

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

Assistant to Clerk:
Willie Waddell
Committee Services Officer
Dundee City Council

City Chambers
DUNDEE
DD1 3BY

8th September, 2017

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER
REPRESENTATIVES OF THE PERFORMANCE AND AUDIT COMMITTEE
(Please see attached distribution list)

Dear Sir or Madam

PERFORMANCE AND AUDIT COMMITTEE

I refer to the agenda of business issued in relation to the meeting of the Integration Joint Board to be held on Tuesday, 12th September, 2017. Items 4 and 5 were marked to follow, however, it has been decided to consider these reports as one separate item which is detailed below.

Yours faithfully

DAVID W LYNCH

Chief Officer

A G E N D A

4 AUDIT SCOTLAND ANNUAL REPORT & INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2016/17

(Report No PAC21-2017 by the Chief Finance Officer enclosed).



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 12 SEPTEMBER 2017

REPORT ON: AUDIT SCOTLAND ANNUAL REPORT AND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2016/17

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC21-2017

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to present the Integration Joint Board's (IJB) Draft Audited Annual Statement of Accounts for the year to 31 March 2017 for approval, to note the draft external auditor's report in relation to these accounts and approve the response to this report.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the contents of the attached Audit Scotland cover letter (attached as Appendix 1) and the draft external auditor's report (attached as Appendix 2) including the completed action plan outlined on pages 22-24 of the report, and in particular that Audit Scotland have indicated they will issue an unqualified audit opinion on the IJB's 2016/17 Annual Accounts;
- 2.2 Endorses this report as the IJB's formal response to the external auditor's report;
- 2.3 Instructs 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 January 2018;
- 2.4 Approves the attached Audited Annual Accounts (attached as Appendix 3) for signature and instructs the Chief Finance Officer to return these to the external auditor;
- 2.5 Instructs the Chief Finance Officer to arrange for the above Annual Accounts to be published on the Dundee Health & Social Care Partnership website by no later than 31 October 2017.

3.0 FINANCIAL IMPLICATIONS

- 3.1 There are no direct financial implications arising from this report.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The IJB's Draft Annual Accounts 2016/17 were presented and approved by the IJB at its meeting on 27 June 2017 (Report DIJB25-2017). This report noted that the IJB is required to prepare financial statements for the financial year ending 31 March 2017 following the Code of Practice on Local Authority Accounting in the United Kingdom 2016-17 ("the 2016-17 Code"). The Annual Accounts report the financial performance of the IJB. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to the IJB for the delivery of the IJB's vision and its core objectives.
- 4.1.2 The report also considered and approved an Annual Audit Plan for 2016/17 provided by the IJB's assigned external auditor, Audit Scotland. This described how the auditor would deliver their audit to the IJB, outlined their responsibilities and their intended approach.

4.2 External Auditors Report

- 4.2.1 Audit Scotland has now completed their audit work and, in accordance with auditing standards (ISA 260: Communication with those charged with governance), are required to report the outcome of their work in relation to their review of the financial statements, prior to formally issuing their audit opinion. This requirement has been addressed in the attached External Auditor's Report.
- 4.2.2 The report summarises the findings in relation to the overall audit of the IJB for the year ended 31 March 2017. It describes the scope of audit work undertaken during 2016/17 and the issues arising from that work are divided into four key audit dimensions:
- Financial Sustainability
Financial Management
Governance and Transparency
Value for Money
- 4.2.3 The main elements of Audit Scotland's audit work in 2016/17 have been:
- a review of the IJB's main financial systems and governance arrangements
 - an audit of the IJB's 2016/17 annual accounts including the issue of an independent auditor's report setting out their opinions.
- 4.2.4 In addition to the members of the IJB, the external auditor's report is also addressed to the Controller of Audit of the Accounts Commission for Scotland.
- 4.2.5 In relation to the four key audit dimensions noted above, the Audit Scotland has identified no major issues and are of the opinion that the financial statements give a true and fair view of the state of the IJB's affairs and of its net expenditure for the 2016/17 financial year. A number of recommendations have been made which are reflected in the action plan. Audit Scotland has issued an unqualified independent auditor's report on the Dundee Integration Joint Board's Accounts for 2016/17.

4.3 Significant Findings from the audit of the Annual Accounts

- 4.3.1 As part of the audit of the 2016/17 annual accounts the following areas were noted and adjustments to the accounts made accordingly where relevant:
- Integration Funding Misstatement – the treatment of Integration Funding within the Comprehensive Income and Expenditure Statement and note 6 to the financial statements has been amended following agreement with the auditor. This adjustment does not impact on the net expenditure position of the IJB.
 - Hospital Acute Services (set aside) – it has been noted that as a transitional arrangement for 2016/17 as agreed by the Scottish Government the budgeted and actual value of the "set aside" are equal. While the Comprehensive Income and Expenditure Statement in the Annual Accounts correctly incorporate the set aside costs, prioritising the processes for the planning and performance of delegated hospital functions has been noted as an action in the action plan.
 - Annual Governance Statement and Management Commentary – a number of disclosures required by extant guidance and Regulations had not been fully presented in the Annual Governance Statement and Management Commentary. These have now been amended and enhanced including the appropriate disclosures.

4.4 Action Plan

- 4.4.1 Audit Scotland's 2016/17 recommendations for improvement and associated response by the IJB are noted in the Action Plan set out in Appendix 1 of the Audit Scotland Report. These actions cover the further development of planning and performance management of the large hospital set aside, compliance with guidance and regulations within the Annual Governance

Statement and Management Commentary, establishment of longer term financial plans, monitoring of the progress of the internal audit plan, development of an action plan for planned improvements in the performance management framework and the establishment of a system to ensure IJB members are given the opportunity to consider national performance reports.

It is recommended that the Chief Finance Officer provides an update on the progress of the agreed actions to meet these recommendations prior to the end of the current financial year in order to support the 2017/18 audit process.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Given the purpose of this report is to present the annual accounts for the year ended 2016/17 and the outcome of the External Auditors report a risk assessment is not required.

7.0 CONSULTATIONS

The Chief Officer, External Auditor and the Clerk have been consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 7 August 2017

Dundee City Integration Joint Board
Performance and Audit Committee

5 September 2017

Dundee City Integration Joint Board 2016/17 Annual Audit Report

1. International Standard on Auditing (UK and Ireland) 260 (ISA 260) requires auditors to report specific matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action. We are drawing to your attention matters for your consideration before the financial statements are approved and certified. We also present for your consideration our draft annual report on the 2016/17 audit which identifies significant findings from the financial statements audit. The section headed "Significant findings" in the attached annual audit report sets out the issues identified. This report will be issued in final form after the financial statements have been certified
2. Our work on the financial statements is now substantially complete. Subject to the satisfactory conclusion of any outstanding matters and receipt of a revised set of financial statements for final review, we anticipate being able to issue an unqualified auditor's report on 30th August 2017 (the proposed report is attached at Appendix A). There are no anticipated modifications to the audit report.
3. In presenting this report to the Dundee City IJB Performance and Audit Committee we seek confirmation from those charged with governance of any instances of any actual, suspected or alleged fraud; any subsequent events that have occurred since the date of the financial statements; or material non-compliance with laws and regulations affecting the entity that should be brought to our attention.
4. We are required to report to those charged with governance all unadjusted misstatements which we have identified during the course of our audit, other than those of a trivial nature and request that these misstatements be corrected. We have no unadjusted misstatements to bring to your attention.
5. As part of the completion of our audit we seek written assurances from the Proper Officer (Chief Finance Officer) on aspects of the financial statements and judgements and estimates made. A draft letter of representation under ISA580 is attached at Appendix B. This should be reviewed for accuracy and any proposed amendments discussed with us. Once the Chief Finance Officer is satisfied with the content, he should sign and return the letter with the signed financial statements prior to the independent auditor's opinion being certified.

Outstanding matters

6. There are some areas where we still require additional information and these are identified below:

- **Letter of representation:** The letter, otherwise known as the ISA 580 letter, is required immediately before the certification of the annual accounts on 12 September 2017.
- **Financial statements:** Receipt of a final, revised set of annual accounts incorporating agreed amendments for final review.
- **Final financial ledger:** Receipt of a final financial ledger to support the financial statements.

APPENDIX A: Proposed Independent Auditor's Report

Independent auditor's report to the members of Dundee City Integration Joint Board and the Accounts Commission

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice approved by the Accounts Commission, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Dundee City Integration Joint Board for the year ended 31 March 2017 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement and Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17 (the 2016/17 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2016/17 Code of the state of affairs of Dundee City Integration Joint Board as at 31 March 2017 and of its surplus on the provision of services for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2016/17 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis of opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK and Ireland (ISAs (UK&I)). My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am independent of Dundee City Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standards for Auditors, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of the Chief Finance Officer for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit and express an opinion on the financial statements in accordance with applicable legal requirements and ISAs (UK&I) as required by the Code of Audit Practice approved by the Accounts Commission. Those standards require me to comply with the Financial Reporting Council's Ethical Standards for Auditors. An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the

accounting policies are appropriate to the circumstances of Dundee City Integration Joint Board and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Chief Finance Officer; and the overall presentation of the financial statements.

My objectives are to achieve reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK&I) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Other information in the annual accounts

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements in accordance with ISAs (UK&I), my responsibility is to read all the financial and non-financial information in the annual accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

Report on other requirements

Opinions on other prescribed matters

I am required by the Accounts Commission to express an opinion on the following matters.

In my opinion, the auditable part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the auditable part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

Fiona Mitchell-Knight FCA
Assistant Director
Audit Scotland
4th Floor
The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

12 September 2017

APPENDIX B: Letter of Representation (ISA 580)

To be reproduced on Dundee City IJB letterhead and returned with the signed accounts

Fiona Mitchell-Knight
Assistant Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

DATE

Dear Fiona

Dundee City Integration Joint Board Annual Accounts 2016/17

1. This representation letter is provided in connection with your audit of the financial statements of Dundee City Integration Joint Board for the year ended 31 March 2017 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view of the financial position of Dundee City Integration Joint Board, as at 31 March 2017 and its comprehensive net expenditure for the year then ended.
2. I confirm to the best of my knowledge and belief, and having made appropriate enquiries of the Integration Joint Board, the following representations given to you in connection with your audit of Dundee City Integration Joint Board for the year ended 31 March 2017.

General

3. I acknowledge my responsibility and that of Dundee City Integration Joint Board for the financial statements. All the accounting records requested have been made available to you for the purposes of your audit. All material agreements and transactions undertaken by Dundee City Integration Joint Board have been properly reflected in the financial statements. All other records and information have been made available to you, including minutes of all management and other meetings.
4. The information given in the Annual Report to the financial statements, including the Management Commentary and Remuneration Report, presents a balanced picture of Dundee City Integration Joint Board and is consistent with the financial statements.
5. I confirm that I am not aware of any uncorrected misstatements.

Legality of financial transactions

6. The financial transactions of Dundee City Integration Joint Board are in accordance with the relevant legislation and regulations governing its activities. All known or possible non-compliance with laws and regulations whose effects should be considered when preparing financial statements have been disclosed to you, together with any actual or contingent consequences which may arise.

Financial Reporting Framework

7. The financial statements have been prepared in accordance with 2016/17 Code of Practice on Local Authority Accounting in the United Kingdom, and in accordance with the requirements of Regulation 106 of the Local Government (Scotland) Act 1973 and the Local Authority Accounts (Scotland) Regulations 2014 and directions made thereunder by the Scottish Ministers including all relevant presentation and disclosure requirements.
8. Disclosure has been made in the financial statements of all matters necessary for them to show a true and fair view of the transactions and state of affairs of Dundee City Integration Joint Board for the year ended 31 March 2017.

Remuneration report

9. The remuneration report has been prepared in accordance with the Local Authority Accounts (Scotland) Amendment Regulations 2011 and Scottish Government finance circular 8/2011 and includes all specified remuneration for relevant officers and all elected members.

Accounting Policies & Estimates

10. All material accounting policies adopted are as shown in the Statement of Accounting Policies included in the financial statements. The continuing appropriateness of these policies has been reviewed since the introduction of IAS 8 and on a regular basis thereafter, and takes account of the requirements set out in the 2016/17 Code of Practice on Local Authority Accounting in the United Kingdom.
11. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. There are no changes in estimation techniques which should be disclosed due to their having a material impact on the accounting disclosures.

Going Concern

12. I have assessed Dundee City Integration Joint Board's ability to carry on as a going concern and concluded that it is appropriate to prepare the financial statements on a going concern basis.

Related Party Transactions

13. All transactions with related parties have been disclosed in the financial statements. I have made available to you all the relevant information concerning such transactions, and I am not aware of any other matters that require disclosure in order to comply with the requirements of IAS24, as interpreted by the 2016/17 Code of Practice on Local Authority Accounting in the United Kingdom.

Events Subsequent to the Date of the Balance Sheet

14. There have been no material events since the date of the Balance Sheet which necessitate revision of the figures in the financial statements or notes thereto including contingent assets and liabilities.
15. Since the date of the Balance Sheet no events or transactions have occurred which, though properly excluded from the financial statements, are of such importance that they should be brought to your notice.

Corporate Governance

16. I acknowledge as Chief Finance Officer my responsibility for the corporate governance arrangements. I confirm that I have disclosed to the auditor all deficiencies in internal control of which I am aware.
17. The corporate governance arrangements have been reviewed and the disclosures I have made are in accordance with the 2016/17 Code of Practice on Local Authority Accounting in the United Kingdom. There have been no changes in the corporate governance arrangements or issues identified, since the 31 March 2017, which require disclosure.

Fraud

18. I have considered the risk that the financial statements may be materially misstated as a result of fraud. I have disclosed to the auditor any allegations of fraud or suspected fraud affecting the financial statements. There have been no irregularities involving management or employees who have a significant role in internal control or that could have a material effect on the financial statements.

Provisions

19. Provisions have been made in the financial statements for all material liabilities which have resulted or may be expected to result, by legal action or otherwise, from events which had occurred by 31 March 2017 and of which Dundee City Integration Joint Board could reasonably be expected to be aware. The amount recognised as a provision is the best estimate of the expenditure likely to be required to settle the present obligation at 31 March 2017.

Annual Leave Accrual

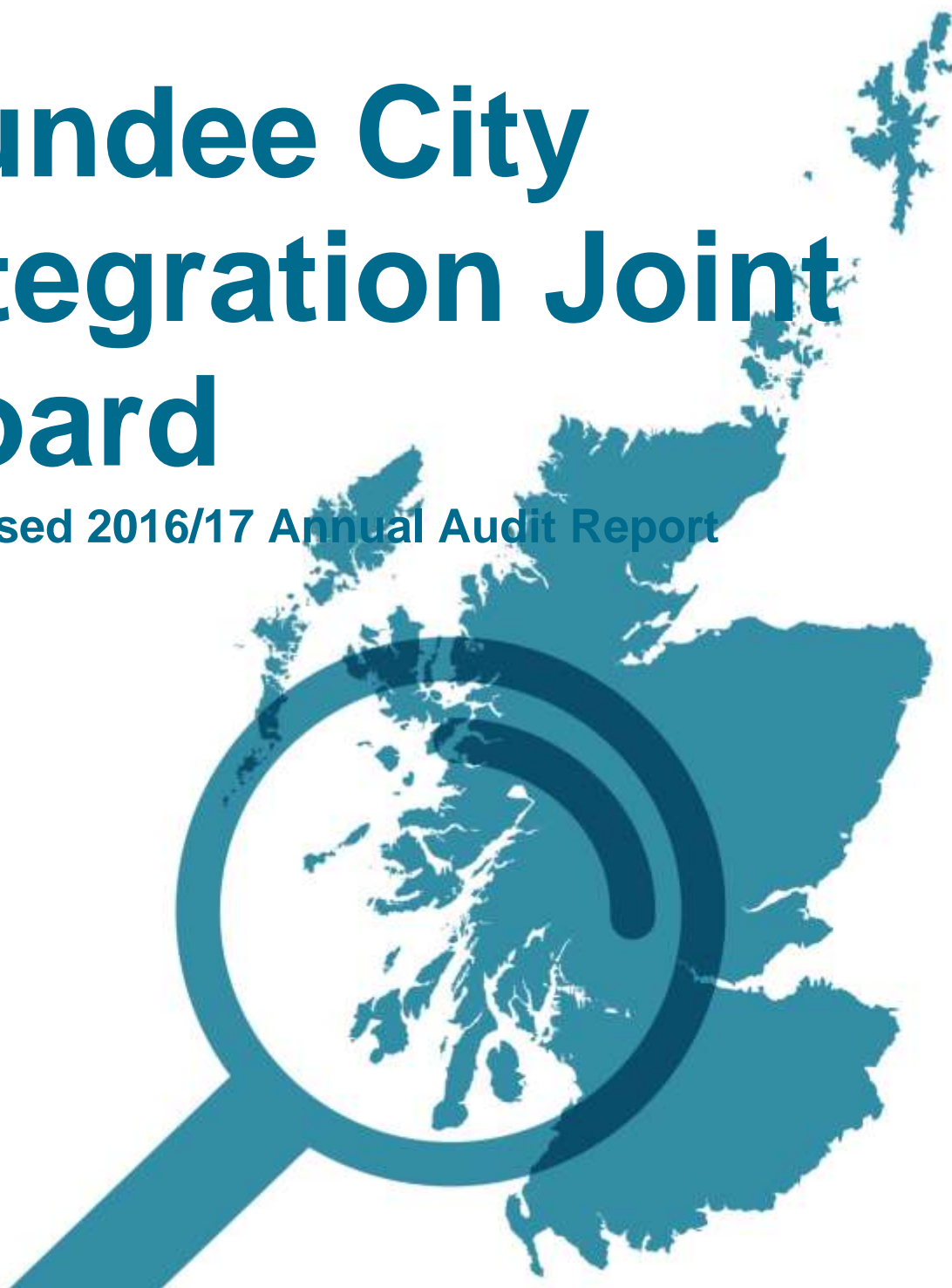
20. A holiday pay accrual is not included in the financial statements as the untaken leave balance at the year end is not considered material.

Yours sincerely

Dave Berry
Chief Finance Officer

Dundee City Integration Joint Board

Proposed 2016/17 Annual Audit Report



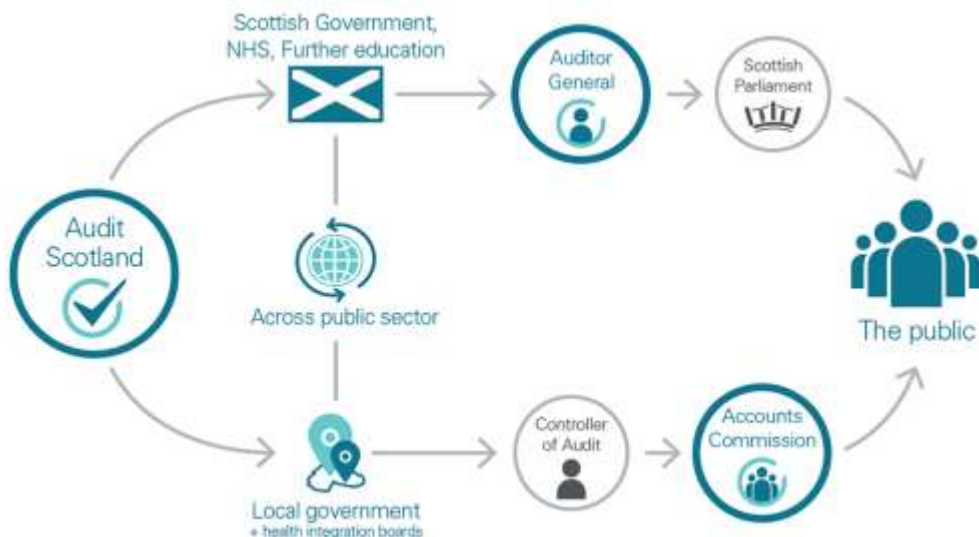
Prepared for the Dundee City Integration Joint Board and the Accounts Commission

12 September 2017

Who we are

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

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



About us

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

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

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

Contents

Key messages	4
Introduction	6
Part 1	8
Audit of 2016/17 annual accounts	
Part 2	11
Financial management	
Part 3	13
Financial sustainability	
Part 4	16
Governance and transparency	
Part 5	19
Value for money	
Appendix 1	22
Action plan 2016/17	
Appendix 2	25
Significant audit risks identified during planning	
Appendix 3	29
Summary of national performance reports 2016/17	

Key messages

Audit of 2016/17 annual accounts

- 1 The financial statements of Dundee City Integration Joint Board for 2016/17 give a true and fair view of the state of its affairs and of its net expenditure for the year.
- 2 We have issued an unqualified independent auditor's report on the Dundee City Integration Joint Board's Annual Accounts for 2016/17.

Financial management

- 3 Dundee City Integration Joint Board has a sound system in place to report on financial performance to members on a regular basis via the financial monitoring position report. Financial monitoring reporting is continuing to develop as finance staff become more experienced in Integration Joint Board finance.
- 4 The key controls within the main financial systems of both partner bodies operated effectively in the year.

Financial sustainability

- 5 Dundee City Integration Joint Board concluded 2016/17 with an operating surplus of £4.963 million which is being held as a general reserve by the IJB.
- 6 Dundee City Integration Joint Board made good progress in 2016/17 to identify and implement savings plans to remain within budget. However more work is required in 2017/18 to achieve savings and this will be challenging given the financial position faced by partner organisations.
- 7 Dundee City Integration Joint Board's financial plans do not currently extend beyond one year. Robust longer term financial planning needs to be developed to support delivery of the Integration Joint Board's strategic objectives.

Governance and transparency

- 8 The Integration Joint Board has governance arrangements in place that support the scrutiny of decisions by the Board. These arrangements continue to be developed, particularly risk management and the agreement of precise operational responsibilities and delegation of functions of the Integration Joint Board, NHS Tayside and Dundee City Council.
- 9 There is evidence from a number of sources which demonstrates Dundee City Integration Joint Board's commitment to transparency, including holding all Board and Performance and Audit Committee meetings in public and the development of a Dundee City Integration Joint Board website.

Value for money

- 10** A summary version of the Integration Joint Board's annual performance report was published on 27 July 2017 to meet the IJB's legislative requirements on performance reporting. The full 2016/17 Annual Performance Report was approved for publication by the Board on 29 August 2017.
- 11** National reports on Health and Social Care Integration published by Audit Scotland are considered by the Performance and Audit Committee. Action plans have been developed to demonstrate how the Integration Joint Board is responding to the recommendations raised in the reports.

Introduction

1. This report is a summary of our findings arising from the 2016/17 audit of Dundee City Integration Joint Board (the 'IJB'). The report is divided into sections which reflect our public sector audit model.

2. The scope of our audit was set out in our Annual Audit Plan presented to the March 2017 meeting of the Performance and Audit Committee. It comprises an audit of the annual accounts and consideration of the four audit dimensions that frame the wider scope of public sector audit requirements as illustrated in [Exhibit 1](#).

Exhibit 1

Audit dimensions



Source: Code of Audit Practice 2016

3. The main elements of our audit work in 2016/17 have been:

- a review of the IJB's main financial systems and governance arrangements
- an audit of the IJB's 2016/17 annual accounts including the issue of an independent auditor's report setting out our opinions.

4. The IJB is responsible for preparing annual accounts that show a true and fair view and for establishing effective arrangements for governance which enable it to successfully deliver its objectives.

5. Our responsibilities as independent auditor are established by the Local Government (Scotland) Act 1973, the [Code of Audit Practice \(2016\)](#), and supplementary guidance, and are guided by the auditing profession's ethical guidance.

6. These responsibilities include giving independent opinions on the financial statements, the remuneration report, the management commentary and the annual

governance statement. We also review and report on the arrangements within the IJB to manage its performance, and use of resources. In doing this, we aim to support improvement and accountability.

7. Further details of the respective responsibilities of management and the auditor can be found in the [Code of Audit Practice \(2016\)](#) and supplementary guidance.

8. The weaknesses or risks identified in this report are only those that have come to our attention during our normal audit work, and may not be all that exist. Also, our annual audit report contains an action plan at [Appendix 1](#). It sets out specific recommendations, responsible officers and dates for implementation.

9. Communication in this report of matters arising from the audit of the annual accounts or of risks or of weaknesses does not absolve management from its responsibility to address the issues raised and to maintain an adequate system of control.

10. As part of the requirement to provide fair and full disclosure of matters relating to our independence, we can confirm that we have not undertaken non-audit related services. The 2016/17 audit fee for the audit was set out in our Annual Audit Plan and as we did not carry out any work additional to our planned audit activity, the fee remains unchanged.

11. This report is addressed to both the Integration Joint Board and the Accounts Commission and will be published on Audit Scotland's website www.audit-scotland.gov.uk.

12. We would like to thank all management and staff who have been involved in our work for their co-operation and assistance during the audit.

Part 1

Audit of 2016/17 annual accounts



Main judgements

The financial statements of Dundee City Integration Joint Board for 2016/17 give a true and fair view of the state of its affairs and of its net expenditure for the year.

We have issued an unqualified independent auditor's report on the integration joint board's Annual Accounts for 2016/17.

Unqualified audit opinions

13. The annual accounts for the year ended 31 March 2017 were approved by the Performance and Audit Committee on 12 September 2017. We reported, within our independent auditor's report:

- an unqualified opinion on the financial statements
- unqualified opinions on the remuneration report, management commentary and the annual governance statement.

14. Additionally, we have nothing to report in respect of those matters which we are required by the Accounts Commission to report by exception.

Submission of annual accounts for audit

15. We received the unaudited financial statements by 30 June 2017, in line with our agreed audit timetable. The working papers provided with the unaudited financial statements were of a good standard and finance staff provided good support to the audit team which helped ensure the final accounts audit process ran smoothly.

16. Assurances were received from Dundee City Council and NHS Tayside on the operation of internal controls over the main financial systems used to provide information to the IJB for its financial statements.

Risks of material misstatement

17. [Appendix 2](#) provides a description of risks of material misstatement that were identified during the planning process which had the greatest effect on the overall audit strategy, the allocation of resources to the audit and directing the efforts of the audit team. Also included within the appendix are wider dimension risks, how we addressed these and our conclusions thereon.

The annual accounts are the principal means for the IJB to account for the stewardship of its resources and its performance in the use of those resources.

Materiality

18. Materiality defines the maximum error that we are prepared to accept and still conclude that our audit objective has been achieved. The assessment of what is material is a matter of professional judgement. It involves considering both the amount and nature of the misstatement.

19. On receipt of the annual report and accounts we reviewed our materiality calculations. The materiality levels set for the IJB are summarised in Exhibit 2.

Exhibit 2

Materiality values

Materiality level	Amount
Overall materiality - This is the calculated figure we use in assessing the overall impact of audit adjustments on the financial statements. It was set at 1% of the delegated net expenditure budget for 2016/17.	£2.5 million
Performance materiality - This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality this would indicate that further audit procedures should be considered. Using our professional judgement we have calculated performance materiality at 70% of overall materiality.	£1.7 million
Reporting threshold - We are required to report to those charged with governance on all unadjusted misstatements in excess of the 'reporting threshold' amount. This has been calculated at 1% of overall materiality (rounded).	£25,000

Source: Audit Scotland

Evaluation of misstatements

20. There was one material misstatement which had an impact on the unaudited Annual Accounts and this is summarised at item 1 in Exhibit 3. The misstatement which resulted in an understatement of £6.291 million in both funding (taxation and non-specific grant income) and the total cost of services had no impact on the general fund balance. The misstatement exceeded our performance materiality level but is considered to be an isolated misstatement and required no further audit procedures to be undertaken. The IJB has adjusted for the misstatements in the accounts.

Significant findings

21. International Standard on Auditing (UK and Ireland) 260 requires us to communicate significant findings from the audit "to those charged with governance". Our findings are summarised at [exhibit 3](#). Where a finding has resulted in a recommendation to management, a cross reference to the Action Plan at [appendix 1](#) has been included.

Exhibit 3

Significant findings from the audit of the Annual Accounts

Issue	Resolution
<p>1. Integration funding misstatement</p> <p>The funding to the IJB disclosed in the Comprehensive Income and Expenditure Statement and note 6 to the financial statements as £257.494 million did not agree with the funding of £263.785 million approved by the Board on 27 June 2017.</p> <p>The working paper supporting the annual accounts was reviewed by finance and subsequently amended to reflect the approved funding to the IJB. This change also had an equal and opposite effect on the net expenditure across some of the IJB service areas where grant funding had been netted off. Overall there was no impact on the net expenditure.</p>	<p>Adjusted: The Chief Finance Officer agrees with our view and the taxation and non-specific grant income and total cost of services have been increased by £6.291 million. No further action required.</p>
<p>2. Hospital acute services (set aside)</p> <p>Partners agreed that hospital acute services would be managed by NHS Tayside with no in year financial consequences to the IJB. The 'set aside' budget is the IJB's share of the budget for delegated acute services provided by large hospitals on behalf of the IJB. Included within the total IJB expenditure of £258.821 million is £21.059 million 'set aside' costs for hospital acute services.</p> <p>The budget and actual expenditure reported for the "set aside" are equal. The figure is based on 2014/15 activity levels for hospital inpatient and day case activity and provided by NHS National Services Scotland's Information Services Division.</p>	<p>The Comprehensive Income and Expenditure Statement in the Annual Accounts correctly incorporates the set aside costs.</p> <p>This is a transitional arrangement for 2016/17 agreed by Scottish Government. NHS Tayside and the IJB should prioritise establishing revised processes for planning and performance management of delegated hospital functions and associated resources in 2017/18.</p> <p>Action Plan (Appendix 1, point 1).</p>
<p>3. Annual Governance Statement and Management Commentary – noncompliance with guidance and regulations</p> <p>A number of disclosures required by extant guidance and Regulations had not been fully presented in the Annual Governance Statement and Management Commentary. This required a number of amendments to these statements.</p>	<p>The annual accounts have been amended to include the appropriate disclosures.</p> <p>Action Plan (Appendix 1, point 2).</p>

Source: Dundee City IJB Annual Accounts 2016/17

Other findings

22. In accordance with normal audit practice, a number of presentational and disclosure amendments were discussed and agreed with management. These were adjusted and reflected in the audited annual accounts.

Part 2

Financial management



Main judgements

Dundee City IJB has a sound system in place to report on financial performance to members on a regular basis via the financial monitoring position report. Financial monitoring reporting is continuing to develop as finance staff become more experienced in IJB finance.

The key controls within the main financial systems of both partner bodies operated effectively in the year.

Financial management

23. Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively. It is the Board's responsibility to ensure that its financial affairs are conducted in a proper manner.

24. The Board is required by statute to make arrangements for the proper administration of its financial affairs and to appoint a "proper officer" to have "responsibility for the administration of those affairs" (section 95 of the Local Government (Scotland) Act 1973). For Dundee City Integration Joint Board that officer is the Chief Finance Officer.

25. The integration scheme between Dundee City Council and NHS Tayside sets out the budget contribution in respect of all of the functions delegated to the IJB. Delegated baseline budgets for 2016/17 were subject to due diligence.

26. The IJB does not have any assets, nor does it directly incur expenditure or employ staff. All expenditure relating to services delegated to the IJB is incurred by Dundee City Council or NHS Tayside and processed through their financial systems.

27. As auditors, we need to consider whether the IJB has established adequate financial management arrangements. We do this by considering a number of factors, including whether:

- the Chief Finance Officer has sufficient status to be able to deliver good financial management
- standing financial instructions and standing orders are comprehensive, current and promoted within the IJB
- reports monitoring performance against budgets are accurate and provided regularly to budget holders

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

- monitoring reports do not just contain financial data but are linked to information about performance
- IJB members provide a good level of challenge and question budget holders on significant variances.

28. The Chief Finance Officer is suitably qualified for the role and has appropriate status within the organisation. The governance documentation for the IJB is in the main comprehensive and up to date and published on the IJB's website.

29. The Board is responsible for scrutinising financial and operational performance and ensuring that prompt corrective actions are taken where appropriate. To discharge this duty it needs timely and comprehensive budget monitoring information, including projections of the year end position. From attendance at IJB meetings and review of Board and Performance and Audit Committee papers and minutes we have concluded that budget monitoring reports are provided regularly to members and members provide a good level of challenge on the reports.

Internal controls

30. Dundee City IJB relies on services provided by both NHS Tayside and Dundee City Council. The key financial systems within both Dundee City Council and NHS Tayside are used to employ and pay staff and services and to record transactions on behalf of the IJB.

31. In accordance with ISA 402: Audit considerations relating to an entity using a service organisation, as part of our audit we sought and obtained assurances from the external auditors of Dundee City Council and NHS Tayside. The assurances confirmed there were no material weaknesses in those systems of internal control within the Council and the NHS board that are of relevance to the IJB.

Standards of conduct and arrangements for the prevention and detection of bribery and corruption

32. The staff who provide services on behalf of the IJB remain employees of Dundee City Council and NHS Tayside and as such they are bound by the employee and corporate codes of conduct that exist in these organisations. Management have confirmed that they are not aware of any cases of fraud or corruption that relate to the provision of IJB services. We are also not aware of any specific issues that we need to record in this report.

Part 3

Financial sustainability



Main judgements

Dundee City IJB concluded 2016/17 with an operating surplus of £4.963 million which is being held as a general reserve by the IJB.

Dundee City IJB made good progress in 2016/17 to identify and implement savings plans to remain within budget. However more work is required in 2017/18 to achieve savings and this will be challenging given the financial position faced by partner organisations.

Dundee City IJB's financial plans do not currently extend beyond one year. Robust longer term financial planning needs to be developed to support delivery of the IJB's strategic objectives.

Financial performance in 2016/17

33. The integration scheme and financial regulations set out the arrangements between Dundee City Council and NHS Tayside for addressing and financing any overspends or underspends. Underspends may be returned to the relevant partner in year, through a contribution adjustment, or retained by the IJB in general reserves. Where there is a forecast overspend, a risk sharing agreement is in place whereby the partner incurring the overspend meets the cost of the overspend.

34. The IJB set a breakeven budget for 2016/17. This was based on expenditure of £248.864 million, with £79.377 million contributed by Dundee City Council and £169.487 million by NHS Tayside. The £169.487 million included £10.107 million of integration funding which was provided by the Scottish Government for onward transmission to Dundee City IJB.

35. The IJB budget was subsequently increased by £14.920 million during the year to £263.784 million. The increase was due to additional funding of £4.690 million from Dundee City Council for additional central support costs and £10.230 million from NHS Tayside (including £4.979 million for transfer of the hosted services budgets for Angus and Perth & Kinross and £3.462 million for overspends on prescribing and hosted services).

36. An underspend of £4.963 million is reported in the financial statements for 2016/17, as noted in exhibit 4. £1.032 million related to social care services provided through Dundee City Council and £3.931 million related to an underspend on the 'ring fenced' integration funding. The IJB agreed to earmark the £3.931 million for ring-fenced integration projects and £0.400 million for Transformation projects. The remaining £0.632 million will be carried forward as a general contingency to cushion the impact of unexpected events or emergencies.

Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.

Exhibit 4

Actual outturn against budget 2016/17

	Original Budget £m	Additional Funding £m	Actual Outturn £m
Funding from NHS Tayside	169.487	10.230	179.717
Funding from Dundee City Council	79.377	4.690	84.067
Total Funding	248.864	14.920	263.784
Net Expenditure			258.821
Surplus (retained by the IJB)			4.963
Earmarked Reserves			4.331

Source: 2016/17 Dundee City IJB audited accounts.

Financial planning

37. The IJB allocates the resources it receives from Dundee City Council and NHS Tayside in line with the Strategic Plan. The Financial Plan (2017/18 Budget) for 2017/2018 was approved by the Joint Board on 23 March 2017.

38. Financial projections for 2017/18 predict a breakeven position in the year, although both Dundee City Council and to a greater extent NHS Tayside, face challenges balancing their respective budgets. Proposed efficiency savings have been identified and ways in which these savings can be made have been outlined to the Board.

39. Although a breakeven position is projected, the IJB has assessed the 2017/18 financial position as high risk, due to a forecast overspend of £1.126 million against the £32.878 million GP prescribing budget. Consequently the Board has again approved the adoption of the risk sharing agreement as set out in the Integration Scheme which means for 2017/18 the responsibility for meeting any prescribing budget shortfall at the end of the financial year will sit with NHS Tayside.

40. The current budget process does not include medium to long term financial planning. One of the challenges for the IJB is the short term financial planning cycle of the Scottish Government and the resulting difficulty in preparing medium/longer term funding strategies to address its priorities. While this is an obstacle to precise financial planning, management should prepare a 3-5 year rolling budget using what information is available and incorporating sensitivity analysis and scenario planning. In the absence of medium to long term financial planning the future financial risks facing the IJB may not be clearly understood.

Recommendation 3

The IJB should develop a robust medium to long term financial planning framework, in conjunction with its partners, to support delivery of its Strategic Plan.

Reserves strategy

41. Dundee City IJB has a reserves policy that allows it to carry reserves of up to 2% of net expenditure. The policy was approved by the Board in April 2017. The current reserve levels are within the limit of the policy.

Efficiency savings

42. Funding shortfalls were identified in the IJB's 2017/18 budget. As a result, the IJB has proposed a range of efficiency savings to achieve financial balance. Plans to achieve efficiency savings of £5.565 million were approved by the Board in March 2017.

43. These efficiency savings comprise of £4.425 million on directly managed operational services identified through the IJB's Transformation Programme and £1.140 million through NHS Tayside's Transformation Programme which impacts on delegated services to the IJB and therefore have been adopted as part of the IJB's overall savings plan for 2017/18.

44. There is a risk that initiatives within the transformation programmes will not be developed and delivered at a scale and pace required to meet the financial efficiency targets of the IJB. Progress on the achievement of the efficiency savings is monitored by the IJB's Transformation Delivery Group, an officer led group which reports to the Performance and Audit Committee and the Board.

Part 4

Governance and transparency



Main judgements

The IJB has governance arrangements in place that support the scrutiny of decisions by the Board. These arrangements continue to be developed particularly risk management and the agreement of precise operational responsibilities and delegation of functions of the IJB, Tayside NHS Board and the Council.

There is evidence from a number of sources which demonstrates Dundee City IJB's commitment to transparency, including holding all Board and Performance and Audit Committee meetings in public and the development of a Dundee City IJB website.

Governance arrangements

45. The integration scheme between Dundee City Council and NHS Tayside sets out the governance arrangements. The Board is responsible for establishing arrangements for ensuring the proper conduct of the affairs of the IJB and for monitoring the adequacy of these arrangements. The IJB's governance arrangements and procedures are regulated by a set of procedural documents including a Scheme of Delegation; Standing Orders; Terms of Reference; and Financial Regulations.

46. The Board is responsible for the strategic commissioning of health and social care services in Dundee City and is supported by a Performance and Audit Committee. The first meeting of the Performance and Audit Committee took place in January 2017. The Board is also supported by a number of groups, including the Strategic Planning Group and the Clinical, Care and Professional Governance Forum. A Transformation Programme Delivery Group has also been established to monitor the implementation of the transformation programme and will meet for the first time in September 2017.

47. The Board is responsible for setting priorities and policies in the context of legislative requirements and has an obligation to report, explain and be answerable for its decisions. It comprises a wide range of service users and partners including 3 elected councillors nominated by Dundee City Council and 3 non executive directors nominated by NHS Tayside.

48. The Board is supported by a Chief Officer who provides overall strategic and operational advice to the Board and is directly accountable for the delivery of services. The Chief Officer is also accountable to both the Chief Executive of Dundee City Council and the Chief Executive of NHS Tayside and provides regular reports to both the Council and the board of NHS Tayside.

49. The Board and Performance and Audit Committee meet on a regular basis throughout the year. We attend meetings of the Board, mainly as observers. We

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision-making and transparent reporting of financial and performance information.

also attend the Performance and Audit Committee, frequently as contributors. The Performance and Audit Committee meets in public and delivers a good standard of scrutiny.

50. Internal Audit, in their Annual Internal Audit Report 2016/17, concluded that reliance can be placed on the IJB's governance arrangements and systems of internal control. The report, considered by the Performance and Audit Committee at its July 2017, also highlighted further developments in place or planned for 2017/18 including: an integrated operational risk register to support the corporate risk register and operational continuity plans; work on further clarification of on large hospital services and set aside budget; work on the sufficiency of corporate support to support the achievement of the Strategic Plan; and further development of the Annual Performance Report.

51. Internal Audit also highlighted further recommendations for improvement including:

- further work is required on both a Tayside and Dundee basis to update the Memorandum of Understanding for Hosted Services agreed in February 2016, to take into account of the differing governance arrangements emerging amongst the IJBs, as well as to develop performance reporting for hosted services and sharing information across the partnerships.
- formal written agreement should be in place setting out the precise operational responsibilities of the IJB, Tayside NHS Board and the Council and the exact nature of the delegation of functions to the IJBs. These should flow through to risk management and assurance arrangements. These arrangements, including the risk management strategy and risk management reporting arrangements should be reviewed.

52. Management agreed to develop an action plan in response to the finding and recommendations in the report. The action plan will be developed and submitted to the Performance and Audit Committee at the September 2017 meeting for their approval.

53. As part of our 2017/18 audit we will consider and monitor progress with the implementation of this action plan.

Internal audit

54. Internal audit provides members and management with independent assurance on risk management, internal control and corporate governance processes.

55. The internal audit function is carried out by FTF Audit and Management Services, supported by the internal audit section within Dundee City Council. We carried out a review of the adequacy of the internal audit function and concluded that it generally operates in accordance with Public Sector Internal Audit Standards (PSIAS) and has sound documentation standards and reporting procedures in place.

56. To avoid duplication effort we place reliance on the work of internal audit wherever possible. In 2016/17 we placed no formal reliance on internal audit for our financial statements work, however we have considered internal audit report findings as part of our wider dimension work.

57. The 2016/17 internal audit plan noted reviews covering: due diligence; workforce which included a review of corporate support functions; and clinical, care and professional governance. Internal audit plan to present these 2016/17 reports to the Performance and Audit Committee in November 2017.

58. The delivery of the 2016/17 internal audit plan has slipped. Although it can be normal for there to be adjustments to internal audit plans, and this is exacerbated

by the emergent nature of IJBs as well as the fact that the governance frameworks in which these pieces of work sit are not yet clear, it is important that the delivery of planned outputs is kept under review. This is important to ensure the IJB is provided with timely information on the appropriateness of its current and developing arrangements.

Recommendation 4

Delivery of the internal audit plan should be kept under review to ensure reports are delivered in a timely manner

Transparency

59. Transparency is concerned with the public, in particular local residents, having access to understandable, relevant and timely information about how Dundee City IJB is taking decisions and how it is using resources.

60. There is evidence from a number of sources which demonstrates Dundee City IJB's commitment to transparency, including holding all Board and Performance and Audit Committee meetings in public.

61. Dundee City IJB website holds useful information for the public, including details of Board members, a copy of the integration scheme and information on performance, as well as Board agendas, papers and minutes. Plans are in place to include the Performance and Audit Committee papers on the website also. Delays have been experienced in this process due to constraints in administration resource.

Other governance arrangements

62. In March 2017 the Scottish Public Services Ombudsman (SPSO) issued guidance and a template to help Integrated Joint Boards develop an appropriate complaints handling procedure.

63. The Board approved the implementation of new complaint procedures, based on the SPSO guidance its April 2017 meeting. It also approved that three monthly complaint performance reports will be submitted to the Performance and Audit Committee. The first report will be presented to the September meeting of the Performance and Audit Committee.

Part 5

Value for money



Main judgements

A summary version of the annual performance report was published by 31 July 2017 to meet the IJB's legislative requirements on performance reporting. The full 2016/17 Annual Performance Report was approved for publication by the Board on 29 August 2017.

National reports relating to Health and Social Care Integration published by Audit Scotland are considered by the Performance and Audit Committee.

Performance management

64. The Board needs to demonstrate how it aims to achieve value for money in providing services. To facilitate this, the IJB should have effective arrangements for scrutinising performance, monitoring progress towards strategic objectives and holding partners to account.

65. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) and the Integration Scheme for the IJB set out the requirement for effective performance management arrangements, both operationally and financially.

66. The Strategic Plan identifies eight strategic priorities. These are:

- health Inequalities – which includes shifting resources to invest in health inequalities
- early intervention/prevention – which includes investing in or redirecting existing resources to scale up well evidenced, early intervention and prevention approaches
- person centred care and support – which includes restructuring financial planning to support the further development of self directed support
- carers - investing more in the health and wellbeing of carers
- localities and engaging with communities – which will include investing in infrastructure to support the development of locality planning and allocating resources to implement locality plans
- building capacity – including investing in third sector and community developments that build community capacity

Value for money is concerned with using resources effectively and continually improving services.

- models of support/pathways of care – which includes investing in tests of change/remodelling of services which are designed to improve capacity and flow between large hospitals and the community
- managing our resources effectively – which includes investing in co-located, integrated models of care and support aligned to localities.

67. It is important that performance is regularly measured and monitored to demonstrate how the IJB is performing against its strategic objectives.

68. The IJB has a performance framework in place which incorporates quarterly reporting to the Performance and Audit Committee. The quarterly performance reports provide information on the IJB's performance ranked against national indicators over time at a Dundee City level and split by locality. The intention is to have an outward approach for benchmarking performance against national data within a clinical and care governance perspective in the areas that need to focus to improve outcomes for individuals and communities in the future which would assist in the deployment of resources.

69. The Performance and Audit Committee performance report for quarter 3 (October – December 2016) was not available for the March 2017 meeting and was instead presented to the July 2017 meeting, along with the quarter 4 (January to March 2017). The IJB has recognised the timing of reports as an issue and has plans in place for 2017/18 to ensure a quarterly performance report is presented at each Performance and Audit Committee meeting.

70. The Public Bodies (Joint Working) (Scotland) Act 2014 requires an annual performance report to be completed within four months of the year end. Guidance highlights that the report should cover areas including; assessing performance in relation to national health and wellbeing outcomes, financial performance and best value, reporting on localities, inspection of services, and a review of the strategic commissioning plan. The Board's eight strategic priorities link to the nine National Health and Wellbeing Outcomes.

71. The IJB did not fully meet the requirement to publish its full annual performance report by 31 July 2017 due to difficulties around the availability of data. To mitigate against this a summary version of the annual performance report was approved by the Performance and Audit Committee and published on 27 July 2017. The full version of the 2016/17 annual performance report was approved by the Board on 29 August 2017. The report assesses the performance of Dundee City IJB in relation to national health and wellbeing outcomes, reporting by localities in addition to the IJB as a whole.

72. The summary and full version of the annual performance report provided information on the IJB's achievements; feedback received; a summary of the outcome of inspections; performance against the national priorities; and information on complaints.

73. The performance report shows that the IJB is performing well against the local and national outcomes. However the performance against the: 'emergency admission rate (per 100,000 people aged 18+)'; 'readmission to acute hospital within 28 days of discharge (per 1,000 population)'; and 'falls rate per 1,000 population aged 65+' figures have deteriorated slightly for Dundee as a whole. The IJB has highlighted a number of initiatives that it is hoped will improve these areas.

74. The summary and final annual performance report contained financial information. The final performance report also contained information on the IJB's use of resources and how the IJB considers it is demonstrating its commitment to achieving best value. In part this is through the development of the IJBs transformation programme and work undertaken to redesign services and ongoing plans to reshape services. The success of the IJBs transformation programme going forward will be critical to it delivering its outcomes.

75. Although the IJB has developed a range of different mechanisms to scrutinise the performance and quality of services over the last year, it recognises that there is further work to be done during 2017/18 to embed self-evaluation, quality assurance, performance monitoring and clinical care and professional governance in its locality planning and service delivery arrangements.

Recommendation 5

An action plan should be prepared to deliver the improvements identified for the performance management framework. The action plan should be monitored by the Performance and Audit Committee.

National performance audit reports

76. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2016/17, we published a number of reports which are of direct interest to the Board. These are outlined in [Appendix 3](#) accompanying this report.

77. The Performance and Audit Committee has considered national Health and Social Care Integration reports that have been published by Audit Scotland and members receive updates on progress made on recommendations contained in these reports. Other national reports may be of interest to members, but there is no formal mechanism to ensure that members have the opportunity to consider other relevant national reports.

Recommendation 6

A process should be introduced to ensure all relevant Audit Scotland reports are considered by members.

Appendix 1

Action plan 2016/17

2016/17 recommendations for improvement

Page no.	Issue/risk	Recommendation	Agreed management action/timing
10	<p>1. Hospital acute services (set aside)</p> <p>Included within the total IJB expenditure of £258.821 million is £21.059 million 'set aside' costs for hospital acute services.</p> <p>The figure is, essentially an estimate, based on 2014/2015 activity levels for hospital inpatient and day case activity and provided by NHS National Services Scotland's Information Services Division.</p> <p>Risk</p> <p>In future years the sum set aside recorded in the annual accounts will not reflect actual hospital use.</p>	<p>NHS Tayside and the IJB should prioritise establishing revised processes for planning and performance management of delegated hospital functions and associated resources in 2017/18.</p>	<p>Action: Work is progressing locally and nationally to determine the most appropriate methodology for calculating and monitoring the value of the Large Hospital Set Aside.</p> <p>Responsible officer: Chief Finance Officer</p> <p>Action by: March 2018</p>
10	<p>2. Annual Governance Statement and Management Commentary: non-compliance with guidance and regulations</p> <p>A number of disclosures required by extant guidance and Regulations had not been presented appropriately in the Annual Governance Statement and Management Commentary in the draft annual accounts.</p> <p>Risk</p> <p>The annual accounts may not comply with current guidance and Regulations.</p>	<p>The IJB should ensure that there is a process in place to ensure that the requirements of existing guidance and Regulations are met.</p>	<p>Action: The Management Commentary and Annual Governance have been amended to ensure compliance with guidance and Regulations.</p> <p>Any further requirements will be reflected in future years.</p> <p>Responsible officer: Chief Finance Officer</p> <p>Action by: June 2018</p>



Page no.	Issue/risk	Recommendation	Agreed management action/timing
15	3. Financial Planning <p>The IJB has financial projections for 2017/18 but financial planning does not currently extend beyond one year.</p> <p>Risk</p> <p>The IJB does not have robust financial plans to support the delivery of its longer term objectives.</p>	<p>The IJB should develop a robust medium to long term financial planning framework, in conjunction with its partners, to support delivery of its Strategic Plan.</p>	<p>Action: We will develop longer term financial planning in partnership with Dundee City Council and NHS Tayside as part of 2018/19 revenue budget setting process and beyond.</p> <p>Responsible officer: Chief Finance Officer</p> <p>Action by: March 2018</p>
18	4. Delivery of internal audit plan <p>The delivery of the 2016/17 internal audit plan has slipped, with the remaining planned outputs to be delivered to the November 2017 Performance and Audit Committee.</p> <p>Risk</p> <p>The IJB is not provided with timely information on the appropriateness of its current and developing governance arrangements.</p>	<p>Delivery of the internal audit plan should be kept under review to ensure reports are delivered in a timely manner.</p>	<p>Action: Monitoring of the Internal Audit Plan to become a standing item on the Performance and Audit Committee agenda.</p> <p>Responsible officer: Chief Finance Officer</p> <p>Action by: November 2017</p>
21	5. Performance management improvements <p>Although the IJB has developed a range of different mechanisms to scrutinise the performance and quality of services over the last year, it recognises that there is further work to be done during 2017/18.</p> <p>Risk:</p> <p>The IJB may not be fully effective in assessing its performance in delivering services.</p>	<p>An action plan should be prepared to deliver the improvements identified for the performance management framework. The action plan should be monitored by the Performance and Audit Committee.</p>	<p>Action: Work is progressing to assess required improvements and service capacity to inform the development of an action plan. This will be completed by the end of the calendar year for presentation to the Integrated Strategic Planning Group and Performance and Audit Committee, including recommendations around monitoring processes.</p> <p>Responsible officer: Chief Finance Officer</p> <p>Action by: December 2017</p>
21	6. Audit Scotland national reports <p>The IJB can be commended</p>	<p>The Chief Finance Officer should develop a system to allow for the consideration of</p>	<p>Action: National performance reports to become a standing item on the Dundee Health</p>



**Page
no.**

Issue/risk

Recommendation

**Agreed management
action/timing**

for considering and acting on Audit Scotland national reports on Health and Social Care Integration. Audit Scotland produces a number of other national reports that, whilst they do not relate specifically to the IJB, contain information that could be relevant to the IJB. There is no formal mechanism to ensure members have the opportunity to consider these reports.

Risk

Members may not be fully aware of emerging national issues in the public sector that may impact on their ability to deliver services locally.

relevant national performance reports and to report the main findings to members as appropriate.

and Social Care Partnership's Senior Management Team meeting agenda to consider appropriate reporting and information sharing forum.

Responsible officer: Chief Officer

Action by: September 2017

Appendix 2

Significant audit risks identified during planning

The table below sets out the audit risks we identified during our planning of the audit and how we addressed each risk in arriving at our conclusion. The risks are categorised between those where there is a risk of material misstatement in the annual accounts and those relating to our wider responsibility under the [Code of Audit Practice 2016](#).

Audit risk	Assurance procedure	Results and conclusions
Risks of material misstatement in the financial statements		
1 Risk of management override of controls Management is in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit.	Detailed testing of journal entries. Service auditor assurances will be obtained from the auditors of Dundee City Council and NHS Tayside over the completeness, accuracy and allocation of the income and expenditure.	Audit procedures were undertaken at the year end to ensure the figures in the accounts are accurate. No issues were identified as part of the year end audit regarding management override of controls.
2 Risk of Fraud over Expenditure The expenditure of the IJB is processed through the financial systems of Dundee City Council and NHS Tayside. There is a risk that non IJB related expenditure is incorrectly coded to IJB account codes..	Obtain assurances from the auditors of Dundee City Council and NHS Tayside over the accuracy, completeness and appropriate allocation of the IJB ledger entries. Carry out audit testing to confirm the accuracy and correct allocation of IJB transactions, and that they are recorded in the correct financial year.	Assurances have been obtained from the Dundee City Council and NHS Tayside auditors. No issues identified in either of the assurances.
3 Financial Statements timescales NHS Tayside will be required to have financial information from the IJB available to it in sufficient time to allow incorporation into its group financial statements. Without proper planning there is a risk that the requisite information is not provided by the IJB	Engage with officers prior to the accounts being prepared to ensure that the relevant information is disclosed and the timetable is understood. Formal assurances will be obtained from the auditors of Dundee City Council and NHS Tayside over the completeness, accuracy and allocation of the income and expenditure.	Assurances have been obtained from the Dundee City Council and NHS Tayside auditors over the completeness, accuracy and allocation of the income and expenditure.

Audit risk	Assurance procedure	Results and conclusions
<p>within the timescales required for NHS Tayside to meet its statutory sign-off deadline of 30 June 2017.</p>		
<p>4 Preparation of financial statements</p> <p>Preparation of the IJB financial statements relies on the provision of financial and non-financial information from the systems of the two partner bodies. The Chief Finance Officer of the IJB must obtain assurance that the costs transferred to the accounts of the IJB are complete and accurate and incurred on behalf of the IJB for services prescribed in the integration scheme. There is a risk that the Chief Finance Officer does not obtain adequate assurance that information received from each party is accurate and complete.</p> <p>In addition the 2016/17 Code of Practice on Local Authority Accounting (the Code) introduces changes to the presentation of the financial statements including changes to the requirements of the annual governance statement to provide additional disclosures.</p>	<p>Review of the governance statement to ensure it adequately reflects the position of the IJB and compliance with the Code.</p> <p>Confirm appropriate action is taken on issues raised in internal audit reports.</p> <p>Confirm that financial reporting throughout the year is accurately reflected in the year end position.</p> <p>Carry out audit testing to confirm the accuracy and correct allocation of IJB transactions, and that they are recorded in the correct financial year.</p> <p>Obtain formal assurances from the auditors of Dundee City Council and NHS Tayside.</p>	<p>The audit process identified some areas for improvement in the Annual Governance Statement which were incorporated into the final version of the statement. It reflected the position of the IJB and included consideration of issues raised in the annual internal audit report.</p> <p>Audit procedures undertaken at the year end on the completeness of figures.</p> <p>No issues arising from the audit of the financial statements.</p>
Risks identified from the auditor's wider responsibility under the Code of Audit Practice		
<p>5 Financial sustainability</p> <p>NHS Tayside and Dundee City Council face significant financial pressures from funding reductions and increasing costs. There is a risk that the IJB in partnership with NHS Tayside and Dundee City council may not be able to identify sustainable savings measures or meet cost pressures as they arise. As at December 2016, the IJB has a projected overspend of £2.3 million, mainly arising from an NHS Tayside related cost of prescribing and consequently,</p>	<p>Review of ongoing budget monitoring to ensure it accurately reflects the position of the IJB.</p> <p>Review recovery plans or remedial action taken to address areas of budget pressure / projected overspends.</p> <p>Review reserves policy.</p>	<p>Underspend of £4.963 million in year retained in reserves. The Board's reserves policy fully sets out the circumstances in which reserves can be created, and the governance arrangements around their use.</p> <p>To achieve financial balance in 2017/18, efficiency savings of £5.565 million have been built into the IJB's 2017/18 budget. We will continue to monitor the achievement of savings targets as part of the audit process.</p>

Audit risk	Assurance procedure	Results and conclusions
<p>the IJB has triggered the risk sharing agreement contained in the Integration Scheme.</p>		
<p>6 Governance and assurance arrangements</p> <p>The January 2017 Performance and Audit Committee received an update on the actions from the 2015/16 Annual Internal Audit Report. The update showed that progress had been made in a number of areas. However it also noted that further action was needed including further action by the IJB and all parties around developing and clarifying all governance arrangements, including: risk management, assurance and accountability arrangements; developing the scheme of delegation; and fraud reporting arrangements.</p> <p>There is a risk of a lack of clarity in the arrangements which could lead to decision making being undermined.</p>	<p>Monitor developments in this area.</p> <p>Review of the 2016/17 Annual Internal Audit Report.</p>	<p>Arrangements not yet fully developed - noted as an area for development in the 2016/17 Annual Internal Audit Report. This is an important area that has not been progressed quickly enough.</p>
<p>7 Corporate Support</p> <p>Dundee City Council and NHS Tayside may not be able to provide the IJB with sufficient corporate support, including support to further develop its: performance framework; transformation programme and integrated (rather than aligned) budget for 2017/18. Insufficient corporate support could prevent the IJB from delivering on its strategic aims.</p>	<p>Consider the results of the work undertaken by internal audit.</p> <p>Monitor the IJBs development of its performance framework; transformation programme; and integrated budget.</p>	<p>Internal Audit plan to submit the report to the November 2017 Performance and Audit Committee.</p>
<p>8 Transparency</p> <p>In order to ensure transparency, information about the nature of the IJB, its performance and governance should be readily accessible to the public. Dundee City IJB currently does not have its own website. Some committee and board papers and key documents are available on the Dundee City website.</p> <p>There is a risk that information on the governance and performance of the IJB is</p>	<p>Review the development of public reporting and other IJB information available to the public.</p>	<p>The IJB has made good progress and now has its own website. We note that there have been some delays in loading information including the papers for the Performance and Audit Committee. This is due to constraints in administration resource.</p>

Audit risk	Assurance procedure	Results and conclusions
inaccessible to stakeholders.		

Appendix 3

Summary of national performance reports 2016/17



Apr			
May		Common Agricultural Policy Futures programme: an update	
Jun		South Ayrshire Council: Best Value audit report	The National Fraud Initiative in Scotland
Jul		Audit of higher education in Scottish universities	Supporting Scotland's economic growth
Aug		Maintaining Scotland's roads: a follow-up report	Superfast broadband for Scotland: a progress update
Sept		Social work in Scotland	Scotland's new financial powers
Oct		Angus Council: Best Value audit report	NHS in Scotland 2016
Nov		How councils work – Roles and working relationships in councils	Local government in Scotland: Financial overview 2015/16
Dec		Falkirk Council: Best Value audit report	East Dunbartonshire Council: Best Value audit report
Jan			
Feb		Scotland's NHS workforce	
Mar		Local government in Scotland: Performance and challenges 2017	i6: a review
			Managing new financial powers: an update

National reports relevant to the Board

[The National Fraud Initiative in Scotland](#) – June 2016

[NHS in Scotland 2016](#) – October 2016

[Local Government in Scotland: Financial overview 2015/16](#) – November 2016

[Social work in Scotland](#) – September 2016

[Scotland's NHS workforce](#) – February 2017

[Local Government in Scotland: Performance and Challenges 2017](#) – March 2017

[Self-directed support: 2017 progress report](#) – August 2017

Dundee City Integration Joint Board

Proposed 2016/17 Annual Audit Report

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

Assistant to Clerk:
Willie Waddell
Committee Services Officer
Dundee City Council

City Chambers
DUNDEE
DD1 3BY

5th September, 2017

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER
REPRESENTATIVES OF THE PERFORMANCE AND
AUDIT COMMITTEE

(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 in Committee Room 2, 14 City Square, Dundee on Tuesday, 12th September, 2017 at 2.00 pm. **(Please note the change of venue).**

Apologies for absence should be submitted to Willie Waddell, Committee Services Officer, on telephone 01382 434228 or by e-mail willie.waddell@dundeecity.gov.uk.

Yours faithfully

DAVID W LYNCH
Chief Officer

A G E N D A

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

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

3 MINUTE OF PREVIOUS MEETING - Page 1

The minute of previous meeting of the Committee held on 19th July, 2017 is attached for approval.

4 AUDIT SCOTLAND – ANNUAL AUDIT REPORT

(Report No PAC22-2017 by the Chief Finance Officer, to follow).

5 AUDITED ANNUAL ACCOUNTS

(Report No PAC21-2017 by the Chief Finance Officer, to follow).

6 ANNUAL INTERNAL AUDIT REPORT 2016/17 – ACTION PLAN - Page 5

(Report No PAC24-2017 by the Chief Finance Officer, copy attached).

7 APPOINTMENT OF INTERNAL AUDIT FOR 2017/18 (PAC31-2017)

Dundee IJB approved the arrangements for the provision of internal audit services to the IJB in May 2016 for the period 2016/17 with a partnership approach between Fife, Tayside and Forth Valley Audit and Management Services (FTF) and Dundee City Council internal audit service. The Chief Internal Auditor from FTF was appointed to this same role within the IJB. Following receipt of the Annual Internal Audit Report for 2016/17, presented to the PAC in July 2017, it is recommended that this arrangement for the provision of internal audit arrangements is continued for 2017/18. This will enable consistency in approach and continue the good partnership working between NHS Tayside's and Dundee City Council's internal audit services.

The PAC is asked to approve this arrangement.

8 DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT (QUARTER 1) - Page 9

(Report No PAC23-2017 by the Chief Finance Officer, copy attached).

9 REGISTERED CARE HOME SERVICES FOR ADULTS – CARE INSPECTORATE GRADINGS - Page 37

(Report No PAC20-2017 by the Chief Finance Officer, copy attached).

10 CARE INSPECTORATE FOLLOW UP VISIT – WEAVERS BURN - Page 57

(Report No PAC29-2017 by the Chief Finance Officer, copy attached).

11 FALLS PERFORMANCE - Page 87

(Report No PAC26-2017 by the Chief Finance Officer, copy attached).

12 READMISSIONS TO HOSPITAL - Page 111

(Report No PAC27-2017 by the Chief Finance Officer, copy attached).

13 ANNUAL COMPLAINTS PERFORMANCE 2016/17 - Page 115

(Report No PAC28-2017 by the Chief Finance Officer, copy attached).

14 CLINICAL, CARE & PROFESSIONAL GOVERNANCE EXCEPTION REPORT - Page 121

(Report No PAC25-2017 by the Chief Finance Officer, copy attached).

**15 DUNDEE INTEGRATION JOINT BOARD BUDGET PLANNING PROCESS 2018/19
- Page 125**

(Report No PAC30-2017 by the Chief Finance Officer, copy attached).

16 DATE OF NEXT MEETING

The next meeting of the Committee will be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 28th November, 2017 at 2.00 pm.

PERFORMANCE AND AUDIT COMMITTEE
PUBLIC DISTRIBUTION LIST

(a) DISTRIBUTION – PERFORMANCE AND AUDIT COMMITTEE

(* - DENOTES VOTING MEMBER)

<u>Role</u>	<u>Recipient</u>
Non Executive Member (Chair)	Doug Cross *
Elected Member	Councillor Roisin Smith *
Elected Member	Bailie Helen Wright *
Non Executive Member	Judith Golden *
Chief Officer	David W Lynch
Chief Finance Officer	Dave Berry
Registered medical practitioner employed by the Health Board and not providing primary medical services	Cesar Rodriguez
Chief Social Work Officer	Jane Martin
Chief Internal Auditor	Tony Gaskin
Staff Partnership Representative	Raymond Marshall

(b) DISTRIBUTION – FOR INFORMATION ONLY

<u>Organisation</u>	<u>Recipient</u>
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Dundee City Council (Chief Executive)	David R Martin
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee City Council (Members' Support)	Sharron Wright
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership	Arlene Hay
Dundee Health and Social Care Partnership	Diane McCulloch
NHS Tayside (Communications rep)	Jane Duncan
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
NHS (PA to Tony Gaskin)	Carolyn Martin
Audit Scotland (Senior Audit Manager)	Bruce Crosbie



At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 19th July, 2017.

Present:-

<u>Members</u>	<u>Role</u>
Doug CROSS (<i>Chairperson</i>)	Nominated by Health Board (Non Executive Member)
Roisin SMITH	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
David W LYNCH	Chief Officer
Dave BERRY	Chief Finance Officer
Jane MARTIN	Chief Social Work Officer
Cesar RODRIGUEZ	Registered Medical Practitioner (not providing primary medical services)

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

Tony GASKIN	Chief Internal Auditor
Arlene HAY	Dundee Health and Social Care Partnership
Jenny HILL	Dundee Health and Social Care Partnership
Lynsey WEBSTER	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership
Mike ANDREWS	Dundee Health and Social Care Partnership
Bruce CROSBIE	Audit Scotland

Doug CROSS, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Judith GOLDEN, Nominated by Health Board (Non Executive Member) and Raymond MARSHALL, Staff Partnership Representative.

II DECLARATION OF INTEREST

No declarations of interest were made.

III MEMBERSHIP – DUNDEE CITY COUNCIL

Reference was made to Article VII of the minute of meeting of the Dundee City Health and Social Care Integration Joint Board held on Tuesday, 27th June, 2017, wherein it was reported that the membership of the Performance and Audit Committee comprised two voting members from Dundee City Council on the basis that they did not hold the positions of Chairperson or Vice Chairperson of the Integration Joint Board.

The Committee agreed to note that the remaining two voting members Councillor Roisin Smith and Bailie Helen Wright from Dundee City Council were appointed as members of the Performance and Audit Committee.

IV MINUTE OF PREVIOUS MEETING

The minute of meeting of the Committee held on 14th March, 2017 was submitted and approved.

V CLINICAL, CARE & PROFESSIONAL GOVERNANCE EXCEPTION REPORT

Reference was made to Article XII of the minute of meeting of the Dundee City Health and Social Care Integration Joint Board held on 28th February, 2017 wherein progress made in implementing the Clinical, Care and Professional Governance Framework was noted.

Reference was also made to Article XVI of the minute of meeting of the Dundee City Health and Social Care Integration Joint Board held on 27th June, 2017 wherein updated information on clinical care and professional governance work underway across the Partnership was noted.

There was submitted Agenda Note PAC18-2017 reporting that the report submitted to the meeting of the Dundee City Health and Social Care Integration Joint Board in February 2017 provided the Integration Joint Board with an update on the progress made in implementing the Clinical, Care and Professional Governance Framework and recommended that exception reporting be provided to every meeting of the Performance and Audit Committee and six monthly reports be provided to the Integration Joint Board. It was reported that at the request of the Integration Joint Board an earlier progress report was submitted to the Integration Joint Board held on 27th June 2017 which provided members with a further update on the progress made and summarised the work undertaken in the financial year April 2016 – March 2017. The Integration Joint Board made suggestions as to how this reporting framework might be improved and this would be incorporated into the future reports to both the Integration Joint Board and the Performance and Audit Committee.

The Committee agreed:-

- (i) to note that the information for period April 2017 – June 2017 would be considered by the R2 Forum in July 2017 and as such was not available for the Committee meeting and that the timing of meetings would be reviewed in line with the Performance and Audit Committee arrangements to ensure reports were available for future meetings;
- (ii) to note that there was a robust, single reporting arrangement in place to support consideration of health governance matters which was previously established within Dundee Community Health Partnership and that the framework was being mapped against social care governance arrangements to align systems and further develop integrated performance reporting and that a development day was being held on 17 July 2017 to support this;
- (iii) to note the annual summary report to the Integration Joint Board identified the areas considered by R2 Forum during the period April 2016 – March 2017 and that there were no significant outstanding governance issues identified as part of this process;
- (iv) to note that the R2 Forum had considered both governance and risk issues for three service areas; Palliative Care Services; Mental Health Officer Service and Tayside Substance Misuse Service; and
- (v) to note that information on the three service areas; Palliative Care Services; Mental Health Officer Service and Tayside Substance Misuse Services was reported within the yearly summary presented to the Integration Joint Board at its meeting held on 27th June, 2017.

VI DUNDEE INTEGRATION JOINT BOARD INTERNAL ANNUAL AUDIT REPORT 2016/17 AND ANNUAL GOVERNANCE STATEMENT

There was submitted Report No PAC14-2017 by the Chief Finance Officer advising the Committee of the outcome of the Chief Internal Auditor's Report on the Integration Joint Board's internal control framework for the financial year 2016/17 and to agree the Integration Joint Board's revised Annual Governance Statement following this assessment.

The Committee agreed:-

- (i) to note the content and findings of the Annual Internal Audit Report 2016/17 which was attached to the report as Appendix 1;

- (ii) to instruct the Chief Finance Officer to develop an action plan in response to identified issues for consideration by management arising from the report; and
- (iii) to note and approve the revised Annual Governance Statement which was attached to the report as Appendix 2; following the Chief Internal Auditor's conclusion that reliance could be placed on the Integration Joint Board's governance arrangements and systems of internal control for 2016/17 and instruct the Chief Finance Officer to incorporate this within the Integration Joint Board's Draft Annual Accounts.

VII DRAFT ANNUAL ACCOUNTS 2016/17

Reference was made to Article VI of this minute of the Committee wherein it was agreed to incorporate the revised Annual Governance Statement with the Integration Joint Board's Draft Annual Accounts.

There was submitted Report No PAC12-2017 by the Chief Finance Officer presenting for noting the Integration Joint Board's Draft Annual Statement of Accounts 2016/17.

The Committee agreed:-

- (i) to note the Integration Joint Board's Draft Annual Statement of Accounts 2016/17 which was attached to the report as Appendix 2; and
- (ii) to note that the Chief Finance Officer had been instructed to include the revised Annual Governance Statement with the Draft Annual Statement of Accounts and submit the document to Audit Scotland to enable the External Audit process to progress.

VIII DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT (QUARTERS 3 & 4)

Reference was made to Article V of the minute of meeting this Committee held on 27th January, 2017 wherein the last update on the implementation of the Partnership's performance framework was noted.

There was submitted Report No PAC15-2017 by the Chief Finance Officer updating the Committee on progress in implementing the Partnership's performance framework. The report also brought forward the combined Quarter 3 and Quarter 4 Performance Report for 2016/17 for consideration by the Committee.

The Committee agreed:-

- (i) to note the progress that had been made in further developing and implementing the performance framework, and supporting structures and systems, since the last update was provided to the Committee on 17th January 2017 as outlined in section 4.1 of the report;
- (ii) to note the performance of Dundee Health and Social Care Partnership as outlined in Appendix 1 of the report;
- (iii) to note the progress that had been made to develop information from the quarterly performance reports and Ministerial Strategic Group submission into a Partnership Delivery Plan for 2017/18 with a focus on improvement in identified areas as outlined in section 4.1.3 of the report;
- (iv) to approve the proposed approach to Quarterly Performance Reports for 2017/18 as outlined in section 4.3 of the report; and
- (v) to note the progress that had been made in developing links between the Quarterly Performance Report and Risk Register as outlined in section 4.3.4 of the report.

IX ANNUAL PERFORMANCE REPORT UPDATE

There was submitted Report No PAC16-2017 by the Chief Finance Officer updating the Committee on progress in producing the 2016/17 Health and Social Care Partnership Annual Performance Report.

The Committee agreed:-

- (i) to note the updates provided and the unformatted advance draft summary of the Annual Performance Report which was attached to the report as Appendix I.
- (ii) to approve the planned approach to approval and publication as outlined in sections 4.2.3, 4.2.4 and 4.2.5 of the report.

X OUTCOME OF CARE INSPECTORATE INSPECTIONS

There was submitted Report No PAC17-2017 by the Chief Finance Officer advising the Committee of the outcome of recent Care Inspectorate inspections of the MacKinnon Centre and older people care homes Craigie House and Turriff House.

The Committee agreed:-

- (i) to note the contents of the report and the content of the inspection reports which were attached to the report as Appendices 1, 2 and 3;
- (ii) to note the one requirement for the MacKinnon Centre as outlined in paragraph 4.3.5. of the report;
- (iii) to note the grades awarded to the service, the strengths of the service, and the very positive comments made by service users and carers as outlined in the report.

The Committee further agreed to record their appreciation for the contribution and diligence of staff within the Partnership with responsibility for the individual services referred to in the report towards achieving positive reports from the inspections carried out by the Care Inspectorate.

XI PROGRAMME OF MEETINGS - 2017

The Committee agreed to note that the programme of meetings of the Committee for the remainder of 2017 was as follows:-

<u>Date</u>	<u>Time</u>	<u>Venue</u>
Tuesday, 12th September 2017	2.00 pm	Committee Room 2, 14 City Square, Dundee
Tuesday, 28th November 2017	2.00 pm	Committee Room 1, 14 City Square, Dundee

XII DATE OF NEXT MEETING

The Committee noted that the next meeting of the Committee would be held in Committee Room 2, 14 City Square, Dundee on Tuesday, 12th September, 2017 at 2.00 pm.

Doug CROSS, Chairperson.

ITEM No ...6.....



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 12 SEPTEMBER 2017

REPORT ON: ANNUAL INTERNAL AUDIT REPORT 2016/17 - ACTION PLAN

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC24-2017

1.0 PURPOSE OF REPORT

The purpose of this report is to consider a proposed action plan to respond to the recommendations of the Annual Internal Audit Report 2016/17.

2.0 RECOMMENDATIONS

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

- 2.1 Notes and approves the proposed action plan as outlined in Appendix 1.
- 2.2 Remits the Chief Finance Officer to provide a progress report to the PAC prior to 31 March 2018.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 Dundee Integration Joint Board's (IJB) Annual Internal Audit Report was presented to the IJB at its meeting on 27 June 2017. This report noted that the Chief Internal Auditor's assessment of the IJB's governance, risk management and control frameworks as they had developed during 2016/17 had established no major issues and that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in 2016/17. The report noted a number of areas of planned improvements for 2016/17 alongside a range of recommended further issues for consideration by management. The Internal Audit report recommended the development of an action plan to ensure these and other developing governance issues are managed effectively. This action plan is shown in Appendix 1. The Chief Internal Auditor will provide an assessment of the adequacy of these as part of their 2017/18 Annual Audit Report.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

The Chief Officer, Chief Internal Auditor and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None

Dave Berry
Chief Finance Officer

Date: 21 August 2017

Appendix 1

Annual report actions	Proposed management action	Responsible Officer	Timescales	To be reported to
Update of the IJB's Participation and Engagement Strategy to be presented to the IJB.	Prepare update report for IJB following consideration at Dundee Integrated Strategic Planning Group.	Chief Officer	Prior to March 2018	IJB
Further work required across Tayside and Dundee to update the Memorandum of Understanding for Hosted Services.	Draft revised Memorandum of Understanding developed. Further discussions to take place between three Tayside Chief Officers and three Chief Finance Officers to agree position	Chief Officer/Chief Finance Officer	December 2017	IJB
All key principles with regards to governance arrangements need to be agreed with associated formal written agreement setting out the precise responsibilities of the IJB, Tayside NHS Board and the Council in relation to operational activities and the exact nature of the delegation of functions to IJBs.	Tayside wide issue being taken forward between the three Tayside IJBs, NHS Tayside and local authorities.	Chief Officer	December 2017	IJB
Approach to Risk Management should be enhanced through expanding risk register to include assurances in place against controls for each risk, timescales and action and a review of risk management arrangements including the Risk Management Strategy.	Review of Risk Management Strategy/risk register to be undertaken as recommended and presented to the IJB.	Chief Finance Officer	December 2017	PAC first – then IJB
Clarification of deputising arrangements for the Chief Officer to be presented to the IJB.	Agreement to be reached between Chief Officer and Chief Executives of both Dundee City Council and NHS Tayside.	Chief Officer	October 2017	IJB

Annual report actions	Proposed management action	Responsible Officer	Timescales	To be reported to
Consideration should be given to provide an action points update on decisions taken at previous meetings to be a standing item for IJB and Performance and Audit Committee.	Agreed to implement this arrangement for future IJB and PAC meetings.	Chair/Vice Chair/Clerk to the Board	With effect from next meetings of IJB and PAC (October and November 2017 respectively)	IJB/PAC
A Scheme of Further Delegation needs to be documented for IJB services directed to NHS Tayside and Dundee City Council.	Assess similar schemes in place across Tayside and other IJBs and develop Dundee specific version.	Chief Finance Officer/Clerk to the Board	December 2017	IJB
Consideration should be given to providing the IJB with reporting on workforce issues including the Workforce and Organisational Development Strategy as well as the partnership forum.	Take forward with Corporate Human Resources/Organisational Development support from Dundee City Council and NHS Tayside. Assess existing mechanisms in place for both organisations and adapt as required for Dundee IJB.	Chief Officer/Chief Finance Officer	March 2018	IJB
Developments in relation to clinical and care governance should take into account the Social Work Scotland guidance document on Governance for quality social care in Scotland.	Issue to be taken in to Clinical, Care and Professional Governance "R2" forum for further consideration	Head of Community Care and Health	December 2017	IJB
Consideration should be given to arrangements required by the IJB to comply with Freedom of Information and Public Records legislation.	Review of sufficiency of existing arrangements to be undertaken.	Chief Finance Officer/Clerk to the Board	December 2017	IJB



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 12 SEPTEMBER 2017

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT (QUARTER 1)

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC23-2017

1.0 PURPOSE OF REPORT

The purpose of the report is to update the Performance and Audit Committee on Quarter 1 (Q1) performance against the National Health and Wellbeing Indicators and Measuring Performance Under Integration interim targets.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the performance of Dundee Health and Social Care Partnership against the Measuring Performance under Integration interim targets as outlined in Appendix 1 and section 5.
- 2.2 Notes the performance of Dundee Health and Social Care Partnership against the National Health and Wellbeing Indicators as outlined in Appendix 2 and section 6 and associated risk assessment as set out in section 7 of this report.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND

- 4.1 The performance report in Appendix 1 assesses performance to date against targets set in the Measuring Performance under Integration submission (see report DIJB10-2017) for six high level service delivery areas for 2017/18 – emergency admissions, emergency bed days, accident and emergency, delayed discharges, balance of care and end of life. For most service delivery areas an interim target for 2016/17 end of year was also identified that would indicate that the Partnership was following the desired trajectory towards the 2017/18 target; the performance report in Appendix 1 sets out performance in 2016/17 against these interim targets.
- 4.2 The performance report in Appendix 2 sets out performance against the National Health and Wellbeing Indicators using local data from NHS Tayside information systems. It was agreed at the PAC held on 19 July 2017 that local data would be used to produce more timeous quarterly performance reports.
- 4.3 It was noted at the PAC held on 19 July 2017 that local data cannot be used to benchmark against other partnerships due to data within local systems being based on NHS Board of treatment whilst national reporting data is based on NHS Board of residence. Testing of local data against national data has confirmed that despite data being based on treatment rather than residence, accuracy remains within an acceptable tolerance and that trends in local data are reliable for service planning and performance improvement purposes.

- 4.4 Narrative explaining current actions and priority areas is included under each of the National Indicators, however this does not fully explain the Q1 position and relates to the 2016/17 position. Narrative within future benchmarking performance reports will directly relate to the quarter being reported.
- 4.5 The performance report in Appendix 2 sets out performance for Dundee and also shows performance in each of the eight Local Community Planning Partnerships (LCPP).
- 4.6 The Q1 Performance Report covers local performance against National Indicators 11-23. Under each of these indicators there is a summary of current and planned improvement actions. Indicators 1-10 are reported from The Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially and the results from the 2015/16 survey were presented to the IJB in August 2016.
- 4.7 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. The Scottish Government and NSS ISD are currently working on the development of definitions and datasets to calculate these indicators nationally.

5.0 MEASURING PERFORMANCE UNDER INTEGRATION INTERIM TARGETS

- 5.1 In 2016/17 performance exceeded the interim Measuring Performance Under Integration targets in emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances and emergency bed days. Delayed discharges (standard and code 9) also exceeded the interim target but delayed discharges due to complex reasons (code 9's) did not meet the interim target. The 2017/18 targets regarding the number of days during the last six months of life in the community, hospice palliative care unit and large hospital have not yet been met. There was no interim target set for the balance of care service delivery area. As part of the development of the Partnership delivery plan all targets will be reviewed to take into account performance during 2016/17 and to ensure a focus on continuous improvement.

	2016/17 Interim Target	2016/17 Actual
Emergency Admission Rate per 100,000 Population (All ages)- Annual	11,711	11,438
Emergency Admissions as a Rate per 1,000 of All Accident and Emergency Attendances	238	235
Emergency Bed Day Rate per 100,000 Population (All ages)	80,999	80,282
Accident and Emergency Attendances	30,162	29,952
Bed Days Lost to Delayed Discharges (All Reasons) for Dundee 75+	15,257	14,627
Projected Bed Days Lost to Delayed Discharges Code 9s for Dundee	5,832	6,032
Number of days spent in last 6 months of life in the community	257,398	254,555
Number of days spent in a hospice / palliative care unit	4,044	4,032
Number of days spent in a large hospital	29,690	34,838

6.0 QUARTER 1 PERFORMANCE 2017/18

- 6.1 Between the baseline year 2015/16 and 2017/18 Q1 there was an improvement in the rate of bed days lost to delayed discharges for people aged 75+ and also the emergency bed day rate for people aged 18+.
- 6.2 Emergency bed day rates since 2015/16 have decreased by 5.9% for Dundee. Every LCPP showed an improvement in Q1 compared with 2015/16 and the biggest improvements were seen in East End, Maryfield and North East all of which showed a greater than 8% decrease in bed day rates.
- 6.3 The rate of bed days lost to delayed discharges for people aged 75+ has fallen by 26.6% in Dundee since 2015/16. Strathmartine, North East and Coldside have seen the biggest improvements of greater than 40%.
- 6.4 Emergency admission rates have increased by 3.6% for Dundee since 2015/16 and only one LCPP (East End) saw a decrease over this period (2.9%). There were increases in emergency admission rates in Lochee (10.7%), North East (8.0%), West End (6.1%), Strathmartine (3.7%), Coldside (2.5%), Maryfield (1.2%) and The Ferry (0.4%). The East End continues to have the highest emergency admission rate in Dundee.
- 6.5 The rate of readmissions has increased by 1.4% since 2015/16 and the greatest increase was in Lochee where there was a 15.8% increase. The rate increased in four LCPPs (Lochee, Coldside, Strathmartine and West End) and decreased in four LCPPs (East End, North East, Maryfield and The Ferry). The biggest decrease was in Maryfield (9.2% decrease). Report PAC27-2017 provides an update regarding further analysis of readmissions data.
- 6.6 The rate of hospital admissions as a result of a fall for people aged 65+ has increased by 2.8% since the 2015/16 baseline year. The biggest increase was in North East (18% increase). The rate increased in four LCPPs (East End, North East, Maryfield, West End) and decreased in four LCPPs (Lochee, Coldside, Strathmartine and The Ferry). The biggest decrease was in Coldside (7.7% decrease). Report PAC26-2017 provides a detailed analysis of falls data.

7.0 RISK ASSESSMENT

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

recommendation	manageable.
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8.0 POLICY IMPLICATIONS

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

9.0 CONSULTATIONS

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

10.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 16 August 2017

Measuring Performance under Integration Update 2016/17**Executive Summary**

- Targets were set in the Measuring Performance under Integration submission against 6 high level service delivery areas – emergency admissions, emergency bed days, accident and emergency, delayed discharges, balance of care and end of life. For most service delivery areas an interim target for 2016/17 end of year was also identified.
- In 2016/17 performance against these interim targets was exceeded in emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances and emergency bed days.
- Delayed discharges (standard and code 9) also exceeded the interim target but delayed discharges due to complex reasons (code 9's) did not meet the interim target.
- The 2017/18 targets regarding the number of days during last 6 months of life in the community, hospice palliative care unit and large hospital have not yet been met.

Emergency Admissions (All Ages)

Chart 1: Emergency Admission Rate per 100,000 Population (All ages)- Annual

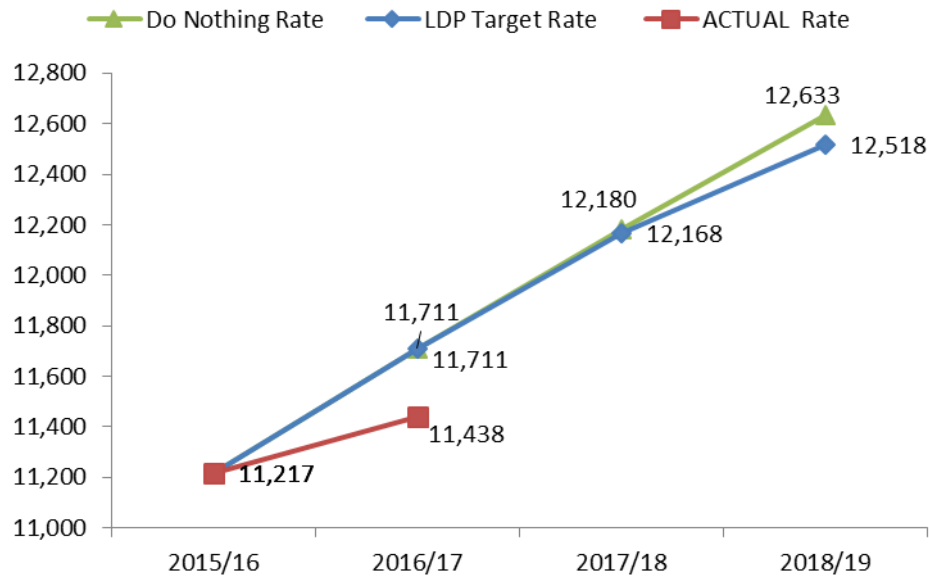
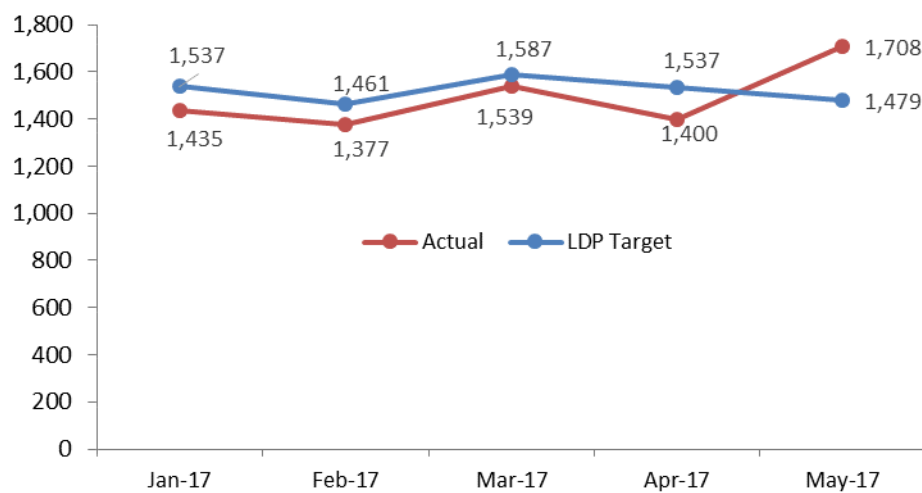


Chart 2: Emergency Admission Numbers (All Ages) - Monthly



- Expected increase by 4.97% from 16,781 in 2015/16 to 17,614 in 2016/17
- The actual increase was 3.12% (17,304 emergency admissions per 100,000 population)
- LDP target was exceeded in 2016/17 and continued to be exceeded in April 2017. The emergency admission target was not met in May 2017.

Chart 3: Emergency Admissions as a Rate per 1,000 of All Accident and Emergency Attendances - Annual

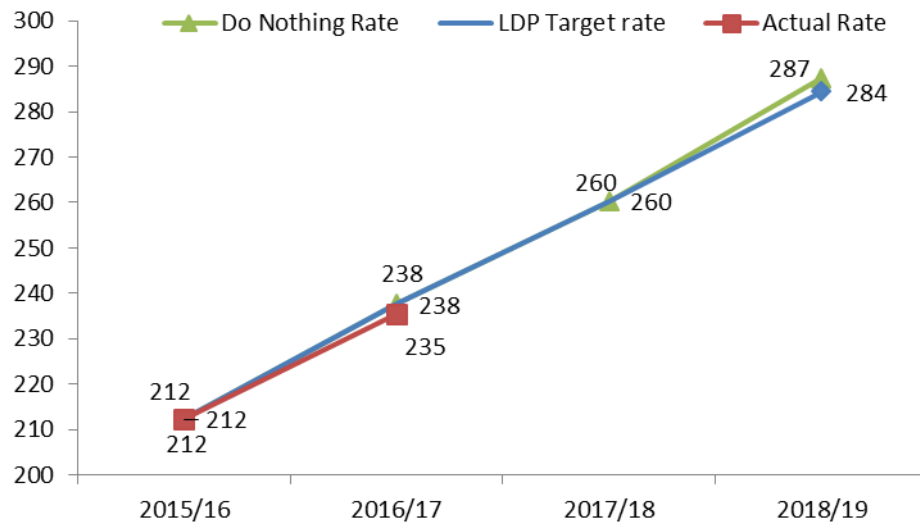
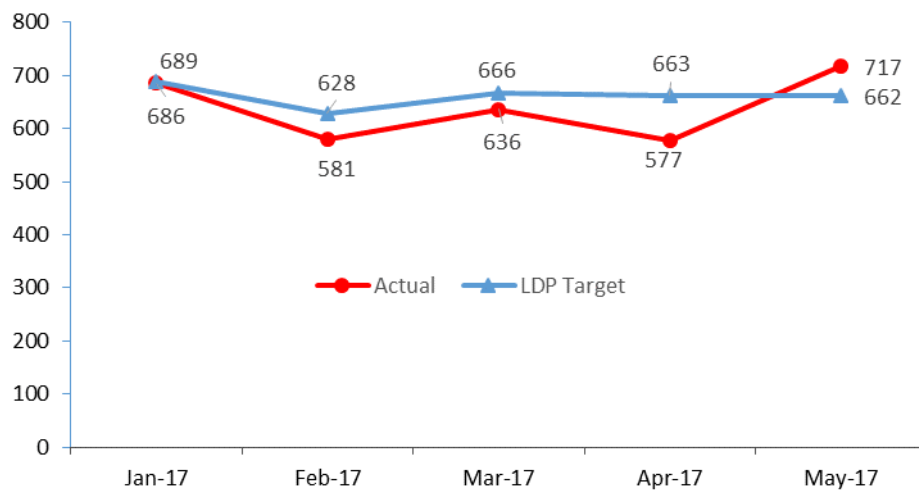


Chart 4: Number of emergency admissions from Accident and Emergency – Monthly



- Expected increase in the number of emergency admissions from A+E by 8.04% from 7,126 in 2015/16 to 7,699 in 2016/17.
- The actual increase was 7.03% (7,627 emergency admissions from A+E)
- LDP target was exceeded in 2016/17 and continued to be exceeded in April 2017. The target was not met in May 2017.

Emergency Bed Days (All Ages)

Chart 5: Emergency Bed Day Rate per 100,000 Population (All ages) - Annual

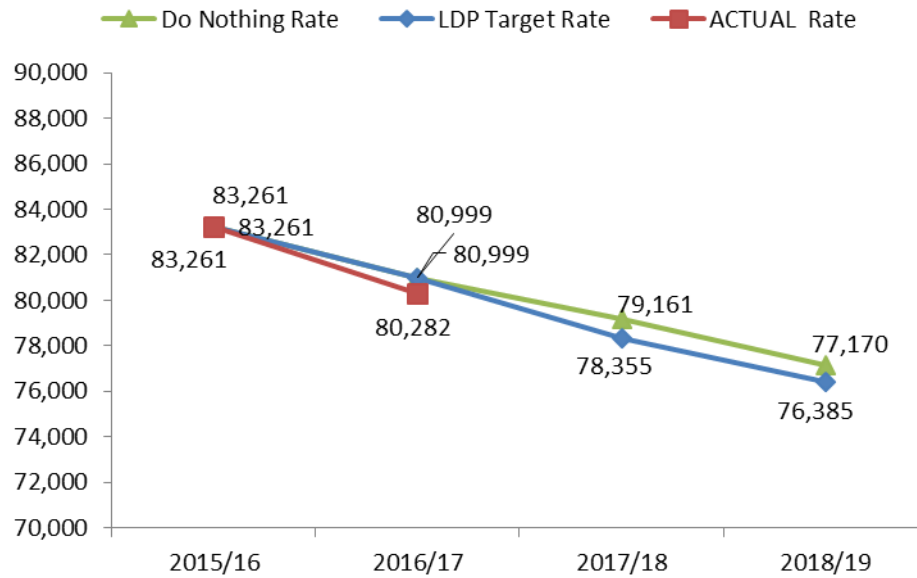
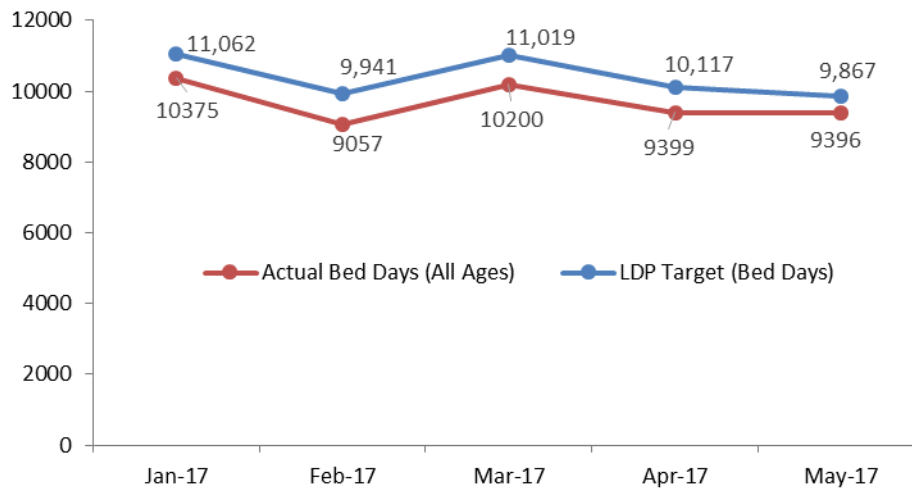


Chart 6: Emergency Bed Days (All Ages) – Monthly



- Expected decrease by 2.19% from 124,563 in 2015/16 to 121,830 in 2016/17
- The actual decrease was 3.06% (120,751 emergency bed days per 100,000 population)
- Further iterations will include an analysis of Mental Health and Geriatric Long Stay bed days and targets will be agreed for these.

Accident and Emergency (All Ages)

Chart 7: Accident and Emergency Attendances - Annual

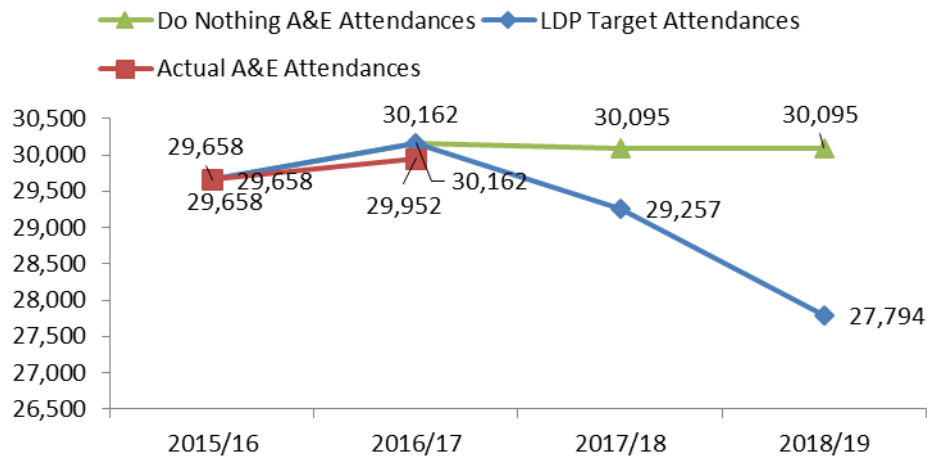
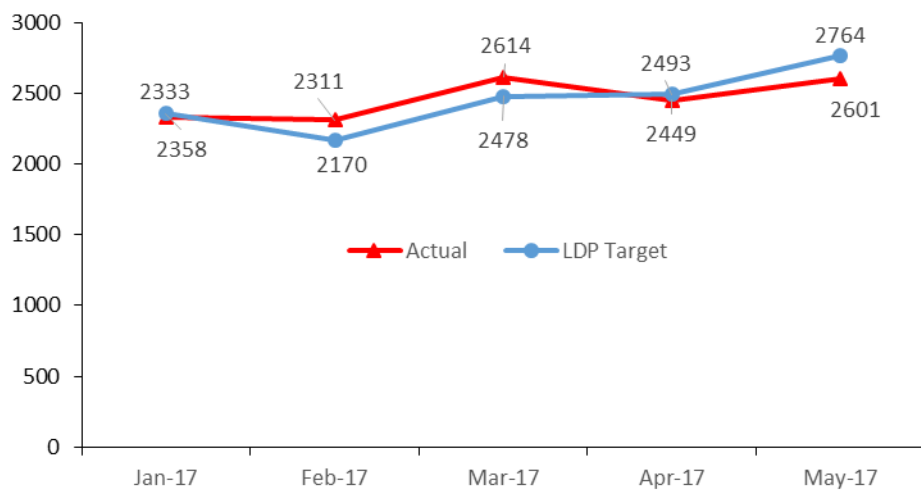


Chart 8: Accident and Emergency Attendances - Monthly



- Expected increase by 1.69% from 29,658 in 2015/16 to 30,162 in 2016/17
- The actual increase was 1.00% (29,952 accident and emergency attendances)

Delayed Discharges Bed Days Lost (All Reasons) 75+

Chart 9: Bed Days Lost to Delayed Discharges (All Reasons) for Dundee 75+ - Annual

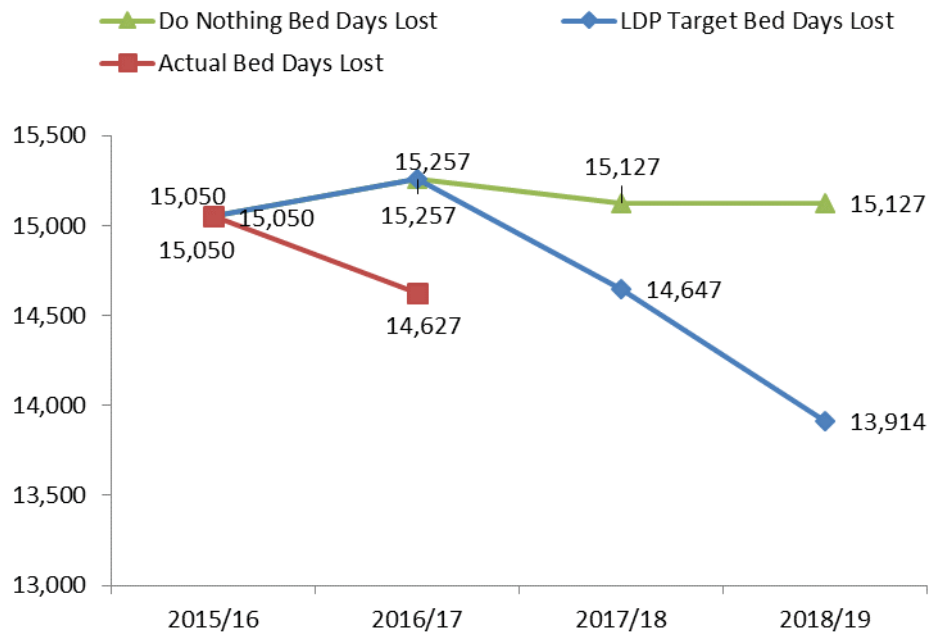
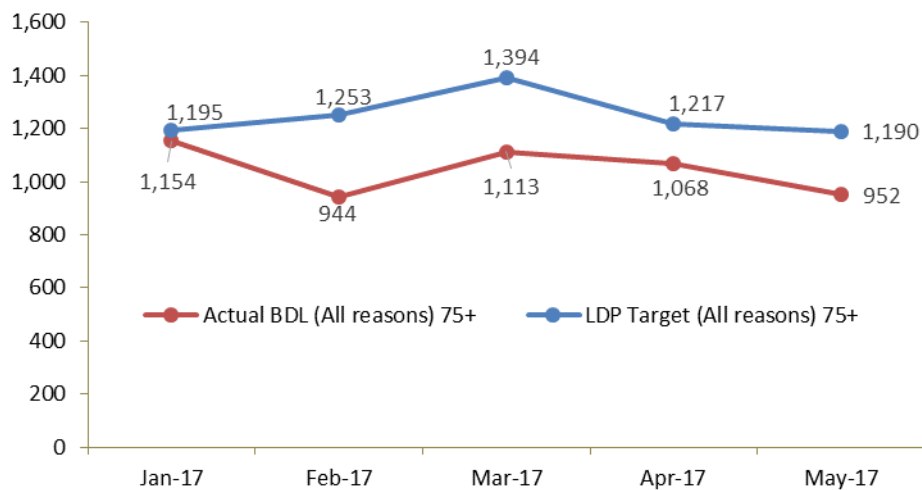


Chart 10: Bed Days Lost Delayed Discharge (All reasons) 75+ - Monthly



- Expected increase by 1.38% from 15,050 in 2015/16 to 15,257 in 2016/17
- There was actually a decrease by 2.81% (14,627 bed days lost in 2016/17)
- Target exceeded each month between January 2017 and May 2017.

Delayed Discharges Bed Days Lost (Code 9s) 75+

Chart 11: Projected Bed Days Lost to Delayed Discharges Code 9s for Dundee

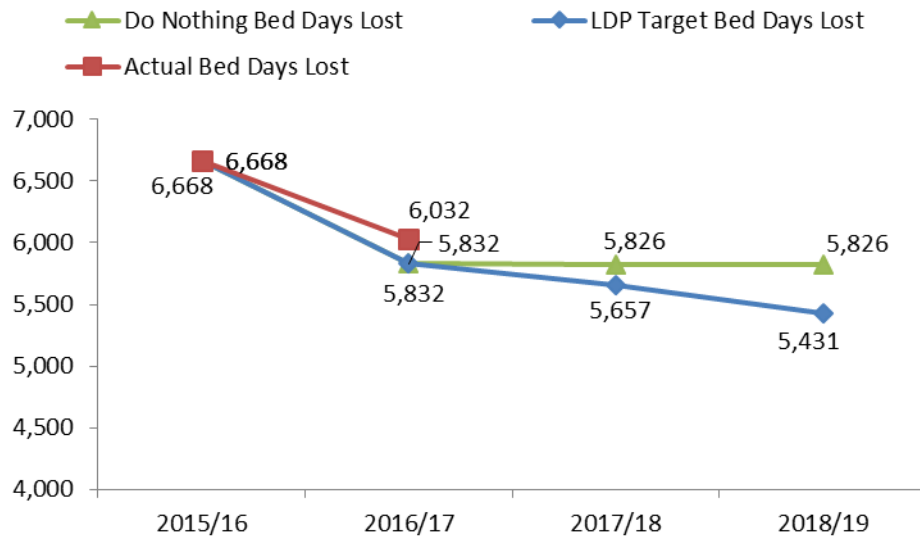
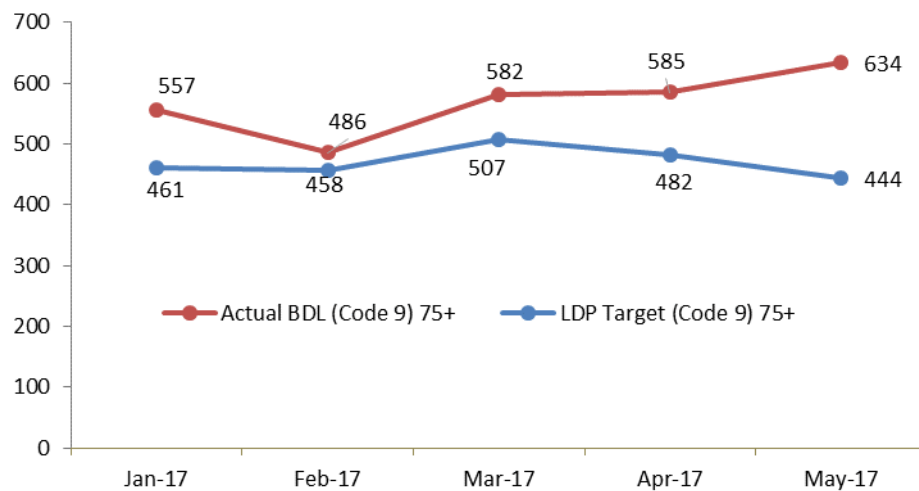


Chart 12: Bed Days Lost (Code 9) 75+



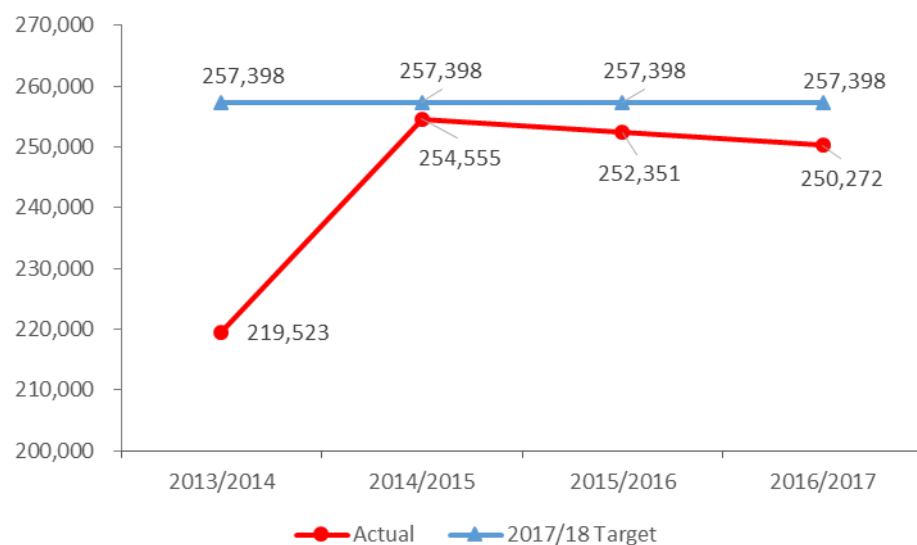
- Expected decrease by 12.54% from 6,668 in 2015/16 to 5,832 in 2016/17
- There was actually a decrease of 9.5% (6,032 bed days lost in 2016/17)
- Target not met in 2016/17, nor was met in any month between January 2017 and May 2017.

End of Life

The target for the end of life indicators is for 2017/18, a 2016/17 target was not developed due to producing the targets towards the end 2016/17.

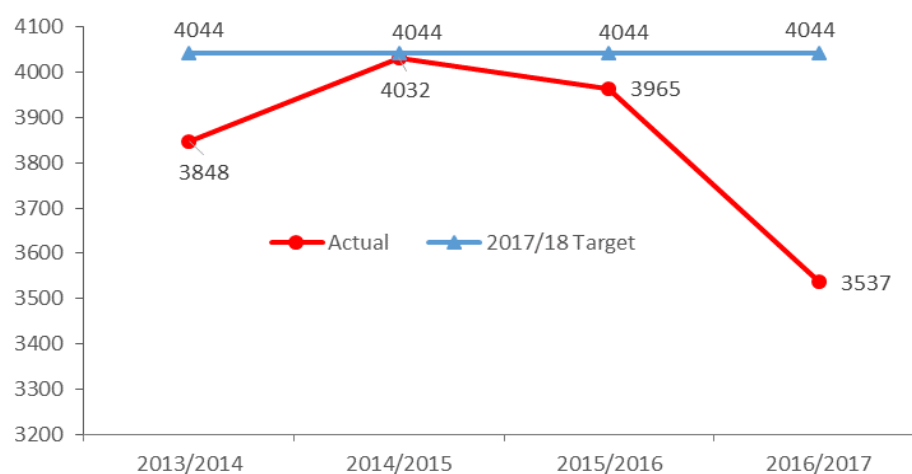
In charts 13 – 15 2016/17 data has been presented alongside the 2017/18 target to illustrate direction of travel.

Chart 13: Number of days spent in last 6 months of life in the community (increase)



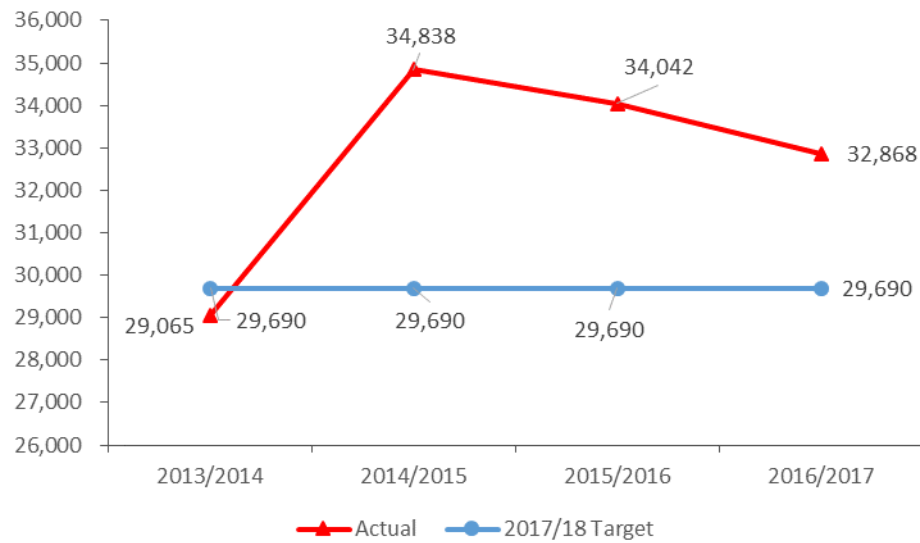
- Target not yet met and the number of days spent in the community during the last 6 months of life has reduced since 2014/15.

Chart 14: Number of days spent in a hospice / palliative care unit (increase)



- Target not yet met and the number of days spent in a hospice / palliative care unit during the last 6 months of life has reduced since 2014/15.

Chart 15: Number of days spent in a large hospital (decrease)



- Target not yet met, although the number of days spent in a large hospital during the last 6 months of life has reduced since 2014/15.

Balance of Care

National data is not yet available for 2017/18. This indicator will be reported on in the Quarter 1 benchmarking report.

Dundee LCPP Performance Report 2017/18 Q1 – Local Data

Executive Summary

- This is the first quarterly report containing local data from NHS patient information systems. National data for Q1 2017/18 which is benchmarked against other Partnerships will be presented alongside Q2 2017/18 local data in the next performance report.
- Between the baseline year 2015/16 and 2017/18 Q1 there was an improvement in the rate of bed days lost to delayed discharges for people aged 75+ and also the emergency bed day rate for people aged 18+.
- Emergency bed day rates since 2015/16 have decreased by 5.9% for Dundee. Every LCPP showed an improvement in Q1 compared with 2015/16 and the biggest improvements were seen in East End, Maryfield and North East all of which all showed a greater than 8% decrease in bed day rates.
- The rate of bed days lost to delayed discharges for people aged 75+ has fallen by 26.6% in Dundee since 2015/16. Strathmartine, North East and Coldside have seen the biggest improvements of greater than 40%.
- Emergency admission rates have increased by 3.6% for Dundee since 2015/16 and only 1 LCPP (East End) saw a decrease over this period (2.9%). There were increases in emergency admission rates in Lochee (10.7%), North East (8.0%), West End (6.1%), Strathmartine (3.7%), Coldside (2.5%), Maryfield (1.2%) and The Ferry (0.4%). The East End continues to have the highest emergency admission rate in Dundee.
- The rate of readmissions has increased by 1.4% since 2015/16 and the greatest increase was in Lochee where there was a 15.8% increase. The rate increased in 4 LCPPs (Lochee, Coldside, Strathmartine and West End) and decreased in 4 LCPPs (East End, North East, Maryfield and The Ferry) The biggest decrease was in Maryfield (9.2% decrease).
- The rate of hospital admissions as a result of a fall for people aged 65+ has increased by 2.8% since the 2015/16 baseline year. The biggest increase was in North East (18% increase). The rate increased in 4 LCPPs (East End, North East, Maryfield, West End) decreased in 4 LCPPs (Lochee, Coldside, Strathmartine and The Ferry) The biggest decrease was in Coldside (7.7% decrease).

Introduction

This quarterly performance report uses local data collected on NHS Tayside patient administration systems. Utilising locally provided data has reduced the time lags previously experienced between quarter ends and the availability of validated data at a national level, meaning the PAC (and other stakeholders) will receive local performance reports more timeously throughout 2017/18. However it should be noted that the local data is based upon board of treatment rather than residence (which nationally validated and published data is) and is not able to be benchmarked against performance in other Partnerships. Testing of local data against national data has confirmed that despite data being based on board of treatment rather than residence that accuracy remains within an acceptable tolerance and that trends in local data are reliable for service planning and performance improvement purposes.

This performance report also contains an update against the indicators and targets contained in the Measuring Performance under Integration submission. The data required to monitor progress is provided by NSS ISD and this currently goes up to May 2017, which is only 2 months of quarter 1. For the purpose of tracking performance and trends a comparison has been made between the monthly targets and the actual performance and in order to show trends, given that only 2 months of this financial year is currently available, data from January 2017 has been used.

Additionally, as this is the first time progress regarding the Measuring Performance under Integration submission has been presented, an analysis of progress for 2016-17 has been completed and this is available in Appendix 2.

The schedule of performance reporting for 2017-18 is shown below:

	Local Performance Report	Benchmarking Report
12 September 2017	Quarter 1	
27 November 2017	Quarter 2	Quarter 1
As soon as possible after end of Quarter 3	Quarter 3	Quarter 2
As soon as possible after end of Quarter 4	Quarter 4	Quarter 3 and Quarter 4

In order for quarterly data to be compared with financial years rolling quarterly data is presented for each quarter.

This means that data for quarter 1 shows the previous 12 months of data including the current quarter. Quarter 1 data includes data from 1 July 2016 to 30 June 2017.

Performance in Dundee's LCPPs



Table 1: Performance in 2017/18 Q1 and comparison between performance in LCPPs and the Dundee average


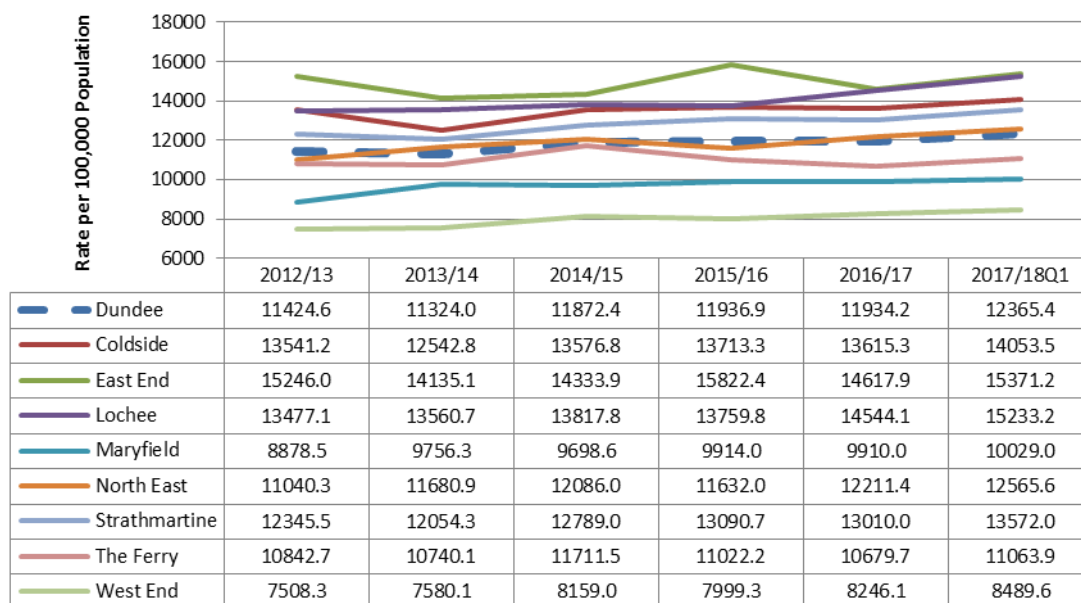
Deprivation Scale 									
National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Admissions rate per 100,000 18+	12,365.4	15,233.2	15,371.2	14,053.5	12,565.6	13,572.0	10,029.0	8,489.6	11,063.9
Bed days rate per 100,000 18+	125,136	162,013	156,598	155,358	103,358	120,286	95,880	91,764	123,047
Readmissions rate per 1,000 18+	113.1	120.2	120.4	118.8	105.8	120.7	110.5	104.9	97.1
Falls rate per 1,000 18+	32.4	35.4	39.1	35.0	30.7	30.2	30.4	40.0	24.3
Delayed Discharge bed days lost rate per 1,000 75+	602.2	626.4	928.2	591.1	646.4	468.3	526.7	751.3	236.6

Table 2: % change in 2017/18 Q1 against baseline year 2015/16

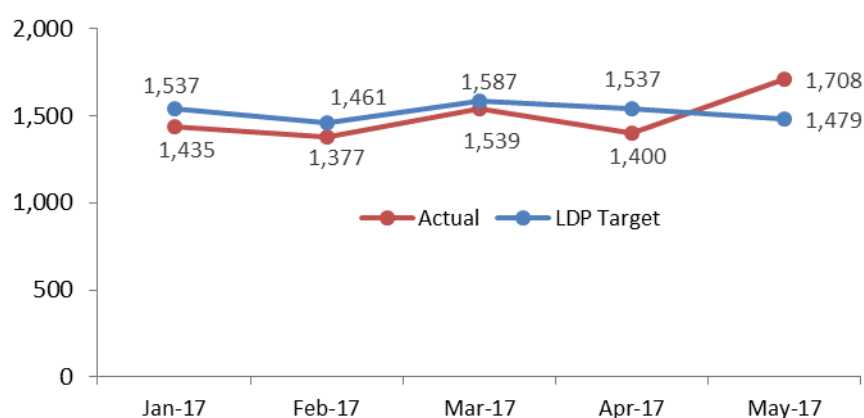
National Indicator	Dundee	Lochee	East End	Cold side	North East	Strathmartine	Maryfield	West End	The Ferry
Admissions rate per 100,000 18+	+3.6%	+10.7%	-2.9%	+2.5%	+8.0%	+3.7%	+1.2%	+6.1%	+0.4%
Bed days rate per 100,000 18+	-5.9%	-0.1%	-14.1%	-4.7%	-8.3%	-2.9%	-10.1%	-6.5%	-2.6%
Readmissions rate per 1,000 18+	+1.4%	+15.8%	-2.8%	+3.9%	-4.2%	+4.2%	-9.2%	+1.6%	-1.1%
Falls rate per 1,000 18+	+2.8%	-0.4%	+10.5%	-7.7%	+18.0%	-7.1%	+10.8%	+17.0%	-2.5%
Delayed Discharge bed days lost rate per 1,000 75+	-26.6%	-20.0%	-20.9%	-40.7%	-47.6%	-50.2%	-30.5%	-16.4%	-33.3%

Chart 1: Rate per 100,000 Population of All Emergency Admissions for People Aged 18+ by Locality and Financial Year



Source: NHS Tayside Business Support Unit

Chart 2: Performance against Measuring Performance under Integration Target – Emergency Admission Numbers (All Ages)



Source: NSS ISD

Reminder regarding Q4 National Position

- Performed slightly higher than the Scottish average with approximately 12,500 emergency admissions per 100,000 population, compared with the Scottish average of approximately 12,000 emergency admissions per 100,000 population.
- Performance was better than the following 'family group' Partnerships – North Lanarkshire, Glasgow, East Ayrshire, North Ayrshire and Inverclyde and West Dunbartonshire.

Q1 17/18 Analysis

- The rate for Dundee has generally been increasing from 11,500 per 100,000 in 2012/13 to 12,300 per 100,000 in 2017/08 Q1.
- West End had the lowest rate with 8,489.6 emergency admissions per 100,000 people in 2017/08 Q1, followed by The Ferry and Maryfield. The West End rate was almost 50% less than the East End rate.
- In Q1 17/18 the East End had the highest rate with a rate of 15,371.2.
- There were increases in every LCPP between Q4 2016/17 and Q1 2017/18.
- All LCPPs, except one (East End) have seen increases in their rates since the 2015/16 baseline year and the East End experienced the highest rates in every financial year.
- Performance exceeded the Measuring Performance Under integration target between January and April 2017, however the number of emergency admissions increased in May 2017.

What we have achieved to date:

A three tiered system of support exists in Dundee which ensures that services and supports are delivered at the point of need.

Highest Tier – Caring for people with frailty / complex needs at home

- The Care home Liaison team, which consists of a team of 4 nurses who are supported by medical colleagues has contributed to many positive outcomes for residents and families, including a reduction in hospital admissions. In this period the admission rate from care homes to Kingsway Care Centre dropped from 28 to seven.
- Significant shifts in the balance of care have been achieved in Medicine for the Elderly and Psychiatry of Old Age services which has resulted in the closure of acute beds and the planned closure of an entire ward by the end of 2017. A number of services improvements have supported this including the development of an acute frailty team, the completion of Anticipatory Care Plans and recording on eKIS, and creating links between the Medicine for the Elderly and Psychiatry of Old Age Teams. The polypharmacy stream has reduced harm, waste and variation by allocating resources in both enablement and care home services. Housing with care has been further expanded with the development of 2 new sites. Day services have been remodelled which has increased the number of day opportunities in the community, opposed to within traditional day centres. The resource released from the reduction of acute beds has been reinvested in expanding the Enhanced Community Support (ECS) service

Middle Tier – Rehabilitation (Examples)

- Supported and rehabilitative transitions from the Centre for Brain Injury Rehabilitation into the community is being provided by the Mackinnon Centre.
- Creative Engagement, through the arts, to address psychosocial benefits (mood, confidence, self-esteem...) associated with positive health and wellbeing. Tayside Healthcare Arts Trust (THAT) has been at the forefront of its development locally across a wide range of Long Term Conditions (LTCs)
- Successful delivery of Post Diagnostic Support for people diagnosed with dementia across Dundee. Analysis of care plans identified excellent compliance with PDS monitoring – there was a 100% rate of referral and 98% of patients had either 1 or more pillars recorded as met.

Additionally 84% of people who responded to the survey were either satisfied or very satisfied.

Patient and carer feedback included the following comments:

“We would like to thank the service for making mum feel safe and comfortable”

“As a carer it’s good to know there is somebody at the end of a phone “

Lowest Tier – Prevention (Examples)

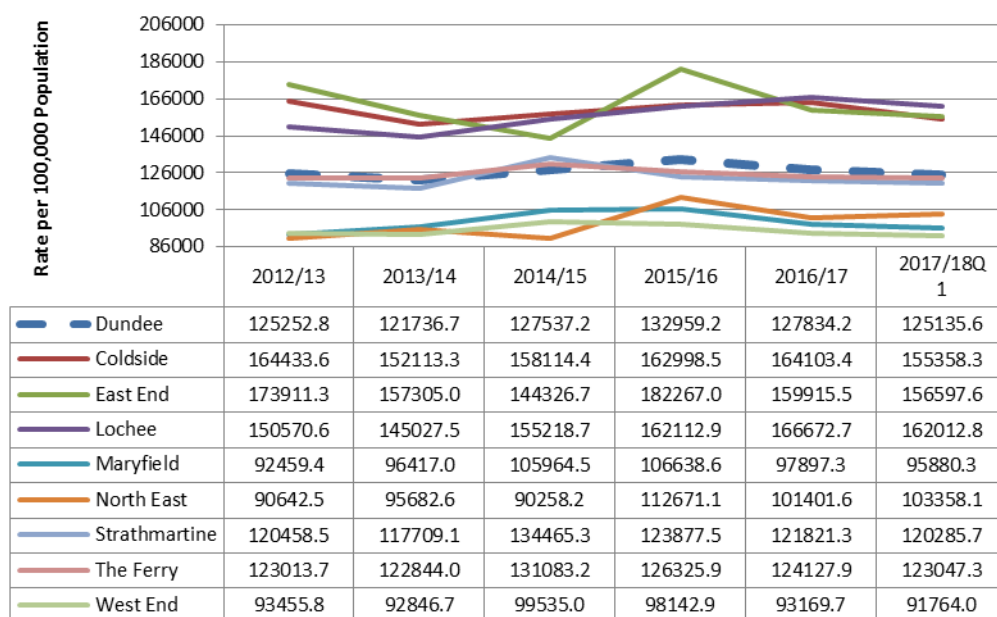
- Through the Reshaping Care Network we share information and improve connections between third sector organisations that provide health and social care services and supports in the City. Areas of work include the Community Companion Project and Men’s Sheds.
- The new Dundee Partnership Prevention framework includes a useful toolkit for staff to assess the extent to which they are using social prescribing as a route to improving service user outcomes and help them consider what more they could be doing to provide early interventions for those most at risk.
- Developments within Keep Well to increase the partnership working, particularly with the Carers Centre, to support carers health needs are having a positive impact with an increasing number of people engaging with the Keep Well team.
- Dundee Healthy Living Initiatives (DHLI) work with individuals living in deprived areas of the city to identify issues impacting on their health and supports communities to develop and implement interventions to address these.
- The Listening Service “Do You Need To Talk?” was developed in 2012 in 2 sites in Dundee. A third of people using the listening service talk about bereavement issues, with others talking about relationships, stress, depression, ill health, fear/anxiety and a range of other issues.

“I came away with a feeling of optimism. I have since taken positive steps to make some changes in my life, which have improved my mental and emotional wellbeing.”

What we plan to do:

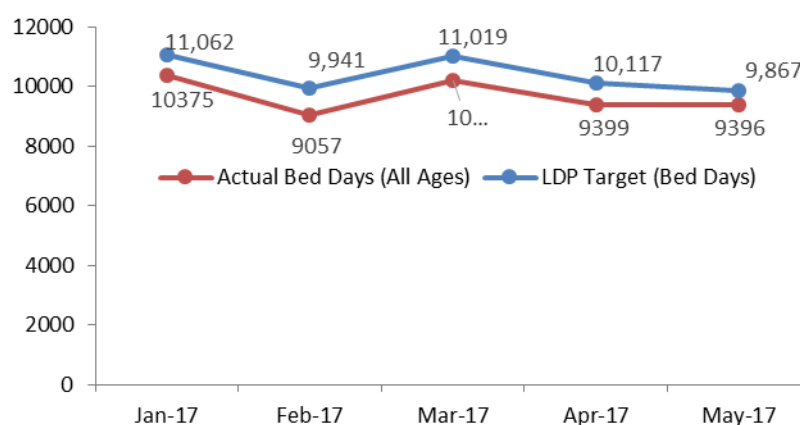
- Redesign Stroke patient services.
- Redesign the Tayside Neurological Rehabilitation services.
- Lead a review, with partners, of the current Learning Disability acute liaison service and develop future model.
- Increase our investment in intermediate forms of care such as step up/down accommodation and support for all adults.
- Develop further work to support reducing health inequalities and prevention, including developing social prescribing models to support individuals around improving their health and wellbeing.
- We are developing a Dundee Enhanced Community Support – Acute service which will work with people with acute illness in their own home.
- Continue to develop a polypharmacy service to reduce harm at home.
- Develop good practice in anticipatory care planning.

Chart 3: Rate per 100,000 Population of All Emergency Bed Days for People Aged 18+ by Locality and Financial Year



Source: NHS Tayside Business Support Unit

Chart 4: Performance against Measuring Performance under Integration Target – Emergency Bed Days (All Ages)



Source: NSS ISD

Reminder regarding Q4 National Position

- Dundee had the 7th highest emergency bed day rate in Scotland with a rate of 136,000 per 100,000 population.

Q1 17/18 Analysis

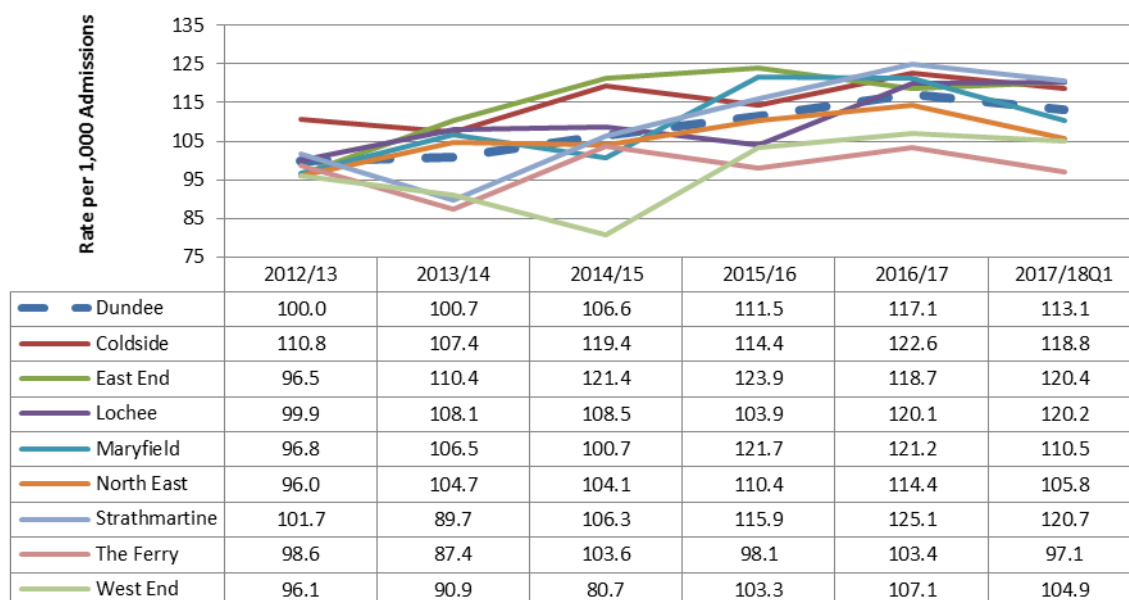
- The emergency bed day rate for people aged 18+ increased towards the 2015/16 baseline year, however between 2015/16 and 2017/18 Q1 it has decreased to rates similar to 2012/13.

- The rate for Dundee decreased from 132,959 per 100,000 in the baseline year 2015/16 to 125,136 per 100,000 in 2017/08 Q1.
- In Q1 2017/18 Lochee had the highest bed day rate and the West End has the lowest bed day rate. All localities, except 1, have seen a decrease in the last quarter. North East is the only LCPP where there was an increase between Q4 16/17 and Q1 17/18 from 101,402 to 103,358
- Performance against the Measuring Performance Under Integration target was exceeded between January and May 2017.

What we have achieved to date:

- We intend to pilot Enhanced Community Support in Lochee.

Chart 5: Readmissions within 28 days as a rate per 1,000 admissions, 18+ by LCPP



Source: NHS Tayside Business Support Unit

Reminder regarding Q4 National Position

- Dundee had the highest readmission within 28 day rate in Scotland (Perth and Angus were also high in the rankings). Dundee has had consistently higher readmission rates than Scotland since 10/11.

Q1 17/18 Analysis

- The rate of readmissions within 28 days increased steadily between 2012/13 and 2016/17 although it decreased slightly in Q1 2017/18.
- The highest readmission rate was in Strathmartine (120.7) and the lowest was in The Ferry (97.1%).
- Over the last quarter the rate decreased slightly from 117 to 113 with rates decreasing in 6 LCPPs and increasing in 2 LCPPs (East End and Lochee).

- Between the baseline year 2015/16 and Q1 17/18 the rate decreased in 4 LCPPs (East End, Maryfield, North East and The Ferry) and increased in 4 LCPPs (Coldside, Lochee, Strathmartine and West End).

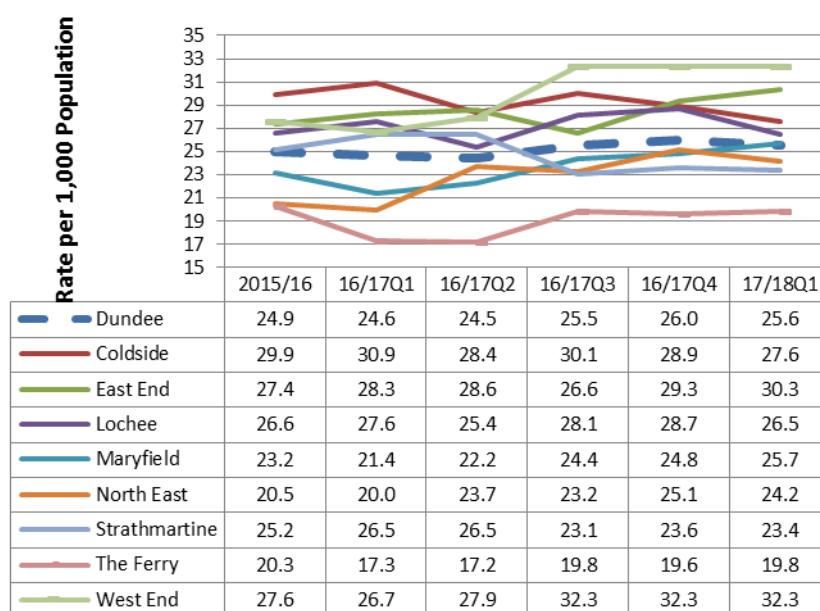
What we have achieved to date:

This issue has been identified as a priority by the Tayside Unscheduled Care Board and a post has been identified within NHS Tayside to lead on this. Further work will be carried out during this financial year and this, added to local analysis, will lead to agreed improvement actions across Tayside.

What we plan to do:

- Further analysis of reasons for readmission. We are about to do a Delphi process which will give a better understanding of pathways. This involves a survey which is completed by health and social care professionals to gather information regarding critical processes in a pathway. This is used to improve outcomes for people and also system efficiencies.
- Support more people to be assessed at home rather than in hospital by completing and evaluating the 'Moving Assessment into the Community' project for older people and resource the proposed change.
- Expand the 'Moving Assessment into the Community' project to specialist areas and test pathways.
- Further develop discharge planning arrangements for adults with mental ill-health, physical disability and acquired brain injury.

Chart 6: Rate per 1,000 Population of Fall Admissions for People aged 65+



Source: NHS Tayside Business Support Unit

Reminder regarding Q4 National Position

- Dundee was the second poorest performing partnership in Scotland with a falls rate of 26 per 1,000 population aged 65+.

Q1 17/18 Analysis

- West End had the highest rate of falls in Dundee with 32.3 falls related hospital admissions per 1,000 population. The Ferry had the lowest rate with 19.8 falls related hospital admissions per 1,000 population. The North East had the lowest rates in 2012/13 but there has been a steady increase between 2014/15 and 2016/17 although the rate decreased slightly in Q1 to 24.2 per 1,000 population.
- The rate of falls related hospital admissions in 4 LCPPS decreased between Q4 16/17 and Q1 17/18 (Coldside, Lochee, North East and Strathmartine). The rate in 3 LCPPs decreased between Q4 16/17 and Q1 17/18 (East End, Maryfield, The Ferry). The rate in West End stayed the same between Q4 and Q1.
- Since the baseline year 2015/16 the rate has increased from 24.9 to 25.6. There have been increases in 4 LCPPs (East End, Maryfield, North East and West End), decreases in 3 LCPPs (Coldside, Strathmartine and The Ferry) and 1 LCPP (Lochee) stayed the same.

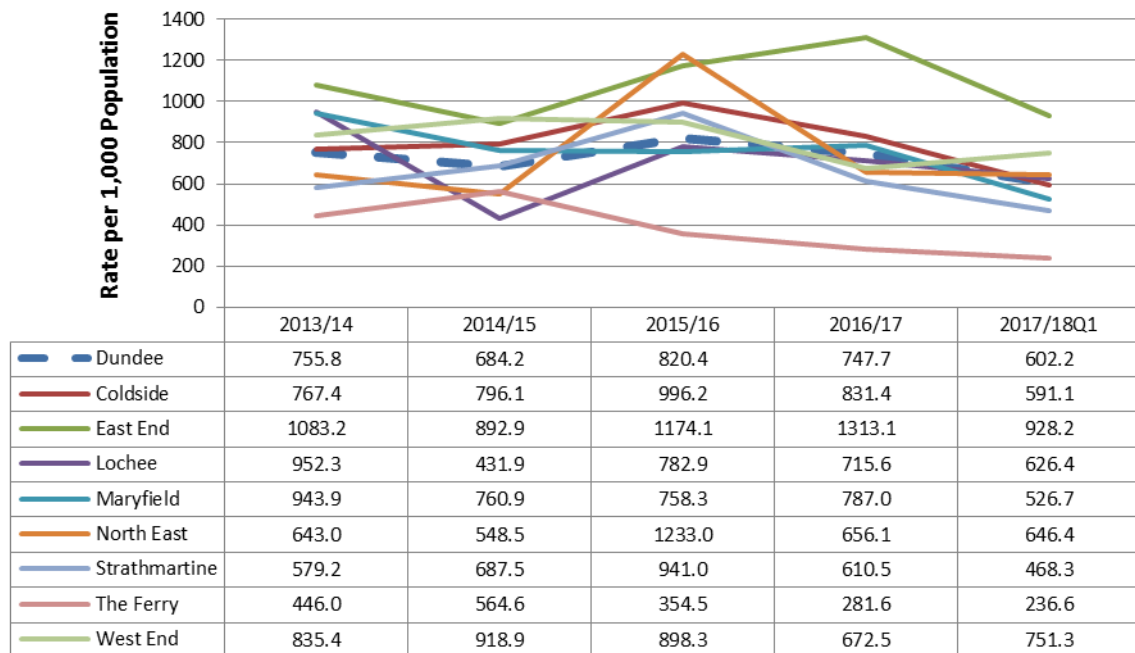
What we have achieved to date:

- Developed a draft equipment prescribers learning framework supported by e-learning and a mentoring programme. Piloted an e-learning module.
- Expanded on the falls service to ensure Patients aged over 65 years are routinely screened by AHP staff if presenting with a fall and follow up interventions put in place; offered a single point of referral, triage takes place and information shared.
- Introduced falls prevention care home education resulting in a reduction in falls in care homes.
- Otago falls classes now well established in community venues showing clear improvements in clinical outcomes. Introduced self-referrals to Community Rehab Team to improve access.
- Dundee and Angus Health and Social Care Partnerships launched a new shared community equipment loan service for people with disabilities living in the areas. The new venture is based at the Dundee Independent Living and Community Equipment Centre in Dundee and provides, delivers, installs, repairs, maintains and recycles a range of equipment to help people of all ages living in Dundee to live independently. It also provides a technical advice service and carries out risk assessments with medical and care professionals, both in-store and in people's homes.

What we plan to do:

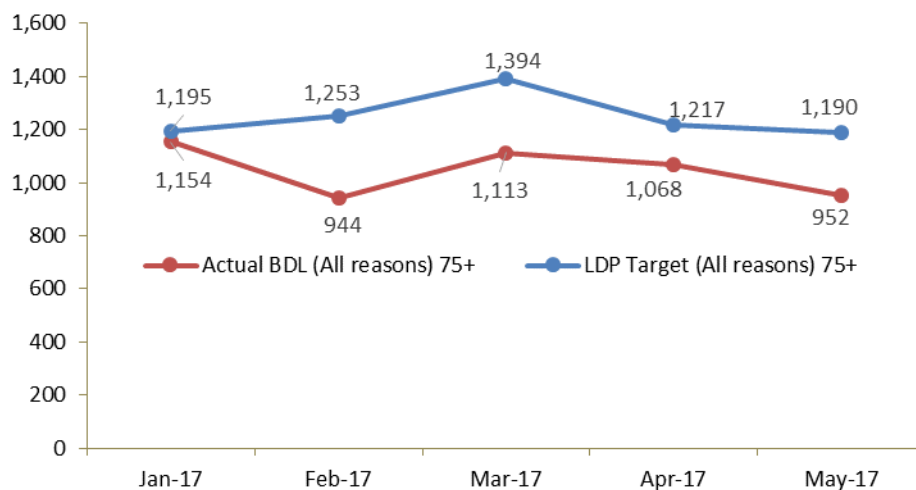
- Rolling classes with an educational component. This will prevent patients from waiting too long before they start a class and hopefully help to prevent as many drop outs.
- In discussions with Dundee College to start a project where students are trained in Otago and then with CRT support are able to implement it within care homes.
- Home based Otago project following the Otago research for patients that are unable to come to the class.
- In development of an Otago based maintenance class within the community to try and prevent re-referrals and re current falls. Based on the pulmonary rehab model.

Chart 7: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population by LCPP Areas



Source: Edison (excludes codes 100, 42T, ESDS and ICF)

Chart 8: Performance against Measuring Performance Under Integration Target – Bed Days Lost to Delayed Discharges 75+



Reminder regarding Q4 National Position

- In 2016/17 Dundee performed better than the Scottish average of bed days lost to delayed discharges for 75+ with a rate of 755 per 1,000 population. This was an improvement from 2015/16 when the rate was 832 per 1,000 population.

Q1 17/18 Analysis

- The rate of bed days lost to delayed discharge for people aged 75+ dropped in Q1 17/18. The rate is now the lowest it has been in the last 5 years.
- The rate in 7 of the 8 LCPPs decreased between Q4 16/17 and Q1 17/18. West End was the only LCPP where there was an increase between Q4 and Q1, although the Q1 17/18 rate was still lower than in 2013/14, 2014/15 and 2015/16.
- The East End was consistently one of the poorest performing LCPP areas for this indicator although the Q1 figure shows an improvement since Q4. The rate in the East End is 4 times higher than the rate in The Ferry which has the lowest rate.
- The rate of bed days lost peaked at the baseline year 2015/16 and has decreased from 820.4 to 602.2 in Q1 17/18.
- Performance against the Measuring Performance Under integration was exceeded between January and May 2017.

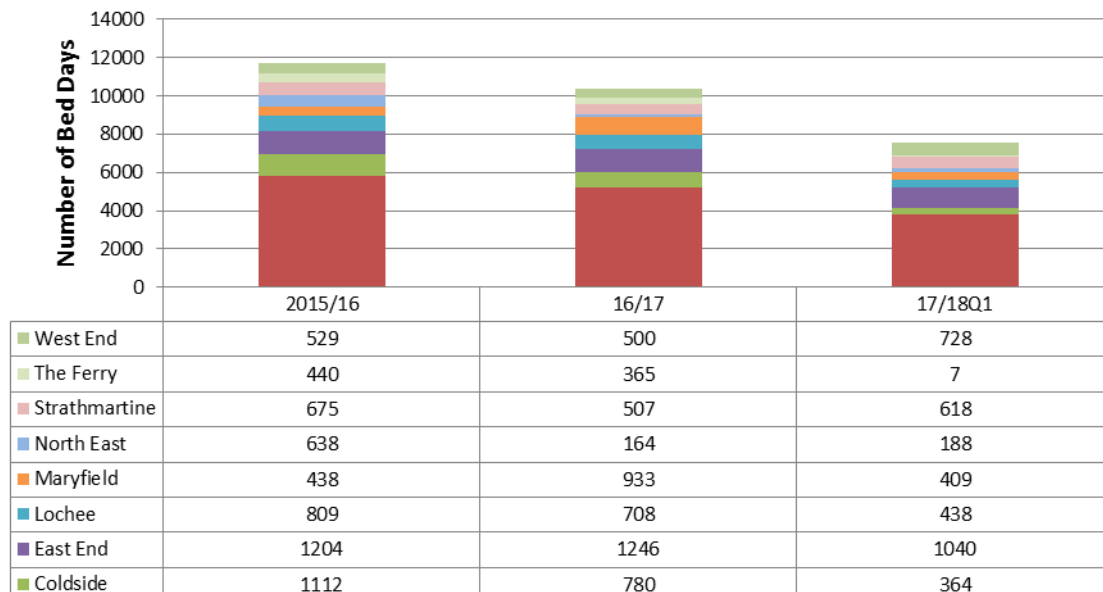
What we have achieved to date:

- There are currently 2 step down housing options which are working very well. An example of this is a 'Smart Flat' which uses a range of Technology Enabled Care to support people who are waiting for housing adaptations of a new home and who are delayed in hospital. A third step down housing option will be introduced during 2016/17.
- The capacity within the Mental Health Officer team has been enhanced and Dundee City has joined a Power of Attorney Campaign to support the discharge of people who are delayed in hospital as a result of a legal issue around guardianships.
- Pathways from hospital have been reviewed and assessment services have been aligned to more locality based working.
- We have mainstreamed a number of Reshaping Care for Older People projects and fully embedded them into models of working. An example is the development of a community pharmacy technician within the enablement service. This post supports people to be discharged from hospital by dealing with medicine complications which would otherwise have caused delays.

What we plan to do:

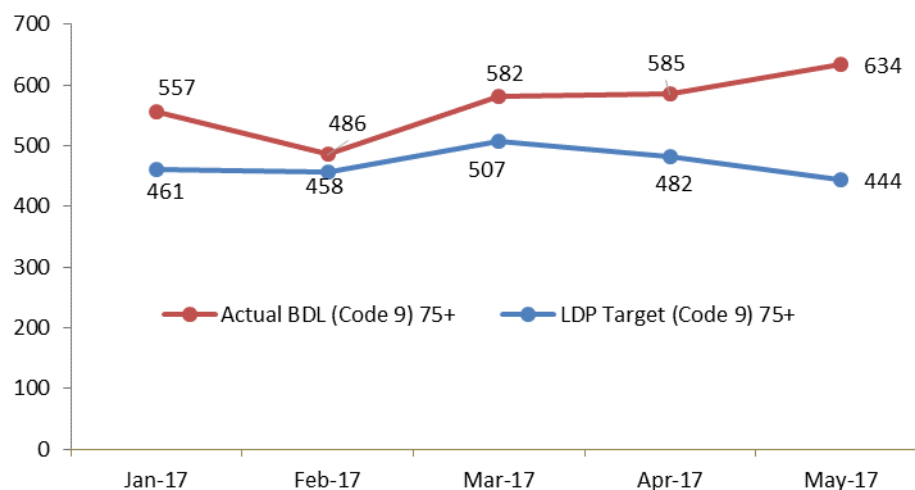
- The Enhanced Community Support Service is working with people to identify increased support needs, particularly around requirements for care home placements at an earlier stage. It is anticipated that this proactive planning will have the positive effect of minimising the number of applications for care homes and also Power of Attorney which often happen as a crisis response when the person is in hospital.
- Extend the range of supports for adults transitioning from hospital back to the community.
- Review and refresh the Delayed Discharge Improvement Plan.
- Continue to focus on those service users delayed as a result of complex needs who result in the most bed days lost per individual.
- The development of a step down and assessment model for residential care is planned for the future.

Chart 9: Number of Bed Days Lost to Complex Delayed Discharges for People of all Ages in Angus by Locality and Financial Year



Source: Edison (excludes codes 100, 42T, ESDS and ICF)

Chart 10: Performance against Measuring Performance Under Integration Target - Bed Days Lost (Code 9) 75+



Q1 17/18 analysis

- The number of bed days lost to a delayed discharges for complex reasons has decreased since 2015/16 from 5,845 to 3,792.
- The number of bed days lost to delayed discharges for complex reasons decreased in 5 of the 8 LCPPs (The Ferry, Maryfield, Lochee, East End and Coldside). The number of bed days lost increased in 3 LCPPS (West End, Strathmartine and North East)
- Performance against the Measuring Performance Under Integration target was exceeded between January and May 2017.

- The overall improvement can be attributed to improved and more integrated practices. It was agreed within the Discharge Management Group that each care group strategic planning group would incorporate consideration in relation to complex care packages and specialist facilities within their strategic commissioning statements to support a strategic focus in relation to bed delays for patients with more complex needs.



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 12 SEPTEMBER 2017

REPORT ON: REGISTERED CARE HOME SERVICES FOR ADULTS - CARE INSPECTORATE GRADINGS

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC20-2017

1.0 PURPOSE OF REPORT

The purpose of this report is to summarise for the Performance & Audit Committee the gradings awarded by the Care Inspectorate to registered care homes for adults in Dundee for the period 1 April 2016 to 31 March 2017.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the contents of this report, the gradings awarded as detailed in the attached Performance Report (Appendix 1) and highlighted in paragraph 4.1.5 below and the risk assessment outlined in section 6;
- 2.2 Endorses the approach to achieve continuous improvement to registered care home services within Dundee as outlined in paragraph 4.2 below.

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 their respective National Care Standards and that in doing so they provide quality care services. The Care Inspectorate use a six point grading system against which certain key themes are graded. The grades awarded are published in inspection reports and on the Care Inspectorate's website at www.careinspectorate.com.
- 4.1.2 The Health & Social Care Partnership and Care Inspectorate both collect statistical data for purposes of analysis however further work is currently being undertaken to ensure the accuracy of this data therefore detailed national benchmarking is not available. Dundee City however, is reported to sit within the top six of better performing homes in Scotland.
- 4.1.3 During 2016-2017 there were approximately 1048 residents accommodated in 26 private and voluntary care homes and 132 residents accommodated in four local authority care homes in Dundee.
- 4.1.4 21 care homes (70%) received grade 4 or above in all themes
7 care homes (23%) received grade 3 in some or all themes

2 care homes (7%) received grade 1 or 2 in some or all themes.

- 4.1.5 Table 1 shows the overall percentage awarded at grades 1 to 6 and also each key theme in Dundee in 2016-2017 and how this compares with Table 2 which is the same data collected from the previous year 2015-2016.

Table 1

Grade	Overall	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management and Leadership
6 excellent	3% ↓	3%	3%	3%	3%
5 very good	39% ↑	36%	39%	45%	36%
4 good	30% ↓	33%	36%	25%	25%
3 adequate	19% ↑	14%	14%	22%	25%
2 weak	9% ↑	14%	8%	6%	8%
1 unsatisfactory	1% =	-	-	-	3%

Table 2

Grade	Overall	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management and Leadership
6 excellent	4%	3%	3%	7%	3%
5 very good	38.5%	37.5%	43%	42%	32%
4 good	36%	34.5%	27%	42%	41%
3 adequate	16.5%	19%	23%	9.5%	15%
2 weak	4%	6%	3.5%	-	6%
1 unsatisfactory	1%	-	-	-	3%

- 4.1.6 There has been 12.5% increase and 10% increase between 2015/16 and 2016/17 in 'adequate' gradings awarded regarding quality of staffing and quality of management and leadership respectively. This is being addressed in a multi-disciplinary way by means of formal contract meetings in conjunction with input from both the Care Home Liaison and Peripatetic Teams directly within the care home targeting areas for training and development for managers and staff.

4.2 Continuous Improvement

- 4.2.1 There continues to be a joint commitment to continuous improvement and a proactive approach to improving and sustaining quality which involves the care home providers, the Care Inspectorate and representatives of Dundee Health and Social Care Partnership. This is particularly evident when significant concerns arise. There have been many benefits of such an approach eg effective sharing of information, shared agreement about improvement activity required and monitoring of the same until such point concerns have been adequately addressed.
- 4.2.2 Partnership officers attend Care Inspectorate feedback sessions following care home inspection visits. Service users' care needs are monitored and reviewed by the Partnership's Review Officers. They also undertake extra-ordinary reviews where there are concerns either about individuals or establishments. In addition, where there is evidence of poor quality and performance, the Head of Service/Locality Managers meets with providers to discuss proposed actions to make improvements and how the Partnership can support these actions. Options to support change include consideration of whether or not the service continues to accept new residents and whether or not the quality grade portion of the resident fees should be continued to be

paid. Where required, a risk assessment will be undertaken to determine any individual or collective risk.

4.2.3 *Care Home Providers Forum*

A range of processes are in place to support improvement. Regular quarterly meetings are held between Partnership representatives and Dundee care home providers to discuss current issues and developments. Regular learning network events are held for care home providers covering subjects such as legal issues and challenges facing care home providers.

4.2.4 *Early Indicators of Concern Tool*

In collaboration with Hull University, Dundee City Council Social Work Department were involved in a research project and developed a tool which raises awareness about the early indicators of concern within a care home setting. A guidance document has been produced to assist staff members working in care homes to identify 'low level' indicators of concern which may, if unresolved, affect the safety and wellbeing of service users in residential care settings. A system has also been developed for recording and information sharing, encouraging a more consistent approach and early intervention to collective concerns within care homes. The measure that this tool is achieving success has been the reduction in the number of Adult Protection concerns being recorded and an increase in the number of Early Indicators of Concern.

4.2.5 *Care Home Peripatetic Team*

The Care Home Peripatetic Team continue to provide education and support to care home staff and assist in the development of clinical skills. This ensures the best possible care is provided for older people living in care home settings and subsequently prevents unnecessary unplanned admissions to hospital. This team also acts as a liaison between multi-disciplinary teams, department and other agencies and ensures a co-ordinated approach to an individuals' care.

4.2.6 *Care Home Liaison Team*

The Care Home Liaison Team (CHLT) provides specialist assessment and treatment of older people experiencing mental health problems within care settings. The CHLT aims to reduce hospital admissions and provide effective transitional care from hospital to care home. The team of four nurses, supported by medical colleagues, provide specialist assessment and treatment to individual residents as well as facilitating training specific to older people with mental health issues and dementia. The range of training includes topics such as:-

- Dementia
- Delirium
- Depression
- Stress and Distress
- Completion of Antecedent-Behaviour-Consequences (ABC) charts
- Suicide risk
- Communication in dementia

4.2.7 *Care Home Learning Network*

The Care Home Learning Network has been running in Dundee since January 2016. It brings together staff from across the Health & Social Care Partnership. The group has discussed issues such as activities in Care Homes, information sharing, role of specialist support and community involvement. The group meets every two/three months and is currently working on improving the type and format of information available to people thinking about moving to a Care Home or supporting a relative/friend to move.

4.2.8 *Leven 3 Polypharmacy Review*

To reduce harm to residents who take a high number of different medications and to reduce unnecessary waste, this review process has been introduced into care homes for all new residents. The aim is for reviews to be made available to all care home residents within the next year.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. An EQIA is attached.

6.0 RISK ASSESSMENT

- 6.1 Risk Description – Deficiencies in our approach to continuous improvement do not improve/sustain gradings.

Inherent Risk = 3 x 1 (Moderate x Very Low) = 3

Current Risk = 2 x 1 (Minor x Very Low) = 2

Actions Taken to Minimise the Risk - As detailed in the Continuous Improvement section of this report, we carry out multiple strands of focused work to ensure that our continuous improvement work is rigorous and effective. No additional resources are required to undertake this work.

Planned Risk = 1 x 1 (Minor x Unlikely) = 1

*Risk scoring (impact x likelihood)

Note: We use a risk level scoring of 1 – 25
(1 being the lowest score and 25 being the highest).

Given the low level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 3 August 2017

Appendix 1

PERFORMANCE REPORT – CARE INSPECTORATE GRADINGS**DUNDEE REGISTERED CARE HOMES FOR ADULTS****1 APRIL 2016 – 31 MARCH 2017****INTRODUCTION**

The purposes of this report is to summarise for members the findings and gradings awarded by the Care Inspectorate to registered care home services for adults within Dundee for the period 1 April 2016 to 31 March 2017.

The Partnership and Care Inspectorate both collect statistical data for purposes of analysis however further work is currently being undertaken to ensure the accuracy of this data therefore detailed national benchmarking is not available. Dundee City however is reported to sit within the top six of better performing homes in Scotland.

BACKGROUND

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

As of 1 April 2016 the Care Inspectorate made changes to how they inspect services and to the format of inspection reports. They continue to develop an inspection model that focuses on outcomes for people which is proportionate, intelligence-led and risk based. This enables them to target their resources in services where there are concerns and where support is needed for improvement. Robust action will continue to be taken in services which do not provide high quality, safe compassionate care.

As the Care Inspectorate will look more closely at outcomes for people who use care services, they will only now report and grade on the quality themes and individual quality statements will no longer be assessed. The new style report is shorter, more user friendly and there are different inspection types and reports dependent on how well or otherwise the service is performing.

Report Type	Service level
Summary	service performing at good or better with no concerns or ongoing complaints
Themed	service with grades of adequate, weak and unsatisfactory
Follow up	service which is performing poorly and need a second inspection in a year
Validation	service which is performing well but ensure high standards are being maintained

The Care Inspectorate use 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'.

- **Quality of Care and Support**
How the service meets the needs of each individual in its care

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

The grading scale used is:

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

OVERVIEW OF THE CARE HOMES INSPECTED

There are 30 care homes in Dundee which provide care and support to:

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

A total of 36 inspections were carried out by the Care Inspectorate during the reporting period 2016-2017. The additional six inspections are attributed to follow up inspections. When there is 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. Inspection visits can also be carried out if complaints are made against a service.

Who provides care home services for adults in Dundee?

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

Table 1

Care Home Service	Data	Local Authority	Private	Voluntary	Total
DUNDEE	No of Services	4	23	3	30
	%	13%	77%	10%	100%

Summary of the Gradings Awarded in Dundee

21 care homes (70%) received grade 4 or above in all themes

7 care homes (23%) received grade 3 in some or all themes

2 care homes (7%) received grade 1 or 2 in some or all themes

Table 2 shows the overall percentage awarded at grades 1 to 6 and also each key theme in Dundee in 2016-2017 and how this compares with Table 3 which is the same data collected from the previous year 2015-2016.

Table 2

Grade	Overall	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management and Leadership
6 excellent	3% ↓	3%	3%	3%	3%
5 very good	39% ↑	36%	39%	45%	36%
4 good	30% ↓	33%	36%	25%	25%
3 adequate	19% ↑	14%	14%	22%	25%
2 weak	9% ↑	14%	8%	6%	8%
1 unsatisfactory	1% =	-	-	-	3%

Table 3

Grade	Overall	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management and Leadership
6 excellent	4%	3%	3%	7%	3%
5 very good	38.5%	37.5%	43%	42%	32%
4 good	36%	34.5%	27%	42%	41%
3 adequate	16.5%	19%	23%	9.5%	15%
2 weak	4%	6%	3.5%	-	6%
1 unsatisfactory	1%	-	-	-	3%

There has been 12.5% increase and 10% increase between 2015/16 and 2016/17 in 'adequate' gradings awarded regarding quality of staffing and quality of management and leadership respectively. This is being addressed in a multi-disciplinary way by means of formal contract meetings and input from both the Care Home Liaison and Peripatetic Teams directly within the care home targeting areas for training and development for managers and staff.

The following table shows the overall percentage award at a mix of grades and for each key themes in approximately 849 care homes in Scotland in comparison to Dundee [source: *Summary of Services within the Dundee City Council Local Authority Area as at 31 March 2017 – compiled by the Care Inspectorate*]

Grades	Quality of Care and Support		Quality of Environment		Quality of Staffing		Quality of Management and Leadership	
	Dundee	Scotland	Dundee	Scotland	Dundee	Scotland	Dundee	Scotland
5 and 6	39%	41%	42%	39%	47%	42%	39%	39%
1 and 2	3%	2%	8%	2%	3%	2%	11%	4%

The following extracts from a selection of latest Inspection Reports summarise what the services do well:

Balcarres (BUPA)

(Graded **6** 'excellent' for key themes inspected - Quality of Care & Support; Quality of Staffing and Quality of Management & Leadership and graded **5** 'very good' for Quality of Environment)

What the service does well

"We assessed the service to be performing at an excellent level of operations with many very positive outcomes for the people using the service.

We saw that people living at Balcarres were supported to maintain aspects of their lifestyle and relationships with people that were important to them prior to moving to the service. We were impressed with the way that individual activities had been planned for people and how well the team worked with families to meet their relationships needs.

Comments from Care Standards Questionnaires

"I really like living here, although it is not my home there's no other place I would like to be than here."

"The care my relative gets is **outstanding**. The staff are great! And the management team is wonderful to work with."

"My relative has a much better social life here than they did when they were at home. It's lovely to see. I am really happy with things."

Janet Brougham (DHSCP)

(Graded **6** 'excellent' for key theme inspected - Quality of Environment and graded **5** 'very good' for Quality of Care & Support, Quality of Staffing and Quality of Management and Leadership)

What the service does well

"Janet Brougham House offered a warm and welcoming atmosphere. Residents and visitors told us they felt comfortable and relaxed in the home".

All the comments received about staff from residents, their families and visiting professionals were extremely positive. It was clear that staff were respected and appreciated.

Comments from Care Standards Questionnaires

"I am very happy with the support offered to my relative. I have no concerns. My relative is well cared for. Couldn't fault the place. It is always very clean and fresh."

"I love living here. Staff are courteous, respectful and very helpful."

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 6 of the 30 services following inspection during 2016-17. This number has reduced from last year.

The following is a summary of issues which care home services require to improve upon.

Quality of Care and Support

- proper provision for the health, welfare and safety of people using the service :
 - ensure other professionals involved in assessment of care and support
 - ensure effective system of communication between staff
 - ensure adequate continence promotion
 - ensure additional observation of a person when this is required
 - ensure care plans fully reflect the needs of people and how needs should be met
 - ensure record keeping is detailed and accurate
- the provider must demonstrate that they have developed and are implementing a safe and effective system for the management and administration of service users' medications
- adequate staffing levels to meet the needs and choices of residents

Quality of Environment

- that premises are kept in a good state of repair and that staff are aware of the reporting procedure for requesting repairs and maintenance
- that up-to-date environmental risk assessments are in place and that where a risk is identified that appropriate actions are taken to minimise such risk

Quality of Staffing

- that only staff who are registered with SSSC or another recognised regulatory body may carry out work in the care service in a post for which such registration is required

Quality of Management and Leadership

- that the Care Inspectorate is notified of all significant events promptly
- regular health and safety checks are carried out and recorded and any remedial action identified should be taken to rectify repairs to the building and equipment used by residents as soon as possible

Complaints

A complain 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 2016-17 the Care Inspectorate received complaints relating to 9 of the 30 care home services in Dundee. Of these, all were upheld or at least one of the elements upheld.

- staffing levels
- record keeping issues
- fitness of premises
- healthcare (infection control issues, continence care, nutrition, tissue viability, mental health care, palliative care)
- medication issues

- choice (dignity and privacy)
- protection of people (adults)
- communication between staff and service users/relatives/carers

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.

Brae Cottage was served with an Improvement Notice in February 2016 comprising of five elements. In May 2016 the timescale was extended for the service to meet 3 outstanding elements of this Notice. The timescale was again extended in September 2016 to give Brae Cottage management a further opportunity to make improvements to 2 elements of the service. In March 2017 the Home gave notice that it was to voluntarily cease business as of June 2017.

CONTINUOUS IMPROVEMENT

There continues to be a joint commitment to continuous improvement and a proactive approach to improving and sustaining quality which involves the care home providers, the Care Inspectorate and representatives of Dundee Health and Social Care Partnership. This is particularly evident when significant concerns arise. There have been many benefits of such an approach eg effective sharing of information, shared agreement about improvement activity required and monitoring of the same until such point concerns have been adequately addressed.

Partnership officers attend Care Inspectorate feedback sessions following care home inspection visits. Service users' care needs are monitored and reviewed by the Partnership's Review Officers. They also undertake extra-ordinary reviews where there are concerns either about individuals or establishments. In addition, where there is evidence of poor quality and performance, the Head of Service meets with providers to discuss proposed actions to make improvements and how the Partnership can support these actions.

Care Home Providers Forum

A range of processes are in place to support improvement. Regular quarterly meetings are held between Partnership representatives and Dundee care home providers to discuss current issues and developments. Regular learning network events are held for care home providers covering subjects such as legal issues and challenges facing care home providers.

Early Indicators of Concern Tool

In collaboration with Hull University, Dundee City Council Social Work Department were involved in a research project and developed a tool which raises awareness about the early indicators of concern within a care home setting. A guidance document has been produced to assist staff members working in care homes to identify 'low level' indicators of concern which may, if unresolved, affect the safety and well being of service users in residential care settings. A system has also been developed for recording and information sharing, encouraging a more consistent approach and early intervention to collective concerns within care homes. The measure that this tool is achieving success has been the reduction in the number of Adult Protection concerns being recorded and an increase in the number of Early Indicators of Concern.

Care Home Peripatetic Team

The Care Home Peripatetic Team continue to provide education and support to care home staff and assist in the development of clinical skills. This ensures the best possible care is provided for older people living in care home settings and subsequently prevents unnecessary unplanned admissions to hospital. This team also acts as a liaison between multi-disciplinary teams, department and other agencies and ensures a co-ordinated approach to an individuals' care.

Care Home Liaison Team

The Care Home Liaison Team (CHLT) provides specialist assessment and treatment of older people experiencing mental health problems within care settings. The CHLT aims to reduce hospital admissions and provide effective transitional care from hospital to care home. The

team of four nurses, supported by medical colleagues, provide specialist assessment and treatment to individual residents as well as facilitating training specific to older people with mental health issues and dementia. The range of training includes topics such as:

- Dementia
- Delirium
- Depression
- Stress and Distress
- Completion of ABC charts
- Suicide risk
- Communication in dementia

Care Home Learning Network

The Care Home Learning Network has been running in Dundee since January 2016. It brings together staff from across the Health & Social Care Partnership. The group has discussed issues such as activities in Care Homes, information sharing, role of specialist support and community involvement. The group meets every two/three months and is currently working on improving the type and format of information available to people thinking about moving to a Care Home or supporting a relative/friend to move.

Level 3 Polypharmacy Review

To reduce harm to residents who take a high number of different medications and to reduce unnecessary waste, this review process has been introduced into care homes for all new residents. The aim is for reviews to be made available to all care home residents within the next year.

CONCLUSION

Of the 36 inspections of the 30 care homes listed in the Performance Report, the improvement in grades highlights the importance of the partnership approach between providers, local authority representatives and the Care Inspectorate and consequently leads to better outcomes for service users.

Theme (Quality of ...)	Improvement in Grade	Number of Homes	Reduction in Grade	Number of Homes
Care and Support	20% =	6	10% ↓	3
Environment	10% ↓	3	3% ↓	1
Staffing	13% ↓	4	20% ↑	6
Management & Leadership	13% =	4	13% ↓	4

In comparison to 2015-16, although the number of care homes showing an improvement in their grades is marginally lower, those care homes where inspections have resulted in a downgrading has improved considerably.

August 2017

Summary of Care Inspectorate Gradings for Care Homes in Dundee - 1 April 2016 to 31 March 2017

	Category DHSCP/ Private /Vol	Inspection Date	Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership	Requirements
Balcarres Care Home	P	28.03.17	6	(5)	6	(6)	No
Balhousie Clement Park Care Home	P	02.11.16	4	4	5↑	5↑	No
Balhousie St Ronans	P	15.03.17	4	(5)	5	(5)	No
Ballumbie Court Care Home	P	10.08.16	3↓	(4)	3↓	3↓	Yes
Ballumbie Court Care Home	P	27.01.17	Follow up inspection – no change to grades				
Benvie Care Home	P	24.01.17	5	(5)	5	(5)	No
Brae Cottage Residential Home	P	16.05.16	2	2	2↓	1	Yes
Brae Cottage Residential Home	P	-	Improvement Notice in Place – Home voluntarily closed December 2016				
Bridge View House Nursing Home	P	28.02.17	3↓	4	3↓	3↓	No
Carmichael House Care Home	P	03.11.16	4	5	4	3	No
Craigie House	DHSCP	25.01.17	5↑	4	(5)	4	No
Ellen Mhor Care Home Services	P	15.12.16	4	(5)	(5)	4	No
Ferry House Residential Home	V	03.06.16	5	(5)	5	(5)	No
Forebank Care Home Service	P	07.03.17	5	(5)	5	(5)	No
Harestane Nursing Home	P	13.06.16	(5)	(5)	(5)	(5)	No

Legend:

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

	Category DHSCP/ Private /Vol	Inspection Date	Quality of Care & Support		Quality of Environment		Quality of Staffing		Quality of Management & Leadership	Requirements
Helenslea Care Home	P	05.05.16	4↑		3↓		3↓		3	Yes
Helenslea Care Home	P	31.01.17	Follow up inspection – no change to grades							
Janet Brougham House	DHSCP	27.10.16	5		(6)		5↓		(5)	No
Linlathen Neurodisability Centre	P	31.03.17	5↑		(4)		(4)		4	No
Lochleven Care Home	P	11.08.16	4↓		5		5		5	No
Magdalen House Care Home	P	09.03.17	5		(4)		5↑		(4)	No
Menzieshill House	DHSCP	07.11.16	5		(5)		5		(5)	No
Moyness Nursing Home	P	05.12.16	4↑		4↑		4		4	No
Orchar Nursing Home	P	10.08.16	5		(5)		(5)		5	No
Pitkerro Care Centre	P	12.01.17	4		(4)		4		(4)	No
Redwood House Care Home	P	23.05.16	4↑		4↑		4		4↑	No
Riverside View Care Home	P	22.06.16	5↑		5↑		5↑		5↑	No
Rose House Care Home	P	28.04.16	3		3		3↓		3↓	Yes
Rose House Care Home	P	24.01.17	Follow up inspection – no change to grades							
St Columba's Care Centre	P	15.12.16	5		(5)		5		(5)	No
St Margaret's Care Home	V	31.01.17	4		3		4		4	No

Legend:

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

	Category DHSCP/ Private /Vol	Inspection Date	Quality of Care & Support		Quality of Environment		Quality of Staffing		Quality of Management & Leadership	Requirements
The Bughties Care Home	P	14.04.16	4		4		4		4↑	No
The Bughties Care Home	P	13.10.16	2↓		(4)		(4)		3↓	Yes (follow up inspection)
The Bughties Care Home	P	19.01.17	(2)		(4)		(4)		2↓	(follow up inspection)
Turriff House	DHSCP	01.03.17	5		(5)		(5)		5	No
Wellburn Care Home Service*	V	02.09.16	2		2		2		2	Yes
Wellburn Care Home Service*	V	10.02.17	2		2		3↑		2	(follow up inspection)

* Wellburn Care Home closed voluntarily in June 2017

Legend:

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

EQUALITY IMPACT ASSESSMENT TOOL

Part 1: Description/Consultation

Is this a Rapid Equality Impact Assessment (RIAT)?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is this a Full Equality Impact Assessment (EQIA)?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Date of Assessment:	July 2017	Committee Report Number:	PAC20-2017
Title of document being assessed:		Dundee Registered Care Home Services for Adults	
1. This is a new policy, procedure, strategy or practice being assessed (If yes please check box) <input type="checkbox"/>		This is an existing policy, procedure, strategy or practice being assessed? (If yes please check box) <input checked="" type="checkbox"/>	
2. Please give a brief description of the policy, procedure, strategy or practice being assessed.		The purpose of this report is to summarise for the Committee the gradings awarded by the Care Inspectorate to registered care homes in Dundee for adults during the period 1 March 2016 to 31 March 2017	
3. What is the intended outcome of this policy, procedure, strategy or practice?		To continue to support the partnership approach to the quality improvement agenda for care services in Dundee	
4. Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.		Care Inspectorate Inspection Reports for 2016-2017; Performance Report – Care Inspectorate Gradings-Dundee Registered Care Home Services for Adults	
5. Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.		Service users, staff and relatives are consulted during the inspection process	
6. Please give details of council officer involvement in this assessment. (e.g. names of officers consulted, dates of meetings etc)		Jenny Hill Rosalind Guild Kathryn Sharp Laura Menzies	
7. Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy? (Example: if the impact on a community is not known what will you do to gather the information needed and when will you do this?)		No	

Part 2: Protected Characteristics

Which protected characteristics communities will be positively or negatively affected by this policy, procedure or strategy?

NB Please place an X in the box which best describes the "overall" impact. It is possible for an assessment to identify that a positive policy can have some negative impacts and visa versa. When this is the case please identify both positive and negative impacts in Part 3 of this form.

If the impact on a protected characteristic communities are not known please state how you will gather evidence of any potential negative impacts in box Part 1 section 7 above.

	Positively	Negatively	No Impact	Not Known
Ethnic Minority Communities including Gypsies and Travellers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender Reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or Belief	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People with a disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian, Gay and Bisexual	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Socio-economic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy & Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part 3: Impacts/Monitoring

<p>1. Have any positive impacts been identified?</p> <p>(We must ensure at this stage that we are not achieving equality for one strand of equality at the expense of another)</p>	<p>There has been an improvement in the quality of care provided in care home services which has resulted in an improvement in the quality of life for service users</p>
<p>2. Have any negative impacts been identified?</p> <p>(Based on direct knowledge, published research, community involvement, customer feedback etc. If unsure seek advice from your departmental Equality Champion.)</p>	<p>No</p>
<p>3. What action is proposed to overcome any negative impacts?</p> <p>(e.g. involving community groups in the development or delivery of the policy or practice, providing information in community languages etc. See Good Practice on DCC equalities web page)</p>	<p>N/A</p>
<p>4. Is there a justification for continuing with this policy even if it cannot be amended or changed to end or reduce inequality without compromising its intended outcome?</p> <p>(If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice)</p>	<p>N/A</p>
<p>5. Has a 'Full' Equality Impact Assessment been recommended?</p> <p>(If the policy is a major one or is likely to have a major impact on protected characteristics communities a Full Equality Impact Assessment may be required. Seek advice from your departmental Equality lead.)</p>	<p>No</p>
<p>6. How will the policy be monitored?</p> <p>(How will you know it is doing what it is intended to do? e.g. data collection, customer survey etc.)</p>	<p>Care home services will continue to be inspected by the Care Inspectorate and monitored and reviewed by Dundee Health and Social Care Partnership officers</p>

Part 4: Contact Information

Name of Department or Partnership	Dundee Health and Social Care Partnership
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Type of Document	
Human Resource Policy	<input type="checkbox"/>
General Policy	<input type="checkbox"/>
Strategy/Service	<input type="checkbox"/>
Change Papers/Local Procedure	<input checked="" type="checkbox"/>
Guidelines and Protocols	<input type="checkbox"/>
Other	<input type="checkbox"/>

Manager Responsible	Author Responsible
Name: Jenny Hill	Name: Rosalind Guild
Designation: Locality Manager	Designation: Contracts Officer
Base: Claverhouse Offices Dundee	Base: Floor 2 Dundee House
Telephone: 01382 438307	Telephone: 01382 433665
Email: jenny.hill@dundeecity.gov.uk	Email: rosalind.guild@dundeecity.gov.uk

Signature of author of the policy:	Jenny Hill	Date: July 2017
Signature of Director/Head of Service:	Diane McCulloch	Date: July 2017
Name of Director/Head of Service:	Click here to enter text.	
Date of Next Policy Review:	September 2018	



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 12 SEPTEMBER 2017

REPORT ON: CARE INSPECTORATE VISITS – WEAVERS BURN

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC29-2017

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Performance & Audit Committee of the outcome of the recent Care Inspectorate inspection visit, undertaken in March 2017 as a follow up to the full inspection of May 2016.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of the follow up inspection reports (Appendices 1 & 2);
- 2.2 Notes the progress made following the inspection dated May 2016;
- 2.3 Notes the content of the July 2017 inspection report and regrading of the service (Appendix 3).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 Weavers Burn is a Care at Home/Housing Support service that supports adults with complex needs. The service has been registered with the Care Inspectorate since May 2014.
- 4.2 The service was inspected during May 2016 and the following overall grades were determined:

Quality of Care and Support	2	Weak
Quality of Staffing	3	Adequate
Quality of Management / Leadership	2	Weak
- 4.3 An action plan for improvement was submitted to the Care Inspectorate and a more detailed operational improvement plan was implemented.
- 4.4 The inspection report of May 2016 and the two related action plans noted at 4.3 were presented to, and discussed by, the Integration Joint Board in August 2016 (Report DIJB45-2016).
- 4.5 Since the inspection of May 2016 two follow up visits have been made to the service. Whilst these visits were made as a continuation of a single inspection cycle/process, a report was produced for both visits undertaken in November 2016 and March 2017 (Appendices 1 & 2).

- 4.6 The most recent follow up visit in March 2017 led to a regrading of the service as follows:

Quality of Care and Support	3	Adequate
Quality of Staffing	3	Adequate
Quality of Management / Leadership	3	Adequate

Regrading a service out with a full inspection process i.e. as an outcome of a follow up visit is an unusual course of action for the Care Inspectorate to take. The Care Inspectorate's decision to regrade the service as a means of acknowledging significant improvement has been appreciated by the team at Weavers Burn.

- 4.7 The follow up visit in March 2017 highlighted progress in respect of three requirements and one recommendation that were in place.

- 4.8 *Requirement 1:*

The health, welfare and support needs of service users are met in accordance with their assessed needs. This will be achieved by ensuring that the rota planning has suitably qualified staff on duty, that needs are accurately assessed including all relevant risk assessments.

- 4.8.1 Good progress was noted in relation to this requirement and reference was made to the hard work carried out by the service to meet this requirement. Reference was made to increased staffing levels and how the service had achieved this. There was also recognition that support plans had been updated to reflect changing support needs. The report also acknowledged the training that had taken place and that a senior member of staff had completed instructor training for Crisis, Aggression Limitation and Management (CALM).

- 4.9 *Requirement 2:*

That staff received supervision in line with policies and procedures and that a system is in place to record when these take place.

- 4.9.1 The report noted that supervision sessions were taking place, that the staff team found senior staff supportive and available to discuss issues as they arise. Whilst the reintroduction of regular supervision sessions is noted as a relatively new process the benefits are noted.

- 4.10 *Requirement 3:*

That robust Quality Assurance (QA) systems are in place and that these are completed in their timescales and that any actions identified are carried out by the appropriate person, again in the appropriate timescale and that the Manager signs these off to evidence that they have been completed.

- 4.10.1 The report acknowledges that the service is in the process of developing an overall Quality Assurance process and notes that this is an improvement. The report records that whilst the QA process is in its development, the service has increased the level and frequency of audits and monitoring checks carried out by senior staff.

- 4.11 *Recommendation 1:*

A review of training need to ensure that the training being provided is relevant and available within the appropriate timescales.

- 4.11.1 The report notes that this recommendation has been met. The service had identified core, essential and desirable training and team development days had taken place. Whilst the recommendation was met, the report notes that there is still room for improvement, particularly for new staff and in relation to CALM training.

- 4.12 A further full inspection was undertaken in July 2017 and the report was published week beginning 28 August 2017. During the inspection the inspectors observed practice and sampled the personal plans for people who use the service. There were no recommendations arising from this inspection. It was also noted that there were no complaints received since the last inspection.
- 4.13 Staff were observed to have detailed knowledge of individual service users and sought appropriate supports from specialist teams to ensure positive outcomes. Staff in the service reported confidently about their opportunities for further training and development and for ongoing support. It was noted that there remained a reliance on agency staff, which was mitigated through the use of consistent agency members of staff. The service will continue to progress and improve their approach to supervision and support. The inspection report recognised the management plans put in place to ensure continuous improvement within the service.
- 4.14 The grades awarded at the inspection have been confirmed as follows:
- | | | |
|------------------------------------|---|----------|
| Quality of Care and Support | 4 | Good |
| Quality of Staffing | 3 | Adequate |
| Quality of Management / Leadership | 4 | Good |
- 4.15 In conclusion, significant progress has been achieved in making improvements to service delivery.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

This report has not been subject to a risk assessment as it relates to the publication of Care Inspectorate information and therefore does not require a policy decision.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None

Dave Berry
Chief Finance Officer

DATE: 22 August 2017

Weavers Burn Housing Support Service

315 South Road
Dundee
DD2 2RT

Telephone: 01382 436720

Type of inspection: Unannounced
Inspection completed on: 3 November 2016

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Care service number:
CS2014324110

Inspection report

About the service we inspected

The service provides support for adults with a learning disability (who may also be on the autistic spectrum and have a physical disability) living in their own homes and in the community.

The service had previously been a registered care home, but had redesigned the service to provide purpose-built flats with access to communal areas and garden spaces.

The service was registered with the Care Inspectorate on 19 May 2014.

How we inspected the service

The service was inspected during an unannounced visit on 31 October and 1 November 2016. Feedback was given to the manager and senior staff of the service on 3 November 2016. The inspection was carried out by two Care Inspectorate inspectors.

During the inspection, evidence relevant to the requirements and recommendations made at the last inspection was gathered from a number of sources, including:

a review of a range of records and procedures, and other documentation, including the following:

- certificate of registration
- aims and objectives of the service
- service users' care files
- team meeting minutes
- staff training records
- training plan
- risk assessments.

Discussion took place with:

- the manager
- temporary depute manager
- senior social care officers
- social care workers.

Observation of staff practices.

Observation of the environment.

All of the above information was taken into account and included within the body of the report.

Taking the views of people using the service into account

During the inspection we did not speak directly with service users, but we observed interactions taking place in communal areas.

Taking carers' views into account

We did not speak with carers during this inspection.

What the service has done to meet any requirements we made at or since the last inspection**Previous requirements****Requirement 1**

The provider must ensure that each service user's health, welfare and support needs are met in accordance with their assessed needs.

In order to achieve this, the provider must ensure that:

- there are suitably qualified staff, both in number and skill, on duty at all times
- a process is in place to accurately assess the needs of each individual service user
- all risks to each individual service user's health and welfare are accurately assessed and managed
- the physical layout of the building (living environment) is taken into account in the management of risk to each individual's health and welfare.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is also to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 15 (a) - Requirements to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

The following National Care Standards Housing Support Services - Standard 3: Management and Staffing Arrangements

Timescale - within four weeks of receipt of the letter sent on 8 June 2016.

This requirement was made on 25 May 2016.

Action taken on previous requirement

We could see that the service had made good progress in this requirement. There was clearly an increase in the number of staff on duty, and these were a combination of new appointments, transfers, and agency staff. However we could see that the staff complement of permanent staff was not yet met. In addition, although the service had a plan for training in place, but not all new staff have completed their induction, or have had core training such as Crisis, Aggression, Limitation and Management (CALM).

Inspection report

All support plans have been updated and a health mapping exercise has been carried out, and this gave useful information on the health needs, any referrals made and support needs for all service users. This document also identified specific actions to be completed and those responsible.

We saw that a comprehensive risk assessment had been carried out and was in place for individual service users and for communal areas. We could see that actions had been taken to reduce some of the identified risks such as removing some of the chairs from the foyer and therefore reducing the opportunities for individual service users to interact in a negative way.

Not met

Requirement 2

The provider must ensure that service users' personal plans reflect how staff will meet the health, welfare and safety needs of the person and that any specific guidance from other professionals and stakeholders must be reflected within each plan to ensure that staff have all the information required to support people safely and effectively.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 5(1). This is a requirement for providers prepare a written plan which sets out how service users' health, welfare and safety needs are to be met.

National Care Standards Housing Support Services - Standard 4: Housing Support Planning

This requirement was made on 25 May 2016.

Action taken on previous requirement

All support plans have been updated and changes made to reflect current practice. Where relevant additional referrals have been made, for example to associated health professionals. There was evidence that family members and or guardians have been appropriately consulted.

Met - within timescales

Requirement 3

The provider must ensure that each service user's health, welfare and support needs are met in accordance with their assessed needs.

In order to achieve this, the provider must ensure that:

- where a guardianship order is in place, that all information relating to the powers of the guardian are clearly recorded
- where the guardian has agreed delegated powers to the service this is clearly recorded.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

Timescale - within six weeks of receipt of this report.

This requirement was made on 25 May 2016.

Action taken on previous requirement

In all support plans sampled we could see evidence of discussion with guardians in relation to delegated powers, plus copies of relevant documents such as the legal order granting guardianship (interlocutor). Staff were able to confirm that they were aware of these documents and how they affected how and what they communicated to guardians.

Met - within timescales

Requirement 4

The provider to ensure that staff supervision is carried out in line with the provider's policies and procedures, and a system is in place to record when supervision sessions had taken place and when they were due.

This is to comply with

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No. 210: 15 (b) - Requirements to ensure that persons employed in the provision of the care service receive-

- (i) training appropriate to the work they are to perform; and
- (ii) suitable assistance, including time off work, for the purpose of obtaining further qualifications appropriate to such work.

Timescale - within eight weeks of receipt of this report.

This requirement was made on 25 May 2016.

Action taken on previous requirement

During the inspection we spoke with 13 staff of a variety of grades. Staff made positive comments on the re-introduction of supervision. In addition the full complement of senior social care workers meant that they felt there was generally a senior member of staff available to speak with, especially as with the general increase in social care workers the senior staff no longer needed to work directly with service users and were available to consult with staff.

However supervision is not yet consistently in place for all staff members and this needs to become embedded in staff practice.

Not met

Requirement 5

The provider and manager should ensure that the service has robust quality assurance processes, and that audits and checks are completed within stated timescales and clearly evidence how any issues identified are to be addressed by whom, and by when. The manager should sign these to evidence that they have been completed and issues are addressed.

This is in order to comply with:

Inspection report

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

National Care Standards Care at Home - Standard 4: Management and Staffing

This requirement was made on 25 May 2016.

Action taken on previous requirement

The service's provider is currently developing a quality assurance process, but the existing framework is not yet established. The introduction of senior social care worker regular checks has been a positive step, but this has still to become consistent practice to show evidence of actions identified and carried forward.

Not met

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

People who use the service and who have been assessed as requiring one-to-one support for social activities should receive support as identified in their support plan. Records should show what activities they have accessed; whether they enjoyed them, and if not why not.

National Care Standards Housing Support Services - Standard 5: Lifestyle - Social Cultural and Religious Belief or Faith

This recommendation was made on 25 May 2016.

Action taken on previous recommendation

We could see a general improvement in service users accessing a range of activities which were previously difficult to access due to staffing levels. Regular activities were identified as part of support plans and staff were able to confirm that they felt this had improved. Although we felt this recommendation had been met we will continue to monitor access to activities for service users at future inspections.

Recommendation 2

Staff should have opportunities to monitor and update information contained in support plans in order to ensure that people who use the service receive a consistent service from well-informed staff.

National Care Standards Care at Home - Standard 4: Management and Staffing

This recommendation was made on 25 May 2016.

Action taken on previous recommendation

We could see some positive progress in this area. Handovers for all staff had been introduced, and key workers and senior staff can make changes to support plans, although there was still a degree of uncertainty about who

was acting as key workers for which service users. This was due to changes in staffing and was due to be clarified soon after the inspection. We felt that this recommendation had been met but we will continue to monitor this in future inspections and it remains an area for improvement.

Recommendation 3

That the provider ensures that a system is put in place to ensure team meetings take place at regular intervals, comprehensive minutes are available of these meetings, and that staff are supported to attend.

National Care Standards Care at Home. Standard 4: Management and Staffing

This recommendation was made on 25 May 2016.

Action taken on previous recommendation

We saw that team meetings had been re-introduced and gave staff the opportunity to discuss individual service users, as well as general information sharing. Due to the number of new staff to the service, team meetings were mainly concerned with information sharing but as the staff team is consolidated this should develop to allow for the further discussion of good practice issues. There were some comments from staff about the difficulties in attending due to the shift system, and the service should consider how they can maximise attendance. We thought it was a positive development that the service had arranged team development days which would take place over the next three months to allow all staff to attend. This recommendation has been met but remains an area for improvement.

Recommendation 4

The provider should review the training needs of staff and ensure that training being provided is relevant to the service staff are expected to provide, and available with appropriate timescales.

This is in order to comply with National Care Standards Care at Home - Standard 4: Management and Staffing

This recommendation was made on 25 May 2016.

Action taken on previous recommendation

The service had made positive steps towards identifying training needs. They had identified which training was regarded as core, plus essential and desirable training. Some training had been carried out but due to the number of staff new to the service this had not yet been completed. As at the last inspection staff made some comments about the effectiveness of training, in particular whether CALM met the needs of service users, and the service should evaluate the effectiveness of training provided. As previously mentioned, team development days had been organised and these should be fully evaluated and potentially extended, and information used to inform the training plan. This recommendation is not yet met and we will look at this at our next inspection.

Recommendation 5

The manager and provider should continue to review and develop opportunities for involving service users and their representatives in providing feedback on the quality of care and support, and evidence how this leads to better outcomes for the people who use the service.

National Care Standards Care at Home - Standard 11: Expressing your Views

This recommendation was made on 25 May 2016.

Inspection report

Action taken on previous recommendation

We did not look at this recommendation in detail but we saw clear evidence that strategies have been put in place to increase opportunities for service users to comment on the service. The service had involved speech and language therapy staff in proposed future service user meetings. The service had also held carers meetings. We felt this recommendation had been met, but remains an area for improvement and we will look at this at our next inspection.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
25 May 2016	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
24 Aug 2015	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
12 Sep 2014	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

To find out more

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য কল্পমাটি এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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Weavers Burn Housing Support Service

315 South Road
Dundee
DD2 2RT

Telephone: 01382 436720

Type of inspection: Unannounced
Inspection completed on: 16 March 2017

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Care service number:
CS2014324110

Inspection report

About the service we inspected

The service provides support for adults with a learning disability (who may also be on the autistic spectrum and have a physical disability) living in their own homes and in the community.

The service had previously been a registered care home, but had redesigned the service to provide purpose-built flats with access to communal areas and garden spaces.

The service was registered with the Care Inspectorate on 19 May 2014.

How we inspected the service

The service was inspected during an unannounced visit by one Care Inspectorate inspector, which took place between the 1 and 3 March. Feedback was given to the manager and senior staff of the service on 16 March 2017.

During the inspection, evidence relevant to the requirements and recommendations made at the last inspection was gathered from a number of sources, including:

a review of a range of records and procedures, and other documentation, including the following:

- certificate of registration
- aims and objectives of the service
- service users' care files
- team meeting minutes
- staff training records
- training plan
- risk assessments.

Discussion took place with:

- the manager
- temporary depute manager
- senior social care officers
- social care workers.

Taking the views of people using the service into account

During the inspection we did not speak directly with service users, but we observed interactions taking place in communal areas.

Taking carers' views into account

We did not speak with any carers specifically relating to this inspection.

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The provider must ensure that each service user's health, welfare and support needs are met in accordance with their assessed needs.

In order to achieve this, the provider must ensure that:

- there are suitably qualified staff, both in number and skill, on duty at all times
- a process is in place to accurately assess the needs of each individual service user
- all risks to each individual service user's health and welfare are accurately assessed and managed
- the physical layout of the building (living environment) is taken into account in the management of risk to each individual's health and welfare.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is also to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No. 210: 15 (a) - Requirements to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

National Care Standards Housing Support Services - Standard 3: Management and Staffing Arrangements

Timescale - within four weeks of receipt of the letter sent on 8 June 2016.

This requirement was made on 25 May 2016.

Action taken on previous requirement

We could see that the service had continued to make good progress in this requirement. There was clearly an increase in the number of staff on duty, and these were a combination of new appointments, transfers, and agency staff.

In addition, the service had sufficient senior staff in post to ensure that there were senior social care workers on duty on all daytime shifts.

All support plans had been updated and we saw that changes were made to reflect a change in the support needs of people who used the service.

Staff had the opportunity to complete a variety of training, and one senior staff member had completed training as an instructor in Crisis, Aggression, Limitation and Management (CALM). He had made plans to ensure that all new staff received an introduction to CALM on starting in the service, followed by full training as soon as was practicable.

We felt the service had worked hard to meet this requirement, and although we can see that it has been met we will continue to monitor this at future inspections.

Met - within timescales

Requirement 2

The provider to ensure that staff supervision is carried out in line with the provider's policies and procedures, and a system is in place to record when supervision sessions had taken place and when they were due

This is to comply with

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No. 210: 15 (b) - Requirements to ensure that persons employed in the provision of the care service receive:

- (i) training appropriate to the work they are to perform; and**
- (ii) suitable assistance, including time off work, for the purpose of obtaining further qualifications appropriate to such work.**

Timescale - within eight weeks of receipt of this report.

This requirement was made on 25 May 2016.

Action taken on previous requirement

During the inspection we spoke with nine staff of a variety of grades. Staff made positive comments on the reintroduction of supervision, and confirmed that this had now been made available to them. The full complement of senior social care workers meant that staff felt well supported, and most had had at least two supervision sessions since the last inspection. Staff continued to state that senior social care workers were supportive and available to discuss any issues raised by social care workers.

However the reintroduction of supervision is a relatively new process for this staff team and this needs to become embedded in staff practice. Although the requirement has been met we will continue to monitor this in future inspections.

Met - within timescales

Requirement 3

The provider and manager should ensure that the service has robust quality assurance processes, and that audits and checks are completed within stated timescales and clearly evidence how any issues identified are to be addressed by whom, and by when. The manager should sign these to evidence that they have been completed and issues are addressed.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations

2011, No 210: 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

National Care Standards Care at Home - Standard 4: Management and Staffing

This requirement was made on 25 May 2016.

Action taken on previous requirement

The service's provider is currently developing a quality assurance process, but the existing framework is not yet established. However the service had increased the number of audits and monitoring checks completed by senior social care workers and we could see that these had been completed consistently, and actions carried out where identified. This remains an area for improvement for this service.

Met - within timescales

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The provider should review the training needs of staff and ensure that training being provided is relevant to the service staff are expected to provide, and available with appropriate timescales.

This is in order to comply with National Care Standards Care at Home - Standard 4: Management and Staffing

This recommendation was made on 25 May 2016.

Action taken on previous recommendation

The service had made positive steps towards identifying training needs. At the last inspection the service had identified which training was regarded as core, plus essential and desirable training. Team development days had been carried out, and staff commented that they felt they had been generally successful. We felt that this recommendation had been met but remains an area for improvement particularly in relation to induction of new staff and CALM training.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection report

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
2 May 2017	Re-grade	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
3 Nov 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
25 May 2016	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
24 Aug 2015	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
12 Sep 2014	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

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Weavers Burn Housing Support Service

315 South Road
Dundee
DD2 2RT

Telephone: 01382 436720

Type of inspection: Unannounced
Inspection completed on: 11 July 2017

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Care service number:
CS2014324110

About the service

The service provides support for adults with a learning disability (who may also be on the autistic spectrum and have a physical disability) living in their own homes and in the community.

The service had previously been a registered care home, but had redesigned the service to provide purpose-built flats with access to communal areas and garden spaces.

The service was registered with the Care Inspectorate on 19 May 2014.

What people told us

During the inspection we did not speak directly with service users, but we observed interactions taking place in communal areas.

Self assessment

We did not request a self-assessment this year. We discussed and considered the service's own development plan as part of this inspection.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of staffing	3 - Adequate
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

During the inspection we sampled personal plans of people who used the service. We saw that staff had detailed knowledge of the likes and dislikes of individual service users. The service had recorded useful information, for example 'All About Me' and 'Disdat' on how people displayed how they were feeling, although it is likely that people who used the service would be accompanied on any admission to hospital. Action plans identified that all reviews were on schedule to be completed by September, and thereafter completed regularly in April and October unless the circumstances of individual tenants changed. We saw evidence of good quality reporting of accidents including follow up by senior staff.

The service received detailed support from the Behaviour Support Intervention team (BSI) resulting in Positive Behaviour Support (PBS) plans to guide staff, and specialist support and training to support staff in meeting the needs of tenants, particularly around PBS, communication, dysphagia and nutrition.

As part of the inspection we spoke with staff, and they made positive comments about increased opportunities for training, administration time and access to activities for tenants. We also received some positive comments from parents. There were more consistent opportunities for staff to attend handovers which improved

communication throughout the service.

Although staff told us that tenants were much more likely to be able to regularly access a range of activities, we did not always see this recorded, either in daily contact sheets or other documents such as activity planners.

One parent felt that her son did not receive a balanced diet despite the involvement of a dietician. This parent also had other concerns about the ability of the service to meet her son's needs.

We did not always see a Section 47 in place, but the manager was able to confirm at feedback that these were currently being updated and the relevant GP was taking action.

Risk assessments would benefit from evaluation as part of the review process, for example we saw risk assessments which did not appear to have been evaluated since they were put in place.

Actions identified as part of the review process would benefit from more detail in how they would be achieved/ the positive outcome they would have for the tenant. We saw that body maps were recorded daily even though there did not appear to be a history of recorded marks. We queried the purpose of this and the resultant increased paperwork, and the manager was able to confirm that it was as a result of previous risk issue, and negative recording allowed them to monitor whether checks were being carried out. The need for this should continue to be monitored.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of staffing

Findings from the inspection

At this inspection we felt there were more positive comments from staff, who said that they felt they were more supported, more informed and more consulted. They were able to tell us which training they had attended recently and all said that the training they had received had been useful. The increased frequency of team meetings had been positively received, staff said they could bring things to the agenda and had easy access to minutes of previous meetings.

Supervision appeared to be carried out as per policy, and minutes were kept of issues discussed. The provision of in-house trainers, for example Crisis, Aggression, Limitation and Management (CALM), meant that staff could have ad hoc training as required.

Long term vacancies meant that agency staff continued to be used - and although consistent agency staff were used this was not ideal, especially as due to the tendering process the preferred agency was due to change. The

manager was however able to confirm that they would be able to continue to use the current agency despite tendering rules.

Supervision records did not always show actions decided on, and previous actions decided on were not always followed up at the next session.

Several people commented that despite having had the two-day theory CALM training and access to ad hoc training they had not had the opportunity to attend the two-day follow-up practical training. The manager stated that this was now organised centrally across the council and spaces would be allocated as soon as training dates were identified.

Some records such as supervision agreements etc should be signed and dated. Records of staff training did not appear to be up to date and didn't always see a competency observation record, for example when a staff member completed medication training. The manager confirmed that these had been carried out.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

The management action plan clearly identifies action points within each focus area, and this was reviewed regularly by senior staff.

There were a range of audits completed by senior staff and team manager, and we could see that action had been taken as required following the audit.

An iMatters survey had been carried out across the partnership, and results for the staff team at Weavers Burn were fairly positive. The survey process resulted in actions/areas for work and this had been fed into the management action plan.

The service maintained a weekly register of aggressive incidents. This provided good information, and gave additional information such as whether additional referrals had been made etc.

The service had carried out an in-house questionnaire completed by the staff team on the subject of team meetings, specifically reviewing the new timescales. This had had a good response, with valuable comments from staff.

Complaints records showed that complaint had been investigated as per policy.

The partnership continues to work on developing a council wide quality assurance process.

Some incidents did not appear to have been notified to the Care Inspectorate, and although technically they did not require to be, they could have resulted in harm and the manager should consider informing the Care Inspectorate of these types of incidents.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

There are no outstanding requirements.

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

There are no outstanding recommendations.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gratings	
16 Mar 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
2 May 2017	Re-grade	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
3 Nov 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
25 May 2016	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
24 Aug 2015	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	3 - Adequate
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12 Sep 2014	Unannounced	Care and support	4 - Good
		Environment	Not assessed
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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 12 SEPTEMBER 2017

REPORT ON: FALLS PERFORMANCE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC26-2017

1.0 PURPOSE OF REPORT

The purpose of this report is to provide an in depth analysis of falls related hospital admissions in Dundee and an update regarding the current model of service for people who are at risk of falling in Dundee.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report including the analysis of falls related hospital admissions outlined in section 4.2 and appendix 1 and risk assessment outlined in section 5.
- 2.2 Notes the current activity to reduce falls related hospital admissions, prevent incidences of falls and support people who have fallen or who are at risk of a fall (section 4.3).
- 2.3 Notes the future priority areas (section 4.4).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND INFORMATION

- 4.1.1 National Health and Wellbeing Indicator 16 is "Falls rate per 1,000 of >65 population". The focus of this indicator is the number of falls that occur in the population (aged 65 plus). The indicator is measured using data gathered by Information Services Division (ISD) on the number of patients aged 65 plus who are discharged from hospital with relevant emergency admission codes.
- 4.1.2 This indicator is monitored in the Quarterly Performance Report and was included in the Quarters 3 and 4 report (PAC16-2017) and the Annual Performance Report (DIJB29-2017). Both reports highlighted the particularly high rate of hospital admissions in Dundee of people aged 65+ as a result of a fall.
- 4.1.3 In 2016/17 Dundee had a rate of 26.0 hospital admissions as a result of a fall per 1,000 people aged 65+. Benchmarking with other Partnerships shows that Dundee had the 2nd highest falls rate in Scotland and was significantly higher than the Scottish rate of 20.9 admissions as a result of a fall per 1,000 people aged 65+. Due to poor performance in this area the PAC requested a detailed analysis of falls in Dundee at its meeting of 17 March 2017.
- 4.1.4 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 the 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, cognition etc. For every £1 invested in physiotherapy rehabilitation into falls services, £4 is saved across health and social care services (Chartered Society of Physiotherapy).

- 4.1.5 A recently published economic evaluation (The high cost to health and social care of managing falls in older adults living in the community in Scotland) 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 who use multiple medications grows.

4.2 WHAT THE DATA IS TELLING US

- 4.2.1 In 2016/17 Dundee had the 2nd highest rate of hospital admissions due to a fall in Scotland for people aged 65+ with 26 falls admissions per 1,000 people aged 65+.
- 4.2.2 There was variation across LCPPs and neighbourhoods for numbers of hospital admissions due to a fall by people aged 65+. In 2016/17 West End had the highest rate (32 admissions per 1,000 people) and The Ferry had the lowest rate (19.8 admissions per 1,000 people).
- 4.2.3 There were more than twice as many falls admissions in 2016/17 for females aged 65+ than for males. Additionally, in the 85+ age group there were falls related hospital admissions for one in every 20 men and one in every 12 women.
- 4.2.4 Due to the ageing population in Dundee, a sharp rise in age related falls admissions has been projected from 2032 (see chart 4 in appendix 1).
- 4.2.5 Chronic heart disease (CHD), arthritis and chronic obstructive pulmonary disease (COPD) are the most common long term conditions which underlie a falls admission. Approximately 29% of all people aged 65+ who were admitted due to a fall had CHD, 27% had arthritis and 23% had COPD.
- 4.2.6 40.8% of people admitted due to a fall had three long term conditions, 22.1% had two, 20.5% had one and 16.6% did not have a long term condition.
- 4.2.7 The largest 'need group' of people who were admitted due to a fall were 'frail' (35%) or had 'high complex conditions' (19%).
- 4.2.8 Alcohol and drug use only accounts for reasons behind 4% of falls admissions for people aged 65+, however there is inequality across the city. 45% of falls related admissions for males who were aged 65-74 were as a result of alcohol use. When combined with the 45-64 age group, over 90% of falls related hospital admissions for males aged 45-74 were alcohol related. When considering people aged 18+, over 40% of falls admissions for males in Coldside were alcohol related and over 25% of falls admissions for males in Maryfield, East End and Lochee were alcohol related.
- 4.2.9 Frailty and high complex conditions are the 'need groups' most prevalent in people admitted to hospital due to a fall, however 26.6% of people with 'frailty' did not receive home care and 62% of people with high complex conditions did not receive homecare.
- 4.2.10 The data suggests that having a community alarm may reduce unnecessary hospital admissions as 66% of people aged 65+ who were admitted to hospital due to a fall did not have a community alarm. Also, people aged 65+ who attended accident and emergency due to a fall and who did not have a community alarm, were more than twice as likely to be discharged back home rather than being admitted to an acute ward as people with a community alarm.
- 4.2.11 The cost of falls in 2015/16 in Dundee was £6.5M and costs varied by LCPP. Lochee was the costliest LCPP (£1,030,543) and North East had the lowest costs (£444,220).

4.3 CURRENT SERVICE MODEL

4.3.1 Falls Classes

There are currently six falls prevention classes held each week in three locations – Mackinnon Centre, Kings Cross Hospital and Royal Victoria Hospital and these classes accept self, carer and professional referrals. These classes are organised and run by the Community Rehabilitation and Falls Team. It is intended that the location of falls classes will be reviewed in line with locality plans and neighbourhood level data about falls. These classes are supported by physiotherapists and support workers and are aimed at people who have fallen or who have a fear of falling. The classes improve strength, balance, confidence and function. Education is also provided to participants on reducing the risk of falls in the future. The evidence base behind providing classes to prevent falling states that balance and strength must be challenged in order for improvements to be seen. For this reason there are three levels which are aimed at different levels of ability and frailty. There is also an OTAGO based maintenance class within the community, to prevent re-referrals and recurrent falls.

4.3.2 Support in Care Homes

The community rehabilitation team provided support to care home employees, particularly regarding the OTAGO Falls Programme. All care homes in Dundee that expressed interest in receiving support have been provided with training to employees. There was a high uptake in training in the care homes located in Broughty Ferry. The care homes are expected to roll out training and the quality of the approach to prevent falling in care homes is expected to vary. Further work is required to ensure a sustainable model is in place across Dundee Care Homes.

4.3.3 Emergency Department (ED)

On a daily basis the falls team receives a list of people who attended the ED following a fall. The team contacts each person by telephone and then signposts to information and refers to services which can support underlying issues such as balance, substance misuse, polypharmacy and sensory impairment. The musculoskeletal and community rehabilitation physiotherapy teams provide support to people with dischargeable injuries, such as a shoulder rotator cuff tear, or stable fracture. In addition to a telephone call, people receive a pack in the post which includes a cover letter, falls prevention booklet, self / professional / carer referral form for the falls service and also the exercise classes. The pack also includes information about DIAL – OP service which signposts to all services and classes in Dundee. This includes a range of voluntary sector supports including a morning call service to check a person is safe and well.

4.3.4 In Patients and Out Patients

On a daily basis (Monday to Friday) Physiotherapy Services identify from referred patients aged 65+ who have either fallen twice in the last 12 months or who are at risk of a fall. They undertake balance, gait and strength assessments to reduce the risk of future falls. Patients are provided with strength and balance exercises, a falls booklet and referred to either the community rehabilitation team or the falls service.

4.3.5 Community Equipment Loan Service

Dundee and Angus Health and Social Care Partnerships launched a new shared community equipment loan service for people with disabilities living in Dundee and Angus. The new venture is based at the Dundee Independent Living and Community Equipment Centre in Dundee and provides, delivers, installs, repairs, maintains and recycles a range of equipment to help people of all ages living in Dundee to live independently. It also provides a technical advice service and carries out risk assessments with medical and care professionals, both in-store and in people's homes.

4.4 PRIORITY AREAS FOR IMPROVEMENT

- 4.4.1 A Tayside falls prevention and management framework for 2017 – 2020 is in development although there is currently no agreed implementation date. This will provide the 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. In the meantime, services in Dundee recognise that more can be achieved including;

- recognising the need to work more efficiently within existing resources including the strengthening of links with community / voluntary groups and broader stakeholders.
- the provision of rolling and tailored classes to ensure more flexible and efficient service delivery providing more responsive and accessible classes.
- discussions with Dundee College to start a project where students are trained in OTAGO and then with Community Rehabilitation Team support are able to implement it within care homes.
- the implementation of a home based OTAGO project for patients who are unable to attend the class.
- the development of a pathway for use by the Scottish Ambulance Service to help avoid the conveyance of service users that have fallen, but are uninjured, to hospital. This will involve referring directly to the falls service and the first contact, out of hours and social care response teams. Work is currently being undertaken to develop cross-sector working and promote the importance of all these services, recognising potential falls risk to the service user and referring for assessment as appropriate.

5.0 RISK ASSESSMENT

Risk 1 Description	The risk of not reducing the rate of hospital admissions due to a fall could affect; outcomes for individuals and their carers, spend associated with unscheduled hospital admissions and the reputation if the Partnership's performance does not improve.
Risk Category	Financial, Governance, Political
Inherent Risk Level	15 – Extreme Risk
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - The in depth analysis included in this paper and appendix will be used to inform senior managers. - 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. - The priority areas for improvement (section 4.4) have been developed to reduce the rate of hospital admissions as a result of a fall.
Residual Risk Level	9 – High Risk
Planned Risk Level	5 – Moderate Risk
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

6.0 POLICY IMPLICATIONS

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

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 21 August 2017



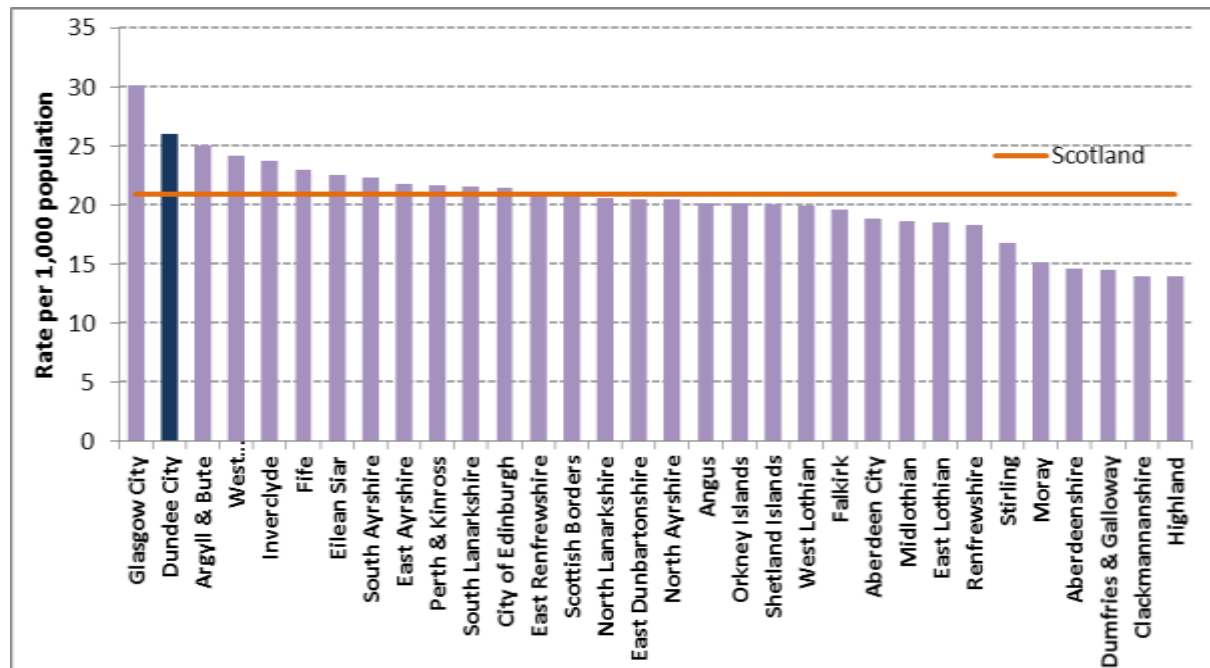
Falls Report for Dundee H&SCP

By Stephen Halcrow

Background

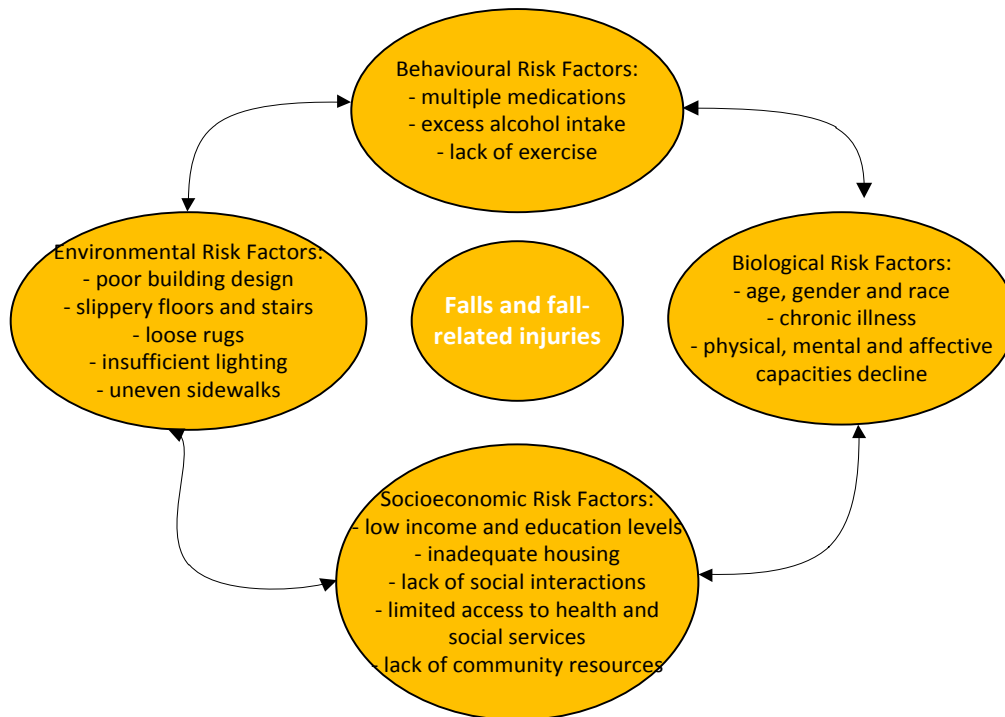
Dundee H&SCP has one of the highest admission rates for falls in Scotland. As at 2016/17 the fall hospital admission rate was 26 per 1,000 population aged 65+ (see chart 1).

Chart 1: Fall hospital admission rate per 1,000 65+ population in Scotland during 2016/17



Source: ISD SMR01

The purpose of this report is to provide a better understanding of some of the possible contributing risk factors to fall admissions, such as behavioural (e.g. alcohol consumption), biological (e.g. long term conditions) and socioeconomic (e.g. lack of support in the community). Environmental risk factors (e.g. poor building design) would also be useful but we do not currently hold housing data.



Source: World Health Organisation Global Report on Falls Prevention in Older Age 2007

Cost of Falls for All Adults

The health cost of falls in adults to Dundee H&SCP during 2015/16 was around £6.5 million. Lochee was the costliest LCPP area due to falls whilst Maryfield and North East had the lowest costs.

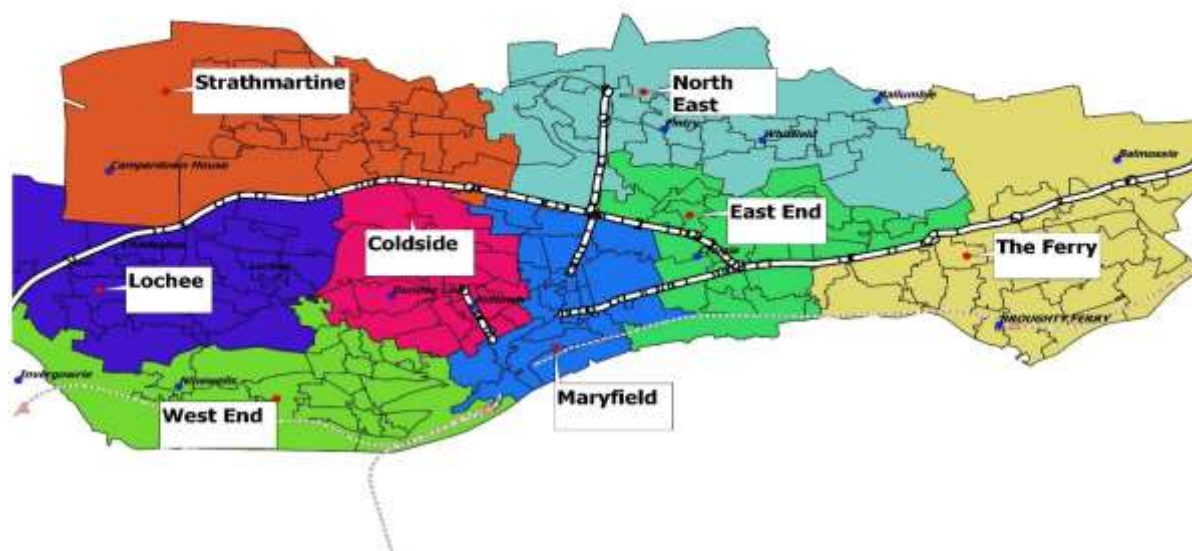
Table 1: Total Net Cost of falls admissions for all Adults aged 18+ in Dundee during 2015/16 split by acute and A&E

Locality	Acute Admissions	A&E Attendances	Total Cost
Dundee	£5,701,607	£635,322	£6,336,930
Coldside	£895,527	£98,906	£994,434
East End	£812,543	£84,158	£896,701
Lochee	£933,413	£97,130	£1,030,543
Maryfield	£379,551	£64,669	£444,220
North East	£369,400	£56,868	£426,269
Strathmartine	£752,225	£83,516	£835,741
The Ferry	£884,567	£75,039	£959,606
West End	£674,381	£75,036	£749,416

Source: ISD Source

Local Community Planning Partnerships (LCPPs)

Chart 2: Dundee LCPPs



The West End, a prominently affluent area, had the highest fall hospital admission rate in Dundee during 2016/17 with 32 per 1,000 population for people aged 65+ and its rate has been consistently higher than Dundee's over the last 5 years. Other areas with consistently high falls admission rates for people aged 65+ are Coldsides, East End and Lochee.

Table 2: Falls admission rate per 1,000 65+ population in Dundee between 2012/13 and 2016/17

LCPP	2012/13	2013/14	2014/15	2015/16	2016/17
Dundee	23.8	26.1	25.0	24.7	26.0
Coldsides	23.6	24.5	24.9	29.6	28.7
East End	31.9	28.1	26.0	27.4	29.0
Lochee	23.8	29.5	28.8	26.6	28.7
Maryfield	21.7	31.4	22.1	23.2	25.2
North East	16.9	20.2	22.8	20.5	25.1
Strathmartine	17.9	26.4	24.4	25.2	23.6
The Ferry	24.4	21.0	22.5	19.3	19.8
West End	28.6	31.0	28.9	27.2	32.7

Source: ISD SMR01

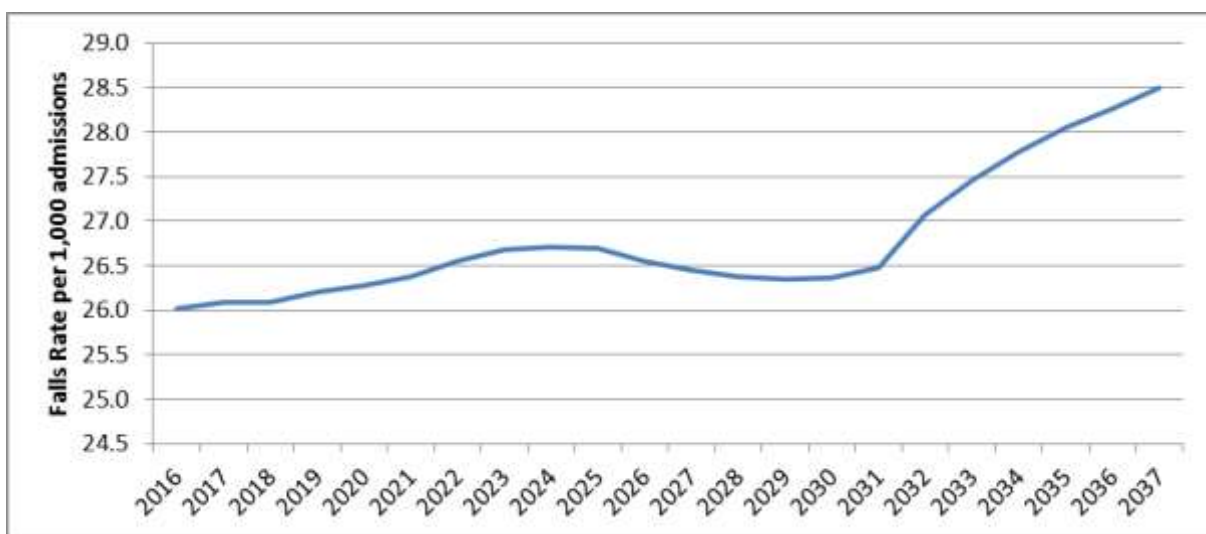
Biological Risk Factors

Population Ageing

The 65+ age group is one of the fastest growing age groups in Dundee. Currently, the number of people aged 65+ is estimated by National Records of Scotland to be 25,967 (almost the same number as 0-17 year olds). By 2037, the 65+ population is expected to increase by 28% to 33,138.

If the current age-specific admission rates persist then the fall admission rates for people age 65+ will only slightly increase to 26.5 per 1,000 population in 2027 but will start to increase at a faster rate post 2032 and reach 29 admissions per 1,000 population in 2037.

Chart 3: Projected falls admission rate per 1,000 65+ population between 2016 and 2037 in Dundee H&SCP



Source: ISD SMR01 and NRS

Gender

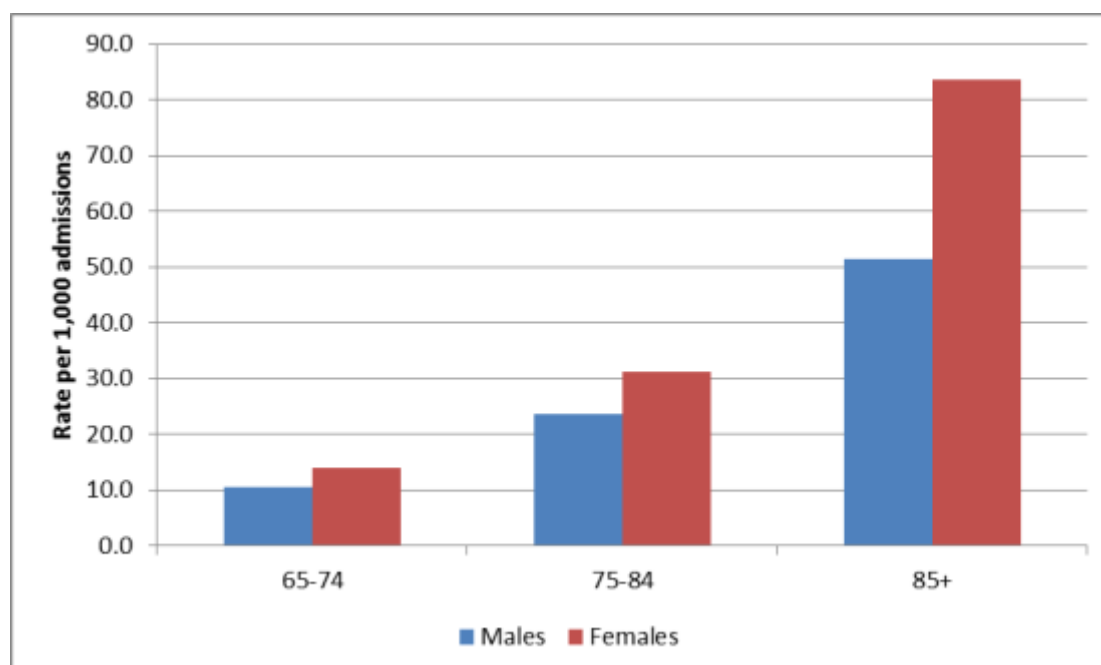
As at 2016/17, there were more than twice as many falls for females aged 65+ than there were fall for males aged 65+. Even accounting for the larger female population who are aged 65+ the rate of falls per 1,000 was still larger for females. This discrepancy is highlighted in the 85+ age group where males experience 51 hospital admissions per 1,000 population (1 in every 20 men aged 85+) compared to 83 admissions per 1,000 population for females (1 in every 12 women aged 85+).

Table 3: Number of fall admissions in Dundee H&SCP during 2016/17 split by age group and gender

Age Group	Males	Females
65-74	67	100
75-84	87	161
85+	62	198
Total	216	459

Source: ISD SMR01

Chart 4: Falls admission rate per 1,000 65+ population in Dundee H&SCP during 2016/17 split by age group and gender



Source: ISD SMR01

Long Term Conditions

Coronary Heart Disease (CHD), Arthritis and COPD are the most common chronic illnesses underlying a fall admission. Approximately 29% of all people aged 65+ who are admitted due to a fall have CHD, 27% have arthritis and 23% have COPD. Chart 5 shows the breakdown of all long term conditions associated with fall admissions in 2015/16.

Chart 5: Underlying long term conditions that are prevalent in fall hospital admissions for people aged 65+ during 2015/16

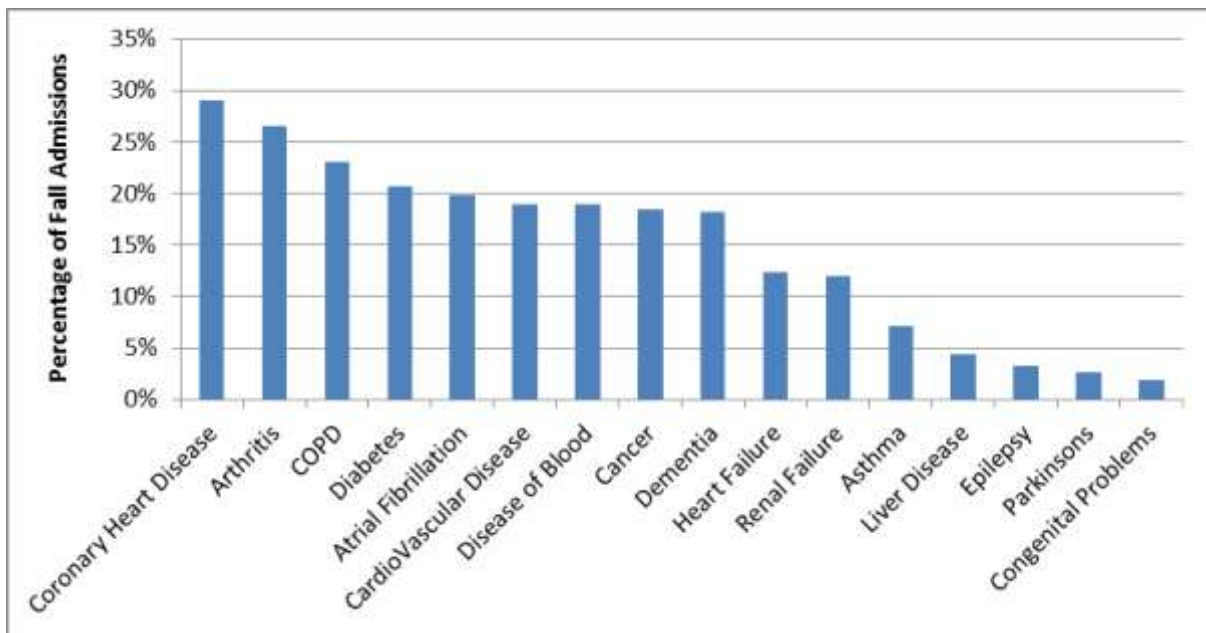
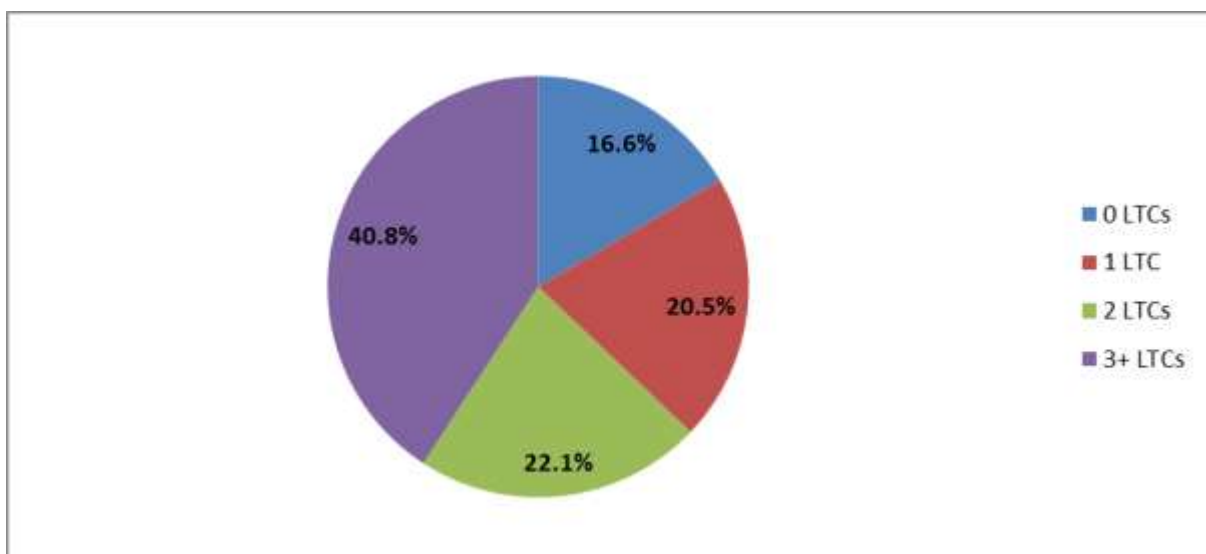


Chart 6: Percentage of fall hospital admissions with number of co-morbidities for people aged 65+ in Dundee during 2015/16



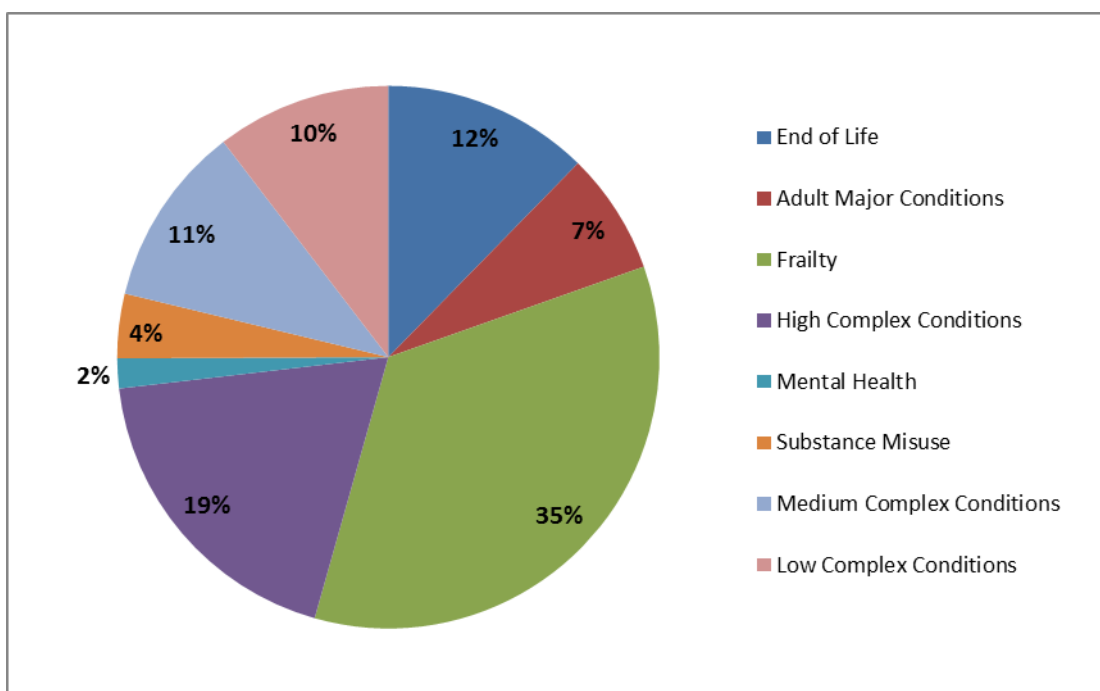
Source: ISD Source

Level of Need

Health & Social Care service users can be categorised into levels of need. This ranges from people who are identified as being healthy and are either non-users, or at least very infrequent users of the service, to people with medium complex chronic conditions to people who will not get better but are managing their conditions to people towards the last years of life who use H&SC services frequently.

The most prevalent level of need service user that we see admitted for a fall are those who are frail (see appendix B for definitions). Approximately a third of the people aged 65+ who were admitted to hospital for a fall during 2015/16 was identified as being frail. In total, approximately 79% of fall admissions for people aged 65+ were high end service users ('end of life', 'adult major conditions', 'frailty', 'high complex conditions', 'mental health' and 'substance misuse').

Chart 7: Percentage of fall admissions for people aged 65+ in Dundee during 2015/16 split by level of need



Source: ISD Source

Behavioural Risk Factors

Alcohol Related Admissions

Excess alcohol consumption can lead to physical injuries from falls and such behaviour is potentially modifiable. Males are more likely to be admitted for alcohol related fall admission than females whilst females under the age of 65 are more likely to be admitted for alcohol related falls than older females.

Chart 8: Percentage of falls that were alcohol related by age group and gender during 2015/16

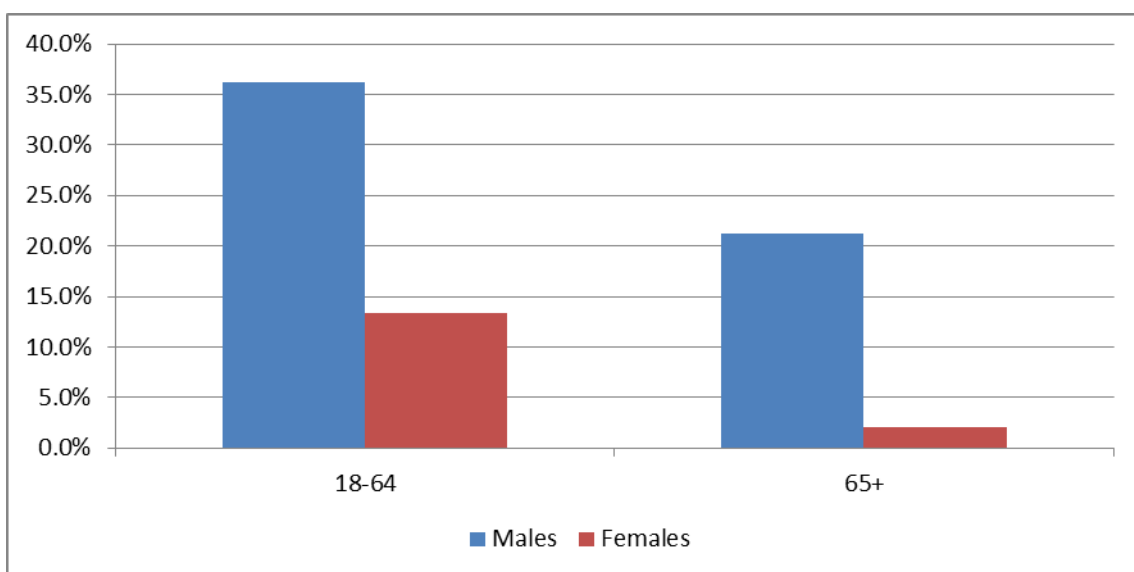
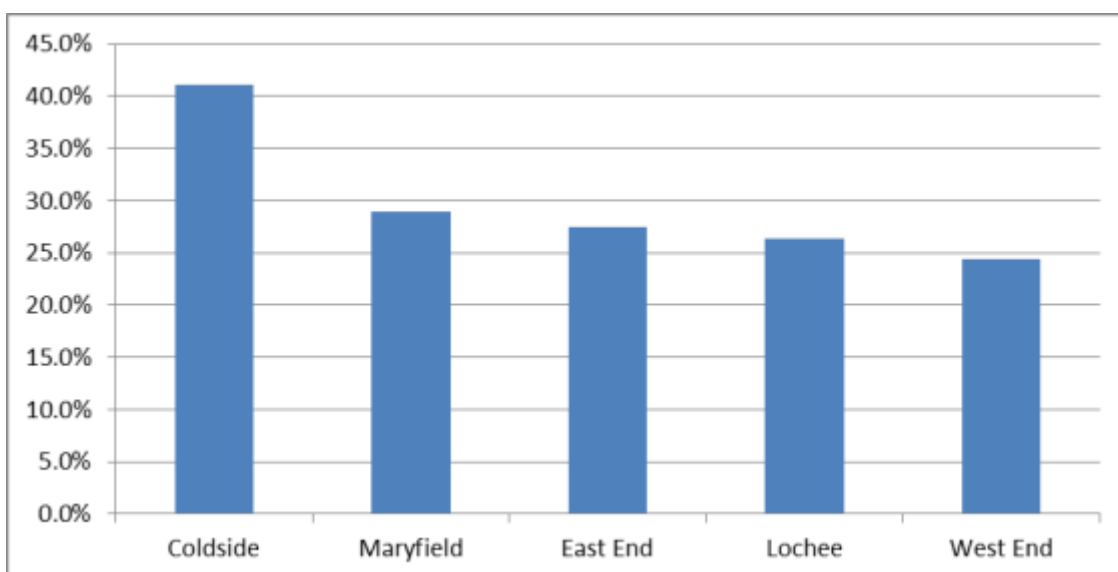


Chart 9: Percentage of falls that were alcohol related for all adult males aged 18+ by LCPP during 2015/16



Source: ISD Source

Notes:

Percentage of falls that were alcohol related have been omitted for the North East, Strathmartine and the Ferry due to the potential risk of disclosure and to help maintain confidentiality

Socioeconomic Risk Factors

Home Care by LCPP

During 2015/16 there were 2,637 people aged 65+ receiving homecare (personal and non-personal combined) in Dundee. In the same year, around 374 of these people experienced a hospital admission for a fall. This represents just over half of all fall admissions that occurred in 2015/16 had home care at some point during the year.

Table 4: Number of fall admissions and those receiving home care in Dundee H&SCP during 2015/16 by LCPP (aged 65+)

LCPP	Total Fall Admissions	Fall adm occurred and HC received during year	Fall adm occurred whilst receiving HC	Fall adm occurred after HC had finished	Fall adm occurred before receiving HC	Fall adm occurred and no home care was received
Dundee	730	374	212	30¹	140¹	356
Coldside	122	56	35	*	19	66
East End	91	51	30	*	16	40
Lochee	109	67	35	*	27	42
Maryfield	53	30	15	*	13	23
North East	51	24	14	*	*	27
Strathmartine	94	45	28	*	14	49
The Ferry	124	47	24	*	19	77
West End	86	54	31	*	19	32

Source: ISD Source

Notes:

1 Total has been rounded to the nearest 10 due to the potential risk of disclosure and to help maintain potential confidentiality

** Values have been suppressed due to the potential risk of disclosure and to help maintain potential confidentiality*

Home Care by Level of Need

People with frailty and who were admitted for a fall in 2015/16 received the most home care, with 74% of people aged 65+ admitted to hospital due to a fall having received home care at some point in 2015/16. Less than half of those who are at end of life and were admitted for a fall received any home care in 2015/16 and only around a third of people aged 65+ with adult major conditions or high complex needs who were admitted for a fall received any home care that year.

Table 5: Number of fall admissions and those receiving home care in Dundee H&SCP during 2015/16 by level of need (aged 65+)

Level of Need	Fall admissions	Home Care received	% receiving HC	Average daily hours received in HC
End of Life	90	43	48%	1.8
Adult Major Conditions	53	19	36%	1.1
Frailty	254	187	74%	3.1
High Complex Conditions	137	52	38%	2.2
Mental Health	13	*	*	1.3
Substance Misuse	28	*	*	1.5
Medium Complex Conditions	79	40	51%	1.4
Low Complex Conditions	76	25	33%	2.0
Total	730	374	51%	2.4

Source: ISD Source

Community Alarms by LCPP

The highest percentage of admissions for falls where community alarms were previously installed was in the East End, followed by Lochee and West End. These three LCPPs consistently had amongst the highest fall admission rates in Dundee by LCPP area. The lowest percentage of fall admissions

where community alarms were already installed was in the North East, Coldside and the Ferry. The North East and the Ferry had amongst the lowest fall admission rates in Dundee whilst Coldside had the highest rates of alcohol related admissions (many of these could have occurred outside the home).

People who were frail and were admitted due to a fall were more likely to have had a community alarm installed than any other level of need cohort. Half of all frail people who were admitted due to a fall had a community alarm installed prior to admission.

Community alarms seem to have made an impact on the number of people who attended A&E and were subsequently discharged home. The number of “non-community alarm” people who were discharged home from A&E was twice as many as those who were discharged to an acute ward from A&E. However, with “community alarm users”, the number of people discharged home was actually less than the number discharged to an acute ward (see chart 10).

Table 6: Number of fall hospital admissions for people aged 65+ during 2015/16 and number of people with a community alarm installed as at 31st March 2015 in Dundee H&SCP by LCPP

LCPP	Number of Fall Admissions	Number of admissions for falls where a community alarm was installed prior to admission	% of admissions for falls where a community alarm was installed prior to admission
Dundee	730	249	34%
Coldside	122	35	29%
East End	91	37	41%
Lochee	109	41	38%
Maryfield	53	19	36%
North East	51	11	22%
Strathmartine	94	34	36%
The Ferry	124	39	31%
West End	86	33	38%

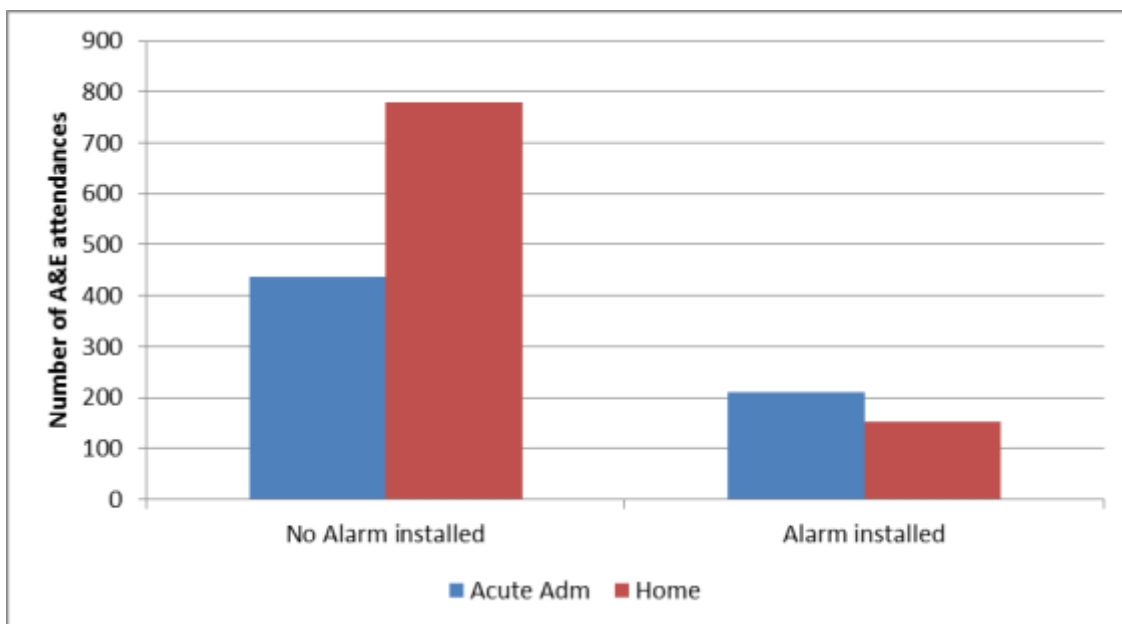
Source: ISD Source

Table 7: Number of fall hospital admissions for people aged 65+ and the number of people with a community alarm installed prior to hospital admission in Dundee H&SCP during 2015/16 by level of need cohort

Level of Need	Fall admissions	Alarm installed prior to admission	% with alarm installed prior to admission
End of Life	90	30	33%
Adult Major Conditions	53	10	19%
Frailty	254	127	50%
High Complex Conditions	137	41	30%
Mental Health	13	*	*
Substance Misuse	28	*	*
Medium Complex Conditions	79	20	25%
Low Complex Conditions	76	17	22%
Total	730	374	34%

Source: ISD Source

Chart 10: Number of A&E fall related attendances for people aged 65+ and discharge destination from A&E during 2015/16; split by alarm users and non-alarm users.



Source: ISD Source

Appendix A

Description of Level of Need

1. End of Life
People who have died within the year in question (currently the matrices are only looking at FY 2015/16).
2. Frailty
These people are older adults, with episodes of care in Geriatric Medicine or receiving a home care/ care home social care package which is not due to learning or physical disabilities
3. High Chronic Conditions
Chronic conditions are based on the 15 SPARRA Long Term Condition flags, anyone with learning or physical disability and anybody below the age of 65 who receive home care or are resident in a care home.
4. Mental Health
People who suffer from a mental illness
5. Substance Misuse
People who suffer a drug or alcohol addiction
6. Medium Chronic Condition
Detailed definition: Any person with one of the following LTC flags: CVD, COPD, CHD, Parkinsons or MS.
7. Low Chronic Conditions
Detailed definition: Any person with one of the following LTC flags: Epilepsy, Asthma, Arthritis, Diabetes or Atrial Fibrillation.
8. Adult Major Conditions
Detailed definition: Adults aged 18+ who had either £500+ of community prescribing costs, or at least one acute (SMR01) episode
9. Healthy and Low Service User
Detailed definition: People who have at least one SMR record and were 'low users' of NHS services, but not otherwise defined in the other cohorts. People in this cohort may also have at least one District Nursing or other Social Care record if not already defined in an above cohort.
10. Non-Service User
Detailed definition: People who don't use any NHS service in the financial year (currently FY 2015/16).



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 12 SEPTEMBER 2017

REPORT ON: READMISSIONS TO HOSPITAL

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC27-2017

1.0 PURPOSE OF REPORT

The purpose of this report is to provide an update on progress regarding further analysis of reasons for high hospital readmissions rates in Dundee.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report including the update position outlined in section 5 and risk assessment outlined in section 8.
- 2.2 Instructs the Chief Finance Officer to submit a full analysis of reasons for readmission to hospital to the PAC in January 2018 (section 7.1) following completion of this work commissioned by the Unscheduled Care Board.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND INFORMATION

- 4.1 Emergency hospital care, including readmissions to hospital where the patient had previously been discharged within the last 28 days, is one of the biggest demands on the Partnership resources. Many hospital admissions are avoidable and often people either remain in hospital after they are assessed as fit to return home or they are readmitted to hospital shortly after they were discharged. In 2016-17, 26% of Dundee's health and care budget was spent on hospital stays which was the third highest in Scotland. Dundee has the highest rate of readmissions to hospital within 28 days of discharge.
- 4.2 28 days was selected by the Scottish Government within the National Health and Wellbeing indicators as this is the period of time within which people who did not receive adequate support upon discharge from hospital are most likely to be readmitted to hospital. Over 28 days would be more likely to include admissions that are unrelated to the initial admission, whereas a shorter period (e.g. 7 days) is more likely to only pick up immediate issues linked to the original episode of hospital care.
- 4.3 This indicator is based on the national inpatient and day case data set for acute settings (SMR01) and is calculated from the number of readmissions to an acute hospital within 28 days of discharge per 1,000 population. The national data includes all ages (including paediatrics) whereas the emergency admissions and bed days data published nationally is for people aged 18+. National Services Scotland, Information Systems Division (NSS ISD) are currently working to prepare data which excludes people aged under 18 however, the implication of this is that it would make benchmarking more difficult as some Partnerships do wish to include under 18s given that their delegated responsibilities include services to children and young people. Readers should be aware of this discrepancy when interpreting the data.

4.4 This indicator is monitored in the Quarterly Performance Report and was included in the Quarters 3 & 4 report (PAC16-2017) and the Annual Performance Report (DIJB29-2017). Both reports highlighted the particularly high rate of hospital readmissions in Dundee.

4.5 The PAC on 17 March 2017 requested that an in-depth analysis of data relating to hospital readmissions be completed to assist senior managers to fully understand the reasons for readmissions and use the data to inform improvements in services and outcomes for people.

5.0 WHAT THE DATA IS TELLING US

5.1 Dundee had the highest readmission within 28 day rate in Scotland. The most current partnership level benchmarking data is for 2016/17 and this identifies the other NHS Tayside Partnerships, Perth & Kinross and Angus, as also having high rates of readmissions within 28 days. Dundee has had consistently higher readmission rates than Scotland since 2010/11.

5.2 Variations by locality

5.2.1 The rate of readmissions within 28 days increased steadily between 2012/13 and 2016/17 although it decreased slightly in Quarter 1 2017/18. In Quarter 1 2017/18 the highest readmission rate was in Strathmartine (120.7) and the lowest was in The Ferry (97.1%). Over the last quarter the rate decreased slightly from 117 to 113 with rates decreasing in six LCPPs and increasing in two LCPPs (East End and Lochee). Between the baseline year 2015/16 and Quarter 1 2017/18 the rate decreased in four LCPPs (East End, Maryfield, North East and The Ferry) and increased in four LCPPs (Coldside, Lochee, Strathmartine and West End).

5.2.2 There is a correlation between readmission rates and the Scottish Index of Multiple Deprivation (SIMD) quintile in which the person lives, especially in the under 65 age group. 11.7% of people who lived in SIMD 1 (most deprived) areas were readmitted within 28 days compared with 6% of people who live in SIMD 5 areas (least deprived). This variation is even more evident for males as 13.5% of people who lived in SIMD 1 were readmitted within 28 days compared with 5.6% of people who lived in SIMD 5.

5.3 Variations by age

5.3.1 The pattern appears slightly different when analysing readmissions in the older age groups. In addition to high percentages of readmission within 28 days for people living in SIMD 1 areas (most deprived), there were also high percentages of readmissions for people in SIMD 5 areas (least deprived). People living in SIMDs 2-4 have a lower percentage of readmissions than people living in SIMDs 1 and 5. There are a number of hypotheses for this which will be investigated further, for example:

- Care Homes - the readmissions from SIMD 5 may be from the large numbers of care homes located in these areas.
- Health inequalities – people living in the most deprived areas may be being readmitted due to frailty and health conditions associated with deprivation whilst people living in the most affluent areas may be readmitted due to a better understanding of systems and processes for accessing services.

5.4 Variations by long-term conditions

5.4.1 The rate of readmissions to 'respiratory' specialties is particularly high in Dundee. Chronic obstructive pulmonary disease (COPD), pneumonia, pain in throat and chest, unspecified acute lower respiratory infection, flu and acute bronchiolitis are all specialties with high readmission rates in Dundee.

6.0 PROPOSED AREAS OF FURTHER ANALYSIS

6.1 In order to further investigate the reasons for high hospital readmissions rates in Dundee, including those factors identified in section 5 of this report the Unscheduled Care Board have identified areas for further analysis including:

- Adult only data 18+.
- Analysis of where the person lived prior to their readmission (such as care home, mainstream accommodation, supported accommodation) and of the range of services provided.
- An analysis of specialties where people are readmitted to, combined with those admissions which were deemed as potentially preventable and also the length of stay of the readmission.
- A benchmarking study which standardises the number of readmissions within 28 days in Dundee to selected comparators. This will allow the Unscheduled Care Board to develop improvement targets by individual clinical specialties.
- A pathway analysis of people who are readmitted to respiratory related specialties.

7.0 OPERATIONAL PRIORITY AREAS

- 7.1 The Unscheduled Care Board has committed to identifying an additional resource to lead on the investigation and further analysis of data, service models and pathways in order to assist senior managers to fully understand the reasons behind readmissions in Dundee. A full analysis of reasons for readmission will be available to the PAC by January 2018.
- 7.2 Senior Managers within the Partnership are involved in a process which will give a better understanding of pathways. This involves a survey which is completed by health and social care professionals to gather information regarding critical processes in a pathway. This will be used to improve outcomes for people and also system efficiencies.
- 7.3 The Partnership is supporting more people to be assessed at home rather than in hospital by completing and evaluating the 'Moving Assessment into the Community' project for older people and specialist areas.
- 7.4 Further development of discharge planning arrangements for adults with mental ill-health, physical disability and acquired brain injury is also being progressed.

8.0 RISK ASSESSMENT

Risk 1 Description	The risk of not reducing the rate of readmissions to hospital within 28 days could affect; outcomes for individuals and their carers, spend associated with readmissions and the reputation if the Partnership's performance does not improve.
Risk Category	Financial, Governance, Political
Inherent Risk Level	15 – Extreme Risk
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - An initial analysis of readmissions data and recommendations for further analysis is included in this paper. - A four month dedicated resource is being identified by NHS Tayside who will work with the HSCP Information Team to fully analyse reasons for readmissions. This analysis will be available by January 2018. - Senior Operational Managers will be included and consulted with in order that findings can be used to make improvements.

Residual Risk Level	9 – High Risk
Planned Risk Level	6 – Moderate Risk
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

9.0 POLICY IMPLICATIONS

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

10.0 CONSULTATIONS

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

11.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 21 August 2017



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 12 SEPTEMBER 2017

REPORT ON: ANNUAL COMPLAINTS PERFORMANCE 2016/17

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC28-2017

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide an analysis of complaints received by the Dundee Health and Social Care Partnership over the past financial year 2016/2017. This includes complaints handled using the previous Dundee City Council Statutory Social Work Complaint Procedure, the previous NHS Tayside Complaint Management Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.
- 1.2 The report also provides an update on the progress made towards providing a quarterly complaint performances.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report including the analysis of 2016/17 Social Work & NHS complaint performance (sections 5 & 6) and the associated risk assessment (section 9);
- 2.2 Approves the work being undertaken to ensure that quarterly complaint reporting is carried out (section 7).

3.0 FINANCIAL IMPLICATIONS

None.

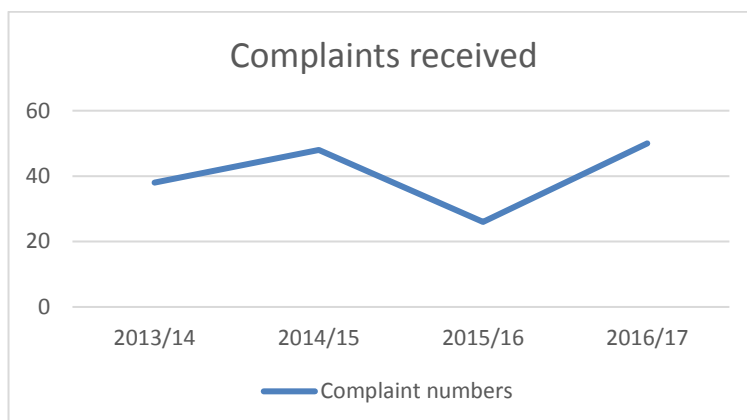
4.0 BACKGROUND INFORMATION

- 4.1 The complaints reported on in this report were handled under the previous complaint procedures followed by the NHS Tayside and Dundee City Council; the NHS Tayside Complaints Management Procedure and the Dundee City Council Statutory Social Work Procedure.
- 4.2 From 1 April 2017 both NHS and social work complaints follow the Scottish Public Service Ombudsman (SPSO) Model Complaint Handling Procedure. Both NHS Tayside Complaint Procedure and the Dundee Health and Social Care Partnerships Social Work Complaint Handling Procedures have been assessed as complying with the model complaint handling procedure by the SPSO.

5.0 SOCIAL WORK COMPLAINTS

- 5.1 In 2016/17 a total of 50 complaints (26 in 2015/16) were received about social work or social care services in the Dundee Health and Social Care Partnership. Five of these complaints were about financial charging for services. Although this was an increase from last year, the trend chart below shows that the number of complaints received in 2015/16 was unusually low.

Year	2013/14	2014/15	2015/16	2016/17
Number of complaints received	38	48	26	50



- 5.2 One fifth (10) of the complaints received were about external care providers, providing services commissioned by the Partnership, and were investigated by the Partnership. Under the current Social Work complaint procedures, complaints about external care providers may be investigated by the external care providers themselves, and referred to the Care Inspectorate if the complainant remains dissatisfied. However the Partnership has the discretion to investigate these complaints if it considers it appropriate to do so.

5.3 Complaints by Reason for Concern

- 5.3.1 23 complaints, nearly half (46%) received were about failure to meet our services standards. We agreed that the complainant had reason to complain in 21 of these complaints, and they were resolved as either upheld, or partially upheld.
- 5.3.2 The second highest complaint (24%) reason category was about the attitude, behaviour or treatment by a staff member. It is worth noting that 11 of those 12 complaints were not upheld. The remaining one being partially upheld.

Attitude, behaviour or treatment by a member of staff	12
Delay in responding to enquiries and requests	3
Dissatisfaction with our policy	6
Failure to provide a service	2
Failure to follow the proper administrative process	4
Failure to meet our service standards	23

5.4 Complaint Stages

- 5.4.1 36 complaints were handled at a Frontline resolution stage. 11 were handled at an investigation stage. One was completed by a review by a Head of Service. Two complaints progressed to a Complaint Review Committee. The outcome of the Complaint Review Committees have not been made public to date.

Frontline Resolution	36
Investigation	11
Review by Head of Service	1
Complaint Review Committee	2

5.5 Complaints resolved within timescales

- 5.5.1 46% of the total Social Work complaints received by the Partnership were able to be resolved within target dates set out in our own procedures or agreed directly with the complainant.

Within timescales	23
Outwith timescales	27

- 5.5.2 Resolving complaints within timescales is a priority area for improvement. Weekly reports on open complaints will be provided to the Locality Managers for action.

5.6 Planned Service Improvements following complaints

- 5.6.1 Where a complaint is upheld or partially upheld, the officer responsible for investigating the complaint explores with the managers involved, the reasons that led to the complaint and identifies any necessary planned service improvements. Some of the planned service improvements that have been implemented include:

- improved communication
- streamlining systems and processes
- implementation of working groups to support services to improve their performance.

6.0 NHS COMPLAINTS

6.1 Complaint Reasons

- 6.1.1 In 2016-17 a total of 68 complaints about Dundee Health and Social Care Partnership health services were received, with an additional four complaints being reopened.
- 6.1.2 Data regarding the underlying reasons for complaints is only available from July 2016 to March 2017, during this period 51 complaints were received and these related to a number of different aspects of health service provision:

Lack of clear explanation	18
Disagreement with treatment / care plan	17
Staff attitude	14
Lack of support	10
Unacceptable time to wait for an appointment	9
Problems with medication	8
Wrong diagnosis	6
Patient not being verbally told things	6
Other	78

(Please note that some complaints have multiple complaint reasons)

6.2 Complaints resolved within timescales

Most complaints (74%) were responded to and resolved within the target timescale of 20 days.

7.0 QUARTERLY COMPLAINT REPORTING

- 7.1 It has not been possible to provide a performance report for complaints received in the first quarter of 2017/18 for this Performance and Audit Committee. This is due to the implementation of QlikView (reporting analytical software that interrogates databases to create reports) which feeds directly from Datix (patient safety software and database for healthcare that is used by NHS Tayside to log complaints).
- 7.2 Dundee Health and Social Care Partnership (DHSCP) staff are working with the NHS Tayside Complaint and Feedback Team to ensure that we have access to the information to enable this report to be undertaken quarterly.

8.0 COMPLAINTS ABOUT THE INTEGRATION JOINT BOARD

8.1 No complaints were received about the functions of the Integration Joint Board in 2016/17.

9.0 RISK ASSESSMENT

Risk 1 Description	The risk of not improving our Complaint resolution timescales will result in increased customer dissatisfaction and non-compliance with our complaint procedure which may result in improvement recommendations from the SPSO.
Risk Category	Governance
Inherent Risk Level	12 – High risk
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Weekly reporting on open complaints to Locality Managers, and Head of Service - Exception reporting of complaints outwith timescales to the Chief Officer - Increased staff awareness of the complaint procedures. - Recruitment of staff member with focus on complaint administration by the DHSCP
Residual Risk Level	9 – High Risk
Planned Risk Level	6 – Moderate Risk
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

Risk 2 Description	The risk of not having access to complaint data to enable accurate and regular quarterly complaint reporting, and identify areas which require improvement.
Risk Category	Governance
Inherent Risk Level	16 – Extreme Risk
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Ongoing work by DHSCP complaint handling staff with the NHS Tayside Complaint and Feedback team to ensure regular reporting is built into business processes for the DHSCP. - Recruitment of staff member with focus on complaint administration by the DHSCP
Residual Risk Level	9 – High Risk
Planned Risk Level	6 – Moderate Risk
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

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.

Dave Berry
Chief Finance Officer

DATE: 21 August 2017



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 12 SEPTEMBER 2017

REPORT ON: CLINICAL, CARE & PROFESSIONAL GOVERNANCE EXCEPTION REPORT

REPORT BY: HEAD OF HEALTH AND COMMUNITY CARE

REPORT NO: PAC25-2017

1.0 PURPOSE OF REPORT

This report provides clinical, care and professional governance performance information and reports on the work of the Clinical, Care and Professional Governance Forum (R2 Forum).

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report and the associated risk assessment at section 6.
- 2.2 Notes the ongoing work to progress to a fully integrated Clinical, Care and Professional Governance Performance reporting arrangement as described in Section 4.2.2 and 4.2.3.
- 2.3 Notes the recent considerations of the R2 Forum (section 4.3).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 A report on Clinical, Care and Professional Governance was tabled at the Dundee Integration Joint Board (IJB) on 28 February 2017. The purpose of that report was to inform the Dundee Health and Social Care Integration Joint Board on the implementation of 'Getting it Right for Everyone – A Clinical, Care and Professional Governance Framework'. It was agreed that six monthly reports would be submitted to the IJB, with exception reports submitted to each Performance and Audit Committee.

4.2 Dundee Health and Social Care Partnership Clinical Governance and Risk Management Forum

- 4.2.1 In preparing this report, information was drawn from the work of the Dundee Health and Social Care Partnership Clinical Governance and Risk Management Forum (the Forum). This Forum was previously known as the Dundee Community Health Partnership (CHP) Clinical Governance and Risk Management Forum and includes within its membership operational managers from across the partnership.
- 4.2.2 To ensure that the Forum continues to provide assurance on clinical governance and is a forum for sharing learning across services, the Forum continues to develop and during 2017/18 will:

- Review the Forum terms of reference to reflect Health and Social Care integration, including the membership to reflect the integrated arrangements.
- Review the exception reporting system to reflect the 'Getting it Right for Everyone – A Clinical, Care and Professional Governance Framework' and the needs of the different services reporting through the Forum.
- Continue to strengthen the opportunities for sharing the learning across the Partnership

4.2.3 A development event was held on 17 July 2017. During this event current collated information was aligned to the governance framework. This was further discussed at the operational performance group meeting and agreement reached as to the proposed reporting framework. Work is progressing to test out the collation of this information and this will be presented to the Clinical, Care and Professional Governance Forum (R2 Forum) on 21 September 2017 for consideration.

4.3 Clinical, Care and Professional Governance Forum (R2 Forum)

4.3.1 The R2 Forum met on 13 July 2017. The members of the group considered:

- Service Area reports – reported in section 4.4.3 of this report.
- Service Area Updates – reported in 4.4.2 of this report.
- The Risk Register – reported in section 4.5 of this report.
- Outcome of Inspection Reports. The reports considered were presented to the PAC on 19 July and are therefore not included in this report.
- Updates on Clinical Governance and Risk Management – examples of good practice were provided.
- Local Adverse Event Reviews/Significant Case Adverse Event Reviews/Significant Case Reviews – there were no new cases to report.
- Feedback against the Clinical, Care and Professional Governance Domains – one significant issue was reported regarding a recent fatal accident within a care home. This case is subject to formal consideration by other regulatory bodies. The case will also be considered through the Adult Support and Protection Significant Case Review procedures. The presenters of this case were asked to seek assurance that all care providers were putting in place appropriate checks and balances to minimise the risk of this type of accident reoccurring.

4.4 Service Reporting

4.4.1 In order to fully understand the specific risks and governance arrangements associated with service/care delivery areas, the R2 Forum has prepared a reporting programme which will ensure each service area provides a service governance report. Three areas have previously reported to the R2 Forum; Palliative Care Services (hosted service), Mental Health Officer services and Tayside Substance Misuse Services. Consideration was given to the impact of the issues raised by managers; the recording of the risks identified and the actions to be taken to eliminate or mitigate the risks. Each service was asked to provide an update on the performance and follow up service reports were presented.

4.4.2 The key issues identified through the follow up reports were as follows:

Palliative Care Services

- Currently no waiting lists for MacMillan services; waiting lists for the wider service monitored daily.
- Noted difficulties in filling vacancies and impact on the service.
- High level of sickness which is being addressed through the use of NHS Tayside sickness absence procedures.
- Very few adverse effects. One Local Adverse Event Review pending at the time of the report.

Mental Health Officer Service

- MHO practice forum in place.
- Adults with Incapacity procedures updated and awaiting sign off.
- MHO procedures developed and awaiting sign off.
- New staff recruited to commence September 2017, although still to recruit to Team Manager post.
- New duty rota will be more flexible and support the progression of MHO activity and in particular guardianship applications.
- Dedicated MHO cover identified for Murray Royal to improve the response for Dundee patients placed there.
- MHO review reported.
- Further report to be submitted following the completion of the Tayside Mental Health Review detailing the impact of proposed changes on the Mental Health Officer service.

Tayside Substance Misuse Services

- Alcohol and Substance Misuse Strategic Planning Group to be established which will support and set out the direction for future redesign.
- Integrated Alcohol and Substance Misuse Improvement Planning Group now established which will consider identified risks and take forward the actions to address these.
- A Quality Improvement Group looking at scrutiny and governance across the service is now established.
- These forums will also report and work within the Mental Health Clinical, Care and Professional Governance reporting arrangements.

4.4.3 A report was submitted on behalf of the Older People's services which set out the future developments and the identified risks. This included:

- Unsuitability of the Royal Victoria site and considerations around future accommodation.
- Workforce concerns regarding staffing complement on ward – this will be addressed as the number of wards are reduced.
- The risks associated with significant change – staff engagement; timing of environmental changes.
- Impact of financial constraints both short term and long term.
- Noted that patients using the services are increasingly frail. The current and future workforce planning will take into account the required staffing compliments including the development of more skilled roles such as Advanced Nurse Practitioners.
- Noted that both nursing and junior doctor pressures will improve should the service move to a joint site with Psychiatry of Old Age services.
- Performance against the care quality standards to be included in future reports.

4.5 Risk Register

4.5.1 The risks reported were discussed at the R2 Forum. From the information available to the R2 Forum members, it was noted that actions were in place to address these. The R2 Forum members have asked that these risks be reviewed to ensure actions were specific, measurable, achievable, realistic and time-related (SMART) and that actions were completed. This relates to the current reporting format.

4.5.2 The introduction of the TRAKcare IT systems within NHS Tayside was identified as a Tayside risk and it was noted that relevant teams are working with the IT TRAK team to resolve this.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	The absence of clear clinical, care and professional governance arrangements and monitoring can impact on the ability to provide safe services for both employees and service users/patients. Without the ability to both monitor compliance and take action to address concerns the Health & Social Care Partnership will be unable to gain assurances around service delivery.
Risk Category	Governance
Inherent Risk Level	12 – High risk
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Established clinical, care & professional governance forums in place. - Reporting arrangements agreed.
Residual Risk Level	9 – High Risk
Planned Risk Level	6 – Moderate Risk
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

The Chief Officer, Chief Finance Officer, Clinical Director, Lead Allied Health Professional and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None

Diane McCulloch
Head of Health & Community Care

DATE: 22 August 2017



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 12 SEPTEMBER 2017

REPORT ON: DUNDEE INTEGRATION JOINT BOARD (IJB) BUDGET PLANNING PROCESS 2018/19

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC30-2017

1.0 PURPOSE OF REPORT

The purpose of this report is to provide context to the development of the 2018/19 Dundee IJB delegated budget including the key timescales and milestones within the process.

2.0 RECOMMENDATIONS

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

- 2.1 Approves the content of this report including the budget setting timetable.
- 2.2 Remits the Chief Finance Officer to provide regular updates to the PAC and IJB on the progression of the budget including arranging separate budget development sessions with IJB members.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 The development of Dundee IJB's delegated 2018/19 budget is anticipated to be set within a challenging financial environment for the public sector in Scotland. With both Dundee City Council and NHS Tayside likely to face continued financial pressure as part of the Government's finance settlement, this will undoubtedly have an impact on the resources delegated to the IJB. In addition, the terms of the risk sharing agreement under the Integration Scheme change from 2018/19 with any overspends being split proportionately between NHS Tayside and Dundee City Council following recovery action by the IJB. It is therefore critical that IJB members are involved and informed throughout the budget setting process.
- 4.2 The budget setting process will be driven at officer level by the Transformation Programme Delivery Group (TPDG). This group draws on senior managers and professional advisers from across the Health and Social Care Partnership and wider partners to oversee and develop the Transformation Programme, including existing service redesign and investment in new models of care. This programme is critical to the delivery of the priorities in the Strategic and Commissioning Plan and in ensuring the Partnership makes best use of its resources.
- 4.3 The TPDG will provide regular reports through the Chief Finance Officer to the PAC and IJB on the development of the budget. Progress towards existing Transformation Programmes will also be shared with NHS Tayside's Transformation Programme Board and Dundee City Council's Changing for the Future programme following presentation to the IJB or PAC.
- 4.4 In addition to regular updates, at least two separate development sessions will be held for IJB members prior to the final budget being presented to the IJB by the end of March 2018. One of these will be held pre-Christmas with the other likely to be held around late January/February 2018.

- 4.5 The full budget setting timetable is set out below. It should be noted that this generally follows similar timelines to both the NHS Tayside and Dundee City Council budget setting processes:

September

Review of Financial Forecasting and develop baseline budgets
First meeting of Transformation Programme Delivery Group (TPDG)

October

Discussions with Dundee City Council/NHS Tayside re financial plans
Budget update to IJB

November/December

IJB Development Session on Budget 2018/19
Second meeting of TDPG (November)
Finance settlement announcement anticipated
Budget update to IJB/PAC
Discussions with Dundee City Council/NHS Tayside re provisional delegated budgets

January/February

Discussions with Dundee City Council/NHS Tayside re final stages of budget setting process (note council budget likely to be set mid-February)
Third meeting of TDPG (January)
IJB Development Session on Budget 2018/19

March

Fourth meeting of TDPG
Final 2018/19 Budget Proposal Report to IJB for approval

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

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

8.0 BACKGROUND PAPERS

None

Dave Berry
Chief Finance Office

Date: 31 August 2017