totality of the workforce, including contracted services and 3rd sector	February 2023 	✓				
D06-23	Operational planning	Related risk: All	February 2023					

2022/23:								
Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
		Planning and monitoring implementation of actions to deliver strategic priorities, including those arising from remobilisation and service plans						

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**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 28 SEPTEMBER 2022

**REPORT ON:** CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/ OLDER PEOPLE AND OTHER ADULT SERVICES 2021/22

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC25-2022

## 1.0 PURPOSE OF REPORT

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/ older people and other adult services in Dundee for the period 1 April 2021 to 31 March 2022.

## 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 significant changes to the scale and scope of Care Inspectorate led inspections carried out in 2021/22 due to the COVID-19 pandemic (section 4.1.2)
- 2.3 Note the range of continuous improvement activities progressed during 2021-22 as described in section 4.3 and Appendix 1.

## 3.0 FINANCIAL IMPLICATIONS

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 new 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](http://www.careinspectorate.com).
- 4.1.2 The Coronavirus (Scotland) Act 2020 included provisions which affected the work of the Care Inspectorate in terms of the scale and cope of inspection activity carried out in 2021/22. In order to robustly assess arrangements to respond to the COVID-19 pandemic in 2020/21, inspections required to place particular focus on infection prevention and control, wellbeing and staffing in care settings. This focus was extended in 2021/22 to include two elements of the additional key inspection question to augment existing frameworks "How good is our care and support during the COVID-19 pandemic?" and three elements of the existing frameworks key inspection question 1 "How well do we support people's wellbeing?"

To reduce pressure on providers fewer inspections were carried out during the year with 18 services in Dundee; those identified as high risk or experiencing a COVID-19 outbreak, received one or more inspections as deemed necessary by the Care Inspectorate.

4.1.3 Due to the changes in inspection scale and scope during 2021/22 there is limited value in comparisons with inspection gradings from previous years.

## 4.2 Gradings Awarded

4.2.1 Within the 18 registered services listed in the Performance Report contained within appendix 1, 32 inspections were undertaken. This included 26 inspections in 13 care homes and 6 inspections in 5 other adult services, No inspections were undertaken of services provided directly by Dundee Health and Social Care Partnership.

4.2.2 Of the 32 inspections undertaken in 18 services during 2021-2022:

- 1 service (6%) received a grade of **5** 'very good' in one or more key question
- 5 services (28%) received a grade of **4** 'good in more or more key question
- 16 services (89%) received a grade of **3** 'adequate' in one or more key question
- 6 services (33%) received a grade of **2** 'weak' in one or more key question
- No service received a grade of **1** 'unsatisfactory'

A full breakdown of gradings awarded is provided in appendix 1.

4.2.3 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 18 services following inspection during 2021/22. Details of the improvement support provided to services is set out in appendix 1.

4.2.4 Table 1 below shows the overall percentage awarded at grades 1 to 6 for Key Question 7 only and the comparison between 2020-21 and 2021-22.

**Table 1 – Key Question 7 (highest grade achieved for service throughout the year)**

Grade	KQ7 - How good is our care and support during the Covid-19 pandemic?		KQ7 - How good is our care and support during the Covid-19 pandemic?	
	Year 2021-2022 (18 services inspected)		Year 2020-2021 (13 services inspected)	
<b>6</b> excellent	0	0	0	0
<b>5</b> very good	1	5.5%	0	0
<b>4</b> good	3	17.0%	3	23.0%
<b>3</b> adequate	13	72.0%	10	77.0%
<b>2</b> weak	1	5.5%	0	0
<b>1</b> unsatisfactory	0	0	0	0

Only Key Question 7 can be used for comparison purposes. Given some services had more than one inspection during the year, if the inspection outcome was an improvement in the grade, the higher grade has been included in the above table.



### 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 care 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 was invaluable through 2021/22 in supporting providers to respond to the COVID-19 pandemic.
- 4.3.2 There are robust care home oversight arrangements in place for Dundee, having been established during the pandemic based on national requirements. These arrangements include the Care Inspectorate working alongside colleagues from the Partnership, NHS Tayside and other relevant organisations. This means that information regarding the quality and safety of services shared within the care home oversight arrangements directly informs the Care Inspectorate's risk-led approach to inspections. Where concerns do arise these are addressed with urgency, both through provision of support to the provider and contract monitoring arrangements whilst the Care Inspectorate progress matters as the deem appropriate within their inspection programme. The work undertaken within care home oversight arrangements is included in reports made to Clinical, Care and Professional Governance groups, with any significant concerns being escalated to the Partnership's Clinical, Care and Professional Governance Group. However, it should be noted that reporting in this context is often retrospective and reflects actions already taken to mitigate and reduce risk.

### 5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

### 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, Heads 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: 7 September 2022

Rosalind Guild  
Contracts Officer

Kathryn Sharp  
Service Manager, Strategy and Performance

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## PERFORMANCE REPORT – CARE INSPECTORATE GRADINGS

### DUNDEE REGISTERED CARE HOMES FOR ADULTS/OLDER PEOPLE AND OTHER ADULT SERVICES

1 APRIL 2021 – 31 MARCH 2022

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#### INTRODUCTION

The purposes of this report is to summarise the findings and gradings awarded by the Care Inspectorate to registered care homes for adults/older people and other adult services within Dundee for the period 1 April 2021 to 31 March 2022.

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. They are 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.

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 Inspectors 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 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'.

The grading scale used is:

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

#### COVID 19 : CHANGE OF FOCUS FOR CARE INSPECTIONS SINCE 2020-2021

The Coronavirus (Scotland) Bill, introduced by the Scottish Government on 31 March 2020 to respond to the emergency situation caused by the Covid-19 pandemic came into force on 7 April 2020. Within the Bill are provisions which affected the work of the Care Inspectorate, the providers and services they work with, and individuals experiencing care.

In order to robustly assess arrangements to respond to the Covid-19 pandemic, inspections required to place particular focus on infection prevention and control/PPE (Personal Protective Equipment), well-being and staffing in care settings. A key question to augment existing frameworks was developed – **Key Question 7 - How Good is our Care and Support during the Covid-19 pandemic?**

During 2021-22 the focus for inspections changed from solely Key Question 7 to incorporate 7.2 and 7.3 of Key Question 7 and 3 elements of Key Question 1 from the previously used Quality Frameworks. For this year there was a risk-based approach to care inspections with a particular focus on those care homes considered high-risk/ at risk due to outbreaks.

The quality indicators inspected against were:-

- 1.1 People experience compassion, dignity and respect
- 1.2 People get the most out of life
- 1.3 People's health benefits from their care and support
- 7.2 Infection control practices support a safe environment for both people experiencing care and staff
- 7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

The Care Inspectorate, in accordance with the Coronavirus (Scotland) (No.2) Act 2020 were also mandated with providing the Scottish Government with fortnightly reports outlining the care inspections undertaken during that period and a summary of their findings.

## **OVERVIEW OF THE SERVICES INSPECTED**

A total of 32 inspections were carried out in 18 services during 2021-22 (see Appendices A and B):

- 26 inspections in 13 care homes
- 6 inspections in 5 other adult services

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 in 8 care home services and 2 other adult service during 2021-22 and a breakdown of the requirements are listed in Appendix C and Appendix D respectively if grades were grade 2 (weak) or lower at any time during the initial or follow-up inspections.

Inspection visits can also be carried out if complaints are made against a service and can result in a change to grades.

Table 1 shows which sectors received an inspection:

**Table 1**

Service	Data	DHSCP	Private	Voluntary	Total
DUNDEE	No of Services	0	15	3	18
	%	0%	83%	17%	100%

### Summary of the gradings awarded in Dundee

Of the 32 inspections undertaken in 18 services during 2021-2022 :

- 1 service (6%) received a grade of **5** 'very good' in one or more key question
- 5 services (28%) received a grade of **4** 'good in more or more key question
- 16 services (89%) received a grade of **3** 'adequate' in one or more key question
- 6 services (33%) received a grade of **2** 'weak' in one or more key question
- No service received a grade of **1** 'unsatisfactory'

A full breakdown of gradings awarded is contained within appendices A and B.

There is limited value in comparing the above gradings to those received during 2020-2021 as the focus of inspection and criteria changed during this inspection year.

Table 2 below shows the overall percentage awarded at grades 1 to 6 for Key Question 7 only and the comparison between 2020-21 and 2021-22.

**Table 2 – Key Question 7 (highest grade achieved for service throughout the year)**

Grade	KQ7 - How good is our care and support during the Covid-19 pandemic?		KQ7 - How good is our care and support during the Covid-19 pandemic?	
	Year 2021-2022 (18 services inspected)		Year 2020-2021 (13 services inspected)	
<b>6</b> excellent	0	0	0	0
<b>5</b> very good	1	5.5%	0	0
<b>4</b> good	3	17.0%	3	23.0%
<b>3</b> adequate	13	72.0%	10	77.0%
<b>2</b> weak	1	5.5%	0	0
<b>1</b> unsatisfactory	0	0	0	0

Only Key Question 7 can be used for comparison purposes. Given some services had more than one inspection during the year, if the inspection outcome was an improvement in the grade, the higher grade has been taken into consideration in the above table.

**Balhousie Clement Park** (owned by Balhousie Care) – The Care Inspectorate visited the care home on 22 July 2021 and as a result of the weak grades a Contract Monitoring meeting followed on 4 August 2022 to discuss performance and improvement. On 9 September 2021 a pre-Large Scale Investigation meeting was held and it was agreed at that meeting to move to the LSI process and pending the outcome that all admissions to the home temporarily cease. The LSI process ended on 26 October 2021 and the cessation on admissions was lifted.

During this time the Care Inspectorate carried out follow up visits to the care home and on 18 November 2021 the grade for Care and Support improved from grade 2 (weak) to grade 3 (adequate). A series of contract monitoring meetings continued until a further pre-LSI meeting took place on 4 March 2022 with admissions once again being temporarily withheld. The second LSI process ended on 28 April 2022 and the Care Inspectorate at that time were also satisfied that the requirements in the Improvement Notice had been met resulting in an improvement in grades.

**McGonagall House (owned by Brookesbay Limited)** was visited by the Care Inspectorate on 2 November 2021 with follow up visits in December 2021 and February 2022. Prior to these inspection visits, the Care Inspectorate had received a complaint in July 2021 following which a Large-Scale Investigation commenced on 3 August 2021 and was brought satisfactorily to an end on 3 February 2022. Throughout this process Police Scotland were involved and a number of charges were brought against individuals in connection with the care home. As a result of the complaint, all admissions to the care home voluntarily ceased. Enhanced Contract Meetings commenced on 28 February 2022 and it is anticipated they will continue for at least a year if progress continues to be made along with enhanced support from the Care Home Team.

**Dudhope Villa and Sister Properties** were visited by the Care Inspectorate on 25 May 2021. Key Question 7 was inspected and a grade of 2 was awarded for the care and support provided during the Covid-19 pandemic. This was primarily due to concerns in relation to infection control practices within the service, training in relation to this and also lack of contingency planning. Three requirements were made by Care Inspectorate. With regard to service improvement, the service was supported to develop an infection control policy which was reflective of current guidance and safe practice. A staff contingency plan was developed by the provider giving details of the actions to be taken should an outbreak of infection occur. All staff received training on the correct use and disposal of PPE, infection prevention and control. A follow up visit by the Care Inspectorate on 2 September 2021 resulted in an improved grade 3 being awarded with all three requirements met within timescale.

## 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 18 services following inspection during 2021-22.

Details of requirements are provided in appendices C and D.

## 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 2021-22 the Care Inspectorate received one or more complaints relating to 9 of the 18 services in Dundee. Of these, all were upheld or at least one of the following elements upheld.

### Access

- To other services - advocacy/health
- Other

### Choice

- Care and Treatment
- Activities

### Communication

- Between staff and service users/relatives/carers

**Environment**

- Inadequate facilities
- Security

**Food**

- Choice
- Availability
- Quality
- Other

**Healthcare**

- Inadequate healthcare or healthcare treatment
- Infection control issues
- Tissue viability
- Nutrition
- Continence care
- Medication issues
- Hydration
- Other

**Property**

- Care of
- Loss of/missing

**Protection of People**

- Adults

**Privacy and Dignity**

- Privacy and Dignity

**Staff**

- Levels
- Recruitment process (including disclosure checks)
- Training/qualifications

**User Participation**

- Other

**Wellbeing**

- Social
- Other

**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.

One care home service was issued with an Improvement Notice as there were sufficient concerns about this service which can result in cancellation of the registration. The provider made the requirement improvements within the given timescale therefore no further enforcement was considered necessary.

**CONTINUOUS IMPROVEMENT**

There continues to be a joint commitment to continuous improvement and a proactive approach to improving and sustaining quality which involves service 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 eg

effective sharing of information, shared agreement about improvement activity required and monitoring of the same until such point concerns have been adequately addressed.

### **Care Home Services**

The Care Home Team continues to support all care homes in Dundee through the link worker role whereby there is a Registered Mental Health Nurse (RMN), Registered General Health Nurse (RGN) and Social Work Review Officer (RO) allocated to each care home. Following the COVID pandemic, the Care Home Team have now returned to regular, planned face to face visits in each care home. All Care Home Team staff have received their second vaccination and continue to undertake twice weekly Lateral Flow Tests.

To improve upon the transition of people moving into a care home setting, the Care Home Team are trialling a test of change with Ninewells Hospital Integrated Discharge Hub whereby the Review Officers are undertaking the initial 6-week review of the individual's placement. In addition to this, the Care and Assessment Teams are now advising the Care Home Team via a duty email box of people moving into a care home setting to allow the RGN's to link in with the care home in ensuring appropriate medical issues are addressed timeously. Improved links with GP practices in completing Anticipatory Care Plan (ACP's) is also being trialled with Social Workers from the Community Mental Health Team and RGN's from the Care Home Team to ensure GP practices have the necessary information following a new admission in to a care home.

The Urgent Home Visiting Team (previously known as Urgent Care) is now a separate service from the Care Home Team comprising of Advance Nurse Practitioners who triage urgent care calls and requests by care homes for a same day GP house call. This service continues to expand throughout all GP practices and care homes in Dundee. There continues to be close links between this service and the Care Home Team with non-urgent tasks being passed onto the nurse allocated link worker.

### **Care at Home Services**

Care at home services have found 2021-22 to be a particularly challenging year. In addition to managing sickness absence levels due to new cases of Covid and the wider impact of this on staff's mental health and general exhaustion, the services have generally found recruitment and retention locally to be challenging which mirrored the national picture for the care sector. The focus of many providers has been on maintaining a good service for current service users and managing this within its available staffing capacity. Dundee Health & Social Care Partnership have been working with providers on introducing a frailty approach to reviewing current care packages. A tool has been adopted for this purpose that draws together the information that the provider holds so an evidence-based decision can be made as to whether care can be safely stepped up or stepped down. This complements the usual provider and statutory reviews. Partnership staff have been looking at how providers can be supported to retain staff within the care at home sector by developing a set of fair work principles and will now be looking to test some of these before considering embedding them in the next set of contracts. The monthly care at home provider forum meetings continue to take place and this continues to be of great benefit as a means for sharing information and good practice and also to foster good working relationships between providers.



**DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP**  
**CARE INSPECTORATE GRADINGS FOR CARE HOMES IN DUNDEE - 1 APRIL 2021 TO 31 MARCH 2022**

Name of Care Home and Provider Organisation	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	KQ1	KQ2	KQ3	KQ4	KQ5	KQ7	Requirements	Complaints	Enforcement / Notice of Improvement
				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?	How good is our care and support during the Covid-19 pandemic?			
<b>Balcarres</b> HC-One Limited	Care Home (Older People)	Private	19.01.22	-	-	-	-	-	5	No	No	No
<b>Balhousesie Clement Park</b> Balhousesie Care Limited	Care Home (Older People)	Private	22.07.21	2	-	-	-	-	3	Yes	Yes	No
			21.09.21 Follow-up	(2)	-	-	-	-	-	Yes	No	No
			18.11.21 Follow-up	3	-	-	-	-	-	Yes	No	No
			27.01.22 Follow-up	-	-	-	-	-	3	Yes	No	No
			08.03.22 Follow-up	2	2	-	-	-	-	Yes	Yes	Yes 10.03.21
<b>Balhousesie St Ronan's</b> Balhousesie Care Limited	Care Home (Older People)	Private	06.10.21	4	-	-	-	-	3	No	No	No
<b>Ballumbie</b> HC-One Limited	Care Home (Older People)	Private	29.04.21 Follow-up	Inspection following upheld complaint from 15.03.21 - no change to grade from inspection on 10.09.20					(3)	No	No	No
<b>Benvie</b> Duncare Ltd	Care Home (Older People)	Private	Last Inspected 11.12.20							No	Yes	No
<b>Bridge View</b> Sanctuary Care	Care Home (Older People)	Private	28.05.21	-	-	-	-	-	3	Yes	Yes	No

			31.08.21 Follow-up	-	-	-	-	-	4	No	Yes	No	
<b>Carmichael House</b> Kennedy Care Group	Care Home (Older People)	Private	Last inspected 11.12.19										
<b>Elder Lea Manor</b> Enhance Healthcare Ltd	Care Home (Older People)	Private	Last inspected 17.11.20										
<b>Ellen Mhor</b> Cygnet Healthcare	Care Home (Learning Dis)	Private	Last inspected 10.06.20										
<b>Ferry House</b> Committee of Management	Care Home (Older People)	Private	Last inspected 18.06.19 – current Committee of Management ceased 31.03.22 (now Hillcrest Futures)										
<b>Forebank Care Home</b> Brookesbay Care Group	Care Home (Older People)	Private	21.02.22	3	-	-	-	-	2	Yes	No	No	
<b>Harestane Care Home</b> Priority Care Group Ltd	Care Home (Older People)	Private	20.12.21	-	-	-	-	-	3	No	Yes	No	
<b>Lochleven</b> Thistle Healthcare Ltd	Care Home (Older People)	Private	02.12.21	3	-	-	-	-	3	Yes	Yes	No	
			11.03.22 Follow-up	No change to grade							No	No	No
<b>McGonagall House</b> Brookesbay Care Group	Care Home (Adults-ARBD)	Private	02.11.21	2	2	3	-	-	3	Yes	No	No	
			09.12.21 Follow-up	No change to grade							Yes	No	No
			08.02.22 Follow-up	No change to grade							Yes	No	No
<b>Moyness Care Home</b> Balhousie Care Limited	Care Home (Older People)	Private	30.09.21	4	-	-	-	-	4	No	No	No	
<b>Orchar Nursing Home</b> Orchar Care Ltd	Care Home (Older People)	Private	Last inspected 03.04.19										
<b>Pitkerro Care Centre</b> Hudson Healthcare Ltd	Care Home (Older People)	Private	24.05.21	-	-	-	-	-	2	Yes	Yes	No	
			23.06.21 follow-up	-	-	-	-	-	3	Yes	No	No	

<b>Pitkerro Care Centre (cont'd)</b>			31.08.21 follow up	No change to grade					Yes	No	No	
			25.11.21 follow up	No change to grade					Yes	No	No	
<b>Redwood House</b> Kennedy Care Group	Care Home (Older People)	Private	Last inspected 09.05.19									
<b>Riverside View Care Home</b> HC-One Limited	Care Home (Older People)	Private	19.05.21	-	-	-	-	-	<b>3</b>	Yes	Yes	No
			24.06.21 follow up	No change to grade					No	No	No	
<b>Rose House</b> Kennedy Care Group	Care Home (Older People)	Private	Contract end date 16.05.21									
<b>St Columba's Care Home</b> Priority Care Ltd	Care Home (Older People)	Private	Last inspected 22.10.19									
<b>St Margaret's Home – Dundee</b> Trustees of St Margaret's Home	Care Home (Older People)	Voluntary	06.10.21	<b>2</b>	-	-	-	-	<b>3</b>	Yes	No	No
			25.11.21 follow up	<b>3</b>	-	-	-	-	<b>(3)</b>	No	No	No
<b>Thistle</b> Cygnet Healthcare	Care Home (Learning Dis)	Private	Last inspected 29.09.20									

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**  
**CARE INSPECTORATE GRADINGS FOR ADULT SERVICES (EXCLUDING CARE HOMES) - 1 APRIL 2021 TO 31 MARCH 2022**

Name of Care Home and Provider Organisation	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	KQ1	KQ2	KQ3	KQ4	KQ5	KQ7	Requirements	Complaints	Enforcement / Notice of Improvement
				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?	How good is our care and support during the Covid-19 pandemic?			
<b>The Inclusion Group (Dundee)</b>	Support Services – with Care at Home	Voluntary	04.05.21 Follow up	Follow up to inspection held on 20.01.21 – no change to grade					(3)	No	No	No
<b>Dudhope Villa and Sister Properties</b>	Care at Home and Housing Support Service	Private	26.05.21	-	-	-	-	-	2	Yes	No	No
			02.09.21 Follow-up	-	-	-	-	-	3	No	No	No
<b>Prestige Nursing and Care – Dundee and Angus</b>	Support Services – with Care at Home	Private	14.12.21	3	-	-	-	-	3	Yes	Yes	No
<b>Call-In Homecare Ltd (Dundee)</b>	Support Services – with Care at Home	Private	23.02.22	4	-	-	-	-	3	No	No	No
<b>Hillcrest Futures Homecare Dundee</b>	Support Services – with Care at Home	Voluntary	25.02.22	3	3	-	-	-	4	No	Yes	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 – CARE HOME SERVICES  
CARE INSPECTORATE REQUIREMENTS 2021-22 – SERVICES AWARDED A GRADING OF 2 OR BELOW

PAC25-2022 Appendix 1, C

Date of Inspection	Name of Org/Service	Service Type	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?	How good is our care and support during the Covid-19 pandemic?
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22.07.21	Balhousesie Clement Park	Care Home - Private	2	-	-	-	-	3
18.11.21	Re-grading		3					-

**Requirements (3)**

1. In order to improve people's physical and mental wellbeing, the service provider must by 17 September 2021 review the way in which activities are organised and provide sufficient staff to support people to engage in them. There should be a focus on the quality and amount of physical and social activity made available for people, within and outside the home.

2. In order to ensure the health and wellbeing of people using the service, by 17 September 2012 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.

3. In order to ensure the health and wellbeing of people, the provider must by 17 September 2021 ensure that individual's 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 be 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 and audit systems to monitor and improve practices.

**Follow up inspection 21 September 2021** - no requirements met - timescales extended to 5 November 2021

**Follow up inspection 18 November 2021** – requirements 1 and 3 met. Requirement 2 extended to 11 February 2022

**Follow up inspection 27 January 2022 (due to Covid outbreak) – a further 3 requirements imposed:**

4. By 25 February 2022 the provider must ensure that people are safe from harm by administering medication safely. In particular:

- a) ensure that each person is given the right support with their medication as identified in their support plan;
- b) ensure that medication administration records are completed accurately and;
- c) ensure monitoring arrangements are responsive to any errors in the administration or recording of a people's medication.

To do this the providers must as a minimum:

- a) ensure staff receive the right training to administer medication safely;
- b) implement a system to audit and review the safe administration of medication.

5. By 25 February 2022, the provider must ensure that people experience care in an environment that is safe and minimises the risk of infection. To do this the provider must, at a minimum:

- a) ensure that the internal premises, furnishings, and equipment are safe, clean, and tidy;
- b) ensure that all staff understand and implement ARHAI (Antimicrobial Resistance and Healthcare Associated Infection) Scotland's, 'Safe Management of the Care Environment' standard operating procedures; and
- c) ensure that all harmful chemicals are stored securely.

6. By 25 February 2022, the provider must ensure there are enough suitably qualified and competent persons working in the care service in such numbers as are appropriate for the health, welfare, and safety of service users. To do this the provider must, at a minimum:

- a) assess support needs of each person, including risks, stress and distress, end of life care and any other considerations as well as identify staff availability and anticipated non direct care hours;
- b) ensure that a robust, accessible contingency plan is in place and accessible to key staff to implement as necessary; and
- c) ensure that all staff have undertaken the training necessary for their role.

**Requirements 2, 4 and 6 not met.**

**Follow up inspection 8 March 2022** – requirements 2, 4 and 6 above not met. Improvement Notice issued listing:

**By 8 April 2022**, the provider must ensure that service users are safe from harm by administering medication safely. In particular, the provider must:

- a) ensure that each service user is given the right support to take their medication as identified in their support plan,
- b) ensure that medication administration records are completed accurately and immediately after medication is administered or when reasonably practicable,
- c) ensure that monitoring arrangements are responsive to any errors in the administration or recording of a service user's medication,
- d) ensure that staff receive suitable training to enable them to administer medication safely, and
- e) implement a system to audit and review the safe administration of medication

**By 22 April 2022**, the provider must promote the health, welfare and safety of those who use the service by ensuring that all personal plans, risk assessments and care plans have up to date reviews (at least once in every six month period), which:

- a) accurately reflects the assessed current health and care needs of the service user, with priority being given to nutrition, hydration, and weight management,
- b) in detail, describes the needs and abilities of the service user and the support required to meet those needs,
- c) accurately reflects any identified risks to the service user's health and includes an assessment of these risks and the steps that are to be taken to reduce and/or mitigate the risks, and
- d) are always implemented.

21.02.22	Forebank Care Home	Care Home - Private	3	-	-	-	-	2
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**Requirements (1)**

1. In order that people experience a safe, clean and well maintained environment which minimises the risk of infection, the provider must ensure that acceptable standards of infection prevention and control, and the cleanliness of equipment used by people experiencing care is improved. To do this the provider must ensure that by 11 March 2022:



- a) all areas and equipment used within the home are free from contamination and in a good state of repair
- b) clinical waste bins are readily accessible and clinical waste is disposed of according to Public Health and Health Protection Scotland guidance
- c) all staff have the relevant training, knowledge and skills to complete their role
- d) regular quality assurance checks and observations of staff practice are carried out to ensure processes and staff practice are consistent with infection prevention and control guidance.

02.11.21	McGonagall House	Care Home - Private	2	2	3	-	-	3
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**Requirements (6)**

1. By 24 January 2022, the provider must ensure people are supported to keep safe and well by receiving appropriate supported with their medication. To do this the provider must, at a minimum, ensure:
  - a) where a person receives as required medication because they have agitated or distressed behaviour there is detailed guidance for that person including other options for supporting with their agitation or distress.
  - b) as required medication support guidance for a person is clear and detailed so that staff can provide consistent and effective support.
  - c) that an effective system for monitoring 'as required' medication support is put in place.
  - d) that any risk associated with a person's medication support is documented.
  
2. By 24 January 2022, the provider must ensure people are supported to keep safe and well as their health and wellbeing needs are fully considered. To do this the provider must, at a minimum, ensure:
  - a) care and support plans include any relevant risk to them that could effect their health and wellbeing.
  - b) risks and associated support measures are clearly stated and with sufficient detail within people's care and support plans.
  - c) care and support plans include information on all important care needs and health conditions.
  - d) quality assurance systems are effective at identifying and monitoring that risks and important care needs for people are suitably responded to in the care and support planning.
  
3. By 24 January 2022, the provider must ensure people are kept safe and their health and wellbeing are promoted by having robust management and leadership in place. To do this, the provider must, at a minimum, ensure:
  - a) quality assurance activities are reviewed and developed to cover all key areas of the service's care and support to people.
  - b) put in place a service improvement plan.
  
4. By 6 December 2021, the provider must ensure people are assisted to keep well and safe by ensuring that matters of concern are notified to the Care Inspectorate as detailed in 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.
  
5. By 24 January 2022, the provider must ensure people are kept safe and well by workers who have the right knowledge and skills for people's care and support needs. To do this, the provider must, as a minimum:
  - a) identify and make arrangements for training appropriate to their role for staff in alcohol related brain damage.
  - b) training and guidance in how to support people who are distressed, have agitated behaviour or behaviour that challenges.
  - c) review and develop training so that staff have appropriate knowledge and skills to meet the range of needs and health conditions people at the care home have.

6. By 6 December 2021, the provider must ensure the risk of infection to people and staff is minimised to assist them maintain good health and wellbeing. To do this, the provider must, as a minimum, ensure:
- that the premises, furnishings and equipment are clean, tidy, and well-maintained.
  - that processes such as enhanced cleaning schedules and regular quality assurance checks are in place and effective to ensure that the environment is consistently safe and well maintained.
  - that there is regular audits for staff IPC practice and actions to improve practice are implemented.
  - that clinical waste is disposed of and stored safely.

**Follow up inspection 9 December 2021** – Requirements 1, 2, 3 and 5 not assessed; requirement 4 met; requirement 6 not met and timescale extended to 24 January 2022

**Follow up inspection 8 February 2022** – Requirements, 1, 2, 3, 5 and 6 not met – timescales extended to 4 April 2022

24.05.21	Pitkerro Care Centre	Care Home - Private	-	-	-	-	-	2
23.06.21	Re-grading							3

#### Requirements (5)

1. In order for the provider to provide services in a manner which respects the privacy and dignity of the service user, the service should:

- introduce person centred support plans to guide and direct practice to ensure the service user has every opportunity to experience a meaningful visit with their relative; and
- the support plan should include guidance about the preferred and alternative visiting mediums offered by the service.

To be completed by: 14 June 2021

2. In order to improve people's physical and mental wellbeing, the service provider must review the way in which activities are organised and provide sufficient staff to support people to engage in them. This should focus on the quality and amount of physical and social activity made available for people, within and outside the home.

To be completed by 14 June 2021.

3. The provider must at all times ensure infection control measures are in place. This means the service should ensure:

- all staff have undertaken Infection control/ hand hygiene training;
- a plan is put in place to ensure all PPE stations are check/cleaned and replenished on a regular basis throughout the day; and
- there should be evidence of managerial oversight through audit to ensure all staff training is updated and refreshed as appropriate.

To be completed by: 14 June 2021

4. In order to ensure that linen is managed in a safe way and in order to prevent infection the provider must, by 14 June 2021:

- ensure that the processes and equipment used in the laundry are correct according to the National Infection Prevention and Control Manual (NIPCM); and
- ensure that all laundry items are appropriately segregated, stored, and laundered in accordance with current guidance.

<p>5. In order to ensure that new employees receive appropriate induction to their role, the provider must ensure the service introduces strategies to deliver an induction which is appropriate to the role of the employee. This should include:</p> <ul style="list-style-type: none"> <li>-mandatory training clearly documented;</li> <li>-competency assessment of individual work practice; and</li> <li>-ongoing evidence of managerial oversight. To be completed by: 14 June 2021</li> </ul>
<p><b>Follow up inspection 23.06.21</b> – Requirements 1 and 2 not met; requirements 3, 4 and 5 met</p>
<p><b>Follow up inspection 31.08.21</b> – Requirement 1 met; requirement 2 not met</p>
<p><b>Follow up inspection 25.11.21</b> – Requirement 2 not met</p>

06.10.21	St Margaret's Care Home	Care Home - Private	2	-	-	-	-	3
25.11.21	Re-grading		3					3

<p><b>Requirement</b></p> <p>1. To improve people's physical and mental wellbeing, the provider should review opportunities for people to engage in regular and meaningful activities. By 19 November 2021:</p> <ul style="list-style-type: none"> <li>- People should have opportunities to participate in a range of activities that have a positive impact on their sense of wellbeing and belonging.</li> <li>- People's personal/activities plan should detail what matters to them and ways in which their interests will be facilitated.</li> <li>- Activities and people's engagement should be recorded and evaluated regularly to ensure their wishes and references are met.</li> <li>- The service should build physical activity and movement in to the daily lives of those they support and improve people's access to outdoors in order to improve people's health and wellbeing and quality of life.</li> </ul> <p>2. In order to ensure that people experience a safe, clean, and well maintained environment which minimises the risk of infection, the provider must address identified issues by 19 November 2021. In particular, they must ensure:</p> <ul style="list-style-type: none"> <li>a) cleaning schedules are detailed so that it is clear what surfaces and items require regular cleaning and at what frequency.</li> <li>b) there is a regular system of monitoring the effectiveness of these schedules.</li> <li>c) schedules are reviewed, with house-keeping staff , to ensure understanding and effectiveness.</li> <li>d) quality assurance consultations should also feed into this monitor and review process of the service environment.</li> </ul>								
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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

**DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP – CARE HOME SERVICES** PAC25-2022 Appendix 1, D  
**DUNDEE REGISTERED CARE SERVICES FOR ADULTS (EXCLUDING CARE HOMES)**  
**CARE INSPECTORATE REQUIREMENTS 2021-2022 - SERVICES AWARDED A GRADING OF 2 OR BELOW**

Date of Inspection	Name of Org/Service	Service Type	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?	How good is our care and support during the Covid-19 pandemic?
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22.07.21	Dudhope Villa & Sister Properties	Care at Home/ Housing Support	-	-	-	-	-	2
18.11.21	Regrading		-	-	-	-	-	3

**Requirements (3)**

1. In order to ensure people receive safe care and support which reduces the risk of spread of infection the provider must by 23rd June 2021:
  - a) develop a clear infection prevention and control policy which reflects the National Infection Prevention and Control Manual (NIPCM)
  - b) develop a COVID-19 specific risk assessment which details the measures in place to safeguard people taking account of the NIPCM Scottish COVID-19 Community Health and Care Settings Infection Prevention and Control Addendum
  - c) ensure all staff are fully aware of the content of the newly developed policy and risk assessment and have access to up to date good practice guidance.
  
2. In order to ensure the safety and wellbeing of people the provider must develop a staffing contingency plan by 23rd June 2021. The plan should detail:
  - a) the arrangements in place to ensure sufficient staffing numbers
  - b) how information relating to the testing of unfamiliar staff will be gathered
  - c) the information which is essential to provide safe support and how staff unfamiliar with the service could access this.
  
3. In order to ensure that people experience a service with well trained and competent staff the provider must address identified staff training needs by 12 July 2021. In particular you must ensure:
  - a) that all staff have received training on the correct use and disposal of PPE, infection prevention and control
  - b) that all staff are supported to be fully aware of their responsibilities and that safe infection prevention and control practices are adhered to by all staff at all times (following NIPCM and COVID-19 guidance)
  - c) there is an effective and comprehensive system in place to assess staff competency and ongoing compliance with PPE use and disposal.

**Follow up inspection 2 September 2021 – all requirements met**

Legend:

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

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**REPORT TO:** PERFORMANCE AND AUDIT COMMITTEE – 28 SEPTEMBER 2022

**REPORT ON:** GOVERNANCE ACTION PLAN PROGRESS REPORT

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC24-2022

## **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 content of the report and 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 first presented and approved at the PAC meeting of the 25<sup>th</sup> 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.

4.2 The progress of the actions considered previously in the Governance Action Plan update, and not yet completed are noted in Appendix 1. Work is progressing to clear these outstanding actions. The completed actions previously reported to the Performance and Audit Committee have been removed from Appendix 1 to reduce the amount of information shown.

## **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: 14 September 2022












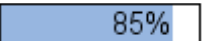

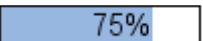

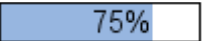

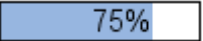


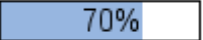
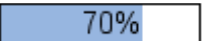
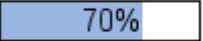
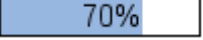
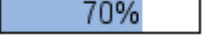
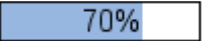
## PAC24-2022 HSCP Governance Action Report


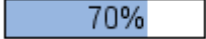

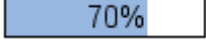
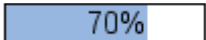
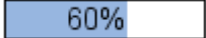


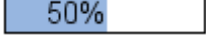
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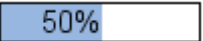
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	Action Code & Title	Progress Bar	Dates Due Date	Dates Original Due Date	Ownership Assigned To	Latest Update
✓	PAC26-2021-2 Submit a further analysis of the reasons for the deterioration of performance against National Indicator 17 (care inspectorate gradings)	 100%	31-Mar-2022	31-Mar-2022	Kathryn Sharp	This was completed and submitted to PAC in early 2022.
✓	PAC26-2021-3 Submit an update report on improvement activity that has been undertaken to address the increased rate in hospital admissions due to a fall	 100%	31-Mar-2022	31-Mar-2022	Kathryn Sharp	Paper presented to the September 2022 PAC meeting
✓	PAC28-2020-3 A review should be undertaken to update the strategic risk in relation to Increased Bureaucracy.	 100%	30-Sep-2022	31-Mar-2022	Dave Berry; Diane Mcculloch	Reviewed and updated September 2022
✓	PAC30-2021-3 The PAC and IJB as necessary, should continue to be updated on implementation progress across all governance and improvement areas	 100%	31-Mar-2022	31-Mar-2022	Dave Berry	Actions being complied with as reported by external audit


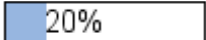

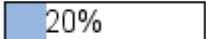
Action Code & Title	Progress Bar	Dates Due Date	Dates Original Due Date	Ownership Assigned To	Latest Update
 PAC31-2021-5 Consider performance information relevant to non integration functions in the review of the Integration Scheme	 100%	31-Mar-2024	31-Mar-2024	Dave Berry	Limited progress made from the Partner Bodies in developing this as part of the review of the Integration Scheme which is now complete – unlikely to progress further with National Care Service on the horizon
 PAC7-2019-1 Clarification of deputising arrangements for the Chief Officer to be presented to the IJB.	 90%	31-Aug-2022	31-Mar-2022	Dave Berry	Awaiting final sign off of the revised Integration Scheme from the Scottish Government
 PAC 36-2020-2 A programme of development and training opportunities for Board members should be progressed.	 85%	31-Mar-2022	31-Mar-2022	Kathryn Sharp	An induction session has been provided in August 2022 for IJB members. Feedback received is to be considered to inform future sessions. Briefing sessions have also been provided in relation to Primary Care and the NCS. Again, feedback will inform planning of future sessions.
 PAC 36-2020-1 Status of savings proposals and transformation should be clearly and regularly reported to members. The impact from Covid-19 and delivering pandemic remobilisation plans will also need to be considered.	 75%	31-Dec-2022	31-Mar-2022	Dave Berry	Further progress on this was made within financial monitoring reports to the IJB during 2021/22 and will continue during 2022/23
 PAC20-2019-1 The Transformation Programme should be recorded in an overarching document	 75%	31-Dec-2022	31-Aug-2021	Dave Berry	A collated transformation programme document will be presented to the IJB as part of the ongoing development of the 2023/24 budget in response to the anticipated future financial challenges
 PAC31-2021 - 1 Assurance and performance reports should be related to	 75%	30-Jun-2022	30-Jun-2022	Kathryn Sharp	New approach to performance reporting agreed by PAC in November 2021. This






	Action Code & Title	Progress Bar	Dates Due Date	Dates Original Due Date	Ownership Assigned To	Latest Update
	specific risks and contain a conclusion on whether the controls are operating effectively to mitigate the intended risks					includes a clearer focus on performance reports informing the strategic risk register, as well as prioritisation of performance analysis for areas of identified risk. This new approach is currently being embedded and will continue to strengthen over the remainder of 2022/23.
▶	PAC 13-2022-1 Category 1 Responders - Fully incorporate responder resilience arrangements into the IJB's governance structure.		31-Oct-2022	31-Dec-2021	Kathryn Sharp	Actions being taken forward as part of revision of IJB / PAC Standing Orders and Scheme of delegation following agreement of revised Integration Scheme.
▶	PAC 13-2022-2 Category 1 Responders - Arrangements to be put in place for assurances from partner bodies.		31-Oct-2022	31-Dec-2021	Diane Mcculloch	Request to be made formally through Tayside Local Resilience Planning Group to receive appropriate resilience reports
▶	PAC 13-2022-3 Copy of Category 1 Responders - Assurances to be provided to the IJB		31-Oct-2022	31-Dec-2021	Kathryn Sharp	Report to be presented to the October 2022 IJB outlining the Category 1 action plan
▶	PAC 13-2022-4 Category 1 Responders - Development of Action Plan to ensure IJB responsibilities are discharged		31-Oct-2022	31-Dec-2021	Kathryn Sharp	Report to be presented to the October 2022 IJB outlining the Category 1 action plan
●	PAC 34-2019-4 Combine financial and performance reporting to ensure that members have clear sight of the impact of variances against budget in terms of service performance.		31-Dec-2021	31-Dec-2021	Kathryn Sharp	Further work has been delayed by lack of capacity within support services to progress this area of work at the current time.
●	PAC20-2019-2 Summary reports on the progress of the Transformation		31-Aug-2022	31-Aug-2021	Dave Berry	PAC Terms of reference will be amended alongside IJB Standing Orders once the

Action Code & Title	Progress Bar	Dates Due Date	Dates Original Due Date	Ownership Assigned To	Latest Update
Programme should be prepared and submitted to the PAC for its review. The Terms of Reference of the PAC should be updated to reflect the requirement for the TDG to report to it.					revised integration scheme has been approved by the Scottish Government
 PAC30-2021-4 Review and further develop the IJB's risk management policy		31-Oct-2022	31-Oct-2022	Clare Lewis-Robertson	Work progressing to develop the risk management policy which has been informed by IJB development sessions and associated feedback.
 PAC7-2019-4 Development of improved Hosted Services arrangements around risk and performance management for hosted services.		31-Dec-2022	31-Mar-2022	Dave Berry; Kathryn Sharp	Further discussions have taken place between HSCP officers to strengthen these further following the work carried out to revise the Integration Schemes
 PAC9-2018-1 Clinical and care governance across delegated services review of remits		30-Sep-2021	30-Sep-2021	Matthew Kendall	Further work on this will tie in with the action on the strengthening of performance reporting for lead partner (hosted) arrangements
 PAC 36-2020-3 The Board and PAC are updated on progress in delivering against the risk maturity action plan.		31-Mar-2022	31-Mar-2022	Clare Lewis-Robertson	Work around risk development sessions has informed members of roles and responsibilities around risk management which is part of the risk maturity action plan.
 PAC8-2018-1 Work to fully implement the actions in the Workforce and Organisational Development Strategy		31-Dec-2022	31-Mar-2022	Dave Berry; Diane Mcculloch	Publication of updated IJB Workforce strategy in June 2022 further strengthens the framework to take forward a revised organisational development strategy
 PAC26-2021-1 Submit a further in-depth analysis of readmissions data		31-Mar-2022	31-Mar-2022	Kathryn Sharp	Agenda note submitted to PAC in July 2022. Contemporary readmissions is not available

	Action Code & Title	Progress Bar	Dates Due Date	Dates Original Due Date	Ownership Assigned To	Latest Update
						for further analysis due to ongoing work by NHS Tayside Business unit on coding and recording. However Partnership information staff have planned next steps in the analytical process and will recommence activity as soon as data becomes available. An update is to be provided to PAC in November 2022.
●	PAC29-2021-1 Develop a Psychological Therapies Strategic Plan including the introduction of a pan-Tayside Strategic Commissioning Group		30-Jun-2022	30-Jun-2022	Diane Mcculloch	Scoping paper developed and agreed for the strategic group and meeting planned
▶	PAC31-2021-3 The IJB should monitor whether the Strategic Commissioning Plan is delivering the required outcomes		31-Mar-2024	31-Mar-2024	Dave Berry	Work progressing through the Strategic Planning Advisory Group around developing the monitoring framework for the delivery plan as the "action" list from the Strategic and Commissioning Plan
▶	PAC7-2019-3 Development of Large Hospital Set Aside arrangements in conjunction with the Scottish Government, NHS Tayside and Angus and Perth and Kinross Integration Joint Boards.		31-Mar-2023	31-Mar-2022	Dave Berry	Impact of the introduction of a National Care Service to be considered on future development of Large Hospital Set Aside arrangements
●	PAC7-2019-6 Further develop performance report information into a delivery plan framework		31-Dec-2021	31-Dec-2021	Kathryn Sharp	This is to be delivered via the development of a replacement strategic plan for the IJB for April 2023 onwards. Initial planning through the Strategic Planning Advisory Group has commenced, including a focus on developing a longer-term strategic vision and priorities

Action Code & Title	Progress Bar	Dates Due Date	Dates Original Due Date	Ownership Assigned To	Latest Update
					supported by more agile annual delivery plans.
▶ PAC8-2018-2 Develop a formal Service Level Agreement (SLA) detailing all key corporate support services to be provided to the DH&SCP by DCC and NHST	50%	31-Dec-2022	31-Mar-2022	Dave Berry; Kathryn Sharp	The revision of the Integration Scheme re-emphasised the need for the partner bodies to provide appropriate corporate support to the IJB. A commitment has been made by the partner bodies to develop a memorandum of understanding rather than a formal SLA
▶ PAC20-2019-3 Terms of Reference documents should be developed / reviewed for all groups that impact on the transformation and service redesign arrangements of the DH&SCP, including the ISPG	40%	31-Dec-2022	31-Mar-2022	Dave Berry	Transformation and service redesign arrangements pulled together for first time and reflected in IJB report around 5 year financial strategy. Next stage is to review all terms of reference
▶ PAC28-2020-1 The DHSCP management team should review attendance at groups based on agreed principles	40%	31-Dec-2022	31-Mar-2022	Dave Berry	Management team continues to assess attendance at meetings based on reducing duplication of attendees, relevance and priorities
▶ PAC31-2021-2 The Finance & Performance Group, when constituted, should consider both finance and performance in the context of the IJB's strategic risks	40%	31-Dec-2022	30-Jun-2022	Dave Berry	Initial planning to develop the triangulation between finance, performance and risk commenced
▶ PAC28-2020-2 A governance mapping best practice guidance document is developed to ensure the operation of all groups conforms to the various principles detailed in the report.	20%	31-Dec-2022	31-Mar-2022	Dave Berry; Diane Mcculloch	Work to commence on this as the HSCP moves back into business as usual mode following the Covid19 pandemic

Action Code & Title	Progress Bar	Dates Due Date	Dates Original Due Date	Ownership Assigned To	Latest Update
 PAC31-2021-4 Develop a process to trigger further analytical reports		31-Dec-2022	30-Jun-2022	Dave Berry	Initial planning undertaken to consider this development
 PAC31-2021-6 The IJB should direct its partners to undertake a review of the resources required for performance management		31-Dec-2022	30-Jun-2022	Dave Berry	Will form part of the development of a memorandum of understanding between the partner agencies and the IJB around Corporate Support

Action Status	
	Cancelled
	Overdue; Neglected
	Unassigned; Check Progress
	Not Started; In Progress; Assigned
	Completed

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**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 28 SEPTEMBER 2022

**REPORT ON:** DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC26-2022

## **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to update the Performance and Audit Committee in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the content of this Strategic Risk Register Update report.
- 2.2 Note the extract from the Strategic Risk register attached at Appendix 1 to this report.
- 2.3 Note the Archived Risks in section 6.
- 2.4 Note the recent work and future work on Pentana Risk Management System in Section 7.

## **3.0 FINANCIAL IMPLICATIONS**

3.1 None.

## **4.0 BACKGROUND**

- 4.1 The Dundee HSCP Strategic Risk Register is regularly presented to the NHS Tayside Strategic Risk Management Group and is available to Dundee City Council Risk and Assurance Board through the Pentana system.
- 4.2 Operational Risks are reviewed by the Clinical Care and Professional Governance forum with any significant areas of concern which may impact on the ability of the IJB to deliver its Strategic and Commissioning Plan reported to the PAC through the Clinical Care and Professional Governance Group's Chairs Assurance Report.
- 4.3 Operational Risks which should be escalated are identified through Senior Management meetings, the Clinical Care and Professional Governance forum and through reports to the IJB and PAC.

## **5.0 STRATEGIC RISK REGISTER UPDATE**

- 5.1 The three highest scoring risks on the Strategic Risk Register remain the same as the previous Risk Register Update in July. They are: Staff Resource - Clinical; Dundee Drug and Alcohol Recovery Service; and the National Care Service.
- 5.2 The Strategic Risk Register extract details the most recent updates and a brief description of the mitigating control factors identified.
- 5.3 All strategic risks are reviewed regularly and mitigating actions recorded and scored. Further development work is underway to link risk with performance as recommended in the Internal Audit Report on Performance Management presented to the PAC at its meeting on 24<sup>th</sup> March 2021 (Item VI of the minute refers).

## **6.0 ARCHIVED RISKS**

- 6.1 Four strategic risks have been archived recently.
- 6.2 These are Staff Perception of Integration; Impact of EU Withdrawal; Stakeholders not included/consulted; and Uncertainty around future Service Delivery Models.
- 6.3 These are older risks where the effects are incorporated in newer risks. For example the risks around Uncertainty around future Service Delivery Models will be incorporated in the National Care Service Risk.

## **7.0 PENTANA RISK MANAGEMENT SYSTEM**

- 7.1 Following on Risk Development Sessions with the Integrated Joint Board members, development work on the Pentana Risk Management System is being undertaken.
- 7.2 Developments include linking the risks to the individual Actions in the current Strategic and Commissioning Plan Actions, and Performance Indicators where appropriate.
- 7.3 Documents will be added as links to the risks where they are part of the Control Factor. For example we plan to add the link to the Workforce Strategy document to the Staff Resource risk.
- 7.4 The inherent risks will be revisited to take into account external events which have meant that current scores are higher than previous inherent scores.
- 7.5 The target risk scores will be revisited to take into account the recent development work around risk appetite.
- 7.6 Pentana accounts and familiarisation sessions are being planned for Integrated Joint Board members so they can access the updated Pentana Risk Management System.

## **8.0 POLICY IMPLICATIONS**

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

## **9.0 RISK ASSESSMENT**

- 9.1 This report has not been subject to a risk assessment as it provides the IJB with an overview of the IJBs Strategic Risks.

## **10.0 CONSULTATIONS**

- 10.1 The Chief Officer, and the Clerk were consulted in the preparation of this report.

## 11.0 BACKGROUND PAPERS

11.1 None.

Dave Berry  
Chief Finance Officer

**DATE:** 20 September 2022

Clare Lewis-Robertson  
Senior Officer, Strategy and Performance

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Description	Lead Director/Owner	Current Assessment			Status	Control Factors	Date Last Reviewed
		L	C	Exp			
<p><b>Staff Resource</b></p> <p>Post Covid recruitment challenges continue to exist in a range of roles including social care and nursing. Recruitment for Consultants and Doctors in specific areas such as Mental Health, and Substance Misuse has meant that there are significant difficulties in filling posts, with posts remaining vacant. These risks are detailed in Operational Risk Registers and have been escalated as risks for the Strategic Risk Register. The IJB has approved the Workforce Strategy</p>	Dundee HSCP Chief Officer	5	5	25	→	<ul style="list-style-type: none"> <li>• Developments of new models of care</li> <li>• Organisational development strategy</li> <li>• Service redesign</li> <li>• Workforce Strategy approved</li> </ul>	5/09/2022
<p><b>Dundee Drug and Alcohol Recovery Service</b></p> <p>Dundee Drugs Commission follow up report noted some progress being made, however a range of challenges still exist. This poses a significant reputational risk for the DHSCP. Reducing Harm Associated with Drug Use report presented to both the IJB and Dundee City Council in June 2022 sets out findings and priority areas for improvement in relation to substance use services.</p>	Dundee HSCP Chief Officer	5	5	25	→	<ul style="list-style-type: none"> <li>• ADP Residential Rehab Pathway</li> <li>• Service Restructure</li> </ul>	5/09/2022
<p><b>National Care Service</b></p> <p>The recent legislation published on the establishment of the National Care Service sets out plans to introduce Local Care Boards with the abolition of Integration Joint Boards. The Health and Social Care partnership recently responded to Scottish Government for views on the draft legislation. Similar to other bodies, significant concerns have been raised around the content of the bill in terms of scope and financial implications of the legislation.</p>	Dundee HSCP Chief Officer	5	5	25	→	<ul style="list-style-type: none"> <li>• Change Management</li> <li>• Engagement with consultation process</li> </ul>	5/09/2022
<p><b>Restrictions on Public Sector Funding</b></p> <p>Additional interventions by Scottish Government to seek the use of IJB's reserves has the potential to de-stabilise agreed investment plans eg Primary Care Improvement Funding.</p>	Dundee HSCP Chief Finance Officer	5	4	20	→	<ul style="list-style-type: none"> <li>• Additional Scot Gov funding</li> <li>• Budgeting arrangements</li> <li>• MSG and external audit recommendations</li> </ul>	5/09/2022

						<ul style="list-style-type: none"> <li>Savings and Transformation Plan</li> </ul>	
<p><b>Primary Care</b></p> <p>Challenges continue to present within Primary Care services, including the recent closure of Ryehill Medical Practice. Progress around development of Primary Care Improvement Plan has been impacted by the Scottish Government's changed stance on funding for 2022/23 by restricting overall funding available.</p>	Dundee HSCP Chief Officer	4	5	20	→	<ul style="list-style-type: none"> <li>Maximise skills mix.</li> <li>Longer term national work to increase undergraduate training</li> <li>Test of change for IT infrastructure</li> <li>Other funding sources identified as opportunities arise</li> </ul>	5/09/2022
<p><b>Staff resource is insufficient to address planned performance management improvements in addition to core reporting requirements and business critical work.</b></p> <p>Pressures still remain, however restructure and enhancement to service planned for over coming months. This risk was highlighted further in recent IJB reports around the the development of the IJB Strategic and Commissioning Plan.</p>	Dundee HSCP Chief Officer	5	4	20	→	<ul style="list-style-type: none"> <li>Planned restructure and enhancement</li> </ul>	5/09/2022
<p><b>Unable to maintain IJB Spend</b></p> <p>Most recent financial projections note that the IJB is likely to be in financial balance at the end of the current financial year</p>	Dundee HSCP Chief Finance Officer	4	4	16	→	<ul style="list-style-type: none"> <li>Financial monitoring system</li> <li>Increase in reserves</li> <li>Management of vacancies and discretionary spend</li> <li>MSG and external audit recommendations</li> </ul>	5/09/2022

						<ul style="list-style-type: none"> <li>Savings and transformation plan</li> </ul>	
<p><b>Lack of Capital Investment in Community Facilities (including Primary Care)</b></p> <p>Restrictions in access to capital funding from the statutory partner bodies and Scottish Government to invest in existing and potential new developments to enhance community based health and social care services. This could potentially be exacerbated by the transitional period until the establishment of a National Care Service due to the uncertainty of funding and ownership of assets by the local authority and Health Board.</p>	Dundee HSCP Chief Officer and Chief Finance Officer	4	4	16	→	To be developed	5/09/2022
<p><b>Cost of Living Crisis</b></p> <p>The cost of living and inflation will impact on both service users and staff , in addition to the economic consequences on availability of financial resources. The uncertainty of the fuel cost crisis is yet to be fully felt.</p>	Dundee HSCP Chief Officer and Chief Finance Officer	4	4	16	→	To be developed	5/09/2022
<p><b>Viability of External Providers</b></p> <p>Previous assessments have been affected by the Covid Pandemic, however the increase in energy prices in addition to fuel costs for staff travel in addition to staff pay pressures is already impacting this sector with concerns that a number will not be able to sustain their activities.</p>	Dundee HSCP Chief Officer	4	4	16	↑	<ul style="list-style-type: none"> <li>Maintain regular communication with third sector essential service providers</li> </ul>	5/09/2022
<p><b>Impact of Covid 19</b></p> <p>The continuing focus on vaccination for staff will maintain the impact on delivery of services.</p>	Dundee HSCP Chief Officer	4	4	16	→	<ul style="list-style-type: none"> <li>Remobilisation plans</li> </ul>	5/09/2022
<p><b>Mental Health Services</b></p> <p>Tayside Mental Health Strategy continues to make progress, developments such as the Community Wellbeing Centre will enhance community supports for people with mental health issues.</p>	Dundee HSCP Chief Officer	4	4	16	→	<ul style="list-style-type: none"> <li>Community Wellbeing Centre development</li> <li>Tayside Mental Health Strategy</li> </ul>	5/09/2022
<p><b>Capacity of Leadership Team</b></p> <p>Leadership team continue to be impacted by workload pressures of the wider workforce recruitment challenges. This is likely to be exacerbated as preparations for the intro of the NCS develop over the coming period.</p>	Dundee HSCP Chief Officer	3	4	12	→	<ul style="list-style-type: none"> <li>Restructure</li> <li>Sharing of Management Team duties</li> </ul>	5/09/2022

<p><b>Governance Arrangements being Established fail to Discharge Duties</b></p> <p>Further progress made on ensuring actions on Governance Action Plan have been completed. External audit plan for 2021/22 noted a reduction in the key areas of assessment due to reduced risk associated with governance. Further refinement of the Governance Action Plan is being undertaken to reduce duplication of actions.</p>	Dundee HSCP Chief Officer	3	4	12	→	<ul style="list-style-type: none"> <li>Implementation of Governance Action Plan</li> </ul>	5/09/2022
<p><b>Category One Responder</b></p> <p>A report presented to the Performance and Audit Committee in July requested regular updates on developments around the actions.</p>	Dundee HSCP Chief Officer	3	4	12	→	<ul style="list-style-type: none"> <li>4 actions</li> </ul>	5/09/2022
<p><b>Increased Bureaucracy</b></p> <p>Potential for additional bureaucracy through Scot Gov Covid enquiry and National Care Service development.</p>	Dundee HSCP Chief Officer	3	3	9	→	<ul style="list-style-type: none"> <li>Support and roles</li> </ul>	5/09/2022
<p><b>Employment Terms</b></p> <p>Realistically won't be resolved within the suggested remaining IJB timeframe existence, but acknowledge this has an impact on the integration of Health and Social Care services.</p>	Dundee HSCP Chief Officer	3	3	9	→	<ul style="list-style-type: none"> <li>Align conditions wherever possible</li> </ul>	5/09/2022

## Archived

<p><b>Staff Perception of Integration</b></p> <p>Staff perception over coming period may be influenced by developments around the potential implementation of a National Care Service and implications for local health and social care services. The implementation of the National Care Service will impact on staff's perception of integration</p>	Dundee HSCP Chief Officer				x	Archived as the development of the risk around the development of the National Care Service will incorporate similar issues .	28/06/2022
<p><b>Impact of EU Withdrawal</b></p> <p>The EU UK agreement signed on the 30 December 2020 means that there will not be disruption caused by a no deal transition. However the long term effects of the EU UK transition will still happen. This may include impact on wider staffing levels within HSCP and partner providers.</p>	Dundee HSCP Chief Officer				x	Archived as any residual risks being captured in other risks e.g. Workforce	28/06/2022



The development of the workforce plan for Health and Social Care will look at this issue in more detail.							
<b>Stakeholders not included/consulted</b>  This is considered as business as usual. Engagement and co-production is key to every activity and plan for the IJB. Will deactivate.	Dundee HSCP Chief Officer				x	Archived as this is considered as business as usual.	5/09/2022
<b>Uncertainty around future service delivery models</b>  Developments around the NCS will incorporate this risk in the future.	Dundee HSCP Chief Officer				x	Archived as developments around the NCS will incorporate this risk in the future.	5/09/2022

Risk Status	
↑	Increased level of risk exposure
→	Same level of risk exposure
↓	Reduction in level of risk exposure
x	Treated/Archived or Closed

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PERFORMANCE AND AUDIT COMMITTEE – ATTENDANCES - JANUARY 2022 TO DECEMBER 2022

## COMMITTEE MEMBERS - (\* - DENOTES VOTING MEMBER – APPOINTED FROM INTEGRATION JOINT BOARD)

Organisation	Member	Meeting Dates 2022				
		2/2	23/3^	20/7	28/9	23/11
NHS Tayside (Non Executive Member)	Trudy McLeay **	✓				
NHS Tayside (Non Executive Member)	Pat Kilpatrick**			✓		
Dundee City Council (Elected Member)	Helen Wright *	✓				
Dundee City Council (Elected Member)	Siobhan Tolland			✓		
Dundee City Council (Elected Member)	Lynne Short *	✓				
Dundee City Council (Elected Member)	Dorothy McHugh			✓		
NHS Tayside (Non Executive Member)	Donald McPherson *	✓		✓		
Chief Officer	Vicky Irons	✓		✓		
Chief Finance Officer	Dave Berry	✓		A		
NHS Tayside (Registered Medical Practitioner – not providing primary medical services)	James Cotton	✓		✓		
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓		✓		
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	A		A		
Carers' Representative	Martyn Sloan	✓		✓		
Chief Internal Auditor ***	Tony Gaskin	✓		✓		

✓ Attended

A Submitted apologies

A/S Submitted apologies and was substituted

No longer a member and has been replaced / was not a member at the time

\* Denotes Voting Members

\*\* Denotes Office Bearer. Periods of appointment are on fixed terms in accordance with legislation. At meeting of the Integration Joint Board held on 27th October, 2020, Trudy McLeay was appointed as Chair (the Chair of the Committee cannot also be the Chair of the Integration Joint Board).

\*\*\* The Chief Internal Auditor is a member of the Committee and is not a member of the Integration Joint Board.

\*\*\*\* Audit Scotland are not formal members of the Committee and are invited to attend at least one meeting of the Committee a year.

(Note: First meeting of the Committee was held on 17th January, 2017).

(Note: Membership are all members of the Integration Joint Board (only exceptions are Chief Internal Auditor and Audit Scotland).

^ This meeting was not required to be held.