



Clerk:
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

28th June, 2016

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER
REPRESENTATIVES OF THE DUNDEE CITY HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I refer to the agenda of business issued in relation to the meeting of the Integration Joint Board to be held on Tuesday, 28th June, 2016 and now enclose the undernoted item of business which should be read as a replacement for the one which was issued.

Yours faithfully

DAVID W LYNCH
Chief Officer

A G E N D A

6 DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT REPORT 2015/2016

(Report No DIJB33-2016 by Chief Finance Officer, copy attached).



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
28 JUNE 2016

REPORT ON: DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT
REPORT 2015/16

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB33-2016

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to advise the Integration Joint Board of the outcome of the Chief Internal Auditor's Report on the Integration Joint Board's internal control framework for the financial year 2015/16.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the content and findings of the attached Annual Internal Audit Report 2015/16 (Appendix 1);
- 2.2 Instructs the Chief Finance Officer to implement the agreed actions to address areas for improvement.

3.0 FINANCIAL IMPLICATIONS

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

4.0 MAIN TEXT

- 4.1 The Integrated Resources Advisory Group (IRAG), established by the Scottish Government to develop professional guidance, outlines the responsibility of the Integration Joint Board (IJB) to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This guidance also shows that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control
- 4.2 The IJB agreed in November 2015 to appoint the Chief Internal Auditor of NHS Tayside to the role of Chief Internal Auditor and Fife, Tayside and Forth Valley Audit and Management Services (FTF) as the IJB's lead internal auditors for 2015/16. This role has been supported by Dundee City Council's Internal Audit service. The attached report provides the Chief Internal Auditors opinion on the IJB's internal control framework in place for the financial year 2015/16.
- 4.3 The IJB's Draft Annual Statement of Accounts includes a Governance Statement based on a self assessment of the IJB's governance, risk management and control frameworks as they have developed during 2015/16. This has established there are no major issues.

- 4.4 The Chief Internal Auditors' assessment of these frameworks concludes that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in 2015/16. In addition, the Chief Internal Auditor is satisfied that the Governance Statement is consistent with the information gathered from their audit work.
- 4.5 The audit report recommends that an action plan is drawn up to ensure a range of planned improvements for 2016/17 and other developing issues are managed effectively and the Chief Finance Officer will develop this accordingly.

5.0 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.

6.0 CONSULTATIONS

The Chief Officer and the Clerk along with the Chief Internal Auditor of NHS Tayside were consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 20 June 2016

**DUNDEE IJB
INTERNAL AUDIT SERVICE**



ANNUAL INTERNAL AUDIT REPORT

2015/2016

Issued To: D Lynch, Chief Officer
D Berry, Chief Finance Officer

Dundee Integration Joint Board
External Audit- KPMG

Date: 20 June 2016

ANNUAL INTERNAL AUDIT REPORT 2015/16

INTRODUCTION AND CONCLUSION

1. The Integrated Resources Advisory Group (IRAG), established by the Scottish Government to develop professional guidance, outlines the responsibility of the Integration Joint Board (the IJB) to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources.
2. This guidance also shows that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control.
3. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control. As the Chief Internal Auditor, this annual report to the IJB provides my opinion on the IJB's internal control framework for the financial year 2015/16.
4. The Order establishing the Dundee Integration Joint Board (the IJB) was passed by the Scottish Parliament on 3 October 2015. The Chief Officer was appointed in June 2015 and the Chief Finance Officer in October 2015. These appointments were confirmed by the IJB at its meeting in October 2015.
5. The IJB did not have operational responsibility in year for delegated services. Formal transfer of functions took place on 1 April 2016. My review of the internal control environment for 2015/16 is therefore based solely on the responsibilities of the IJB in year.
6. The IJB has produced a draft Governance Statement with no disclosures for 2015/16.
7. Based on work undertaken I have concluded that:

- | |
|---|
| <ul style="list-style-type: none">• The IJB had adequate and effective internal controls in place proportionate to its responsibilities in 2015/16 |
|---|

8. In addition, I have not advised management of any concerns around the following:

- | |
|--|
| <ul style="list-style-type: none">• Consistency of the Governance Statement with information that we are aware of from our work |
|--|

ACTION

9. The IJB is asked to **note** this report in evaluating the internal control environment for 2015/16 and **consider** any actions to be taken on the issues reported for consideration.

INTERNAL CONTROL

10. FTF was appointed as the IJB's Internal Audit Service for 2015/16 in February 2016. We can confirm that FTF complies with the Public Sector Internal Audit Standards (PSIAS). Our work in year reviewed, in partnership with the Dundee Council Internal Audit Service, compliance with the national Financial Assurance (Due Diligence) guidance. We found that the due diligence processes undertaken comprehensively covered the requirements of the national financial assurance and reports met all the requirements of the guidance in relation to risk assessment. Internal Audit also provided advice on the draft financial regulations.
11. To inform our assessment of the internal control framework, we developed a self assessment governance checklist for completion by management. The checklist was based on requirements of the Integration Scheme, guidance issued by the Scottish Government to support Health and Social Care Integration and best practice. Internal Audit validated the assessments reached through discussion with management and examination of the supporting evidence and documentation.
12. Based on our validation work, we can provide assurance on the following key arrangements in place by 31 March 2016; as well as ongoing and planned work in 2016/17. Based on our assessment, we also recommend further issues for consideration by management.
13. Our evaluation of the IJB's Governance Framework is summarised below and shows that the control standards we expected to see at this stage of development of the IJB are in place.

Corporate Governance
Key arrangements in place as at year end 2015/16
<ul style="list-style-type: none"> • The Integration Scheme was approved by the Cabinet Secretary for Health, Wellbeing and Sport in September 2015; • Standing Orders were approved in October 2015 and committee support arrangements are in place. An action points/ report planner is a standing agenda item; • In February 2016, the IJB considered the December 2015 Audit Scotland report on HSCI including an associated action plan to address the report's recommendations; • The Outline Outcomes and Performance Framework was approved in February 2016 and includes the assessment of Best Value; • The Interim Participation & Engagement Strategy was agreed in November 2015 and final strategy approved in February 2016; • A Strategic Planning Group is in place and the Strategic Commissioning Plan was approved in March 2016 following appropriate consultation. Localities have been agreed; • Directions were formally issued to the parties in March 2016 to carry out delegated functions; • The IJB noted the operational framework and first line management

<p>arrangements in January 2016;</p> <ul style="list-style-type: none"> • The IJB noted the support services requirements in March 2016.
<p>Developments in 2016/17- in place or planned by management</p> <ul style="list-style-type: none"> • The IJB agreed a Code of Conduct for submission to the Scottish Government in May 2016 based on a national template issued in April 2016; • The Standing Orders were updated in May 2016 to address conflicts of interest; • A draft Governance Statement has been prepared for 2015/16 as part of the annual accounts process and is planned to be presented to the IJB in June 2016; • The IJB received a report on governance arrangements in May 2016 providing a progress update on governance documents and processes; • Deputising arrangements are still to be clarified; • Progress on implementation of the action plan in response to the December 2015 Audit Scotland report will be reported back to the IJB; • The IJB agreed the establishment of a Performance & Audit Committee in May 2016 and the appointment of the internal auditors for 2016/17; • A report on the remit & membership of the Performance & Audit Committee as well as approval of the 2016/17 annual internal audit plan are planned for August 2016; • A Tayside wide shared Risk Management Policy and Strategy was adopted by the IJB in May 2016 including some local changes reflecting Dundee IJB's view of the shared nature of risks; • The IJB's risk profile is yet to be developed. In May 2016, the IJB remitted responsibility to the Chief Finance Officer to bring back a report on this; • Work is ongoing on second line management arrangements for the partnership; • Further work is planned on the Large Hospital plan and arrangements for hosted services; • Plans are to be developed in year for the Health and Social Care Localities in Dundee; • Plans are in place so that once in post, locality managers will provide the link to the local Community Planning structures; • The IJB agreed in March 2016 to review the support services requirements through regular reports from the Chief Officer; • Further work on the development of the Outcomes and Performance Framework is planned.
<p>Recommended further issues for consideration by management</p> <ul style="list-style-type: none"> • Accountability and responsibilities of the IJB in respect of all governance arrangements should be clarified and agreed by the IJB and parties, and should flow through to risk management and assurance arrangements; • Assurance arrangements should include consideration of reporting lines and

<p>the flow of assurance including any officer and governance groups in place;</p> <ul style="list-style-type: none"> • The IJB's strategic risk profile should be developed to clearly reflect risks to the delivery of the IJB's strategic objectives rather than joining previous operational risks of the services within the partnership; • Following the development of a risk profile for the organisation, an Assurance Framework linking the strategic risk profile and associated controls with assurance processes should be adopted (<i>Cf Risk Management Policy and Strategy Appendix 2</i>); • An exercise should be undertaken to ensure the report planner document shows all items of business required to be considered in year to deliver the purpose and remit of the IJB as well as any additional reporting agreed by members.
<p>Clinical & Care Governance/ Financial Governance/ Staff Governance/ Information Governance</p>
<p>Key arrangements in place as at year end 2015/16</p>
<ul style="list-style-type: none"> • A Tayside-wide Clinical and Care Governance Framework ('Getting it right for everyone') was adopted by the Shadow Board in March 2015; • Financial Assurance (Due Diligence) was undertaken on budgets to be transferred. This was reviewed by internal audit in March 2016; • An update on the development of the Workforce and Organisational Development Strategy was agreed in February 2016; • A programme of development for IJB members was agreed in May 2015 and several development sessions have been held for IJB members during 2015/16; • The IJB holds CNORIS membership to ensure appropriate liability and indemnity cover; • Under the Scottish Accord on the Sharing of Personal Information (SASPI), an Information Sharing Protocol in relation to Health & Social Care Integration amongst Dundee City Council and NHS Tayside and the Common Services Agency has been signed.
<p>Developments in 2016/17- in place or planned by management</p>
<ul style="list-style-type: none"> • Financial regulations were approved in May 2016; • Internal Audit review of Due Diligence work is to be reported to the June 2016 IJB meeting; • Work is ongoing on the implementation and embedding of the Clinical & Care & Professional Governance Framework; including remit and membership of the Dundee Clinical and Care Governance and Professional Governance Forum and monitoring of adverse events data; • Further development of the Workforce and Organisational Development Strategy and reporting of workforce planning is ongoing; • Objectives and appraisal processes for the Chief Officer and Chief Finance Officer will be considered; • The IJB is to become a party to the SASPI Information Sharing protocol.

Recommended further issues for consideration by management
<ul style="list-style-type: none">• A formal Scheme of Delegation (as referred to in the Financial Regulations) should be developed and the IJB should work with the parties to develop a Further Scheme of Delegation within the partnership;• The IJB should be kept informed of progress with the implementation of the Clinical, Care & Professional Governance Strategy.

ACKNOWLEDGEMENT

14. On behalf of the Internal Audit Service I would like to take this opportunity to thank the Chief Officer and Chief Finance Officer of the IJB as well as staff within the partnership for the help and co-operation extended to Internal Audit throughout this challenging first year.

A Gaskin, BSc. ACA
Chief Internal Auditor

Ref.	Finding	Audit Recommendation	Priority	Management Response/ Action	Action by/Date
1.	Our evaluation of the IJB's governance framework has identified planned improvements for 2016/17 as well as further issues for consideration by management.	We would recommend that an action plan setting out a timetable for implementation is drawn up by officers and approved and monitored by the IJB or an appropriate governance committee.	2	Agreed. Governance structures will continue to be developed as the IJB evolves, taking into consideration new scenarios faced by the IJB. This will also form part of the consideration of the development of the remit and membership of the Performance and Audit Committee. The action plan will assess each of the detailed items identified within the report.	Chief Finance Officer – 31 October 2016



Clerk:
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

23rd June, 2016

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER
REPRESENTATIVES OF THE DUNDEE CITY HEALTH AND
SOCIAL CARE INTEGRATION JOINT BOARD

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I refer to the agenda of business issued in relation to the meeting of the Integration Joint Board to be held on Tuesday, 28th June, 2016 and now enclose the undernoted item of business which was not received at time of issue.

Yours faithfully

DAVID W LYNCH

Chief Officer

A G E N D A

7 DRAFT ANNUAL ACCOUNTS 2015/2016 - page 1

(Report No DIJB32-2016 by Chief Finance Officer, attached).



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
28 JUNE 2016

REPORT ON: DRAFT ANNUAL ACCOUNTS 2015/16

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB32-2016

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to present the Integration Joint Board's Draft Annual Statement of Accounts 2015/16 for approval to initiate the external audit process and to note and consider the proposed Audit Strategy from the IJB's appointed External Auditor.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the Integration Joint Board's Draft Annual Statement of Accounts 2015/16 as outlined in Appendix 1;
- 2.2 Instructs the Chief Finance Officer to submit the Accounts to the IJB's external auditors (KPMG) to enable the audit process to commence;
- 2.3 Notes and approves the proposed Audit Strategy for 2015/16 as provided by the IJB's External Auditor as at Appendix 2.

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 is required to prepare financial statements for the financial year ending 31st March 2016 following the Code of Practice on Local Authority Accounting in the United Kingdom 2015-16 ("the 2015-16 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 While the IJB did not incur a high volume of transactions through the 2015/16 period prior to becoming operationally responsible for the management and delivery of delegated services, there were some running costs associated with this period. The IJB is required to follow Local Authority Accounts (Scotland) Regulations 2014. This requires the inclusion of a management commentary and remuneration report and submission of the draft accounts by the 30th June 2016 to the IJB's external auditors (KPMG for the year ending 2015/16).

4.1.3 The Accounting Statements themselves comprise:-

- a) Comprehensive Income and Expenditure Statement for the period to year ending 31st March 2016 (single entity and group position);
- b) Balance Sheet for the period ending 31st March 2016;
- c) Notes, comprising a summary of significant accounting policies, analysis of significant figures within the Accounting Statements and other explanatory notes.

4.1.4 Once submitted, the external auditor will assess these accounts and produce an independent auditors' report setting out their opinion on the annual statement by 30th September 2016. The outcome of this will be incorporated into the annual accounts and will subsequently be presented to the IJB for final approval.

4.1.5 The draft unaudited accounts are shown in Appendix 1.

4.2 External Audit Strategy

4.2.1 Dundee IJB's assigned External Auditor for 2015/16, KPMG, have produced an Audit Strategy in relation to the 2015/16 financial year. This strategy describes how the auditor will deliver their audit to the IJB, summarising their responsibilities as external auditor and their intended approach. The main purpose of the report for 2015/16 is to issue a report to the IJB outlining whether in their opinion the annual financial statements:

- give a true and fair view in accordance with applicable law and the 2015-16 Code of the state of the affairs of the IJB as at 31 March 2016 and of the income and expenditure of the IJB for the year then ended; and
- have been prepared in accordance with IFRS as adopted by the European Union, as interpreted and adapted by the 2015-16 Code, the requirements of the Local Government (Scotland) Act 1973, the Local Authority Accounts (Scotland) Regulations 2014 and the Local Government Scotland Act 2003

4.2.2 The IJB is asked to consider this strategy (attached) to enable the External Auditor to carry out its responsibilities.

5.0 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.

6.0 CONSULTATIONS

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

7.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 6 June 2016



Dundee Integration Joint Board (IJB) Unaudited Accounts 2015/16

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Management Commentary

Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and received Royal Assent in April 2014. This established the framework for the integration of health and adult social care in Scotland, to be governed by Integration Joint Boards (IJB's) with responsibility for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements.

Following approval from Dundee City Council and NHS Tayside, the Dundee Integration Scheme, the formal legal partnership agreement between the two parent organisations, was submitted to the Scottish Ministers in August 2015. On 3rd October 2015 Scottish Ministers legally established Dundee's Integration Joint Board (IJB) by virtue of the Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Amendment (No 3) Order 2015. The IJB is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements.

As health and social care functions in Dundee were not formally delegated to the IJB until 1 April 2016, 2015/16 was a 'Shadow Year' to allow the IJB to implement the necessary frameworks to enable local implementation of integrated health and social care services.

This publication contains the financial statements for the first year, 'Shadow Year' of Dundee IJB for the year ended 31 March 2016. The Management Commentary highlights the key activities carried out to date and looks forward, outlining the anticipated financial outlook for the future and the challenges and risks facing Health and Social Care Services over the medium term.

Dundee Integration Joint Board

Principal Activities

Throughout 2015/16, in anticipation of health and social care functions being formally delegated to the IJB on 1 April 2016, the IJB's principal role has been ensuring the necessary processes, policies and plans are in place to allow local implementation of integrated health and social care services in terms of the Public Bodies (Joint Working) (Scotland) Act 2014 and deliver on the commitments set out within Dundee's Integration Scheme.

During 2015/16, the IJB established its senior leadership team with the Chief Officer, Chief Finance Officer and Head of Health and Community Care all appointed over the period and the Head of Strategy & Performance appointed in early 2016/17. This team will oversee a structure which reflects the ambition of Dundee IJB to be a fully integrated model of strategic planning and operational service delivery in order to deliver the priorities reflected in the Strategic Plan.

The table below notes the membership of Dundee IJB in 2015/16:

<u>Role</u>	<u>Member</u>
Nominated by Health Board	Doug Cross*
Nominated by Health Board	Judith Golden*
Nominated by Health Board	Munwar Hussain*
Councillor Nominated by Dundee City Council	Ken Lynn*
Councillor Nominated by Dundee City Council	Stewart Hunter*
Councillor Nominated by Dundee City Council	David Bowes*
Chief Social Work Officer	Jane Martin
Chief Officer	David W Lynch
Proper Officer Appointed under section 95 (Chief Finance Officer)	Marjory Stewart – interim Dave Berry (appointed as Chief Finance Officer on 1 October 2015)
Registered medical practitioner whose name is included in the list of primary medical performers prepared by the Health Board	David Dorward
Registered nurse who is employed by the Health Board	Eileen McKenna
Registered medical practitioner employed by the Health Board and not providing primary medical services	Cesar Rodriguez
Staff of the constituent authorities engaged in the provision of services provided under integration functions	Barbara Tucker Jim McFarlane
Director of Public Health	Drew Walker
Third Sector Representative	Christine Lowden
Service user residing in the area of the local authority	Vacant in 2015/16
Persons providing unpaid care in the area of the local authority	Vacant in 2015/16

The development and agreement of the Strategic and Commissioning Plan was one of the most significant activities undertaken by the IJB over the course of 2015/16. The IJB established an Integrated Strategic Planning Group (ISPG), drawing on the valuable input of a range of stakeholders in line with legislative and national guidance. The ISPG's role in 2015/16 was to oversee the Strategic Planning process including agreeing the long term vision for Dundee and associated outcomes and objectives, taking into consideration an assessment of local needs, available resources, policy drivers and determining the service redesign and remodelling, investment, disinvestment and commissioning intentions required to meet the planned strategic and commissioning shifts. This was undertaken through applying an extensive participation and engagement programme. The Dundee Strategic and Commissioning Plan (2016-2021) was approved by the IJB in March 2016.

A process of Due Diligence was undertaken throughout the financial year to ensure that the financial resources delegated to the Health and Social Care Partnership are adequate to allow the Integration Joint Board to carry out its functions and to assess the risks associated with this. This was reported to the IJB in March 2016 and concluded that the resources to be delegated by Dundee City Council were adequate however further consideration was required in relation to NHS Tayside resources pending further development of a robust savings plan. The outcome of this will be presented to the IJB in June 2016.

A significant amount of the business of IJB meetings over the course of 2015/16 has consisted of the development of a range of governance policies and processes to enable the IJB to function effectively within a strong governance framework. In addition, a number of development events were held for IJB members to support them to understand their role in the IJB and to explore delegated services they may not have been familiar with.

The IJB agreed an action plan in response to the Audit Scotland report on Health and Social Care Integration with progress on this to be brought back to the IJB over the course of 2016/17.

On 1 April 2016 health and social care functions in Dundee were formally delegated to the IJB.

The Annual Accounts 2015/16

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 us for the delivery of the IJB's vision and its core objectives. The requirements governing the format and content of local authorities' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The 2015/16 Accounts have been prepared in accordance with this Code.

IJBs need to account for their spending and income in a way which complies with our legislative responsibilities. On 1st April 2016, Dundee IJB was formally established.

The Accounting Statements comprise:-

- a) Comprehensive Income and Expenditure Statement for the period to year ended 31st March 2016;
- b) Balance Sheet as at 31st March 2016
- c) Notes, comprising a summary of significant accounting policies, analysis of significant figures within the Accounting Statements and other explanatory information.

The Accounting Statements for 2015/16 do not include a Cash Flow Statement as the IJB does not hold cash or have a separate bank account or Movement in Reserves Statement as the IJB had nil reserves at the start and end of the financial year 2015/16.

Financial Performance

Income and Expenditure

For the financial year 2015/16, reflecting the period prior to the IJB assuming further responsibilities, the IJBs Income and Expenditure is limited to a small agreed list of transactions relating to the running costs of the IJB over the period. These are set out within the Income and Expenditure Statement.

Assets and Liabilities

Dundee IJB's Balance Sheet for 2015/16 is limited as a reflection of the Shadow Year arrangements in place over the period.

Reserves

As at 31st March 2016, the IJB has nil reserves. The IJB has a reserves policy for consideration in future years.

Future Financial Performance

The IJB is embedding a performance management culture throughout the Partnership. Over the next year we will work towards creating a framework of performance information which will analyse data, track progress and identify action to be taken as required. Regular performance management reports will be provided to the IJB, the Integrated Strategic Planning Group (ISPG) and managers.

The IJB also embraces scrutiny including external inspection and self-assessment, and, in addition, benchmarking will be used to compare our performance with other organisations to support change and improvement.

Financial information will be part of this performance management framework with regular reporting of financial performance to the IJB.

Financial Outlook, Risks and Plans for the Future

Health and social care services in Scotland are being delivered within an increasingly challenging financial environment, partly driven by current UK fiscal policy and partly due to increasing levels of demand. The effect of the UK government's aim to reduce overall public sector spending continues to have a significant impact on the funding of local authorities and the NHS.

The impact of the 2016/17 finance settlement for local government in Scotland has resulted in local authorities having to consider unprecedented levels of savings, with resources delegated to IJB's required to contribute to delivering these savings. This financial outlook for local government is expected to continue in the medium term.

While NHS services have been relatively protected as a spending priority by UK and Scottish Governments, the extent of financial pressures within the health system also provides considerable challenges. Within NHS Tayside, average savings of around 5% per annum over the period of the IJB's Strategic Plan are anticipated in order to bring expenditure in line with budgeted resources as a reflection of predicted continued pressures on public sector expenditure at a UK and Scottish Government level.

At this time of fiscal constraint, demand for health and social care services is increasing and this is particularly acute locally due to the scale of need in Dundee, given the high levels of deprivation and health inequalities which exist and resultant high prevalence of multi-morbidity. In addition, the medium to long term impact of the UK Government's programme of Welfare Reform is anticipated to be considerable to the local community.

The Scottish Government has recognised the particular challenges around integrating health and social care and has provided specific funding streams channelled through the IJB to support the development of creativity and tests of change in service delivery (such as the Integrated Care Fund and targeted initiatives such as Delayed Discharge funding). Furthermore, the Scottish Government finance settlement for 2016/17 includes additional funding of £250m nationally to be transferred to Health and Social Care Partnerships to ensure better outcomes in social care (Integration Fund).

Of this resource, the first £125m is to support additional spend on expanding social care to meet the objectives of integration. The second £125m is to help meet a range of existing costs faced by local authorities in the delivery of high quality health and social care services, including a commitment to ensure that all social care workers in the independent and third sectors are paid the National Living Wage of £8.25 per hour from 1st October 2016. The total value of this funding for Dundee IJB is £7.65m.

These resources are critical in supporting the service shifts set out in the Plan to achieve the priority outcomes on a longer term basis. While the Integration Fund and Delayed Discharge Fund have been confirmed as permanently baselined, the Scottish Government has not as yet confirmed if the Integrated Care Fund will also become a permanent funding stream therefore there is a risk that the £3.1m per annum allocated to Dundee is not available to continually develop tests of change. The IJB's financial plans however have made a prudent assumption that this funding will end in 2017/18 as initially announced. There is also a risk that the full year cost of implementing the Living Wage will exceed the resources allocated for this purpose.

NHS Tayside has recently established a Transformation Programme which provides the framework for services to deliver significant efficiencies over a wide range of workstreams such as workforce, medicines management and estates. These will be drawn down to a local Dundee IJB level over the course of 2016/17. Given the maturity of the Transformation Programme there is a risk that the scale of savings required may be difficult to achieve however, in relation to the IJB's

liability around this, a risk sharing agreement is in place for the first two years of the IJB's existence whereby responsibility for overspends remains with the partner with operational responsibility for the delivery of the particular service.

The IJB's Strategic Plan sets out how the Dundee Health and Social Care Partnership will develop health and social care services for adults over the next five years to achieve shared goals and provide better experiences and better outcomes for the citizens of Dundee within this challenging financial environment. The plan identifies eight key priorities (health inequalities, early intervention/prevention, person centred care and support, carers, localities and engaging with communities, building capacity, models of support/pathways of care and managing our resources effectively) with a range of planned shifts in resources and service delivery and actions to support delivering these priorities. This will be the focus for the IJB over the period of the Plan and progress in meeting these priorities will be monitored through a performance management framework.

Conclusion

The activities of Dundee Health and Social Care Partnership in the 2015/16 shadow year have mainly related to developing the necessary governance and financial infrastructure to enable the Integration Joint Board to function effectively and to produce a Strategic Plan which sets out the ambition of the IJB to deliver significant change in the way services are delivered, in an integrated way, in order to achieve better outcomes for the local population.

Going forward, Dundee Health and Social Care Partnership has a significant financial challenge ahead to deliver this Strategic Plan in a climate of growing demand and limited resources. In order to achieve this we must ensure this resource is used effectively, identifying, testing and implementing innovative ways to deliver more personalised and well coordinated services, building the resilience of people and their communities and reducing unnecessary hospital admissions and delayed discharges from hospital. This will require the confidence to shift resources from intensive, high cost services to a focus on more preventative service provision to ensure best value for public funds.

Signed:

Doug Cross
IJB Chair

David W Lynch
Chief Officer

Dave Berry
Chief Finance Officer

September 2016

September 2016

September 2016

Annual Governance Statement

Scope of Responsibility

The Integration Joint Board (IJB) is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's functions and to make arrangements to secure best value.

In discharging this responsibility, the Chief Officer has put in place arrangements for governance which includes the system of internal control. This is designed to manage risk to a reasonable level, but cannot eliminate the risk to failure to achieve policies, aims and objectives and can therefore only provide reasonable but not absolute assurance of effectiveness.

Board members and officers of the IJB are committed to the concept of sound internal control and the effective delivery of IJB services.

The financial year 2015/2016 saw the establishment of the IJB and during this year the governance framework was developed. The main features of the governance arrangements are summarised below. Formal transfer of functions to the IJB took place on 1 April 2016. The IJB via a process of delegation from the Health Board and Local Authority and its Chief Officer has responsibility for the planning, resourcing and operational delivery of all integrated health and social care within its geographical area with effect from the date of formal transfer of functions. On that basis the governance statement is set out to describe the position in terms of the 2015/16 governance framework and the work undertaken 2016/17 to date to further develop the governance framework

Governance Framework

The Board of the IJB comprises voting and non-voting members, the voting members comprise three Council Members nominated by the local authority and three are NHS Tayside Board members.

- The IJB, comprising of all IJB Board members was the key decision making body during 2015/16. Standing Orders and a Code of Conduct for the IJB have been approved and adopted.
- The Integration Scheme was approved by the Scottish Government in September 2015 with the IJB becoming legally established on the 3rd October 2015.
- The IJB has appointed its senior leadership team, including the Chief Officer and Chief Finance Officer whose roles and responsibilities are set out clearly within the Integration Scheme, including overarching governance responsibilities.
- Internal Audit arrangements for 2015/16 were in place with the main focus being a review of the Due Diligence process.

- The IJB has reflected on the recommendations of the Audit Scotland Review of Health & Social Care Integration and developed an action plan to respond accordingly
- An Outcomes and Performance Framework has been adopted by the IJB which sets out the required reporting arrangements and timescales to the IJB and ambition to present an integrated performance framework, including monitoring progress in delivering the priorities as set out in the Strategic Plan and demonstration of Best Value.
- The IJB holds separate CNORIS membership in relation to potential liability claims to reflect the responsibilities of the IJB.
- The Strategic Plan has been developed and agreed, lead by the Integrated Strategic Planning Group, following comprehensive consultation with stakeholders and in line with the adopted Participation and Engagement Strategy.
- The high level operational management and support structure of the Health and Social Care Partnership has been agreed which will ensure services are delivered to eight localities consistent with existing Community Planning Partnership areas through a locality management approach.
- The IJB has adopted a Clinical and Care Governance Strategy to ensure that there are explicit and effective lines of accountability from care settings to Dundee IJB, the NHS Tayside Board and Dundee City Council
- A process of Due Diligence has been undertaken to assess the transparency, proportionality and adequacy of the resources to be delegated to the IJB from NHS Tayside and Dundee City Council with the outcome reported to the March 2016 IJB, prior to the IJB becoming responsible for operational service delivery. A follow up report will be presented in June 2016
- A Memorandum of Understanding has been agreed with Angus and Perth & Kinross IJB's to support the governance of Hosted Services, including setting out risk sharing arrangements
- The IJB has approved a Workforce and Organisational Development Strategy

Review of Adequacy and Effectiveness

The IJB has responsibility for conducting at least annually, a review of effectiveness of the system of internal control. The review is informed by the work of the officers of the IJB (who have responsibility for the development and maintenance of the internal control framework environment), the work of the internal auditors and the Chief Internal Auditor's annual report.

The review of the IJB's governance framework was supported by a process of self-assessment against a governance checklist developed by Internal Audit.

On the basis of the audit work undertaken, the Chief Internal Auditor has concluded that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in 2015/16.

Continuous Improvement

The partnership is committed to continuous improvement and through the Outcomes and Performance Monitoring Framework will measure its performance in achieving its objectives as set out in the Strategic Plan. This will include ensuring the 2016/17 Financial Plan is managed effectively, that tests of change and innovation will continue to be supported

through “Change “ funding and that shifts in resources are demonstrated while improving outcomes for the people of Dundee.

Governance developments for 2016/17

- The IJB agreed in May 2016 to establish a Performance and Audit Committee, the remit and membership of which will be presented to the IJB in August for consideration. The committee will operate in accordance with CIPFA’s Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities.
- The Audit Committee’s core function will be to provide the IJB with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and governance arrangements.
- The Chief Internal Auditor for 2016/17 has been appointed.
- An overarching Risk Management Strategy has been approved with work ongoing to develop a risk register to be presented to a future IJB meeting.
- Financial Regulations governing the activities of the IJB have been approved
- Arrangements for dealing with complaints handling will be presented to the IJB in June 2016, pending national guidance on the matter.

Certification

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the Dundee IJB’s systems of governance. It is also noted that the IJB fully expects to review and continue to develop its systems of governance during 2016/17 to reflect its responsibilities in taking on devolved functions which will pose a number of challenges in the future.

Signed:

Doug Cross
IJB Chair

September 2016

David W Lynch
Chief Officer

September 2016

Remuneration Report

The Local Authority Accounts (Scotland) Regulations 2014 (SSI No. 2014/200) require local authorities and IJB's in Scotland to prepare a Remuneration Report as part of the annual statutory accounts.

1 Voting Board Members

Voting IJB members constitute councillors nominated as board members by constituent authorities and NHS representatives nominated by the NHS Board. The voting members of Dundee IJB were appointed through nomination by NHS Tayside and Dundee City Council.

Voting board members do not meet the definition of a 'relevant person' under legislation. However, in relation to the treatment of joint boards, Finance Circular 8/2011 states that best practice is to regard Convenors and Vice-Convenors as equivalent to Senior Councillors. The Chair and Vice Chair of the IJB should therefore be included in the IJB remuneration report. Neither the Chair or Vice Chair of Dundee IJB receive remuneration for their roles.

The IJB does not pay allowances or remuneration to voting board members; voting board members are remunerated by their relevant IJB partner organisation. For 2015/16 no voting board members received any form of remuneration from the IJB. Guidance states that the remuneration report may voluntarily disclose the names and partner organisations of the other voting members.

Voting Board Member	Total Taxable IJB Related Expenses 2015/16 £
Doug Cross, Chair of the Board	-
Councillor Ken Lynn, Vice Chair of the Board	-
Judith Golden, NHS Tayside	-
Munwar Hussain, NHS Tayside	-
Councillor Stewart Hunter, Dundee City Council	-
Councillor David Bowes, Dundee City Council	-

2 IJB Chief Officer

The appointment of an IJB Chief Officer is required by section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014. The IJB is not however empowered to directly employ the Chief Officer; therefore the contract of employment must be with one of the partner organisations. Given the specific legal requirement to appoint a Chief Officer and the special legal regime that

applies to the employment contract arrangements, for the purposes of the Remuneration Report, the IJB Chief Officer should be regarded as an employee of the IJB.

For Dundee IJB, the Chief Officer is therefore treated as an employee of the IJB, although his contract of employment is currently with Dundee City Council with his post funded by the IJB. For the period June to September 2015, the Chief Officer was employed by NHS Tayside. The statutory responsibility for employer pension liabilities sits with Dundee City Council as the employing partner organisation. There is therefore no pension liability reflected on the IJB balance sheet for Dundee IJB's Chief Officer.

3 Senior Officers

Other officers and staff are not regarded as employees of the IJB and are employed through either NHS Tayside or Dundee City Council; remuneration for these staff is reported through these bodies.

The annual salaries and pension entitlement of the relevant persons are shown in the following tables:

2014-15	Name and Post Title	2015-2016	
Total		Taxable Salary, Fees and Allowances £	Total Earnings in Year £
n/a	Chief Officer, Dundee IJB: D Lynch	77,881	77,881

The pension entitlement for the Chief Officer for the year to 31 March 2016 is shown in the table below, together with the contribution made by NHS Tayside and Dundee City Council to his pension during the year.

Name and Post Title	Accrued Pension Benefits as at 31 March 2016		Change in accrued pension benefits since 31 March 2015		In Year Pension Contribution For Year to 31 March 2016
	Pension £	Lump Sum £	Pension £	Lump Sum £	£
Chief Officer, Dundee IJB: D Lynch	tbc	tbc	tbc	tbc	tbc

Statement of Responsibilities

Integration Joint Board's Responsibilities

The IJB is required

- To make arrangements for the proper administration of its financial affairs and to secure that the proper officer has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). The Chief Finance Officer has been designated as that officer for the Joint Board.
- To manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- To ensure that the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts for signature.

I confirm that the audited Annual Accounts were approved for signature at a meeting of Dundee IJB on 28th June 2016

Signed:

Doug Cross
IJB Chair

Date:

The Chief Finance Officer' Responsibilities

The Chief Finance Officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper accounting practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing this Statement of Accounts, the Chief Finance Officer has:

- Selected suitable accounting policies and then applied them consistently;
- Made judgements and estimates which were reasonable and prudent;
- Complied with legislation; and
- Complied with the local authority Accounting Code (in so far as it is compatible with legislation).

The Chief Finance Officer has also:

- Kept proper accounting records which were up to date; and
- Taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of the IJB at the reporting date and the transactions of the IJB for the year ended 31 March 2016.

Signed:

Dave Berry
Chief Finance Officer

28 June 2016

Independent auditor's report to the members of Dundee IJB and the Accounts Commission for Scotland

Under arrangements approved by the Commission for Local Authority Accounts in Scotland, the auditor with responsibility for the audit of the annual accounts of Dundee IJB for the year ended 31 March 2016 is:

Andrew Shaw for and on behalf of KPMG LLP, Statutory Auditor
Saltire Court
20 Castle Terrace
Edinburgh
EH1 2EG

Statement

The audit of the IJB's Accounts for 2015-2016 is not yet complete i.e. the figures are "subject to audit". The certified Accounts will be presented to Dundee IJB for approval post audit.

This statement shows the accounting cost of providing services and managing the IJB during the year. It includes, on an accruals basis, all of the IJB's day-to-day expenses and related income.

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Balance Sheet

The balance sheet shows the value as at 31 March 2016 of the assets and liabilities recognised by the IJB. The net assets of the IJB are matched by the reserves held by the IJB.

31 March 2015 £m		Note	31 March 2016 £m
-			
	Short-term debtors	4	0.073
-	Current assets		0.073
-			
	Short-term creditors	5	(0.073)
-	Current liabilities		(0.073)
-			
-	Net Assets		-
-			
	Usable reserves		-
-	Total reserves		-

The unaudited accounts were authorised for issue on 28th June 2016 by Dave Berry, Chief Finance Officer

Balance Sheet signed by:

Dave Berry

Chief Finance Officer

Note 1 Accounting Policies

General Principles

The Annual Accounts summarises the Integration Joint Board's transactions for the 2015/16 financial year and its position at the year-end of 31 March 2016. The Board is required to prepare Annual Accounts by The Local Authority Accounts (Scotland) Regulations 2014. Section 12 of the Local Government in Scotland Act 2003 requires that they be prepared in accordance with proper accounting practices. These practices primarily comprise the Code of Practice on Local Authority Accounting in the United Kingdom and the Service Reporting Code of Practice, supported by International Financial Reporting Standards (IFRS) and recommendations made by the Local Authority (Scotland) Accounts Advisory Committee (LASAAC). The accounting convention adopted in the Annual Accounts is principally historical cost and on a going concern basis.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when cash payments are made or received. In particular where income and expenditure have been recognised but cash has not been received or paid, a debtor or creditor for the relevant amount is recorded in the Balance Sheet.

Changes in Accounting Policies and Estimates and Errors

Changes in accounting policies are only made when required by proper accounting practices or when the change provides more reliable or relevant information about the effect of transactions, other events and conditions on the Integration Joint Board's financial position or financial performance. Where there has been a change in accounting policy, that change will be applied retrospectively by adjusting opening balances and comparative amounts for the prior period as if the new policy had always been applied. Where there has been a change in accounting estimate, that change will be applied prospectively, i.e. in the current and future years affected by the change. Where a material misstatement or omission has been discovered relating to a prior period, that misstatement or omission will be restated unless it is impracticable to do so.

Events after the Balance Sheet date

Events after the reporting period are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts are authorised for issue. There are two types of events:

- Adjusting events – those that provide evidence of conditions that existed at the end of the reporting period, and the Annual Accounts are adjusted to reflect such events
- Non-adjusting events – those that are indicative of conditions that arose after the reporting period, and the Annual Accounts are not adjusted reflect such events, but where a category of events would have a material effect disclosure is made in the notes of the nature of the events and their estimated financial effect.

Events taking place after the date of authorisation for issue are not reflected in the Annual Accounts.

Provisions

Provisions are made where an event has taken place that gives the Integration Joint Board a legal or constructive obligation that probably requires settlement by a transfer of economic benefits or service potential, and a reliable estimate can be made of the amount of the obligation. Provisions are charged as an expense to the appropriate service line in the Comprehensive Income and Expenditure Statement. When payments are eventually made, they are charged to the provision carried in the Balance Sheet. Estimated settlements are reviewed at the end of each financial year.

VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

Note 2 Accounting Standards Issued not Adopted

The code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. This applies to the adoption of the following new or amended standards within the 2016/2017 code:

- Amendment to IAS1 Presentation of Financial Statements (Disclosure Initiatives)
- Changes to the format of the Comprehensive Income and Expenditure Statement

The code requires implementation from 1 April 2016 and there is therefore no impact on the 2015/2016 financial statements.

Note 3 Events after the balance sheet date

The Chief Finance Officer, being the officer responsible for the IJB's financial affairs, signed the unaudited Annual Accounts on 28th June 2016. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2016, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

Note 4 Debtors

31 March 2015		31 March 2016
£m		£m
-	Central government bodies	-
-	NHS bodies	0.073
-	Other local authorities	-
-	Other entities and individuals	-
-	Total debtors	0.073

Note 5 Creditors

31 March 2015		31 March 2016
£m		£m
-	Central government bodies	0.006
-	NHS bodies	0.039
-	Other local authorities	0.028
-	Other entities and individuals	-
-	Total creditors	0.073

Note 6 Related parties

The IJB's related parties are those bodies or individuals that have the potential to control or significantly influence the IJB, or to be controlled or significantly influenced by the IJB, or where those individuals or bodies and the IJB are subject to common control. The IJB is required to disclose material transactions that have occurred with related parties and the amount of any material sums due to or from related parties. Related party relationships require to be disclosed where control exists, irrespective of whether there have been transactions between the related parties. Disclosure of this information allows readers to assess the extent to which the IJB might have been constrained in its ability to operate independently or might have secured the ability to limit another party's ability to bargain freely with them.

NHS Tayside and Dundee City Council

NHS Tayside and Dundee City Council provide all of the IJB's funding for 2015/16 on an equal basis.

The IJB's expenditure figure for 2015/16 of £146k consisted of expenditure incurred by Dundee City Council of £101k and expenditure incurred by NHS Tayside of £39k with an IJB audit fee due of £6k. The IJB's income figure for 2015/16 of £146k consisted of £73k from NHS Tayside and £73k from Dundee City Council.

The IJB's short term creditor figure of £73k relates to audit fees, outstanding payments due to NHS Tayside of £39k and cash balance due to Dundee City Council. The IJB's short term debtor of £73k relates to outstanding recharges to NHS Tayside.

Note 7 External audit costs

Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's *Code of Audit Practice* in 2015-2016 were £6k. There were no fees paid to Audit Scotland in respect of any other services.

Note 8 Contingent assets and liabilities

A contingent asset or liability arises where an event has taken place that gives the IJB a potential obligation or benefit whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the IJB. Contingent assets or liabilities also arise where a provision would otherwise be made but, either it is not probable that an outflow of resource will be required or the amount of the obligation cannot be measured reliably.

Contingent assets and liabilities are not recognised in the Balance Sheet but disclosed in a note to the Accounts when they are deemed to be material.

8.1 Clinical and Medical Negligence

Dundee IJB provides clinical services to patients under the statutory responsibility of NHS Tayside. In connection with this, it is responsible for any claims for medical negligence arising from the services it commissions, up to a specific threshold per claim. For claims in excess of this

threshold NHS Tayside and IJB are members of the 'Clinical Negligence and Other Risks Indemnity Scheme' (CNORIS). This is a risk transfer and financing scheme which was established in 1999 for NHS organisations in Scotland, the primary objective of which is to provide a cost effective risk pooling and claims management arrangement for those organisations which it covers.

The Regulations governing the CNORIS Scheme were amended on 3 April 2015 so that Integration Joint Boards and Local Authorities could apply to the Scottish Ministers to become members of the Scheme.

CNORIS provides indemnity to member organisations in relation to Employer's Liability, Public/Product Liability and Professional Indemnity type risks (inter alia) no less wider than that generally available within the commercial insurance market.

NHS Tayside (through CNORIS) and Dundee City Council already have relevant insurance cover in place; this will remain in place to cover the employees who are employed by and the services that are delivered by those organisations.

Dundee IJB has joined the CNORIS scheme to cover for Board members at this stage at a cost of £3,000 per annum.

The IJB are required to make provision for any claims notified by the NHS Central Legal Office according to the value and probability of settlement. Where a claim is not provided for in full, the balance would be included as a contingent liability. The corresponding recovery from CNORIS in respect of amounts provided for would be recorded as a debtor and that in respect of amounts disclosed as contingent liabilities are disclosed as contingent assets.

Dundee Health and Social Care Integration Joint Board

Audit strategy and plan overview

Period ending 31 March 2016

DRAFT: 14 April 2016

Contents

DRAFT



1. 2015-16 AUDIT STRATEGY ON A PAGE



2. SCOPING AND PURPOSE



3. SIGNIFICANT RISKS AND OTHER FOCUS AREAS



APPENDICES

About this report

This report has been prepared in accordance with the responsibilities set out within the Audit Scotland's *Code of Audit Practice* ("the Code").

This report is for the benefit of Dundee Health and Social Care Integration Joint Board ("the IJB") and is made available to Audit Scotland and the Controller of Audit (together "the Beneficiaries"). This report has not been designed to be of benefit to anyone except the Beneficiaries. In preparing this report we have not taken into account the interests, needs or circumstances of anyone apart from the Beneficiaries, even though we may have been aware that others might read this report. We have prepared this report for the benefit of the Beneficiaries alone.

Nothing in this report constitutes an opinion on a valuation or legal advice.

We have not verified the reliability or accuracy of any information obtained in the course of our work, other than in the limited circumstances set out in the scoping and purpose section of this report.

This report is not suitable to be relied on by any party wishing to acquire rights against KPMG LLP (other than the Beneficiaries) for any purpose or in any context. Any party other than the Beneficiaries that obtains access to this report or a copy (under the Freedom of Information Act 2000, the Freedom of Information (Scotland) Act 2002, through a Beneficiary's Publication Scheme or otherwise) and chooses to rely on this report (or any part of it) does so at its own risk. To the fullest extent permitted by law, KPMG LLP does not assume any responsibility and will not accept any liability in respect of this report to any party other than the Beneficiaries.

Complaints

If at any time you would like to discuss with us how our services can be improved or if you have a complaint about them, you are invited to contact Hugh Harvie, who is the engagement leader for our services to the IJB, telephone 0131 527 6682 email: hugh.harvie@kpmg.co.uk who will try to resolve your complaint. If your problem is not resolved, you should contact Alex Sanderson, our Head of Audit in Scotland, either by writing to him at Saltire Court, 20 Castle Terrace, Edinburgh, EH1 2EG or by telephoning 0131 527 6720 or email to alex.sanderson@kpmg.co.uk. We will investigate any complaint promptly and do what we can to resolve the difficulties. After this, if you are still dissatisfied with how your complaint has been handled you can refer the matter to Russell Frith, Assistant Auditor General, Audit Scotland, 4th Floor, 102 West Port, Edinburgh, EH3 9DN.

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SIGNIFICANT RISKS AND OTHER MATTERS



From discussions with the Chief Officer and Chief Finance Officer and from our knowledge of the IJB, we have considered areas of risk and audit focus. We have identified fraud risk from management override of controls as a significant audit risk. We do not regard fraud risk from revenue recognition as significant.

One other audit focus area has been identified being in respect of the first time preparation of financial statements.

MATERIALITY

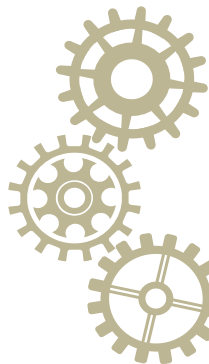
MATERIALITY

£1,000

REPORTING THRESHOLD

£1

FINANCIAL STATEMENTS PREPARATION



The IJB is required to prepare financial statements for the period ending 31 March 2016, following the Code of Practice on Local Authority Accounting in the United Kingdom 2015-16 ("the 2015-16 Code").

Whilst we do not anticipate a high volume of transactions in 2015-16, there may be some running costs for the period. The IJB is required to follow the Local Authority Accounts (Scotland) Regulations 2014. This requires the inclusion of a management commentary and remuneration report, and submission of the draft accounts by 30 June 2016.

KPMG TEAM



The audit team is composed of:

- Hugh Harvie – engagement partner;
- Andy Shaw – engagement director;
- Michael Wilkie – engagement manager;
- Natalie Dyce – audit in-charge.

The team brings knowledge and understanding from the audit of Dundee City Council.

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Scoping and purpose

The Accounts Commission has appointed KPMG LLP as auditor of the Dundee Heath and Social Care Integration Joint Board (“the IJB”) under the Local Government (Scotland) Act 1973 (“the Act”). This document describes how we will deliver our audit to the IJB. It summarises our responsibilities as external auditor and our intended approach. The main purpose of our audit is to issue a report to the IJB as to whether in our opinion the financial statements:

- give a true and fair view in accordance with applicable law and the 2015-16 Code of the state of the affairs of the IJB as at 31 March 2016 and of the income and expenditure of the IJB for the year then ended; and
- have been prepared in accordance with IFRS as adopted by the European Union, as interpreted and adapted by the 2015-16 Code, the requirements of the Local Government (Scotland) Act 1973, the Local Authority Accounts (Scotland) Regulations 2014 and the Local Government Scotland Act 2003.

Auditors and audited bodies’ responsibilities are set out in Audit Scotland’s Code of Audit Practice (“the Code”). This Code states the responsibilities in relation to:

- the financial statements;
- corporate governance and systems of internal control;
- prevention and detection of fraud and irregularities;
- standards of conduct and arrangements for the prevention and detection of bribery and corruption;
- arrangements for preparing and publishing statutory performance information;
- financial position; and
- Best Value, uses of resources and performance.

These responsibilities are outlined in appendix four.

Context

In March 2014 the Public Bodies (Joint Working) (Scotland) Act was passed by the Scottish Government. This required all Councils and NHS Boards to formally and legally establish integration of health and social care by April 2016. The integration scheme for Dundee City was approved by Scottish Government in September 2015. The IJB was formally established on 3 October 2015.

Whilst there is no transfer of functions until 1 April 2016, the IJB is required to prepare financial statements for 2015-16, following the 2015-16 Code. Guidance was issued by The Local Authority (Scotland) Accounts Advisory Committee (“LASAAC”) in September 2015 on the expected content of the IJB accounts. The LASAAC guidance states that IJBs should comply with the Local Authority Accounts (Scotland) Regulations 2014, which includes the preparation of a remuneration report. The IJB appointed a Chief Officer and Chief Finance Officer. We would expect the Chief Officer to be included within the remuneration report.

Materiality

Audit differences will be raised with the IJB if they are material in size or nature. For 2015-16 we consider individual or aggregated financial statement errors of over £1,000 to be material.

To the extent that we identify misstatements above £1 we report them to the IJB and assess whether the misstatement is indicative of a significantly deficient or materially weak control environment.

We recognise that matters can be important because of their nature regardless of their size, for example misstatements to key disclosures such as remuneration and related parties, and we will also report these to the IJB.

We will reassess the amount of materiality once draft financial statements are received.

Significant risks and audit focus areas

International Standard on Auditing (UK and Ireland) 315: *Identifying and assessing risks of material misstatement through understanding the entity and its environment* requires the auditor to determine whether any of the risks identified as part of risk assessment are significant risks and therefore requiring specific audit consideration.

Professional standards require us to make a rebuttable presumption that the fraud risk from income recognition is a significant risk. As the IJB is not operational in 2015-16, it is not receiving income for operations and therefore we do not consider fraud risk from revenue recognition to be significant. We do not anticipate any income in the 2015-16 financial statements. We will consider any income received post year end and ensure it is accounted for in the correct period.

We have set out our assessment of significant risks below, along with other audit focus areas.

RISK	WHY	AUDIT APPROACH
Fraud risk from management override of controls	Professional standards require us to communicate the fraud risk from management override of controls as a significant risk; as management is typically in a unique position to perpetrate fraud because of its ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.	<ul style="list-style-type: none"> Our audit methodology incorporates the risk of management override as a default significant risk. We have not identified any specific additional risks of management override relating to the audit of the IJB.
FOCUS AREA	WHY	AUDIT APPROACH
First year financial statements preparation	2015-16 is the first period of the preparation of the IJB's financial statements. There are not expected to be a high number of transactions in 2015-16, however the disclosure requirement of the 2015-16 Code, the Local Authority Accounts (Scotland) Regulations and any other guidance need to be met.	<ul style="list-style-type: none"> We will review the disclosures in the financial statements against the 2015-16 Code, the Local Authority Accounts (Scotland) Regulations 2014 and any other relevant guidance. We will consider the officers disclosed in the remuneration report, to ensure they are appropriate and agree amounts to supporting documentation.

Appendices

Audit outputs and fees

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Output	Description	Report date
Audit strategy	<ul style="list-style-type: none"> Our strategy for the external audit of the IJB, including significant risk and audit focus areas. 	<ul style="list-style-type: none"> By 30 April 2016
Submit fraud returns	<ul style="list-style-type: none"> We report on any frauds over £5,000. 	<ul style="list-style-type: none"> By 27 May 2016
Independent auditor's report	<ul style="list-style-type: none"> Our opinion on the IJB's financial statements. 	<ul style="list-style-type: none"> By 30 September 2016
Annual audit report to the IJB and the Controller of Audit	<ul style="list-style-type: none"> We summarise our findings from our work during the year. 	<ul style="list-style-type: none"> By 30 September 2016

Fees

We have agreed a fee for the audit of the IJB of £5,740 for 2015-16.

Mandated communications with the Audit and Risk Committee

DRAFT

Matters to be communicated	Link to Audit Committee papers
Independence and our quality procedures ISA 260 (UK and Ireland).	<ul style="list-style-type: none"> ■ See next page
The general approach and overall scope of the audit, including levels of materiality, fraud and the engagement letter ISA 260 (UK and Ireland).	<ul style="list-style-type: none"> ■ Main body of this paper
<ul style="list-style-type: none"> ■ Disagreement with management about matters that, individually or in aggregate, could be significant to the entity's financial statements or the auditor's report, and their resolution (AU 380). 	<ul style="list-style-type: none"> ■ In the event of such matters of significance we would expect to communicate with the IJB throughout the year.
<ul style="list-style-type: none"> ■ Significant difficulties we encountered during the audit. ■ Significant matters discussed, or subject to correspondence, with management (ISA 260). 	<ul style="list-style-type: none"> ■ Formal reporting will be included in our audit highlights memorandum in September 2016, for the IJB meeting, which focuses on the financial statements.
<ul style="list-style-type: none"> ■ Our views about the qualitative aspects of the entity's accounting and financial reporting. ■ The potential effect on the financial statements of any material risks and exposures, such as pending litigation, that are required to be disclosed in the financial statements (ISA 260 and ISA 540). 	
<ul style="list-style-type: none"> ■ Audit adjustments, whether or not recorded by the entity, that have, or could have, a material effect on its financial statements. We will request you to correct material uncorrected misstatements (including disclosure misstatements) (ISA 450). 	
<ul style="list-style-type: none"> ■ The selection of, or changes in, significant accounting policies and practices that have, or could have, a material effect on the entity's financial statements (ISA 570). 	
<ul style="list-style-type: none"> ■ Material uncertainties related to events and conditions that may cast significant doubt on the entity's ability to continue as a going concern (ISA 570). 	
<ul style="list-style-type: none"> ■ Expected modifications to the auditor's report (ISA 705). 	
<ul style="list-style-type: none"> ■ Related party transactions that are not appropriately disclosed (ISA 550) 	

DRAFT

Professional ethical standards require us to communicate to you as part of planning all significant facts and matters, including those related to the provision of non-audit services and the safeguards put in place that, in our professional judgement, may reasonably be thought to bear on KPMG LLP's independence and the objectivity of Hugh Harvie and the audit team. This letter is intended to comply with this requirement although we will communicate any significant judgements made about threats to objectivity and independence and the appropriateness of safeguards put in place.

This letter is intended to comply with this requirement and facilitate a subsequent discussion with you on audit independence and addresses:

General procedures to safeguard independence and objectivity

KPMG LLP is committed to being and being seen to be independent. As part of our ethics and independence policies, all KPMG LLP partners, directors and staff annually confirm their compliance with our ethics and independence policies and procedures including in particular that they have no prohibited shareholdings. Our ethics and independence policies and procedures are fully consistent with the requirements of the APB Ethical Standards. As a result we have underlying safeguards in place to maintain independence through:

- Instilling professional values;
- Communications;
- Internal accountability;
- Risk management; and
- Independent reviews.

We are satisfied that our general procedures support our independence and objectivity

Confirmation of our audit independence

We confirm that as at 14 April 2016, in our professional judgement, KPMG LLP is independent within the meaning of regulatory and professional requirements and the objectivity of Hugh Harvie and the audit team is not impaired.

This report is intended solely for the information of the IJB and should not be used for any other purposes.

Please inform us if you would like to discuss any of these aspects of our procedures in more detail.

Yours faithfully

KPMG LLP

Audit Scotland code of audit practice – responsibilities of auditors and management

Responsibilities of auditors

Responsibilities of management

Financial statements

Auditors are required to audit financial statements in accordance with the timescales set by Audit Scotland, which may be shorter than statutory requirements, and give an opinion on:

- whether they give a true and fair view of the financial position of audited bodies and their expenditure and income; and
- whether they have been properly prepared in accordance with relevant legislation, the applicable accounting framework and other reporting requirements.

Auditors should review and report on, as appropriate, other information published with the financial statements, including the directors' report, annual governance statement, statement on internal control or statement on internal financial control and the remuneration report.

Where required, auditors should also review and report on the Whole of Government Accounts return.

Audited bodies' financial statements are an essential part of accounting for their stewardship of the resources made available to them and their performance in the use of those resources. Audited bodies are responsible for:

- ensuring the regularity of transactions, by putting in place systems of internal control to ensure that they are in accordance with the appropriate authority;
- maintaining proper accounting records;
- preparing financial statements which give a true and fair view of their financial position and their expenditure and income, in accordance with the relevant financial reporting framework (eg, the Financial Reporting Manual or an Accounting Code of Practice);
- preparing and publishing with their financial statements an annual governance statement, statement on internal control or statement on internal financial control and a remuneration report; and
- preparing consolidation packs and, in larger bodies, preparing a Whole of Government Accounts return.

Corporate governance arrangements

Consistent with the wider scope of public audit, the Code gives auditors a responsibility to review and report on audited bodies' corporate governance arrangements as they relate to:

- bodies' reviews of corporate governance and systems of internal control, including their reporting arrangements
- the prevention and detection of fraud and irregularity
- standards of conduct and arrangements for the prevention and detection of corruption; and
- the financial position of audited bodies.

Through its chief executive or accountable officer, each body is responsible for establishing arrangements for ensuring the proper conduct of its affairs including the legality of activities and transactions, and for monitoring the adequacy and effectiveness of these arrangements. Audited bodies usually involve those charged with governance (including audit committees or similar groups) in monitoring these arrangements.

Audit Scotland code of audit practice – responsibilities of auditors and management

Responsibilities of auditors	Responsibilities of management
Systems of internal control	
Auditors are required to review and report on the compliance statements given by bodies under the relevant code or framework before their publication. This is discharged by reviewing and, where appropriate, examining evidence relevant to audited bodies' arrangements in accordance with any guidance issued by Audit Scotland. Auditors are not required to consider whether the statements cover all risks and controls, or form an opinion on the effectiveness of procedures, but report where compliance statements are not consistent with their knowledge of the body.	Audited bodies are responsible for developing and implementing systems of internal control, including risk management, financial, operational and compliance controls. They are required to conduct annual reviews of the effectiveness of their governance, systems of internal control, or internal financial control, and report publicly that they have done so. Such reviews should take account of the work of internal audit and be carried out by those charged with governance, usually through bodies' audit committees.
Prevention and detection of fraud and irregularities	
Auditors should review and report on these arrangements. While auditors do not substitute for audited bodies own responsibilities, and are not responsible for preventing or detecting fraud or irregularity, they should be alert to the potential for breaches of procedures, and of fraud and irregularity. Auditors examine evidence that is relevant to these arrangements, particularly aspects of internal financial control such as segregation of duties, authorisation and approval processes and reconciliation procedures.	<p>Audited bodies are responsible for establishing arrangements to prevent and detect fraud and other irregularity. This includes:</p> <ul style="list-style-type: none"> ■ developing, promoting and monitoring compliance with standing orders and financial instructions; ■ developing and implementing strategies to prevent and detect fraud and other irregularity; ■ receiving and investigating alleged breaches of proper standards of financial conduct or fraud and irregularity; and ■ participating, when required, in data matching exercises carried out by Audit Scotland.

Audit Scotland code of audit practice – responsibilities of auditors and management

Responsibilities of auditors

Responsibilities of management

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

Auditors should consider whether bodies have adequate arrangements in place to maintain and promote proper standards of financial conduct and to prevent and detect bribery and corruption. Auditors review and, where appropriate, examine evidence that is relevant to these arrangements and reporting their findings.

While auditors are not responsible for preventing or detecting failure to maintain an appropriate level of integrity and openness, they should be alert to the potential for corruption and breaches of standards of conduct in all aspects of their work. If weaknesses in arrangements are identified or notified, auditors should report them promptly to management or those charged with governance.

Audited bodies are responsible for ensuring that their affairs are managed in accordance with proper standards of conduct and should put proper arrangements in place for:

- implementing and monitoring compliance with appropriate guidance on standards of conduct and codes of conduct for members and officers;
- promoting appropriate values and standards; and
- developing, promoting and monitoring compliance with standing orders and financial instructions.

Financial position

Auditors should consider whether audited bodies have established adequate arrangements to ensure that their financial position is soundly based, where appropriate, examining evidence that is relevant to the arrangements.

Auditors should have regard to audited bodies’:

- financial performance in the period under audit
- compliance with any statutory financial requirements and financial targets
- ability to meet known or contingent statutory and other financial obligations
- responses to developments which may have an impact on their financial position; and
- financial plans for future periods.

Audited bodies are responsible for conducting their affairs and for putting in place proper arrangements to ensure that their financial position is soundly based having regard to:

- such financial monitoring and reporting arrangements as may be specified;
- compliance with any statutory financial requirements and achievement of financial targets;
- balances and reserves, including strategies about levels and future use; and
- the impact of planned future policies and foreseeable developments on their financial position.

Audit Scotland code of audit practice – responsibilities of auditors and management

Responsibilities of auditors

Responsibilities of management

Best Value, use of resources and performance

The Local Government (Scotland) Act 1973 places a duty on the auditors of local government bodies to be satisfied that proper arrangements have been made for securing Best Value and complying with responsibilities relating to community planning.

Auditors of local government bodies also have a responsibility to review and report on the arrangements that specified audited bodies have made to prepare and publish performance information in accordance with directions issued by the Accounts Commission.

Auditors should undertake appropriate work to satisfy themselves that bodies have put in place adequate arrangements for the collection, recording and publication of statutory performance information by reviewing and examining evidence that is relevant to these arrangements in accordance with any guidance issued by Audit Scotland.

Local authorities have a statutory duty to make arrangements to secure Best Value; defined as the continuous improvement in the performance of functions. In securing Best Value, local authorities must maintain a balance of quality and cost considerations and have regard, among other things, to economy, efficiency and effectiveness (or 'value for money') and the need to meet equal opportunity requirements and contribute to the achievement of sustainable development. Local authorities also have a duty for community planning, which is to initiate, maintain and facilitate consultation among and with public bodies, community bodies and others about the provision of services in the area of the local authority and the planning of that provision.

Achievement of Best Value or value for money depends on the existence of sound management arrangements for services, including procedures for planning, appraisal, authorisation and control, accountability and evaluation of the use of resources. Audited bodies are responsible for ensuring that these matters are given due priority and resources, and that proper procedures are established and operate satisfactorily.

The Local Government Act 1992 requires the Accounts Commission to specify information which local authorities must publish about their performance.



cutting through complexity

The contacts at KPMG in connection with this report are:

Hugh Harvie

Partner

Tel: 0131 527 6682

hugh.harvie@kpmg.co.uk

Andy Shaw

Director

Tel: 0131 527 6673

andrew.shaw@kpmg.co.uk

Michael Wilkie

Senior Manager

Tel: 0141 300 5890

michael.wilkie@kpmg.co.uk

Natalie Dyce

Assistant Manager

Tel: 0141 300 5746

natalie.dyce@kpmg.co.uk

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Clerk:
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

21st June, 2016

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER
REPRESENTATIVES OF THE DUNDEE CITY HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I would like to invite you to attend a meeting of the above Integration Joint Board which is to be held in Committee Room 1, 14 City Square, Dundee on Tuesday 28th June, 2016 at 4.00pm.

Apologies for absence should be intimated 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

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

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

3 MINUTE OF PREVIOUS MEETING - Page 1

The minute of the meeting of the Integration Joint Board held on 4th May, 2016 is submitted for approval, copy attached.

4 PRESENTATIONS

(a) ADVICE SERVICES WITHIN PRIMARY CARE IN DUNDEE - GP SURGERY CO-LOCATION MODEL

(Presentation by Craig Mason, Welfare Rights Team, Dundee City Council).

(b) A FAIR WAY TO GO - REPORT OF THE DUNDEE FAIRNESS COMMISSION

(Presentation by Councillor Jimmy Black, Chair, Dundee Fairness Commission).

5 HEALTH INEQUALITIES AND EARLY INTERVENTION - Page 9

(Report No DIJB26-2016 by Chief Officer, attached).

6 DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT REPORT 2015/2016 - Page 11

(Report No DIJB33-2016 by Chief Finance Officer, attached).

7 DRAFT ANNUAL ACCOUNTS 2015/16

(Report No DIJB33-2016 by Chief Finance Officer, to follow).

8 INTERNAL AUDIT REPORT ON HEALTH AND SOCIAL CARE INTEGRATION - FINANCIAL ASSURANCE/DUE DILIGENCE - Page 21

(Report No DIJB16-2016 by Chief Finance Officer, attached).

9 COMMUNITY REHABILITATION AND ENABLEMENT PROJECT - Page 37

(Report No DIJB28-2016 by Chief Officer, attached).

10 JOINT DUNDEE AND ANGUS EQUIPMENT LOAN SERVICE PROPOSAL - Page 41

(Report No DIJB29-2016 by Chief Officer, attached).

11 CARERS (SCOTLAND) ACT 2016 - Page 49

(Report No DIJB30-2016 by Chief Officer, attached).

12 COMPLAINTS PROCEDURES AND SYSTEMS - Page 55

(Report No DIJB31-2016 by Chief Finance Officer, attached).

13 CODE OF CONDUCT

Reference is made to Article XV(b) of the minute of meeting of this Integration Joint Board held on 4th May, 2016.

It is reported that the Scottish Government have now approved the draft Code of Conduct and the Clerk will make arrangements to issue a copy to all Members and to place the Code on the Board's webpage.

The Clerk will also arrange for Members to complete their Register of Interests and place these on the Board's webpage, again for public reference.

14 DATE OF NEXT MEETING

The next meeting of the Integration Joint Board will be held in Committee Room 1, 14 City Square, Dundee on Tuesday 29th August, 2016 at 4.00pm.

The Integration Joint Board may resolve under Section 50(A)(4) of the Local Government (Scotland) Act 1973 that the press and public be excluded from the meeting for the undernoted item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraphs (3, 6, and 9) of Part I of Schedule 7A of the Act.

15 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP - SERVICE REDESIGN PROPOSALS



At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 4th May, 2016.

Present:-

Members

Role

Doug CROSS (<i>Chair</i>)	Nominated by Health Board (Non Executive Member)
Judith GOLDEN	Nominated by Health Board (Non Executive Member)
Munwar HUSSAIN	Nominated by Health Board (Non Executive Member)
Ken LYNN (<i>Vice Chair</i>)	Nominated by Dundee City Council (Elected Member)
Stewart HUNTER	Nominated by Dundee City Council (Elected Member)
David BOWES	Nominated by Dundee City Council (Elected Member)
David W LYNCH	Chief Officer
Dave BERRY	Chief Finance Officer
Eileen MCKENNA	Registered Nurse
Cesar RODRIGUEZ	Registered Medical Practitioner (not providing primary medical services)
Drew WALKER	Director of Public Health
Barbara TUCKER	Staff Partnership Representative
Martyn SLOAN	Carer Representative (persons providing unpaid care in the area of the local authority)
Andrew JACK	Service User Representative (service users residing in the area of the local authority)

Also attending:-

Diane McCULLOCH	Dundee Health and Social Care Partnership
Lucy RENNIE	Dundee Health and Social Care Partnership
Heather GUNN	Dundee Health and Social Care Partnership
Christina COOPER	Dundee Voluntary Action
Merrill SMITH	Dundee City Council, (Corporate Communications)

Doug CROSS, Chairperson, in the Chair.

Prior to the commencement of business the Chair welcomed Martyn Sloan and Andrew Jack to the meeting and advised of their appointment as members of the Integration Joint Board in their capacity as representatives for service users and carers. The Chair also advised the Integration Joint Board of a series of personnel matters within the Dundee Health and Social Care Partnership. The Integration Joint Board noted that Lucy Rennie had been appointed to the position of Head of Strategic Planning, Health Improvement and Commissioning and Dr David Shaw had been appointed to the position of Clinical Director and that appointments to the next tier of officers would now be progressed.

In addition, the Chair advised of the retiral of Dr David Dorward who previously held the position of Clinical Director within NHS Tayside and, paid tribute for the contribution he had made in that role and also during his tenure as a member of the Integration Joint Board.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Jane Martin, Chief Social Work Officer Jim McFarlane, Trade Union Representative and Christine Lowden, Third Sector Representative.

II DECLARATION OF INTEREST

Munwar Hussain declared a non-financial interest in relation to the item of business at Article VIII of this minute by virtue of his appointment as a Board member of Hillcrest Housing Association.

III MINUTES OF PREVIOUS MEETINGS

- (a) The minute of the meeting of the Integration Joint Board held on 23rd February, 2016 was submitted and approved.
- (b) The minute of the special meeting of the Integration Joint Board held on 15th March, 2016 was submitted and approved.

IV INTEGRATED CARE FUND SHOWCASE – HOME FROM HOSPITAL SERVICE (ROYAL VOLUNTARY SERVICE)

Christina Cooper, Project Co-Ordinator, Dundee Voluntary Action gave a presentation on the Home from Hospital Service operated in Dundee which was provided by the Royal Voluntary Service.

HOME FROM HOSPITAL SERVICE - BACKGROUND TO ESTABLISHMENT

It was reported that the Royal Voluntary Service was founded in 1938 by Stella Reading. There were currently 35,000 volunteers in the UK supporting over 100,000 people. The Reshaping care programme aimed to help people keep independent and well so that they could stay in their own home for longer. A key concept of this was the involvement of all stakeholders including health, social care, third sector and representatives from celebrate age network in every level of the designing and delivery of services.

This lead to the establishment of the home from hospital service which was implemented in August 2014. This service was initially funded through capacity building fund. Applications had been made to continue the project with support through the integrated care fund.

HOME FROM HOSPITAL SERVICE - AIMS AND OPERATION

The aims of the service were to provide practical and emotional support to patients on their return from hospital; promote independence and choice; enable individuals to stay in their own home and settle back in to their community; and support the transition from hospital to home at optimum moment when ready for discharge.

Presently the Dundee Service had 37 volunteers who supported 66 individuals which amounted to 1546 volunteer hours. Period of Service was usually over a six week period. Visits were tailored to suit the individual and lasted approximately 1.5 hours. There was an open referral process and individuals may make a self referral or be referred through Ninewells Hospital, the Bluebell Unit or the Royal Victoria Hospital.

HOME FROM HOSPITAL SERVICE - BENEFITS

The home from hospital service had a positive impact on society and supported the following:-

- Reduce the need for hospital readmission and other forms of care
- Rebuild confidence and independence
- Reduce social isolation and loneliness
- Improve quality of life

There were also benefits to the volunteer:-

- Sense of purpose
- Active role in society
- Remain fit and active
- Asset based - from needy to recovery
- Increased confidence
- Reduce social isolation and loneliness

The Integration Joint Board agreed to note the content of the presentation and the positive impact this method of service delivery had within the communities of Dundee and the individuals who used the service.

V PLANNING FOR ADDITIONAL RESOURCES

There was submitted Report No DIJB15-2016 by the Chief Officer advising the Integration Joint Board of the available additional resources and how these would be allocated to take forward the key priorities.

The Integration Joint Board agreed:-

- (i) to note the confirmed Dundee partnership fund allocation of the Integrated Care Fund, the Delayed Discharge Fund and the Integration Fund;
- (ii) to approve the proposed approach to the allocation of the resources against four work areas as indicated in Appendix 1 of the report;
- (iii) to approve the proposed governance arrangements for the management of the resources as indicated at paragraph 4.4.2 of the report;
- (iv) to approve the proposed funding recommendations for years two and three of the Integrated Care Fund as indicated in Appendix 3 of the report;
- (v) to instruct the Chief Officer to issue directions to Dundee City Council and NHS Tayside in respect of these matters; and
- (vi) to instruct the Chief Officer to seek new proposals for the balance of the Integrated Care Fund to meet the priorities of the Dundee Strategic and Commissioning Plan.

The Integration Joint Board further agreed that update reports on the Delayed Discharge Improvement Plan be submitted to the Integration Joint Board on a biannual basis.

VI INTEGRATION JOINT BOARD FINANCIAL REGULATIONS

There was submitted Report No DIJB3-2016 by the Chief Finance Officer presenting the Integrated Joint Board with a set of Financial Regulations for consideration and requesting that these were adopted as a key element of the Integration Joint Board's governance arrangements.

The Integration Joint Board agreed to note and adopt the Financial Regulations which were attached to the report as Appendix 1 subject to amendment to Section 6.8 entitled "Virement (In Year) Integration Budget" reducing delegation to the Chief Officer in relation to budget virement from £1,000,000 to £500,000 and that any further requirement for virement up to £1,000,000 be subject to consultation with the Chair and Vice Chair and that as such paragraph 6.8 would now read as follows:

"The IJBCO, in consultation with the IJBCFO, can undertake budget virement of up to and including £500,000 under delegated authority with the requirement to further virement up to £1,000,000 in consultation with the Chair and Vice Chair subject to this virement not impacting upon current IJB, Council or NHS policies and must be consistent with the aims of the Strategic Plan. Individual virements in excess of £100,000 must subsequently be reported to the IJB for noting through the budget monitoring reports. Budget virement in excess of this sum requires approval of the IJB."

VII INTERNAL AUDIT ARRANGEMENTS 2016/17

There was submitted Report No DIJB9-2016 setting out proposed arrangements for the provision of Internal Audit services to the Integration Joint Board for 2016/17 and to request that the Integration Joint Board considered the creation of a Performance and Audit Committee.

The Integration Joint Board agreed:-

- (i) to note the requirement to ensure that adequate and proportionate internal audit arrangements were in place for the Integration Joint Board;
- (ii) to provide delegated authority to the Chief Officer and Chief Finance Officer to conclude discussions with Fife, Tayside and Forth Valley Management Services (FTF) and Dundee City Council for the provision of internal audit and services for 2016/17; and
- (iii) to establish a Performance and Audit Committee to enable appropriate scrutiny of performance and audit issues and instruct the Chief Officer to bring back a report to a future meeting of the Integration Joint Board outlining the proposed membership of the Committee and proposed governance arrangements.

VIII DUNDEE REGISTERED SERVICES FOR ADULTS (EXCLUDING CARE HOMES)

There was submitted Report No DIJB17-2016 by the Chief Officer summarising for the Integration Joint Board the gradings awarded by the Care Inspectorate to Dundee registered care services for adults (excluding care homes). It was reported that in order to provide a comparison, the information was based on the last two inspections for each service.

The Integration Joint Board agreed to note the gradings awarded as detailed in the Performance Report which was attached to the report as Appendix 1 and highlighted in paragraph 4.3 of the report.

IX OUTCOME OF CARE INSPECTORATE INSPECTION – HOME CARE EAST SERVICE

There was submitted Report No DIJB18-2016 by the Chief Officer advising the Integration Joint Board of the outcome of the Care Inspectorate inspection of the Home Care East Service, which was undertaken from 5th January, 2016. The report outlined the findings of the Care Inspectorate and gave a summary of the grades achieved.

The Integration Joint Board agreed:-

- (i) to note the contents of the report and the content of the inspection report which was attached to the report as Appendix 1;
- (ii) to note the recommendations as outlined in paragraph 4.2.1 of the report; and
- (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 Integration Joint Board further agreed to record their appreciation and thanks to the service staff for the contribution they had made towards achieving the positive outcomes as indicated in the report.

X OUTCOME OF CARE INSPECTORATE INSPECTION – HOME CARE WEST SERVICE

There was submitted Report No DIJB19-2016 by the Chief Officer advising the Integration Joint Board of the outcome of the Care Inspectorate inspection of the Home Care West Service. The report outlined the findings of the Care Inspectorate and gave a summary of the grades achieved.

The Integration Joint Board agreed:-

- (i) to note the contents of the report and the content of the inspection report which was attached to the report as Appendix 1;
- (ii) to note the recommendation as outlined in paragraph 4.2.1 of the report; and
- (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 Integration Joint Board further agreed to record their appreciation and thanks to the service staff for the contribution they had made towards achieving the positive outcomes as indicated in the report.

XI NATIONAL CARE HOME CONTRACT FEE SETTLEMENT 2016/17

There was submitted Report No DIJB20-2016 by the Chief Finance Officer informing the Integration Joint Board of the outcome of negotiations between COSLA and care home providers in respect of the 2016/17 National Care Home Contract fee levels and terms of agreement.

The Integration Joint Board agreed:-

- (i) to note that the 2016/17 fee negotiations reflected the commitment made by the Scottish Government to ensure all social care workers within the sector were paid the living wage of £8.25 with effect from 1st October, 2016 as part of the additional £250m national investment in social care announced in the finance settlement;
- (ii) to note that the agreement reached reflected the cost of implementing the living wage and other financial pressures faced by care home providers would result in an increase in the care home fee headline rate of 2.5% from April 2016 with a further 4% increase from 1st October, 2016 leading to an overall increase in the headline rate of 6.5% from October 2016; and
- (iii) to adopt the rates of payment for independent sector care home providers for 2016/17 as outlined in Appendix 1 of the report and direct Dundee City Council to adopt the terms of the National Care Home Contract accordingly.

XII HEALTH AND SOCIAL CARE GOVERNANCE

There was submitted Report No DIJB21-2016 by the Chief Officer advising members of the proposed governance arrangements with Dundee City Council and NHS Tayside.

The Integration Joint Board agreed to note the proposed governance arrangements between the Integration Joint Board and Dundee City Council and NHS Tayside as set out in section 5 of the report.

XIII RISK MANAGEMENT POLICY AND STRATEGY

There was submitted Report No DIJB22-2016 by the Chief Finance Officer recommending an overarching shared Risk Management Policy and Strategy for adoption by the Integration Joint Board and to ask the Integration Joint Board to note the work that was continuing to prepare a register of risks with accompanying reporting arrangements.

The Integration Joint Board agreed:-

- (i) to adopt the Risk Management Policy and Strategy included as Appendix 1 of the report subject to the approval of the proposed amendments as outlined in paragraph 4.5 of the report; and
- (ii) to remit to the Chief Finance Officer responsibility for bringing forward for approval:-
 - (a) the risk register for the Integration Joint Board;
 - (b) the proposed frequency and format for reporting arrangements; and
 - (c) the proposed arrangements for approving amendments to the risk register.

The Integration Joint Board further agreed to note that the Chief Finance Officer would be working towards submitting the Risk Register to the meeting of the Integration Joint Board to be held on 30th August, 2016.

XIV EQUALITY OUTCOMES AND MAINSTREAMING EQUALITIES REPORT

There was submitted Report No DIJB23-2016 by the Chief Officer bringing forward for approval by the Integration Joint Board the Equality Outcomes that had been developed for the Dundee Health and Social Care Partnership for 2016-2017 and a proposed framework and reporting cycle for the review of the Partnership's progress in mainstreaming equalities. Approval was also sought from the Integration Joint Board for proposals to be brought forward regarding the development of performance measures, as well as equalities mainstreaming and monitoring arrangements, for the Partnership.

The Integration Joint Board agreed:-

- (i) to adopt the Equality Outcomes laid out in Appendix 1 of the report;
- (ii) to approve the Mainstreaming Equalities Framework and reporting cycle laid out in Appendix 1 of the report;
- (iii) to approve the use of the Dundee City Council Integrated Assessment Tool and guidance for equality impact assessment of new or revised policies and practices;
- (iv) to remit to the Chief Officer the responsibility for bringing forward for approval:-
 - (a) the equalities performance indicators to be adopted by the Partnership for 2016-17;
 - (b) appropriate arrangements with Dundee City Council and NHS Tayside for the collation and reporting of employee equalities information and the provisions of relevant employee equalities information for use by the Partnership;
 - (c) equalities mainstreaming and monitoring arrangements for the Partnership, which aligned with Dundee City Council and NHS Tayside's corporate equalities mainstreaming structures and processes.

XV STANDING ORDERS, CODE OF CONDUCT AND APPOINTMENT OF A STANDARDS OFFICER

There was submitted Agenda Note ANDIJB1-2016 reporting as follows:-

(a) STANDING ORDERS

Reference was made to Article X of the minute of meeting of this Integration Joint Board held on 27th October, 2015 wherein the Integration Joint Board agreed to adopt the Standing Orders of the Integration Joint Board.

It was reported that by virtue of The Public Bodies (Joint Working) (Integration Joint Boards and Integration Joint Monitoring Committees) (Scotland) Amendment (No 2) Order 2015 (Scottish Statutory Instrument 432/2015) Integration Joint Boards were required to update their Standing Orders to take account of changes to the procedure to be used where a Board member had a conflict of interest in relation to an item of business.

The Integration Joint Board agreed to note that the Clerk had revised paragraphs 7.3 and 7.4 of the Integration Joint Board's Standing Orders accordingly and that a copy had been issued to all members of the Integration Joint Board separately for information.

(b) CODE OF CONDUCT

It was reported that the Scottish Government had now produced a Template Code of Conduct for adoption by all Integration Joint Boards. The Integration Joint Board agreed:-

- (i) to note that the Clerk had prepared a draft Code of Conduct based on the Template;
- (ii) to note that a copy of the draft had been issued to all members of the Integration Joint Board separately for information;
- (iii) that the draft Code of Conduct be submitted to the Scottish Government for approval; and
- (iv) to note that in the event that the Scottish Government approved the draft Code of Conduct, the Integration Joint Board would be required to publish the Code as well as a Register of Members' Interests and the Clerk would report further in due course.

(c) STANDARDS OFFICER

It was reported that the Integration Joint Board had been asked by the Standards Commission for Scotland to nominate a Standards Officer.

The Integration Joint Board agreed to note that the Chief Officer had written to the Commission to nominate the Clerk to carry out this role and that approval of this nomination had been received.

XVI DATE OF NEXT MEETING

The Integration Joint Board noted that the next meeting of the Integration Joint Board would be held in Committee Room 1, 14 City Square, Dundee on 28th June, 2016 at 4.00 pm.

The Integration Joint Board resolved under Section 50(A)(4) of the Local Government (Scotland) Act 1973 that the press and public be excluded from the meeting for the undernoted item of business on the grounds that it involved the likely disclosure of exempt information as defined in paragraphs 3, 6 and 9 of Part I of Schedule 7A of the Act.

XVII INTERMEDIATE CARE UNIT - EXTENSION OF CONTRACT

There was submitted Report No DIJB24-2016 by the Chief Finance Officer advising the Integration Joint Board of the proposals to extend the current contract with the company referred to in the report to provide intermediate care for people being discharged from hospital.

The Integration Joint Board agreed to instruct the Chief Officer to issue appropriate directions to NHS Tayside and Dundee City Council to make arrangements to contract with the company referred to in the report for a further period of one year until 31st May, 2017.

Doug CROSS, Chairperson.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
28 JUNE 2016

REPORT ON: HEALTH INEQUALITIES AND EARLY INTERVENTION

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB26-2016

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this information report is to provide a context for bringing forward proposals and propositions for service design or redesign that respond to the significant issues of health inequalities, poverty and deprivation that currently exist in Dundee. This report also acknowledges the importance of designing services that are health inequalities sensitive, demonstrate early intervention and prevention and are targeted and delivered to those who are in most need of support.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Acknowledge the significant inequalities that exist in Dundee and actively request the bringing forward of proposals that seek to mitigate the most negative impacts of these inequalities.
- 2.2 Support future proposals for scaling up well evidenced interventions that reduce health inequalities and tackle poverty;
- 2.3 Note and support the recommendations from 'A Fair Way to Go' report;
- 2.4 Request a report be brought forward that describes how the IJB will respond to the recommendations in 'A Fair Way to Go'.

3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

- 4.1 The Dundee Health & Social Care Partnership Strategic and Commissioning Plan 2016 – 2021 was signed off and adopted by Dundee IJB at the meeting of 15 March 2016. Within the case for change contained in the plan there was a comprehensive description of how deprivation and inequalities manifest in Dundee. The plan also described how variation in deprivation and multi-morbidity exists not just across the eight LCPP areas in Dundee but indeed between neighbourhoods within the areas.
- 4.2 Resulting from the case for change analysis a number of strategic priorities and shifts were identified. In respect of this report the most relevant are the priorities of Health Inequalities and Early Intervention/Prevention. Action plans are currently in development which describe in more detail how we propose to prioritise, shift or invest our resources.
- 4.3 The recent publication of the work of the Dundee Fairness Commission May 2016 highlighted a number of key principles and lessons that should underpin any work Dundee does from now

on to reduce poverty and inequality in the city. In the implementation of our strategic plan we should ensure that we adhere to and act on these principles and lessons.

- 4.4. There is a significant amount of work being undertaken in Dundee to mitigate the most negative impacts of welfare reform changes as they are introduced. Much of this work is being led on a multi-agency basis by Dundee City Council, but in addition NHS Tayside's Director of Public Health (DPH) is the executive lead within the organisation and for the first time the local health response to welfare reform changes merited a separate chapter within the DPH's 2014/15 Annual Report. It acknowledges that the number of people likely to be affected by welfare reform and the nature and potential extent of the health consequences make this a serious public health issue.
- 4.5 In addition, the NHS Tayside Health Equity Strategy is being reviewed and refreshed as it is currently unclear whether the recommendations in the strategy, published in 2010 are being implemented as fully as they need to be across sectors.
- 4.6 There are a number of well evidenced interventions being delivered in Dundee that can demonstrate effectiveness in reducing health inequalities. To date these interventions have been delivered on a scale that can only be offered to a small number of Dundee citizens. Examples include:
- Welfare Rights in General Practice
 - Planning for financial advice within secondary care settings
 - Social Prescribing
 - Keep Well
 - Equally Well
 - Listening Service – It's Good to Talk
 - Safe Zone
 - Prevention of Homelessness for Young Adults
- 4.7 It is proposed therefore to bring forward to Dundee IJB propositions and proposals for shifting resources and/or investing in interventions and services that are targeted to those who need them and will benefit from them the most.

5.0 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.

6.0 CONSULTATIONS

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

7.0 BACKGROUND PAPERS

None

David W Lynch
Chief Officer

DATE: 3 June 2016



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
28 JUNE 2016

REPORT ON: DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT
REPORT 2015/16

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB33-2016

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to advise the Integration Joint Board of the outcome of the Chief Internal Auditor's Report on the Integration Joint Board's internal control framework for the financial year 2015/16.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the content and findings of the attached Annual Internal Audit Report 2015/16 (Appendix 1);
- 2.2 Instructs the Chief Finance Officer to implement the agreed actions to address areas for improvement.

3.0 FINANCIAL IMPLICATIONS

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

4.0 MAIN TEXT

- 4.1 The Integrated Resources Advisory Group (IRAG), established by the Scottish Government to develop professional guidance, outlines the responsibility of the Integration Joint Board (IJB) to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This guidance also shows that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control
- 4.2 The IJB agreed in November 2015 to appoint the Chief Internal Auditor of NHS Tayside to the role of Chief Internal Auditor and Fife, Tayside and Forth Valley Audit and Management Services (FTF) as the IJB's lead internal auditors for 2015/16. This role has been supported by Dundee City Council's Internal Audit service. The attached report provides the Chief Internal Auditors opinion on the IJB's internal control framework in place for the financial year 2015/16.
- 4.3 The IJB's Draft Annual Statement of Accounts includes a Governance Statement based on a self assessment of the IJB's governance, risk management and control frameworks as they have developed during 2015/16. This has established there are no major issues.

- 4.4 The Chief Internal Auditors' assessment of these frameworks concludes that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in 2015/16. In addition, the Chief Internal Auditor is satisfied that the Governance Statement is consistent with the information gathered from their audit work.
- 4.5 The audit report recommends that an action plan is drawn up to ensure a range of planned improvements for 2016/17 and other developing issues are managed effectively and the Chief Finance Officer will develop this accordingly.

5.0 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.

6.0 CONSULTATIONS

The Chief Officer and the Clerk along with the Chief Internal Auditor of NHS Tayside were consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 20 June 2016

DRAFT REPORT

**DUNDEE IJB
INTERNAL AUDIT SERVICE**



ANNUAL INTERNAL AUDIT REPORT

2015/2016

Issued To: [D Lynch, Chief Officer]
[D Berry, Chief Finance Officer]

[Dundee Integration Joint Board]
[External Audit- KPMG]

Date: 16 June 2016

ANNUAL INTERNAL AUDIT REPORT 2015/16

INTRODUCTION AND CONCLUSION

1. The Integrated Resources Advisory Group (IRAG), established by the Scottish Government to develop professional guidance, outlines the responsibility of the Integration Joint Board (the IJB) to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources.
2. This guidance also shows that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control.
3. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control. As the Chief Internal Auditor, this annual report to the IJB provides my opinion on the IJB's internal control framework for the financial year 2015/16.
4. The Order establishing the Dundee Integration Joint Board (the IJB) was passed by the Scottish Parliament on 3 October 2015. The Chief Officer was appointed in June 2015 and the Chief Finance Officer in October 2015. These appointments were confirmed by the IJB at its meeting in October 2015.
5. The IJB did not have operational responsibility in year for delegated services. Formal transfer of functions took place on 1 April 2016. My review of the internal control environment for 2015/16 is therefore based solely on the responsibilities of the IJB in year.
6. The IJB has produced a draft Governance Statement with no disclosures for 2015/16.
7. Based on work undertaken I have concluded that:

- **The IJB had adequate and effective internal controls in place proportionate to its responsibilities in 2015/16**

8. In addition, I have not advised management of any concerns around the following:

- **Consistency of the Governance Statement with information that we are aware of from our work**

ACTION

9. The IJB is asked to **note** this report in evaluating the internal control environment for 2015/16 and **consider** any actions to be taken on the issues reported for consideration.

INTERNAL CONTROL

10. FTF was appointed as the IJB's Internal Audit Service for 2015/16 in February 2016. We can confirm that FTF complies with the Public Sector Internal Audit Standards (PSIAS). Our work in year reviewed, in partnership with the Dundee Council Internal Audit Service, compliance with the national Financial Assurance (Due Diligence) guidance. We found that the due diligence processes undertaken comprehensively covered the requirements of the national financial assurance and reports met all the requirements of the guidance in relation to risk assessment. Internal Audit also provided advice on the draft financial regulations.
11. To inform our assessment of the internal control framework, we developed a self assessment governance checklist for completion by management. The checklist was based on requirements of the Integration Scheme, guidance issued by the Scottish Government to support Health and Social Care Integration and best practice. Internal Audit validated the assessments reached through discussion with management and examination of the supporting evidence and documentation.
12. Based on our validation work, we can provide assurance on the following key arrangements in place by 31 March 2016; as well as ongoing and planned work in 2016/17. Based on our assessment, we also recommend further issues for consideration by management.
13. Our evaluation of the IJB's Governance Framework is summarised below and shows that the control standards we expected to see at this stage of development of the IJB are in place.

Corporate Governance	
Key arrangements in place as at year end 2015/16	
<ul style="list-style-type: none"> • The Integration Scheme was approved by the Cabinet Secretary for Health, Wellbeing and Sport in September 2015; • Standing Orders were approved in October 2015 and committee support arrangements are in place. An action points/ report planner is a standing agenda item; • In February 2016, the IJB considered the December 2015 Audit Scotland report on HSCI including an associated action plan to address the report's recommendations; • The Outline Outcomes and Performance Framework was approved in February 2016 and includes the assessment of Best Value; • The Interim Participation & Engagement Strategy was agreed in November 2015 and final strategy approved in February 2016; • A Strategic Planning Group is in place and the Strategic Commissioning Plan was approved in March 2016 following appropriate consultation. Localities have been agreed; • Directions were formally issued to the parties in March 2016 to carry out delegated functions; • The IJB noted the operational framework and first line management 	

<p>arrangements in January 2016;</p> <ul style="list-style-type: none"> • The IJB noted the support services requirements in March 2016.
<p>Developments in 2016/17- in place or planned by management</p>
<ul style="list-style-type: none"> • The IJB agreed a Code of Conduct for submission to the Scottish Government in May 2016 based on a national template issued in April 2016; • The Standing Orders were updated in May 2016 to address conflicts of interest; • A draft Governance Statement has been prepared for 2015/16 as part of the annual accounts process and is planned to be presented to the IJB in June 2016; • The IJB received a report on governance arrangements in May 2016 providing a progress update on governance documents and processes; • Deputising arrangements are still to be clarified; • Progress on implementation of the action plan in response to the December 2015 Audit Scotland report will be reported back to the IJB; • The IJB agreed the establishment of a Performance & Audit Committee in May 2016 and the appointment of the internal auditors for 2016/17; • A report on the remit & membership of the Performance & Audit Committee as well as approval of the 2016/17 annual internal audit plan are planned for August 2016; • A Tayside wide shared Risk Management Policy and Strategy was adopted by the IJB in May 2016 including some local changes reflecting Dundee IJB's view of the shared nature of risks; • The IJB's risk profile is yet to be developed. In May 2016, the IJB remitted responsibility to the Chief Finance Officer to bring back a report on this; • Work is ongoing on second line management arrangements for the partnership; • Further work is planned on the Large Hospital plan and arrangements for hosted services; • Plans are to be developed in year for the Health and Social Care Localities in Dundee; • Plans are in place so that once in post, locality managers will provide the link to the local Community Planning structures; • The IJB agreed in March 2016 to review the support services requirements through regular reports from the Chief Officer; • Further work on the development of the Outcomes and Performance Framework is planned.
<p>Recommended further issues for consideration by management</p>
<ul style="list-style-type: none"> • Accountability and responsibilities of the IJB in respect of all governance arrangements should be clarified and agreed by the IJB and parties, and should flow through to risk management and assurance arrangements; • Assurance arrangements should include consideration of reporting lines and

<p>the flow of assurance including any officer and governance groups in place;</p> <ul style="list-style-type: none"> • The IJB's strategic risk profile should be developed to clearly reflect risks to the delivery of the IJB's strategic objectives rather than joining previous operational risks of the services within the partnership; • Following the development of a risk profile for the organisation, an Assurance Framework linking the strategic risk profile and associated controls with assurance processes should be adopted (<i>Cf Risk Management Policy and Strategy Appendix 2</i>); • An exercise should be undertaken to ensure the report planner document shows all items of business required to be considered in year to deliver the purpose and remit of the IJB as well as any additional reporting agreed by members.
<p>Clinical & Care Governance/ Financial Governance/ Staff Governance/ Information Governance</p>
<p>Key arrangements in place as at year end 2015/16</p>
<ul style="list-style-type: none"> • A Tayside-wide Clinical and Care Governance Framework ('Getting it right for everyone') was adopted by the Shadow Board in March 2015; • Financial Assurance (Due Diligence) was undertaken on budgets to be transferred. This was reviewed by internal audit in March 2016; • An update on the development of the Workforce and Organisational Development Strategy was agreed in February 2016; • A programme of development for IJB members was agreed in May 2015 and several development sessions have been held for IJB members during 2015/16; • The IJB holds CNORIS membership to ensure appropriate liability and indemnity cover; • Under the Scottish Accord on the Sharing of Personal Information (SASPI), an Information Sharing Protocol in relation to Health & Social Care Integration amongst Dundee City Council and NHS Tayside and the Common Services Agency has been signed.
<p>Developments in 2016/17- in place or planned by management</p>
<ul style="list-style-type: none"> • Financial regulations were approved in May 2016; • Internal Audit review of Due Diligence work is to be reported to the June 2016 IJB meeting; • Work is ongoing on the implementation and embedding of the Clinical & Care & Professional Governance Framework; including remit and membership of the Dundee Clinical and Care Governance and Professional Governance Forum and monitoring of adverse events data; • Further development of the Workforce and Organisational Development Strategy and reporting of workforce planning is ongoing; • Objectives and appraisal processes for the Chief Officer and Chief Finance Officer will be considered; • The IJB is to become a party to the SASPI Information Sharing protocol.

Recommended further issues for consideration by management
<ul style="list-style-type: none">• A formal Scheme of Delegation (as referred to in the Financial Regulations) should be developed and the IJB should work with the parties to develop a Further Scheme of Delegation within the partnership;• The IJB should be kept informed of progress with the implementation of the Clinical, Care & Professional Governance Strategy.

ACKNOWLEDGEMENT

14. On behalf of the Internal Audit Service I would like to take this opportunity to thank the Chief Officer and Chief Finance Officer of the IJB as well as staff within the partnership for the help and co-operation extended to Internal Audit throughout this challenging first year.

A Gaskin, BSc. ACA
Chief Internal Auditor

Ref.	Finding	Audit Recommendation	Priority	Management Response/ Action	Action by/Date
1.	Our evaluation of the IJB's governance framework has identified planned improvements for 2016/17 as well as further issues for consideration by management.	We would recommend that an action plan setting out a timetable for implementation is drawn up by officers and approved and monitored by the IJB or an appropriate governance committee.	2		



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
28 JUNE 2016

REPORT ON: INTERNAL AUDIT REPORT ON HEALTH AND SOCIAL CARE
INTEGRATION – FINANCIAL ASSURANCE/DUE DILIGENCE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB16-2016

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to advise the Integration Joint Board of the outcome of the joint Internal Audit Report on the due diligence process.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the content and findings of the attached Internal Audit Report on Health & Social Care Integration Financial Assurance/Due Diligence (Appendix 1);
- 2.2 Instructs the Chief Finance Officer to implement the agreed actions to address areas for improvement.

3.0 FINANCIAL IMPLICATIONS

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

4.0 MAIN TEXT

- 4.1 Dundee IJB was presented with a report in March 2016 outlining the outcome of the process of Due Diligence which had been undertaken as a key element of the development of the IJB over the course of 2015/16. Detailed supplementary statutory guidance entitled Integration Financial Assurance – Advice to Health Boards, Local Authorities and Integration Joint Boards (Financial Assurance Guidance) was published by the Scottish Government in May 2015. The Financial Assurance Guidance states that *'the Audit Committees are provided with a report, produced jointly by the Health Board and Local Authority Chief Internal Auditors (and copied to the shadow IJB), on the assurance work that has been carried out by the Health Board and Local Authority.'*
- 4.2 The IJB agreed in November 2015 to appoint the Chief Internal Auditor of NHS Tayside to the role of Chief Internal Auditor and Fife, Tayside and Forth Valley Audit and Management Services (FTF) as the IJB's lead internal auditors for 2015/16. This role has been supported by Dundee City Council's Internal Audit service. The main focus of internal audit activity for 2015/16 has been an assessment of the Due Diligence process and Governance arrangements in line with the national guidance.
- 4.3 The specific objectives of the Due Diligence audit assessment were:
- To ensure that the financial assurance/due diligence process followed is in line with the national guidance; and
 - To ensure that the risks and assumptions made were comprehensive, accurate and clear.

- 4.4 The attached report provides the auditor's opinion as to whether these requirements were met.
- 4.5 The outcome of the Internal Audit assessment is that in their opinion the financial assurance/due diligence processes undertaken on the initial sums for the integrated budget comprehensively covered the requirements of the Financial Assurance Guidance. The information provided to the Dundee (Shadow) IJB at meetings and development events throughout 2015, concluding in the Final Due Diligence report to the special IJB meeting on 15 March 2016 provided a full and detailed picture of the financial position of the budgets in scope. In addition, the financial assurance/due diligence and summary of risks reports met all the requirements of the Financial Assurance Guidance in relation to risk assessment. The Internal Auditors also acknowledge the level of collaborative working that has taken place with a concerted effort to achieve a successful outcome for all parties.
- 4.6 A number of areas for improvement were identified at the time of the audit and an action plan agreed with IJB officers to address these areas. These are described in the appendix to the Internal Audit Report and it should be noted that a number of these have already been completed and others are in progress. It should also be noted that areas such as developing the risks associated with the Large Hospital set aside are being taken forward in partnership across the three Tayside IJB's and NHS Tayside. The Chief Finance Officer will continue to work with the Internal Auditors to review progress made against these recommendations which will be reported back to the IJB and partners in accordance with the Internal Audit protocols of each of the partners.

5.0 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.

6.0 CONSULTATIONS

The Chief Officer and the Clerk along with the Chief Internal Auditor of NHS Tayside and the Senior Manager - Internal Audit of Dundee City Council were consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 6 June 2016

DRAFT REPORT

NHS TAYSIDE / DUNDEE CITY COUNCIL
INTERNAL AUDIT SERVICE**HEALTH AND SOCIAL CARE INTEGRATION - FINANCIAL ASSURANCE /
DUE DILIGENCE**

FTF REPORT NO. T18C/16, DCC INTERNAL AUDIT REPORT NO. 2015/28

Issued To: [D Martin, Chief Executive, Dundee City Council]
[L McLay, Chief Executive, NHS Tayside]

[L Bedford, Interim Director of Finance, NHS Tayside]
D Berry, Chief Finance Officer, Dundee HSCP
S Berry, Chief Finance Officer, Angus HSCP
[S Flight, Head of Corporate Finance, DCC]
[D Lynch, Chief Officer, Dundee HSCP]
[B Nicoll, Director of Community & Primary Care Services, NHS Tayside]
[M Stewart, Director of Corporate Services, DCC]

[R MacKinnon, Associate Director of Finance, Financial Services & Governance, NHS Tayside]
[M Dunning, Board Secretary, NHS Tayside]
[D Colley, Financial Governance Accountant, NHS Tayside]
[A Napier, Head of Clinical Governance & Risk, NHS Tayside]
[K Hunt, Audit Committee Members' Library Copy, NHS Tayside]
[NHS Tayside Audit Follow-Up]
[A Calder, Head of Chief Executive's Service, DCC]
[L Bannerman, Head of Strategy Performance and Support Services, DCC]

[NHST Audit Committee / DCC Scrutiny Committee]
[External Audit]

Date Draft Issued:	4 May 2016
Date Response Required:	24 May 2016
Target NHST Audit Committee Date:	1 September 2016
Target DCC Scrutiny Committee Date:	29 June 2016 (Abridged version)

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INTRODUCTION AND SCOPE

1. The Public Bodies (Joint Working) (Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and received Royal assent in April 2014. It establishes the framework for the integration of health and social care in Scotland. Detailed supplementary statutory guidance entitled Integration Financial Assurance – Advice to Health Boards, Local Authorities and Integration Joint Boards (Financial Assurance Guidance) was initially published by the Scottish Government in May 2015.
2. The integration of health and social care represents the radical reform required to improve care, particularly for adults with multiple complex support needs, many of whom are frail older people, and to make better use of the substantial resources that are committed to adult health and social care.
3. The Integration Joint Board (IJB) has access to a combined budget for services for which it has direct operational responsibility or for which it is hosting services on behalf of the partners. It also has Large Hospital Set Aside budgets for services delegated for strategic planning purposes, so that it can work in collaboration with the Acute Sector to redesign the care or the pathways of care or implement new models that will shift service and resources. The alignment of the budgets has been subject to a financial assurance / due diligence process agreed between the partners and the partnerships.
4. One of the most important items of business for a newly established IJB is to obtain assurance that its resources are adequate to allow it to carry out its functions and to identify, quantify and assess the risks associated with this. In order to facilitate this, the Financial Assurance Guidance states that *‘the Audit Committees are provided with a report, produced jointly by the Health Board and Local Authority Chief Internal Auditors (and copied to the shadow IJB), on the assurance work that has been carried out by the Health Board and Local Authority.’*
5. This audit review, which supports NHS Tayside Strategic Risk 239: *‘Failure to put in place effective arrangements for health and social care integration will result in the new partnerships not being established and operational by 1 April 2016, breaching regulation and resulting in damage to organisational reputation and failure to deliver on national legislation’* and Dundee City Council’s Corporate risks 1.10 and 3.4: *‘Ineffective partnership working’* and *‘Social Work / Health Integration Legislation’* respectively, focussed on obtaining assurances around the financial assurance / due diligence process. The review itself was delivered on a partnership basis and reported on jointly by the Internal Audit Services of NHS Tayside and Dundee City Council.

OBJECTIVES

6. The specific objectives of the audit review, were:
 - To ensure that the financial assurance / due diligence process followed is in line with the national guidance; and
 - To ensure that the risks and assumptions made were comprehensive, accurate and clear.

AUDIT OPINION AND FINDINGS

7. We can provide assurance that in our opinion the financial assurance / due diligence processes undertaken on the initial sums for the integrated budget comprehensively covered the requirements of the Financial Assurance Guidance. The information provided to the Dundee (Shadow) IJB at meetings and development events throughout 2015, concluding in the Final Due Diligence report to the special IJB meeting on 15 March 2016 provided a full and detailed picture of the financial position of the budgets in scope. In addition, the financial assurance / due diligence and summary of risks reports met all the requirements of the Financial Assurance Guidance in relation to risk assessment. We also acknowledge the level of collaborative working that has taken place with a concerted effort to achieve a successful outcome for all parties.

Financial Assurance / Due Diligence Process

8. A final version of the Financial Assurance Guidance was issued by the Scottish Government in June 2015 which was designed to provide guidance on a process of financial assurance to allow the IJB to assess the resources to be delegated and associated risks.
9. The Financial Assurance Guidance states that the Health Board and Local Authority internal auditors should provide a joint report to the Health Board and Local Authority audit committees as well as a copy to the IJB on the financial assurance / due diligence process that had been followed.
10. In order to ensure that the process followed for the Dundee IJB complied with the Financial Assurance Guidance, we:
- Examined Dundee (Shadow) IJB agendas and reports containing information on the financial assurance / due diligence process.
 - Reviewed presentations on the financial assurance / due diligence process delivered at the June and October 2015 development events respectively.
 - Carried out sample testing of the figures contained in the Due Diligence Reports and corresponding Due Diligence Assessment, utilising the working papers available to support them.
 - Discussed the financial assurance / due diligence process with the IJB's Chief Finance Officer and other senior finance staff through the HSCI Senior Finance Group and documented this accordingly.
 - Considered the risks as reported and the assumptions made.
11. The financial assurance / due diligence process to be followed was originally described to the Dundee HSCI Shadow Board in January 2015. At a development event in June 2015, IJB members received a presentation on the financial assurance / due diligence work carried out on the Dundee City Council Community Care budget and the NHS Tayside Dundee CHP resources. The information provided addressed the requirements of the Financial Assurance Guidance showing information such as:
- i. For the Dundee City Council budget, an overview of the Council budget setting process, information on the key cost drivers for the Council budget to transfer, the financial performance of this budget in 2013/14 and 2014/15, budget developments and a summary of the key issues facing Community Care budgets.

- ii. For the Dundee CHP resources, a description of overall financial performance in 2013/14 and 2014/15, a description of year on year budget adjustments for 2013/14 and 2014/15 and a description of major recurring budget adjustments for 2013/14 and 2014/15.
12. The October 2015 development event then provided an overview of, and financial assurance / due diligence information on, specific NHS Services not discussed previously including Primary Care Services, Prescribing in Family Health Services and Mental Health and identified key areas of emerging risk. Presentations were made by service managers for the areas concerned.
13. In November 2015, the IJB received a formal update paper on the financial assurance / due diligence work, which included an appendix detailing key risks in relation to the financial resources associated with the Dundee IJB. In March 2016, a detailed Due Diligence Assessment was provided to IJB members, which covered the requirements of the Financial Assurance Guidance setting out a description of Dundee City Council's overall financial performance for 13/14 and 14/15, budget adjustments for 13/14 through to 15/16 and the probable outturn for 15/16 and also, for NHS Tayside, the overall financial performance for 13/14 and 14/15, major recurring and non recurring budget adjustments for 13/14 through to 2015/16, the projected overall financial position for 15/16 and a summary of their risks and cost pressures as at November 2015.
14. The March 2016 IJB meeting received information on the amounts to be set aside for Large Hospital Services in scope. We reviewed this section against the guidance on 'Financial Planning for Large Hospital Services' and conclude that this appears to be consistent with the requirements of this guidance on analysis of hospital activity and cost information to be used to determine the set aside. Although this has subsequently been agreed across Tayside, at that point, the paper did not yet set out financial risks and risk management principles to be adopted but did acknowledge that further refinement was needed and that data used for the analysis was outdated. Management should commission more detailed work on this methodology to provide a robust basis to assess the impact of integration.
15. We compared the services to be delegated to the IJB as set out in the Dundee Integration Scheme to the budgets covered by the financial assurance / due diligence work. We found that budgets for all services to be delegated were subject to the financial assurance / due diligence work with the exception of the Public Dental Service currently budgeted for within the Access Directorate, a budget of the order of £2.5M. However, we would note that the Public Dental Service will be hosted by the Perth & Kinross HSCP on behalf of all Tayside Partnerships and can confirm that a presentation on the Public Dental Service, including the funding position and challenges faced, was delivered at a Perth & Kinross IJB development event.
16. Whilst the remit of this audit review was designed to establish whether or not the financial assurance / due diligence process followed was in line with the Financial Assurance Guidance, we would note that whilst we conclude this is the case, the main value of the process that was followed is in the provision of a framework that key stakeholders can utilise to help inform their assessment on the adequacy or otherwise of the delegated resources. We note that the Final Due Diligence paper presented to the March 2016 IJB meeting provided Dundee IJB members with the Chief Finance Officer's assessment in relation to transparency, proportionality and adequacy of the resources to be delegated both in relation to Dundee City Council and NHS Tayside. This assessment highlights important outstanding issues as well as the risks relating to these questions including the

allocation of the former CHP Management costs, outstanding issues within Mental Health and Learning Disabilities, transfer from the Medicine Directorate and allocations to NHS Tayside from the Scottish Government.

17. At the time our audit fieldwork was concluded, the NHS Tayside financial framework for 2016/17 onwards was still subject to further consideration. The IJB accepted the resources to be transferred from NHS Tayside on an interim basis pending further development of the NHS Tayside budget. We would recommend that when the final agreed figure is presented to the Dundee IJB at a future meeting, that information is made available to IJB members to allow them to understand clearly the link between the due diligence and risk information provided in March and the final figure, so that a final conclusion on the adequacy of resources can be made. The final due diligence paper presented to the March 2016 Dundee IJB recommended that the IJB accepts the level of budgeted resources calculated by Dundee City Council. It should be noted that the resource transfer from Dundee City Council to the IJB may be subject to change pending the outcome of discussions surrounding the IJB taking a share of some specific Dundee City Council organisational-wide savings targets relating to, for example, procurement, overtime and absence. These figures are not considered to be material in comparison to the total delegated budget.
18. The Financial Assurance Guidance states that the financial assurance / due diligence process should be based on mutual trust and confidence involving an open-book approach and an honest sharing and discussion of the assumptions and risks. Through our audit fieldwork, we can conclude that in overall terms there has been a collaborative approach and that detailed information has been provided to IJB members on an ongoing basis leading up to the budget setting process. The background information provided in the due diligence papers presented to the IJB is based on the Financial Assurance Guidance. Our discussions with management have shown that regular liaison took place between Dundee City Council and NHS Tayside finance staff including through the HSCI Senior Finance Group. This included staff agreeing the level of detail to which the work should be performed, ensuring consistency, and sharing information on work undertaken. We carried out sample testing of the figures contained in the final Due Diligence Report and corresponding Due Diligence Assessment, utilising the working papers available to support them and found no exceptions.
19. The Financial Assurance Guidance recommends that *'the predetermined financial metrics that officers will use in future to assess whether integration has met its objectives have been identified and that a process for obtaining baseline data is in place.'* We discussed with the Chief Finance Officer that whilst the IJB has not as yet addressed this recommendation, efforts have been focused on agreeing the resources to be delegated. We would recommend that management give consideration to how this requirement will be fulfilled going forward.
20. The Financial Assurance Guidance states that the financial assurance process should also focus on financial governance. At the time this report was drafted, Dundee IJB did not have an approved set of financial regulations. It should be noted, however, that draft financial regulations had been compiled and circulated for comment to key stakeholders. Some comments had been received and the draft financial regulations were in the process of being updated. A final version of the financial regulations is due to be presented to a future IJB meeting.

Risks and Assumptions

21. The Financial Assurance Guidance stresses at various points the importance of understanding the key risks and assumptions inherent in the budgets and financial positions for the delegated services. It also states that all risks should be quantified where possible and measures to mitigate risks identified.
22. Risks have featured prominently in the papers and presentations provided to the Dundee IJB. The June 2015 development event identified risk areas in relation to Community Care and CHP budgets as well as partnership funding. Emerging risks then featured in the October development event, where service managers presented the challenges, including financial pressures, faced by their services. The formal report to the November 2015 IJB meeting included an appendix detailing key financial risks attributable to the Dundee IJB as at 31st October 2015 including a description of the risk, value (where known), the likelihood of risk materialising, relevant lead officer and comments relating to how the risk is being managed. The Final Due Diligence paper and Due Diligence Assessment presented to the March 2016 IJB meeting set out summaries of risks and cost pressures including an assessment of likelihood and impact and a comment on the management of each risk.
23. In the Final Due Diligence paper presented to the March 2016 IJB meeting, remaining risks not addressed through the budget setting processes to date were summarised for both Dundee City Council and NHS Tayside resources. This information formed part of the overall assessment recommending the IJB accept the delegated resources from DCC and on an interim basis from NHS Tayside.
24. Whilst we note that the risks reported did not include the IJB potentially having to take a share of some specific Dundee City Council organisational-wide savings targets mentioned at Para 17 above; in our opinion, those risks which were reported appear to be reasonable at the point they were reported and covered the areas we expected to see, including the financial position of the partners and the resultant required efficiency savings. In our opinion, the final Due Diligence report fulfils the requirements of the Financial Assurance Guidance in relation to risk assessment. We are not aware of any material risks not disclosed through these reports and those risks reported do not contradict any other information we are aware of.
25. It should be noted that our overall conclusion on the way in which the risks and assumptions have been reported to IJB members, to help inform their assessment on the adequacy or otherwise of the resources to be delegated, is not intended as assurance on the risks themselves. We would highlight the importance of a future report to the IJB on a detailed savings plan for former NHS Tayside resources to mitigate the risks identified. We have received assurance from the Chief Finance Officer that such a plan is due to be presented to the June 2016 meeting of the IJB, at which point the outstanding issues referred to under Para 17 above should also have been addressed.
26. The Financial Assurance Guidance recommends that partners may find it useful to consider treating the first year as a transitional year and agree to a risk sharing arrangement. The Dundee Integration Scheme states that in the 1st and 2nd financial year, overspends will be met by the Party with operational responsibility for service delivery.
27. At the time of the fieldwork, a risk register for the Dundee IJB was in the process of being compiled by Dundee City Council, with the intention of developing it further in conjunction with NHS Tayside and to present a final register to the May 2016 IJB meeting. In our opinion, development of the risk register should

progress as planned on a collaborative basis and involve a range of key stakeholders, for example via a workshop session. We would expect resources to deliver the partnership's objectives within budget to feature within the risk register.

Conclusion

28. In overall terms, the financial assurance / due diligence process followed is considered to be robust and carried out in line with the Financial Assurance Guidance. The level of collaborative working that took place throughout the process, with a common goal of achieving a successful outcome for all parties, is acknowledged.
29. In addition, whilst, with the exception of the IJB having to potentially take a share of some specific Dundee City Council organisational-wide savings targets, risks were clearly identified and reported throughout the financial assurance / due diligence process, the risk management arrangements require to be developed further, including the compilation of a comprehensive risk register.
30. As noted in previous reports to the IJB, significant risks remain in relation to the IJB's budget and associated levels of savings required to meet cost and demand pressures.

ACTION

31. An action plan has been agreed with management to address the areas identified for improvement. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocols of each partner.

ACKNOWLEDGEMENT

32. We would like to thank all members of staff for their help and co-operation throughout the course of the review.

A Gaskin, BSc. ACA
Chief Internal Auditor, FTF

P Redpath, FCCA
Senior Manager - Internal Audit, DCC

Action Plan

Ref.	Finding	Audit Recommendation	Priority / Importance Level	Management Response / Action	Action by/Date
1.	<p>At the time our audit was conducted, the NHS Tayside financial framework for 2016/17 onwards was still subject to further consideration. The IJB has accepted the resources to transfer from NHS Tayside on an interim basis pending further development of the NHS Tayside budget.</p> <p>It was also noted that the resource transfer from Dundee City Council to the IJB may be subject to change pending the outcome of discussions surrounding the IJB taking a share of some specific Dundee City Council organisational-wide savings targets relating to, for example, procurement, overtime and absence.</p>	<p>We would recommend that when the final agreed figure is presented to the Dundee IJB at a future meeting, information is presented to members to allow them to understand the link from the due diligence and risk information provided in March to the final figure, in order that members can provide a final conclusion on the adequacy of resources.</p> <p>This matter should be resolved as soon as possible and the budgets and savings plans amended accordingly.</p>	2 / Significant	<p>A report will be presented to the June Dundee IJB meeting which will outline the final agreed budget position for 2016/17 and a proposed savings plan for the NHS resources delegated to the IJB. This will include an assessment of any remaining or new risks associated with the total resource to be delegated which will inform the CFO's final opinion as to the adequacy of the resources.</p>	<p>Chief Finance Officer – 28th June 2016</p>

Action Plan

Ref.	Finding	Audit Recommendation	Priority / Importance Level	Management Response / Action	Action by/Date
2.	The March 2016 IJB meeting received information on the amounts to be set aside for Large Hospital Services in scope. At that point, the paper did not yet set out financial risks and risk management principles to be adopted; although this has since been agreed across Tayside. However, the paper acknowledges that refinement is needed and that data used for the analysis is now outdated.	Work should be undertaken to refine the methodology for the large hospital set aside.	2 / Significant	This area has been recognised by the 3 Chief Finance Officers across Tayside and NHS Tayside Director of Finance as an area which requires further work and continues to be a focus of discussion within the finance community. This will be progressed further over the coming months as available staffing resources are confirmed.	Chief Finance Officer – initial update due 30 th September 2016

Action Plan

Ref.	Finding	Audit Recommendation	Priority / Importance Level	Management Response / Action	Action by/Date
3.	Our overall conclusion on the way in which the risks and assumptions have been reported to the IJB to help inform their assessment on the adequacy or otherwise of the resources to be delegated is not intended as assurance on the risks themselves. To date, a detailed savings plan to mitigate the risks identified in respect of the resources to be transferred from NHS Tayside has not been compiled.	<p>A detailed savings plan on mitigating the risks identified in respect of the resources to be transferred from NHS Tayside should be prepared and presented to the IJB.</p> <p>We have received assurance from the Chief Finance Officer that such a plan is due to be developed and presented to the June 2016 meeting of the IJB, at which point the outstanding issues referred to under Action point 1 above should also have been addressed.</p>	2 / Significant	As noted in the response to recommendation 1 above, a savings plan will be presented to the IJB at the June 2016 meeting.	Chief Finance Officer – 28 th June 2016

Action Plan

Ref.	Finding	Audit Recommendation	Priority / Importance Level	Management Response / Action	Action by/Date
4.	The guidance recommends that <i>'the predetermined financial metrics that officers will use in future to assess whether integration has met its objectives have been identified and that a process for obtaining baseline data is in place.'</i> The IJB has not as yet addressed this.	Arrangements should be made to review actual performance against the assumptions made and where applicable adjustments made for future years. Guidance on Financial Planning for Large Hospital Set Aside should also be taken into account.	2 / Significant	This area will continue to evolve as a fundamental element of the IJB's developing performance management reporting process and will be reported to the IJB in line with agreed performance reporting timescales.	Chief Finance Officer – 30 th September 2016

Dundee City Council/ NHS Tayside
Health and Social Care Integration- Financial Assurance
Report No. T18C/16 (DCC 2015-28)

Action Plan

Ref.	Finding	Audit Recommendation	Priority / Importance Level	Management Response / Action	Action by/Date
5.	The Integration Financial Assurance guidance states that the financial assurance process should also focus on financial governance. At the time this report was drafted, Dundee IJB did not have an approved set of financial regulations. It should be noted, however, that draft financial regulations had been compiled and circulated for comment to key stakeholders. Some comments had been received and the draft financial regulations were in the process of being updated.	The financial regulations should be finalised and presented to a future IJB meeting for approval.	2 / Significant	Dundee IJB was presented with and approved a set of financial regulations at its meeting on the 4 th May 2016.	Chief Finance Officer – 4 th May 2016

Dundee City Council/ NHS Tayside
Health and Social Care Integration- Financial Assurance
Report No. T18C/16 (DCC 2015-28)

Action Plan

Ref.	Finding	Audit Recommendation	Priority / Importance Level	Management Response / Action	Action by/Date
6.	At the time of the fieldwork, a risk register for the Dundee IJB was in the process of being compiled by Dundee City Council, with the intention of developing it further in conjunction with NHS Tayside and to present a final register to the May 2016 IJB meeting.	Development of the risk register should progress as planned on a collaborative basis and involve a range of key stakeholders, for example via a workshop session. We would expect resources to deliver the partnership's objectives within budget to feature within the risk register.	2 / Significant	A draft risk register is currently being refined to ensure it captures the full range of risks the IJB may face. This will now be presented to the IJB meeting on the 30 th August 2016.	Chief Finance Officer – 30 th August 2016

The priorities relating to **FTF's Internal Audit recommendations** are defined as follows:

Priority 1 recommendations relate to critical issues, which will feature in our evaluation of the Governance Statement. These are significant matters relating to factors critical to the success of the organisation. The weakness may also give rise to material loss or error or seriously impact on the reputation of the organisation and require urgent attention by a Director.

Priority 2 recommendations relate to important issues that require the attention of senior management and may also give rise to material financial loss or error.

Priority 1 and 2 recommendations are highlighted to the Audit Committee and included in the main body of the report within the Audit Opinion and Findings

Priority 3 recommendations are usually matters that can be corrected through line management action or improvements to the efficiency and effectiveness of controls.

Priority 4 recommendations are recommendations that improve the efficiency and effectiveness of controls operated mainly at supervisory level. The weaknesses highlighted do not affect the ability of the controls to meet their objectives in any significant way.

The importance levels relating to **DCC Internal Audit recommendations** are defined as follows:

Critical

A key control is absent or inadequate. The existence of the weakness identified, taken independently, or with other findings, significantly impairs the overall system of control. Recommendations in this category are likely to require urgent management attention.

Significant

An element of control is missing or only partial in nature. The existence of the weakness identified, taken with other findings, has an impact on a system's adequacy and effectiveness but does not significantly impair the overall system of internal control. Recommendations in this category are seen as important in contributing towards improvement in internal controls and whilst management action is required these issues are less likely to require immediate management attention.

Routine

A weakness has been identified. However the existence of this weakness when taken independently or with other findings does not impair the overall system of internal control. Recommendations require management attention in order to make improvements to the system.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
28 JUNE 2016

REPORT ON: COMMUNITY REHABILITATION AND ENABLEMENT PROJECT

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB28-2016

1.0 PURPOSE OF REPORT

- 1.1 This reports on achievements and progress to date in the 'Community Rehabilitation and Enablement' project, a shared NHS Tayside and Dundee City Council initiative.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB) notes:

- 2.1 Progress in developing an integrated model for Community Rehabilitation and Enablement Services.
- 2.2 Next steps in relation to the project outlined at paragraph 4.5.

3.0 FINANCIAL IMPLICATIONS

- 3.1 There are no financial implications as a result of this report although it is anticipated that there will be efficiency savings in the longer term.

4.0 MAIN TEXT

4.1 Background to the Community Rehabilitation and Enablement Project

- 4.1.1 The Community Rehabilitation and Enablement Project is a joint project between Dundee City Council, NHS Tayside and Dundee Voluntary Action.
- 4.1.2 The project aims to facilitate the development of an integrated model for delivery of Community Rehabilitation and Enablement Services across all localities in Dundee to:
- Enable people to live as independently as possible in their own home or homely setting.
 - Reduce readmission to hospital wherever possible and where hospital admission does occur to reduce length of stay.
 - Enable Carers to be identified and supported.
 - Use our collective resources efficiently and effectively.
- 4.1.3 In practical terms, this means the development of an integrated model for services provided in the community by Physiotherapists located within Community Rehabilitation Team (employed by the NHS); Occupational Therapists (employed by the NHS and Council); and Enablement Organisers and Carers (employed by the Council).
- 4.1.4 This integrated model will be supported by our ambition to build capacity for rehabilitation and enablement in localities of Dundee with colleagues in Community Nursing, Third and Independent Sector.

4.2 Community Rehabilitation and Enablement Services Priorities

- 4.2.1 To support facilitation of an integrated model for Community Rehabilitation and Enablement Services delivered across localities in Dundee, a multi-agency project was established in 2014. A project manager was appointed to ensure a continued focus on delivering on the aims and intentions of this project.
- 4.2.2 Consultation took place with service users, carers and key stakeholders who included multi-disciplinary workforce and third sector during 2015. This consultation along with a review of processes and systems of working identified the following key priorities for action in order to ensure that the aims of the project noted at 4.1.2 above were achieved.

These were:

- **Priority 1** – Agree a shared vision and objectives between Community Rehabilitation and Enablement Services.
- **Priority 2** – Measure performance in relation to how integrated services improve outcomes for people accessing the service and their carers.
- **Priority 3** – Improve communication and joint working between the Community Rehabilitation Team, the Social Work Occupational Therapy Service and Enablement and Support Service.
- **Priority 4** – Explore opportunities to have shared IT systems to reduce duplication and improve communication.
- **Priority 5** – Increase Occupational Therapy and Physiotherapy input into the Enablement Service in order to enable people to live as independently as possible by supporting them to return to their previous level of function and maximise their own abilities.
- **Priority 6** – Reduce duplication in Occupational Therapy provision. This is in particular relation to the existence of two separate Occupational Therapy Community Services (one Council-based, one NHS-based) and multiple referral and rehabilitation pathways. A baseline exercise showed that about three quarters of clients supported by the Community Rehabilitation Occupational Therapists (NHS OT) also received input from a Social Work Occupational Therapist.
- **Priority 7** – Undertake and co-produce a test of change in a locality area of Dundee in order to inform how a locality based community rehabilitation and enablement services could be delivered.
- **Priority 8** – Increase awareness and identification of unpaid carers so that they can be supported to continue in their caring role.
- **Priority 9** – Work with colleagues in third and Independent Sector to build capacity in localities so that people are enabled to access a range of supports to promote independence and inclusion in their local area.

4.3 Project Progress

- 4.3.1 Since implementation in 2015, the project has made significant progress in relation to its aims and priorities. These are:

Shared Aims: Community Rehabilitation and Enablement Services have adopted the project aims and Dundee Health and Social Care strategic vision are their shared vision and objectives. The project is noted within the Strategic Plan and has been added as a priority for the future. (Priority 1 achieved);

Reduced Duplication: A single shared referral pathway for accessing a Community Occupational Therapy assessment was implemented during 2015. This has greatly reduced duplication and maximised resources available. (Priority 3 and 6 achieved and Project Aim: - Use our collective resources efficiently and effectively achieved);

Co-Location: NHS and Council Community Occupational Therapist are now co-located within Dundee Independent Living Centre, which includes co-location with the Enablement and Support Service. This has served to improve communication between services and increase Occupational Therapy input in the Enablement Service.(Priorities 3 and 5

achieved and Partial Achievement of Project Aim – Increasing independence and reducing readmission);

Shared IT Systems: Occupational Therapists and Physiotherapists working within NHS Tayside Community Rehabilitation Service will use Corelogic (Social Work IT Recording System) once it goes live in November 2016. In the meantime, Occupational Therapists are able to use the existing system. This has already greatly improved recording, streamlined process and improved communication between services and once all services are using the same IT system this will consolidate this work. (Priority 3, 4 and 6 achieved and Project Aim: - Use our collective resources efficiently and effectively achieved);

Locality Based Service Delivery – A test of change has been initiated within the East End of Dundee to inform how a locality based service can be developed across Dundee and to embed identification of unpaid carers. More information about the test of change is below. (Priority 6, 7, 8 and 9 of the Project Aims);

Joint Management Structure – A test of change is planned following on from co-location of Health and Social Work Occupational Therapists at Dundee Independent Living Centre. This involves transfer of professional supervision and management of Occupational Therapists located within Community Rehabilitation Team to the Social Work Occupational Therapy Team Manager. This will support reduced duplication and a consistent increase to enablement service and integrated community based approaches to rehabilitation in citizens of Dundee own local areas. (Priority 3, 5 and 6 of the Project Aims).

4.4 Locality Based Test of Change

- 4.4.1 A test of change has been set up in the East End locality of Dundee. Practitioners operating in this locality (from across the multidisciplinary team), service users and the Third Sector have been meeting on a monthly basis (in the Douglas Community Centre) in a series of co-production focus groups.
- 4.4.2 The aims of this test of change are to involve service users, carers, Third Sector and our workforce in developing a locality based service that:
- Enables people to maximise their abilities and live independently in their home or homely setting.
 - Reduces readmission to hospital.
 - Improves identification and support to unpaid carers so that carers continue to manage the caring role, where the individual has a carer.
 - Uses collective resources efficiently and effectively and improves communication and co-operation between members of the multidisciplinary team.
- 4.4.3 An evaluation of the test of change will be undertaken to inform a potential roll-out across all localities of Dundee.

4.5 Next Steps of the Project

- 4.5.1 Over the next 12 months, the project intends to:
- Gain user and carer feedback about their experiences and outcomes achieved in order to inform next steps of the project and provide a baseline for measuring performance.
 - Evaluate the outcomes and learning from the test of change in the East End locality to inform how a locality based community rehabilitation and enablement service could be implemented.
 - Explore opportunities to further reduce duplication and in doing so enhance capacity of our workforce and services.
 - Explore opportunities to build our capacity by further developing partnership arrangements with third sector.
 - Consolidate test of change in relation to joint management structure for Occupational Therapists based at Dundee Independent Living Centre.

5.0 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.

6.0 CONSULTATIONS

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

7.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer

DATE: 4 June 2016



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
28 JUNE 2016

REPORT ON: JOINT DUNDEE AND ANGUS EQUIPMENT LOAN SERVICE PROPOSAL

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB29-2016

1.0 PURPOSE OF REPORT

- 1.1 This report provides information about a proposal by Angus Council to Dundee Health and Social Care Partnership to develop a Joint Dundee and Angus Equipment Loan Service.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Approves, in principle, the proposal to proceed with development of a Joint Dundee and Angus Equipment Loan Service and instructs the Chief Officer to explore with Angus Health and Social Care Partnership, the development of a joint Dundee and Angus Equipment Loan Service and to report back to the IJB on the outcome of discussions.

3.0 FINANCIAL IMPLICATIONS

- 3.1 Dundee Health and Social Care Partnership will realise ongoing efficiency savings to the value of £50,000 in a full financial year as a result of the creation of a Joint Dundee and Angus Equipment Loan Service.
- 3.2 It is anticipated that further future efficiency savings will be achieved as the Joint Service becomes established.

4.0 MAIN TEXT

4.1 Dundee Community Equipment Loan Service and Independent Living Centre

- 4.1.1 The Dundee Community Equipment Loan Service and Dundee Independent Living Centre is an established partnership between Dundee City Council and NHS Tayside.
- 4.1.2 The Loan Service provides, delivers, installs and maintains a range of equipment to people of all ages living in Dundee to help them to manage day to day living to minimise intervention and maximise independence. Equipment provided by the Joint Community Equipment Loan Service will have been prescribed by Health or Social Work staff using the Dundee Joint Access to Equipment and Adaptations Criteria.
- 4.1.3 The Independent Living Centre provides information, advice and a demonstration service to public, users, carers and professionals on all aspects of equipment, health improvement, self management and opportunities for social inclusion. The Centre also ensures professionals of all disciplines have access to up-to-date equipment for demonstration and assessment purposes and provides a training environment for staff and the public in the use of equipment.

4.2 Joint Dundee and Angus Community Equipment Loan Service Proposal

- 4.2.1 The Angus Community Equipment Loan Service is a joint service between Angus Council and NHS Tayside that provides equipment to Angus citizens. The service is currently provided from Little Cairnie Hospital.
- 4.2.2 In 2015, NHS Tayside intimated that they would be expecting this site to become surplus to requirements in 2016 and requested that a timeline was established for an early re-location of the Angus Community Equipment Loan Service from the Little Cairnie site. It is of note that the site is currently being marketed for sale.
- 4.2.3 Due to this, Angus Council approached Dundee City Council to request consideration of a Joint Dundee and Angus Equipment Loan Service as part of their options appraisal.

4.3 Benefits of the Joint Dundee and Angus Proposal

- 4.3.1 It is likely that a merger could have long-term benefits for Dundee in relation to:
- Reduction in ongoing infrastructure costs such as building and equipment safety associated with Dundee Independent Living Centre, Loan Service and Store.
 - Reduction in spend on equipment as a result of economies of scale and bulk-buying power. It would also help to standardise the type and range of equipment provided within Dundee and Angus.
 - Immediate efficiency savings from a full financial year of the merger to the amount of £50,000.
- 4.3.2 These benefits would mean that the service would be able to realise actual cost savings to Dundee City Council and the Integration Joint Board without affecting the range, quantity and quality of equipment provided within Dundee.

4.4 Risks Associated with the Proposal

- 4.4.1 Risks associated with a potential merger have been identified and actions considered to mitigate the risks are addressed. The risks are:

Impact on Dundee Partnership Service Delivery

- 4.4.2 The Dundee Equipment Loan Service and store is well established and consistently performs well in relation to delivery and collection of equipment, recycling and customer satisfaction. The risk of a merger is that this performance is negatively affected and therefore Dundee citizens experience poor service within Dundee.
- 4.4.3 To mitigate this risk, a staffing and operational delivery model set out in a Partnership Agreement will be implemented. These will set out how Dundee Partnership performance will be maintained and the expectations and arrangements in relation to a Joint Dundee and Angus Loan Service.

Uncertainty Regarding Length of Future Service Provision

- 4.4.4 It is acknowledged that Angus Partnership may wish to have flexibility in relation to their future provision but Dundee Partnership requires certainty regarding future provision.
- 4.4.5 To mitigate this risk Angus Partnership have agreed to commit to a minimum length of joint service, a reasonable notice period of any planned changes to the joint working arrangement, a further notice period for any planned exit which includes recovery costs to Dundee Partnership should this occur. These will be set out in a Partnership Agreement.

Financial Risks

- 4.4.8 It is recognised that any merger may have financial risks to Dundee Partnership both in terms of initial set up costs associated with a merger and long term risks should Angus decide to remodel in the future. To mitigate these risks a financial model was agreed by Chief Financial

Officers of both Dundee and Angus Partnerships. This model has identified immediate savings to Dundee Partnership to the value of £50,000 and has built in safeguards associated with any financial risks associated with a merger.

5.0 POLICY IMPLICATIONS

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

6.0 CONSULTATIONS

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

7.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer

DATE: 6 June 2016



EQUALITY IMPACT ASSESSMENT TOOL

Part 1: Description/Consultation

Is this a Rapid Equality Impact Assessment (RIAT)?	Yes x	No <input type="checkbox"/>
Is this a Full Equality Impact Assessment (EQIA)?	Yes	No <input type="checkbox"/>
Date of Assessment:	6 June 2016	Committee Report Number: DIJB29-2016
Title of document being assessed:	Joint Dundee and Angus Equipment Loan Service	
1. This is a new policy, procedure, strategy or practice being assessed (If yes please check box) Yes	This is an existing policy, procedure, strategy or practice being assessed? (If yes please check box) <input type="checkbox"/>	
2. Please give a brief description of the policy, procedure, strategy or practice being assessed.	This project aims to bring together Dundee and Angus Equipment Loan Services	
3. What is the intended outcome of this policy, procedure, strategy or practice?	Merger of Dundee and Angus Equipment Loan Services	
4. Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.	Partnership agreement by Dundee City Council and NHS Tayside to provide a Dundee Equipment Loan Service.	
5. Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.	No	
6. Please give details of council officer involvement in this assessment. (e.g. names of officers consulted, dates of meetings etc)	Consultation took place with Managers of Equipment Loan Service, Occupational Therapy, Housing Services, Manual Handling and Head of Health and Community Care, Head of Strategy and Performance, Chief Financial Officer, Chief Officer.	
7. Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy?	It is proposed that consultation to support development of a joint Loan Service if the proposal to proceed is agreed by IJB.	

(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?)	
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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>It is likely that the merger will establish consistency in service provision across Dundee and Angus.</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>Potential risks as outlined in the IJB report. Actions to mitigate the risks are outlined in the IJB report.</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>Development of a Partnership Agreement which sets out governance and consultation arrangements.</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>It is likely that the merger will establish consistency in service provision across Dundee and Angus.</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>There are no negative impacts identified at this stage. It is anticipated that this merger will have the benefits of creating consistency in service provision across Dundee and Angus.</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>A coordination group has been established to develop and monitor the joint project.</p>

Part 4: Contact Information

Name of Department or Partnership	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 type="checkbox"/>
Guidelines and Protocols	<input type="checkbox"/>
Other	x

Manager Responsible	Author Responsible
Name: Diane McCulloch	Name: Alexis Chappell
Designation: Head of Community Care	Designation: Service Manager
Base: Social Work Office Claverhouse Jack Martin Way Dundee DD4 7PT	Base: Social Work Office Claverhouse Jack Martin Way Dundee DD4 7PT
Telephone: 01382 434000	Telephone: 01382 434000
Email: diane.mcculloch@dundeecity.gov.uk	Email: alexis.chappel@dundeecity.gov.uk

Signature of author of the policy:	Alexis Chappell	Date: 06/06/16
Signature of Director/Head of Service:	David Lynch	Date: 06/06/16
Name of Director/Head of Service:	Click here to enter text.	
Date of Next Policy Review:	Click here to enter text.	



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
28 JUNE 2016

REPORT ON: CARERS (SCOTLAND) ACT 2016

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB30-2016

1.0 PURPOSE OF REPORT

- 1.1 This report provides information about the Carers (Scotland) Act 2016 and arrangements in place to prepare for its likely commencement in April 2017.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the Royal Assent of the Carers (Scotland) Act 2016 on 9th March 2016 and the duties and powers placed on Local Authorities and Health Boards through this Act.
- 2.2 Requests a further report detailing financial and resource implications of the Act once known.
- 2.3 Instructs the Chief Officer to provide information to the IJB on any changes in policy required as a consequence of the Act.

3.0 FINANCIAL IMPLICATIONS

- 3.1 At present the financial and resource implications associated with implementation of the Act is unclear. A finance group has been established by Scottish Government with representation from COSLA, National Carer Organisations and Local Authorities to profile demand and costs of assessment and support for Carers. Once this work is completed, it will inform discussions around the settlement covering the period from when the Act will commence, which will be 2017/18 onwards.

4.0 MAIN TEXT

4.1 Overview of Carers (Scotland) Act 2016

- 4.1.1 The Act aims for Adult and Young Carers to be better supported on a more consistent basis so that they can continue to care, if they so wish, in good health and to have a life alongside caring. For young Carers, the intention is similar to that for adult Carers but that young Carers should have a childhood similar to their non-carer peers. It is anticipated that the Act will commence in April 2017.
- 4.1.2 The Act defines a Carer as an individual who provides or intends to provide care for another individual (the "cared-for person"). The Act removes the substantial and regular test used in previous legislation to define the caring role and the requirement that the cared-for person must access community care services in their own right. In doing so, the Act expands who can be defined as a Carer and supports a greater focus on the impact caring has on the Carer as well as Carers outcomes.

- 4.1.3 The powers and duties outlined in the Act are welcomed and will help to consolidate the progress made in Dundee in supporting Carers. Within Dundee, support to Adult Carers is a delegated function of the Integration Joint Board.

4.2 Information and Advice

- 4.2.1 In summary, the Act introduces a duty to establish and maintain an information and advice service for Carers in their area. In doing so, the Act repeals a previous duty on Health Boards to prepare a Carer Information Strategy. This new service must provide information and advice on: -

- Carers rights,
- Emergency and future care planning,
- Advocacy,
- Education and training,
- Income maximisation,
- Health and wellbeing,
- Bereavement support for Carers.

- 4.2.2 Dundee Health and Social Care Partnership already provide a range of information to Carers both directly and through a range of partners in the Third Sector. In preparation for commencement of this Act, identified leads from the Health and Social Care Partnership are working with Dundee Carers Centre to ensure that the required information and advice is available to all Carers in Dundee for commencement of the Act.

- 4.2.3 To increase awareness and identification of Carers, the Dundee Carers Partnership have organised a Public Information Campaign during Carers week, which is the week commencing 4th June 2016. As part of this campaign, a website called [CarersofDundee](#) has been created to provide information about this campaign. It is planned that this website will be used after the campaign to provide a range of web based information to Carers.

4.3 Adult Carers Support Plans

- 4.3.1 The Act introduces Adult Carer Support Plans (ACSP) to replace Carers' assessments.
- 4.3.2 The legislation directs that the ACSP must set out the Carer's identified personal outcomes, identified needs and the support to be provided to the Carers, which may include a break from caring. The Act specifies that in addition to these the ACSP must contain a range of information which includes impact of caring on the Carer's wellbeing, Carer's choices about the caring role and arrangements for contingencies and emergencies. There is also a requirement to set clear timescales for the completion and review of ACSP in particular for people caring for someone with a terminal illness.
- 4.3.3 Over the past year, representatives of the Health and Social Care Partnership and Dundee Carers Centre have worked with Carers to develop, pilot and launch a Dundee ACSP which reflects Carers views, outcomes and wishes and requirements set out by the Act. This ACSP has been added to the new Social Work Recording System and it is planned that a final version of the ACSP will be available from October 2016.

4.4 Eligibility Criteria

- 4.4.1 The Act introduces a duty to set and publish a local eligibility criterion which provides information about access to support. Before setting and publicising this criteria, Local Authorities are required to involve and consult with Carers, Carers Organisations and any other relevant partners in the preparation of the Criteria. The Act also requires that the Criteria must be reviewed within three years of the date of the Criteria being published.
- 4.4.2 In preparation for this Act, representatives of Health and Social Care Partnership and Dundee Carers Centre have piloted an eligibility criteria based on Carers outcomes with Carers. Based on this pilot an eligibility criteria based on Carers outcomes has been drafted and it is planned that formal consultation on this proposed eligibility criteria will begin in July 2016 with Carers, Carers Organisation and relevant stakeholders across Dundee.

- 4.4.3 The outcomes from this consultation will then inform development of proposed eligibility criteria for Dundee for consideration by the Integration Joint Board by December 2016 so that the Criteria will be in place and our workforce will have received training on the Criteria prior to commencement of the Act.

4.5 Involving Carers in Hospital Discharge

- 4.5.1 The Act places a duty on Health Boards to inform and involve Carers in discharge planning for the cared-for person. Within Dundee, discharge planning is seen as a partnership activity which should involve the patient, their Carers or family members and the multi-disciplinary team in the discharge planning process so that patients can return home or to a homely place when they are well.
- 4.5.2 A strategic Discharge Management Planning Group is in place which oversees discharge management activity. The duties placed by this Act with regards to discharge planning are now included in the Group plan to support oversight of our performance in relation to this duty.
- 4.5.3 In anticipation of this Act, representatives from Dundee Health and Social Care Partnership, NHS Tayside and the Third Sector are leading a group, which involves consultation with Patients, Adult and Young Carers, to develop and implement multi-agency discharge management guidance which promotes and supports Adult and Young Carers involvement in discharge planning. It is planned that this guidance will be completed and implemented by December 2016, so that the Guidance will be in place and our workforce will have received training on the Guidance prior to commencement of the Act.

4.6 Supports to Carers and Short Breaks

- 4.6.1 The Act introduces a duty to provide support to Carers, based on the Carer's identified needs which meet the local eligibility criteria. In determining what support should be provided, the Act also makes it a duty to consider if this support should take the form of or include a break from caring. The Act requires that Local Authorities must waive any charges for any support provided to Carers and must publish a short breaks services statement which provides information about the short breaks services available for Carers and cared-for persons.
- 4.6.2 Carers can currently access support, including access to short breaks, through a number of Third Sector services commissioned by Dundee Health and Social Care Partnership. To prepare for commencement of the Act and ensure that Carers views inform development of supports, Carers Organisations in Dundee (Dundee Carers Centre, Penumbra, PAMIS and Barnardo's) have agreed to work with Carers to lead development of a range of supports which Carers consider will meet their identified needs and which can be available in their local area. In leading on this development, Carers Organisations will also work with local services such as Libraries and Community Centres to maximise the opportunities currently available in Dundee.
- 4.6.3 In addition to development of supports, Dundee Carers Centre have agreed to work with Carers to develop a short breaks statement which will provide information about the short breaks services available for Carers and cared-for persons.
- 4.6.4 Within Dundee, we also recognise that Carers who are also in employment may benefit from a supportive working environment so that they feel able to balance work with caring responsibilities and access support. Due to this, the Dundee Carers Partnership aim is to encourage partner organisations and employers in Dundee to become [Carer Positive](#) employers. The Carer Positive award is presented to employers in Scotland who have a working environment where Carers are valued and supported. To this end, Dundee City Council and Dundee Carers Centre have recently become Carer Positive employers and it is understood that NHS Tayside is currently making preparations to apply for this award.
- 4.6.5 It is anticipated by enabling Carers Organisations to take a lead role in working with Carers to develop a range of supports which includes short breaks and by promoting the Carer Positive Award, Dundee Health and Social Care Partnership will be able to foster a range of supports which Carers consider meet their identified needs.

4.7 Carer Involvement

- 4.7.1 The Act places a duty on Local Authorities and Health Boards to involve Carers in the Carer services that they provide. By involvement it is meant that Carers are involved in considering what needs might call for the provision of services, what services might be provided to meet those needs, how those services may be provided and how the provision of services might be evaluated.
- 4.7.2 Dundee, through its Strategic Planning Partnerships, has a long history of involving Carers within strategic planning processes with Carers being represented at Dundee Health and Social Care Strategic Planning Group, Carers Partnership and Older People Strategic Planning Group. The IJB Communications Group is reviewing options to scope out current Carer representation and formal involvement opportunities, alongside mechanisms for service user involvement. This builds on existing work by a range of Carers support organisations and the local Carers Voice group. It is anticipated that this work will lead to a meaningful representative and involvement structure for the long term.
- 4.7.3 The Carer workstream leads who are taking forward development of the ACSP, Eligibility Criteria, support to Carers, short breaks statement and involvement of Carers in discharge planning will involve Carers, as reflected in this report, to ensure that any developments are reflective of Carers views.
- 4.7.4 In discussions with Carers and Carers Organisations, Carers told us that they felt that a key priority for our Dundee Carers Strategy should be that all Carers feel listened to, valued and have a say in the supports required for them and the person they care for. Multi-agency guidance and a learning framework will be developed and implemented which sets out how our workforce will support Carers, meet the requirements of this Act and enable Carers to feel an equal partner in care prior to commencement of the Act

4.8 Dundee Carers Strategy and Dundee Carers Charter

- 4.8.1 A further duty is on Local Authorities and Health Boards to jointly prepare and publish a Carers Strategy, with Carers and Carers Organisation, outlining plans to identify Carers, an assessment of demand, supports available to Carers, an assessment of how support to Carers is not being met, plans for supporting relevant Carers and an assessment of the extent to which plans for supporting relevant Carers may reduce any impact of caring on relevant Carers' health and wellbeing.
- 4.8.2 The Dundee Carers Partnership is currently in the process of drafting the Dundee Carers Strategy for 2016-19 which will meet those requirements, contribute to Dundee Health and Social Care Strategic Plan and Dundee Children and Families Strategic Plan and which will set out how Adult and Young Carers will feel listened to, valued and supported so that they are able to live a fulfilled and healthy life. Formal consultation on this Strategy will begin in July 2016.
- 4.8.3 To accompany this Strategy a Dundee Carers Charter will be published which will set out and summarise our local commitments to Adult and Young Carers. Consultation on the Dundee Carers Charter began during National Carers week which commenced on 4th June 2016.
- 4.8.4 The outcomes from the consultation on the Dundee Carers Strategy and Dundee Carers Charter will then inform final versions for consideration by the Integration Joint Board by December 2016 so that the Strategy and Carers Charter will be in place prior to commencement of the Act.

4.9 Costs Associated with Implementing the Act

- 4.9.1 The Social Care (Self Directed Support) (Scotland) Act 2014 introduced regulations requiring Local Authorities to waive charges to Carers for support provided directly to them.
- 4.9.2 Throughout the Act's progress through Parliament, COSLA has raised concerns about the financial resources to support implementation of this Act in relation to:

- The amount of funding required to support implementation of waiving of charges for support provided to Carers, when providing support to Carers becomes a duty upon commencement of the Act in 2017; and
- The definitions of replacement care and respite care to inform whether the Cared-For-Person or Carer can be charged for care when the cared for person is at respite or when replacement care is needed when the Carer is on a short break.

4.9.3 A national Finance Group has been established to profile demand and unit costs of assessment and support for Carers. Once this work is completed, it will inform discussions around the spending review and settlement covering the period when the Act will be enacted which will be 2017/18 onwards.

4.9.4 Health Boards received funding to prepare Carer Information Strategies from Scottish Government. With the transfer of Health Boards responsibilities to undertake this function to Integration Joint Boards, it is understood that confirmation will be provided from Scottish Government as to whether these monies will be transferred to Health and Social Care Partnerships so that the new duty to provide an information and advice service can be funded.

5.0 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.

6.0 CONSULTATIONS

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

7.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer

DATE: 6 June 2016



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

REPORT ON: COMPLAINTS PROCEDURE AND SYSTEMS

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB31-2016

1.0 PURPOSE OF REPORT

This report provides the Integration Joint Board with an update of the development of complaints procedures and systems to be applied by the Dundee Health and Social Care Partnership.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Adopts the proposed approach towards the development and implementation of existing and new complaint processes for the Dundee Health and Social Care Partnership;
- 2.2 Instructs the Chief Finance Officer to ensure that updated and new complaint processes are submitted to the Integration Joint Board for approval, once they have been completed taking into account the forthcoming guidance from the Scottish Government and the Scottish Public Services Ombudsman (SPSO);
- 2.3 Instructs the Chief Finance Officer to ensure that regular Complaint Performance Reports are submitted to the Integrated Joint Board.

3.0 FINANCIAL IMPLICATIONS

There are no financial implications. New and revised public information materials will be created by staff and will not require any additional funding.

4.0 MAIN TEXT

4.1 Scottish Government Guidance on Complaint Handling for Health and Social Care Partnerships

- 4.1.1 The Scottish Government is creating specific guidance on complaint handling for Health and Social Care Partnerships to help ensure an integrated approach to handling complaints and annual Performance Reporting. This will largely follow the SPSO model Complaint Handling Procedures, including reference to the existing statutory social work and NHS complaint arrangements.
- 4.1.2 The aim was for this guidance to be published in spring 2016, however to date it has still not been published. Until this guidance is published, it is proposed that the Dundee Health and Social Care Partnership handle and report on complaints following the current processes. When the guidance is released, the complaint handlers for the Partnership will meet to draft updated procedures and supporting information and submit a further report to the IJB.

4.2 Statutory Social Work Complaints

- 4.2.1 Statutory Social Work complaints are handled using the Statutory Social Work Complaint Procedure. This was updated in April 2016 to take into account the dissolution of the Social Work Department within Dundee City Council and the creation of the Children and Families Service and Dundee Health and Social Care Partnership. (See Appendix 1)
- 4.2.2 The Scottish Government's consultation on the proposed changes to the Statutory Social Work complaints process closed in December 2015. The main proposed changes were:
- the model complaints handling procedure to be adopted for Social Work Complaints;
 - the Complaint Review Committee stage to be replaced by review by the SPSO;
 - the SPSO's functions to be extended to allow them to investigate Stage 3 of complaints and to consider in their investigation matters of professional judgment of social work staff.
- 4.2.3 Timescales for the completion of complaints have also been suggested, and feedback from the Local Authorities has been that extension of timescales should be permitted for complex cases due to the nature of Social Work complaints.
- 4.2.4 The Statutory Social Work Complaints process will also continue to handle complaints made about Social Work matters in the Children and Families Service. Children and Families Social Work complaints will continue to be managed by the Customer Care Governance Officer, hosted by the Health and Social Care Partnership.

4.3 NHS Complaints

- 4.3.1 NHS Complaints are currently handled using the NHS Tayside Complaints Management Procedure. (See Appendix 2)
- 4.3.2 The SPSO is working on a revised NHS model complaints handling procedure. Three subgroups are currently working on:
- a revised procedure;
 - data recording and reporting;
 - learning and training materials.
- 4.3.3 It is anticipated that the NHS model complaints handling procedure will be published in 2016 and implemented by NHS Scotland in April 2017.

4.4 Dundee City Council Corporate Complaints

- 4.4.1 Complaints made about Dundee City Council employees not covered under the Statutory Social Work Complaint procedure are handled using the Corporate Complaints Process. For example, a complaint may be made about an employee in working hours parking in a wrong parking space. The Corporate Complaints scheme also covers complaints about the administration of the Blue Badge Scheme. It is based on the Model Complaint Handling Process.
- 4.4.2 The Corporate Complaints process for complaints made about Dundee City Council employees within the Dundee Health and Social Care Partnership will continue to be administrated by the Customer Care Governance Officer.

4.5 Complaints about the Integration Joint Board

- 4.5.1 The Scottish Government propose that complaints about the IJB itself will be handled using a Model Complaint Handling Process, however the guidance has not been released yet.
- 4.5.2 Clarification is required in particular as to the suggested parties who will investigate and oversee any complaints made about the IJB.
- 4.5.3 The Corporate Planning Officer and Customer Care Governance Officer will continue to liaise with the SPSO regarding this.

4.6 Complaints about Independent Contractors involved with the Dundee Health and Social Care Partnership

- 4.6.1 In addition to the complaints processes above, all Independent Contractors involved with the Health and Social Care Partnership, will be required to have a Complaints Procedure in place. Where complaints are received that relate to a service provided by an Independent Contractor, the lead organisation will refer the complainant to the Independent Contractor for resolution of their complaint. This may be done by either provision of contact details or by the lead organisation passing the complaint on, depending on the approach preferred by the complainant.

4.7 Complaints about Integrated Services

- 4.7.1 Audit Scotland has recommended that all Local Authorities along with NHS produce a single point of contact for complaints. Complaints received will be screened by Complaint Handlers in the Partnership to ensure that they are routed quickly to the correct person.
- 4.7.2 Complaints by patients/carers/service users will be managed and responded to by the lead organisation responsible for the delivery of the service to which the complaint refers. The Chief Officer will have an overview of complaints related to integrated functions and will provide a commitment to joint working, wherever necessary, between the Council and NHS when dealing with complaints about integrated services.

4.8 Summary of Complaints Processes

- 4.8.1 In summary, Dundee Health and Social Care Partnership will continue to work with three current separate complaints processes and will work with one additional new process. These are:
- Statutory Social Work Complaints;
 - NHS Complaints;
 - Dundee City Council Corporate Complaints;
 - Integration Joint Board Complaints process – new complaint process for handling complaints made about the Integration Joint Board itself.
- 4.8.2 In addition complaints may be received regarding Independent Contractors involved with the Dundee Health and Social Care Partnership.

4.9 Public Information About Complaints Processes

- 4.9.1 The creation of the Dundee Health and Social Care Partnership website is ongoing. An area of the website will be devoted to information about the different complaints processes and how to make complaints.
- 4.9.2 Care will be taken to ensure that the complaints processes are as simple to understand as possible. There will be contact details for people to use if they have queries about how to make a complaint.
- 4.9.3 Accessible information for people with learning disabilities is also being created.

4.10 NHS Tayside and Dundee, Perth and Kinross, and Angus councils

- 4.10.1 NHS Tayside works with three Integrated Joint Boards. Work will be undertaken to ensure there is consistency with the agreed reported data and complaint handling processes across Tayside.

4.11 Reporting of complaints

- 4.11.1 The future alignment of the health complaints model, and statutory social work complaints process with the standard model used by local authorities will help ensure that there is consistency of complaint reporting.

4.11.2 The complaint data that will be reported on will include:

- Types of complaints (e.g. Social Work, NHS etc.);
- Numbers of complaints;
- Stages of complaints (e.g. Frontline Resolution, Investigation etc.);
- Categories of reasons for complaints;
- Compliance with timescales for resolving complaints;
- Service improvements identified and carried out following on from complaints;
- Complainants' satisfaction with the complaints process

4.11.3 It is proposed that a complaint performance report is submitted to the IJB quarterly. More frequent complaint performance reports will also be submitted to the Performance and Audit Committee. This will ensure that problems are picked up and that complaint resolutions comply with timescales. Monthly reporting of current open complaints to Heads of Service will continue.

4.11.4 Annual reporting of complaints will be undertaken following the forthcoming guidance from the Scottish Government.

4.11.5 Covalent Performance Management software will be used to create performance reports.

5.0 POLICY IMPLICATIONS

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

6.0 CONSULTATIONS

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

7.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 2 June 2016

Approved / Reviewed: 30 May 2016
 Next Review Date: 01 Sep 2016

SOCIAL WORK (STATUTORY) COMPLAINTS PROCEDURE

- MAIN RESPONSIBILITY** : All staff working within Social Work Practice within Children and Families Services and Dundee Health and Social Care Partnership
- LEGISLATION** : Section 52 of the National Health Service and Community Care Act 1990 which inserted a new section, Section 5(b) into the Social Work Scotland Act 1968
 Regulation of Care Act (Scotland) 2000
- SCOTTISH OFFICE GUIDANCE** : Circular SWSG5/1996, Local Authority Complaints Procedure

1 PURPOSE

- 1.1 This operating procedure provides all staff with relevant information to ensure that complaints are resolved quickly, fairly and as close as possible to the point of service delivery so that the individuals involved and the organisation as a whole benefit from the experience.
- 1.2 Like other Scottish local authorities, two separate complaints procedures are in place within Dundee City Council - the Social Work (statutory) Complaints Procedure and the Council's (corporate) Complaints Procedure.
- 1.3 The Social Work *statutory* Complaints Procedure is a specific procedure whereby a complainant has a statutory right to make a complaint. Only specified persons can make a complaint about specified matters under this statutory process (see section 3 & 4 below). Detailed information provided here relates to the statutory procedure.
- 1.4 Complaints about matters or made by persons not covered under the statutory procedure as outlined above will be processed by the social work staff under [Dundee City Council Complaints Handling Procedure](#). Detailed information about this procedure can be found on the Council website.
- 1.5 The Electronic Complaints Database allows social work staff to log and investigate a complaint under either of the two procedures.
- 1.6 In the course of making and pursuing the complaint, some complainants may require additional assistance at all its stages. Staff must take steps to arrange any such assistance.

2 DEFINITION OF A ‘COMPLAINT’

- 2.1 For the purpose of this procedure, a ‘Complaint is an expression of dissatisfaction with the services provided by or on behalf of Social Work practice in Dundee City Council’s Children and Families Services and/or Dundee Health and Social Care Partnership’.
- 2.2 It is *not* a complaint when a person first requests a service or asks for information or an explanation of policy or practice.

3 WHO CAN MAKE A COMPLAINT?

- 3.1 For complaints to be considered under this statutory complaints procedure a complainant **must be** either:
- a) a service user: or
 - b) their authorised representative.
- 3.2 A ‘**service user**’ in this context is a person including a person under the age of 18years:
- a) who is receiving or has received a service; or
 - b) whose request for a service has been refused; or
 - c) whose need or possible need for a service, which Social Work Practice within Children and Families Services and/or Dundee Health and Social Care Partnership has a power or a duty to provide, has come to the attention of the Children and Families Services and/ or Dundee Health and Social Care Partnership.
- Any service to the members of public contracted by the Children and Families Services and/or Dundee Health and Social Care Partnership is included as well as services directly provided by Children and Families Services and/or Dundee Health and Social Care Partnership.
- 3.3 An ‘**authorised representative**’ is a person who has a statutory entitlement, locally recognised authority or an explicit mandate to make a complaint on behalf of the ‘service user’. Examples include the following:
- a) A person with a power of attorney for the service user from a court of law.
 - b) A person appointed as a proxy decision maker under the Adults with Incapacity (Scotland) Act 2000
 - c) A professional or citizen advocate from an independent advocacy provider organisation recognised by the Children and Families Services and/or Dundee Health and Social Care Partnership.
 - d) A person providing care to the service user without being employed for that person (private carer).
 - e) A person who has a mandate to represent a client in the matter of complaint.
 - f) In case of service users under the age of 18 years, their parents, a person with parental rights and responsibilities for them or their local authority foster carer. In addition, any other person appearing to Children and Families Services and/or Dundee Health and Social Care Partnership to have sufficient interest in the service user’s wellbeing to warrant making representation on their behalf.

4 MATTERS FOR COMPLAINTS

- 4.1 Complaints can be made concerning any service for which the Children and Families Services and/or Dundee Health and Social Care Partnership have a power or duty to provide to individual service users. These include the following:
- (a) Failure to properly assess the needs of users and their carers and/or failure to give due consideration to the needs and wishes of individual users and their carers in decisions about service provision.
 - (b) Failure to follow Departments' procedures and/or failure to give due consideration to the Departments' guidance in making decisions or delivering services.
 - (c) Failure or delay in providing a service or providing a service that quantitatively or qualitatively fails to meet the reasonable expectations of the service users.
 - (d) Poor attitude or behaviour of staff.
 - (e) Failure to properly investigate complaints, advise service users of their rights or respond within prescribed timescales.
- 4.2 Complaints against Welfare Rights service (other than the Assessment and Care & Support related complaints) and Blue Badge service should be logged and investigated under the Council's (corporate) Complaints Procedure and not under the Social Work (statutory) Procedure.
- 4.3 Complaints against a service provided by the Dundee Health and Social Care Partnership will be dealt with as described in section 13 of the Dundee Scheme of Integration (appendix 4). Complaints by patients/carers/service users will be managed and responded to by the lead organisation responsible for the delivery of the service to which the complaint refers. The Chief Officer will have an overview of complaints related to integrated functions and will provide a commitment to joint working, wherever necessary, between the Council and NHS when dealing with complaints about integrated services.

5 HOW CAN A COMPLAINT BE MADE?

- 5.1 A complaint can be made to ***any member of Social Work staff*** or at ***any of the Social Work offices*** even if the complaint is not about their specific service area. In additions, the Council provides other avenues for submitting complaints. Complaints can be made:
- (a) verbally by telephone or in person
 - (b) in writing by email, fax, letter or tear-off slip from leaflets
 - (c) online on Dundee City Council website
 - (d) through Dundee City Council Helpline or Customer Services at Dundee House
- 5.2 *If a complainant needs assistance in putting together their complaint, this must be provided by the staff.*

6 RECEIVING AND RECORDING COMPLAINTS

- 6.1 The member of Social Work staff, **who receives the complaint**, whether verbal or in-writing, is responsible for ensuring that it is recorded on the [electronic complaints database](#) . They must do so even if the complaint is not about the section or the service in which they work.

This must be done immediately. If they do not have access to the electronic complaints database, they must pass it on to a member of their team who has such an access.

- 6.2 The complaints received at the new email address socialwork.complaints@dundeecity.gov.uk will be forwarded to the relevant head of service who will record these complaints on the electronic complaints database.
- 6.3 Complaints received at ***all other email addresses*** are the responsibility of the recipients of the emails for the purpose of recording on the electronic complaints database only.
- 6.4 The guidance for the use of [electronic complaints database](#) is provided in Appendix 3 of this procedure. Once recorded, the complaint is automatically assigned to the head of service and the involvement of the person recording the complaint ends.

7 ACKNOWLEDGING AND ALLOCATING COMPLAINTS

- 7.1 The Head of relevant service shall acknowledge complaint within a maximum of 5 calendar days of receipt. ***The aim should be 2 calendar days.***
- 7.2 The acknowledgment letter must have the name, job title and contact telephone number of the investigating officer. It also must have the date by which the complainant can expect to have a definitive response to their complaint.
- 7.3 The electronic complaints database will generate the acknowledgment letters automatically
- 7.4 ***The complainant **must** be sent a copy of the social work complaints leaflet Your Right to be Heard . This should be downloaded from Dundee City Council website to ensure that it has the most up to date information.***
- 7.5 Complaints should not be allocated to any staff member who is about to go on leave or already is. If an investigating officer goes off sick, it should be re-allocated to another staff member.
- 7.6 Any delay in allocating complaints reduces the time available to the Investigating Officers by an equal amount. Statutory timescales are based on the date of receipt of the complaint and not when it is allocated for investigation.

8 TIMESCALES FOR CONCLUDING COMPLAINTS

- 8.1 There are prescribed maximum timescales for concluding complaints and sending definitive responses to the complainants. These are explained in section 11 below.
- 8.2 These timescales can only be extended in ***exceptional*** circumstances and with prior notification to the complainant. ***In the near future, External Auditors are likely to monitor and scrutinise all those complaints where timescales are extended by the investigating officers.***
- 8.3 Complainants have the right to further complain if the specified timescales are not met or they are not made aware of the complaints procedure or their rights under the procedure.

9 CONFIDENTIALITY AND IMPARTIALITY

- 9.1 The subject of all complaints must remain *confidential*. Complainants have the right to further complain if this principle is breached.
- 9.2 No officer should be involved in investigating a complaint relating to their own actions or judgement.
- 9.3 The Investigating Officer would always be at a senior level than the most senior officer involved in the complaint. They should always remain impartial.

10 CRIMINAL OFFENCES

- 10.1 *Where it is suggested that a criminal offence may have been committed the immediate guidance of the Head of Democratic and Legal Services must be taken about making a referral to the Police and the complainant should be made aware of this. Care must be taken that any statutory Social Work complaint enquiry does not involve consideration of whether or not the Children and Families Services and/or Dundee Health and Social Care Partnership feel a criminal offence has occurred.*

11 STAGES OF COMPLAINTS PROCEEDINGS

11.1 Stage 1 (Level 1 Complaints): Informal Investigation / Problem Solving Stage

- 11.1.1 These are complaints where the issues are straightforward and easily resolved, requiring little or no investigation. *(Complaints where complex, serious or 'high risk' issues are involved must be investigated at Stage 2 from the outset).*

Examples of such complaints include the following:

- A service that should have been provided has not been provided
- A service has not been provided to an appropriate standard
- A request for a service has not been answered / actioned
- A complaint that a staff member was rude or unhelpful
- A staff member failed to attend a scheduled appointment

- 11.1.2 **Intended Outcome:** On the spot apology, explanation for a service failure, mediation or other action is taken to resolve the complaint quickly and close to the place of service delivery. The action taken should be recorded in the electronic complaints database and used for service improvement

- 11.1.3 **Resolution Timescale:** 1) The complainant should receive the definitive response within 14 calendar days from the date of receipt of the complaint (and not from the date when allocated for investigation). These are the maximum allowed timescales. *The aim should be to conclude them within 10 calendar days.*

- 2) It is only in exceptional circumstances that it would be extended

beyond the maximum allowed period of 14 calendar days. The reason(s) for this delay must be recorded on the electronic complaints database and the complainant must be informed of these reason(s).

11.1.4 **Investigating Officer:** Team Manager or above (they would always be at a senior level than the most senior officer involved in the complaint).

11.1.5 **Role of the Investigating Officer:**

- To explain to the complainant the procedure and their rights under the procedure including the right to be accompanied by a friend, relative or an advocate. In the case of a child or young person, the Children's Rights Officer should be involved from the outset.
- To ascertain the substance of the complaint and what the complainant wants to achieve by complaining through telephone, face to face meeting, etc. *Formal written correspondence for the purpose of setting up meetings or gathering information etc. should be avoided as far as possible.* Information from members of staff should be similarly gathered i.e. by phone or email.
- To attempt mediation for the purpose of resolving the problem informally and quickly
- To advise the complainant in the definitive response that if they are not satisfied with the outcome of the complaint they can ask, within 28 days, to enter a more formal stage of the complaints procedure i.e. Stage 2 (Level 2 complaint)
- To forward any written notes along with the copy of the response letter to the Head of Service for retention for the prescribed period unless these are attached in the electronic complaints database.

11.2 Stage 2 (Level 2): Formal Investigation Stage

11.2.1 These complaints involve two main categories

- Escalated Complaints where the complaint was initially dealt at Stage 1 but the complainant was not satisfied with the outcome.
- Complaints where complex, serious or 'high risk' issues are involved and therefore these are considered at Stage 2 from the outset.

Examples of such complaints include the following:

- Complex issues requiring detailed investigation
- Potential serious or high risk/ high profile issues
 - death or terminal illness
 - homelessness
 - adult protection
 - child protection issues
 - major delays in service provision
 - repeated failure to provide service
 - a risk to the organisation has been identified
 - press interest

11.2.2 The action taken should be recorded in the electronic complaints database and used for service improvement

11.2.3 **Resolution Timescale:** 1) The complainant should receive the definitive response within 28 calendar days from the date of receipt of the complaint (and not from the date when allocated for investigation).

3) It is only in *exceptional* circumstances that it would be extended beyond the maximum allowed period of 28 days. The reason(s) for this delay must be recorded on the electronic complaints database and the complainant must be informed of these reason(s).

11.2.4 **Investigation Officer:** Service Manager (they would always be at a senior level than the most senior officer involved in the complaint).

11.2.6 **Role of the Investigation Officer:** The Investigating Officer:

- Should explain to the complainant the procedure and their rights under the procedure including the right to be accompanied by a friend, relative or an advocate. In the case of a child or young person, the Children's Rights Officer should be involved from the outset.
- Should offer an interview to the complainant at a mutually convenient time and place. This interview is however not a necessity and failure to arrange such an interview should not be taken as a reason to stop any investigation.
- Must ensure that interview records remain confidential and are not copied to any other person without the interviewee's knowledge and consent.
- Should record details of the methodology of investigation, including written reference to the title and relevant content of all legislation, policies, procedures and departmental records researched.
- Should prepare written finding and the proposed actions once they are satisfied that the complaint has been investigated fully. The findings should be recorded in such a way that each complaint is listed separately in the same order in which they were originally given. All evidence obtained should be stated which should include any relevant legislation, policy and procedure and extracts of Departmental records. *Conclusions reached, i.e. whether or not the complaint is upheld, not upheld or cannot be substantiated (i.e. not proven) must be stated*, whether any relevant policy, procedure or legislation has not been followed, or where, in the opinion of the Investigating Officer policy and procedure may need to be changed.
- Should advise the complainant that if they are not satisfied with the outcome they can ask, within 28 days, to escalate their complaint to the next higher level.
- Should include a clear apology to the complainant on behalf of the Department where any complaint has been upheld. It is important to seek advice from both the insurance and legal sections where it is considered that any apology might lead to a compensation order.
- Must obtain approval from the Head of Service of the letter of definitive response before sending it to the complainant unless such a letter is to be sent in the name of the Head of Service.

11.2.7 *If the complainant is not satisfied with the outcome of investigation, they can ask, within 28 days, for their complaint to be referred to the Complaints Review Committee. However they should be offered the opportunity to have their complaint reviewed by the Head of Service of Children and Families Service or the Chief Officer of Dundee Health and Social Care Partnership depending on the subject of the complaint. The complainant should be made aware that this is an optional stage to provide an additional opportunity for complaint resolution and is not a requirement of the Social Work (statutory) Complaints Procedure.*

11.3 Stage 3 (Level 3): Review by the Head of Service of Children and Families Service or the Chief Officer of Dundee Health and Social Care Partnership depending on the subject of the complaint (Optional Stage)

11.3.1 On receipt of the appeal the Customer Care Governance Officer shall forward all papers in relation to the complaint to the Head of Service of Children and Families Service or the Chief Officer of Dundee Health and Social Care Partnership, depending on the subject of the complaint, who will send an acknowledgment to the complainant immediately;

11.3.2 The Head of Service of Children and Families Service or the Chief Officer of Dundee Health and Social Care Partnership will review the case and may liaise with the Chief Executive in appropriate circumstances. It will be for the Head of Service of Children and Families Service or the Chief Officer of Dundee Health and Social Care Partnership to invite any officers, both those involved with the investigation and / or other advisers as required for briefing and may choose to meet with the complainant in relevant instances.

11.3.3 The Head of Service of Children and Families Service or the Chief Officer of Dundee Health and Social Care Partnership will communicate the outcome of the review to the complainant within 14 days from the receipt of appeal for the review. The option to take their complaint to the Complaints Review Committee should be clearly explained in the response to the complainant.

11.4 Stage 4: Complaints Review Committee

11.4.1 If the complainant remains dissatisfied with the result of the Stage 3 Review, or they had chosen not to have their complaint reviewed after stage 2, they can, within 28 days, ask for their complaint to be heard by the Complaints Review Committee.

11.4.2 The request for a review should be forwarded to the Head of Democratic and Legal Services who administers the review proceedings. They may ask the complainant to clarify further the areas of dissatisfaction. If it is not considered appropriate for a review to take place the Head of Democratic and Legal Services will write to the complainant giving the reasons.

11.4.3 The Head of Democratic and Legal Services will request any necessary further information from all relevant parties in order that both the complainant and the appropriate officers of the department can be properly represented at the review.

11.4.4 The Complaints Review Committee will make recommendations to the Social Work and Health Committee within 56 calendar days from the date the complainant requested reference to it.

11.4.4 The Council must decide on what action to take, if any, within 42 calendar days of receiving the Review Committee's recommendations and advise the complainant in writing of that decision within the same time period.

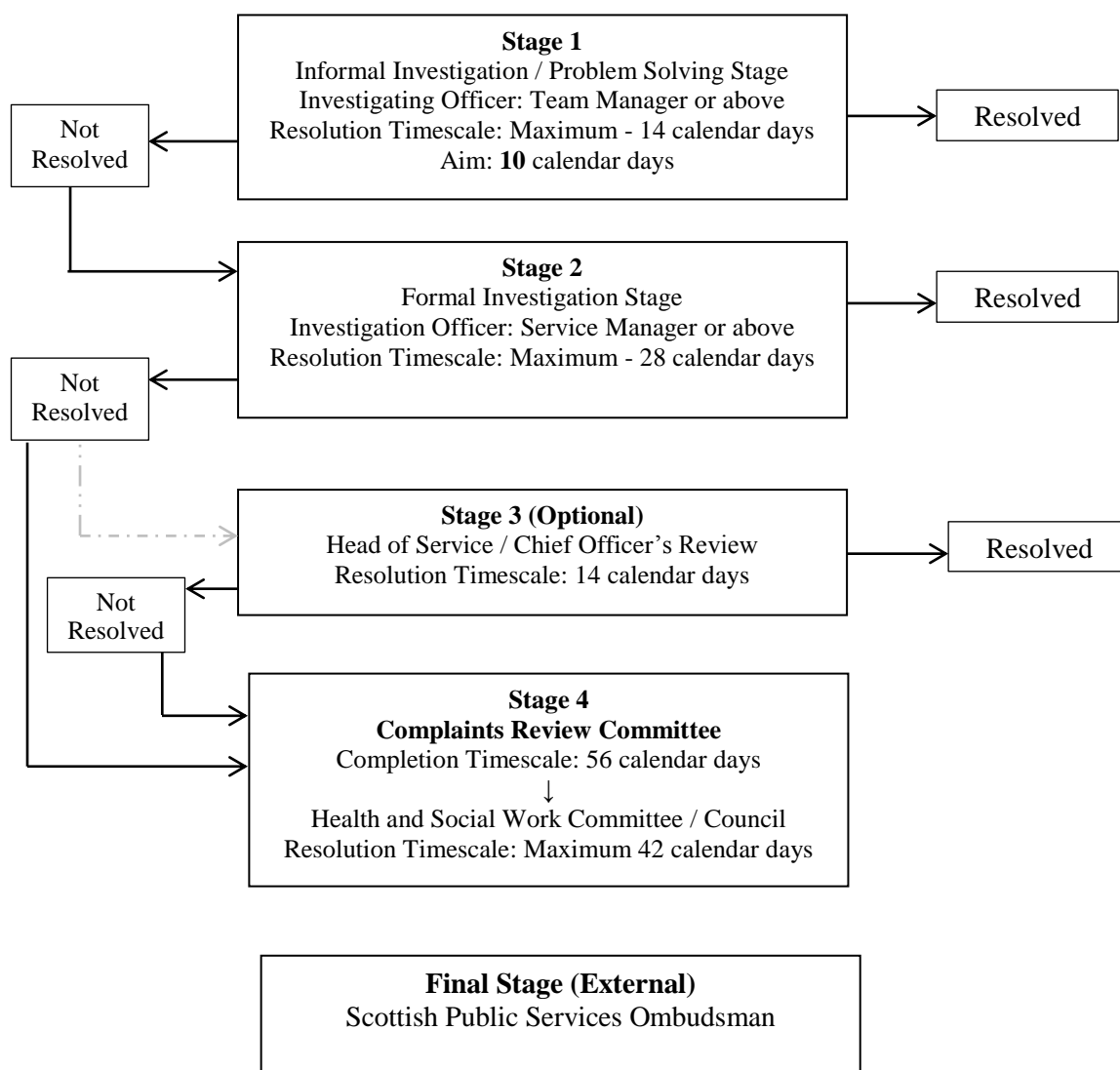
11.4.5 If the Social Work and Health Committee does not agree with the recommendations of the Complaints Review Committee the reasons must be published in the Committee minutes and given to the complainant in writing with advice on what further steps may be taken with regard to the complaint. The Social Work and Health Committee may also give any necessary directions to the Head of Service of Children and Families Service or the Chief Officer for Dundee Health and Social Care Partnership.

11.4.6 The complainant must be advised that if they are not satisfied with the outcome of their complaint, they may choose to take their complaint to the Scottish Public Services Ombudsman (SPSO). The contact details of the SPSO must be included in the correspondence.

11.5 Final Stage (External): Scottish Public Services Ombudsman (SPSO)

The complainant may choose to take their complaint to the Scottish Public Services Ombudsman. The SPSO will not entertain complaints if they have not completed all stages of the complaints process as detailed above.

12 DIAGRAMMATIC REPRESENTATION OF THE COMPLAINTS PROCEDURE



13 RELATIONSHIP WITH OTHER PROCEDURES

13.1 Disciplinary Matters:

Where a complainant, initially or during the course of an investigation raises concerns regarding the conduct or capabilities of a member of staff, advice should be sought from the Human Resources Division. Should the decision be taken to invoke disciplinary procedures, the complaint procedures should continue in parallel and a response should be made to the complainant. *The nature of the disciplinary procedures should not be discussed with the complainant and findings should indicate only that the 'appropriate action is being taken'.*

13.2 Feedback to Staff:

Where a member of staff is central to the investigation, provision must be made to support the member of staff and inform him/her of the final decision. Feedback should be given to the staff member at the end of the investigation, advising the outcome of the complaint, how the complainant received this and what action if any is to be taken. Where the complainant has not accepted the findings of the complaint, the member of staff should be advised of this.

13.3 Court or Children's Hearings reports:

Where complaints are received about persons who are the subject of court or children's hearing reports, the decision of the courts and children's hearing cannot themselves form the basis of a complaint under this procedure. However the preparatory work of a Social Worker for such a hearing can be the subject of complaint. Complainants should be informed at the outset of their complaint that the pursuit of legal action may result in their complaint being suspended.

13.4 Child Protection Procedures:

If child protection procedures have been implemented the timing of the investigating officer's enquiries may be dependent upon the child protection enquiry timetable.

13.5 Criminal Offence - Police Involvement:

If the police have become involved, care must be taken not to prejudice any information which they may regard as evidence.

13.6 Cash Mismanagement or Suspected Fraud:

Where there are issues of cash mismanagement or suspected fraud, contact must be made with the Chief Executive's Department who will advise whether they require to undertake an audit (possibly involving the police) prior to the investigating officers contacting any staff.

13.7 Jointly Funded or managed Projects:

Where a complaint arises about a service, following a discussion and agreement, the appropriate complaints procedure will be invoked. This may result in either or both services' complaints procedures being implemented.

13.8 People Financing their Own Care Arrangements

Unless the arrangements have been made by a local authority, or the complaint relates to a failure by the local authority to make appropriate arrangements, a person financing their own care, can only use the providing organisation's complaints procedure

14 **SERVICES REGISTERED WITH THE CARE INSPECTORATE**

- 14.1 Where a service is registered by the Care Inspectorate, complainants have the right to make their complaint directly to the Care Inspectorate.
- 14.2 It is the Care Inspectorate's preference that all complaints should be resolved as near to the source of the complaint, whenever possible. Where the local authority is the service provider, whenever possible, the complainants should be encouraged to make their complaints using the Social Work (statutory) Complaints procedure. Copies of the recorded complaints should be made available to the Care Inspectorate staff.
- 14.3 Complaints received by the Care Inspectorate may be passed directly to the Manager of the service for action. The Social Work (statutory) Complaints procedure must be instigated at this time. The Care Inspectorate must be kept informed of the progress of the complaint; a copy of the final response should be sent to the relevant Team Leader within the Care Inspectorate. It will be for the Care Inspectorate to determine any follow up actions on receipt of the findings.
- 14.4 In certain circumstances the Care Inspectorate may investigate the complaint themselves. This is likely to occur where:
- the complainant has previously raised the complaint and is not satisfied;
 - the complainant has no confidence that the complaint will be responded to;
 - the content of the complaint is sufficiently serious that it warrants investigation;
 - the Care Inspectorate have received previous complaints, or identified similar issues.
- 14.5 In all circumstances, co-operation must be given to the investigating staff to ensure that the complaint is undertaken as quickly and smoothly as possible. The relevant social work staff must notify the Manager Strategy, Integration, Performance and Support Service that the complaint is being investigated by the Care Inspectorate. At the conclusion of the complaint a copy of the findings and any relevant actions should be forwarded to the Manager Strategy, Integration, Performance and Support Service within 10 working days.

15 **COMPLAINTS TO THE MENTAL WELFARE COMMISSION**

Persons with a mental disorder have statutory rights to local authority services under the Mental Health (Scotland) Act 1984. Complaints to an authority made by, or on behalf of, such an individual may also be referred to the Mental Welfare Commission for Scotland.

The Mental Welfare Commission will normally not consider such cases until the appropriate local authority procedures have been completed.

16 SPECIAL CIRCUMSTANCES

16.1 Circular SWSG5/1996 clarified certain difficult areas previously encountered during complaint investigations. A careful note should be taken of the following:

16.2 Criminal Justice Social Work Services Funded 100% by Central Government

Where a complaint relates to services in a Criminal Justice System provided by this department with the full cost reimbursed by the Secretary of State (Bail Supervision, Court Reports, Community Payback Orders, Unpaid Work, Drug Treatment and Testing Orders, Tay Project, East Port House, Statutory Licenses, Voluntary Resettlement), this complaints procedure established for the purpose of Section 5(b) will, except in respect of Breached Proceedings, apply. In cases where the offender has been advised that Breach Action has been initiated he/she may only raise any complaints they have regarding such breach action or procedure with the Court. In such circumstances this procedure may not be invoked.

To assist the Secretary of State in monitoring performance in relation to the national objectives and standards for these services, the Service Manager Criminal Justice should send to SWSG Criminal Justice Social Work Services Branch at quarterly intervals:

- a copy of each complaint received in writing or recorded on the complainant's behalf;
- a copy of the letter notifying the complainant of the outcome; and
- where the complainant is dissatisfied with the outcome, notification of that fact and of the result of any Review of the decision which then takes place.

16.3 Prison Based Social Work Services

Investigating Officers and managers involved in complaints in relation to prison based Social Work services must bear in mind the particular sensitivities of the prison setting. The governor of an establishment must therefore be advised of any complaint since it may have implications for prison security, discipline or good order. Prisoners may also register complaints about social work services provided to themselves prior to them becoming prisoners or services provided to members of their family in the community.

16.4 Interagency Assessments

The assessment of community care needs on an inter-agency basis may raise particular issues as regards the notification of decisions and any complaints or other representations arising in this connection. Similar issues may arise in relation to the inter-disciplinary assessment of children. Consultation between statutory or other agencies may be called for where a complaint concerns a decision reached following an assessment in which the second authority or agency was involved and which dealt with matters for which that other body has some responsibility.

17 THIRD PARTY COMPLAINTS

17.1 The Children and Families Services and Dundee Health and Social Care Partnership discharge certain functions through third parties who provide services on behalf of the Children and Families Services and Dundee Health and Social Care Partnership. This procedure applies to those functions and also where persons are individually placed under tripartite or bipartite contract between Children and Families Services and Dundee Health and Social Care Partnership and the provider. The handling of initial complaints, including responsibility for

investigating and/or the initial receiving of complaints, can be delegated to the service provider who must have procedures similar to those contained in this document for any stage that they undertake on complaints received from, or on behalf of, contracted persons (whosoever received the complaint in the first instance). The methodology of recording the complaint and investigation must also be similar. Service recipients must be advised that they can invoke the department's own procedure if they so choose and that whoever undertakes the investigation they have the same rights to the Complaints Review Committee.

- 17.2 If a contracted service provider has reached agreement with Children and Families Services and Dundee Health and Social Care Partnership that their own complaints Procedure can be used, the procedure must allow the same timescales as these procedures. It should be noted by Officers and in contracts that at all times Children and Families Services and Dundee Health and Social Care Partnership have the right to take over the investigation of complaints which may result either from the complainants contacting the department(s) directly (even when the third party may be conducting an investigation) or when Children and Families Services and/or Dundee Health and Social Care Partnership is in receipt of the finished investigation.
- 17.3 It should be noted that in its publication of all complaints received Children and Families Services and/or Dundee Health and Social Care Partnership is required to include all complaints of services it contracts into and it is therefore extremely important that agreement is reached with all contracted services that the above takes place.
- 17.4 If the service provider's own procedure has been accepted they will:
- append to their main Children and Families Services and Dundee Health and Social Care Partnership's contract documentation a copy of their complaints procedure;
 - make freely available to the public, and provide upon request to every user of the service, copies of both their own and the Children and Families Services and Dundee Health and Social Care Partnership's complaints procedures;
 - in the case of Stage 1 complaint, maintain a record of all complaints in a log book or by way of some other form of recording. The record should include the date and time of the complaint, the date of acknowledgement, the substance of the complaint, what was agreed with the complainant (that is how the complaint was resolved) and the date the complainant was advised of the outcome of the complaint;
 - in the case of a Stage 2 complaint, notify the outcome of any investigation and the resolution of the complaint to the contracting section of the Children and Families Services and Dundee Health and Social Care Partnership within five working days, and at the same time send copies of all relevant papers to the Strategy, Integration, Performance and Support Service.
- 17.5 The contracted service should be informed that they may contact the Head of Strategy, Integration, Performance and Support Services for advice.

18 UNREASONABLY PERSISTENT COMPLAINANTS

Where it is considered that a situation has been reached that complainants, vexatious or otherwise, are continuing to attempt to access the formal complaints procedure on similar or identical matters, the matter should be referred to the Head of Strategy, Integration, Performance and Support Services for the complainant to be considered as an unreasonably persistent complainant. They will seek legal advice from the Head of Democratic and Legal Services for future course of action.

19 COMPLAINTS CAMPAIGNS

Authorities are allowed to refuse orchestrated campaigns which are considered to put unfair pressure on their complaints procedures. Officers in receipt of such campaigns should refer the matter to the Head of Strategy, Integration, Performance and Support Services. They will seek legal advice from the Head of Democratic and Legal Services.

20 COMPENSATION

Under Section 83 of the Local Government (Scotland) Act 1973, local authorities have the power to incur expenditure in appropriate circumstances subject to overall restriction. It is expected however that such actions would rarely follow complaint investigation and on no account should officers agree to or suggest at any point to complainants that such recourse is likely without making formal representation to the Head of Strategy, Integration, Performance and Support Services who will in turn liaise with the Head of Democratic and Legal Services.

21 ADVERTISING THE PROCEDURE

The procedure is advertised via leaflet [Your Right to be Heard](#) and the booklet [A Guide to Social Work Services in Dundee](#). Both are available on the Dundee City Council website where these are continually updated. These should be accessed and printed if an up to date printed copy is required.

A limited number of paper copies are printed mainly for the display racks in the reception areas. Some information, particularly contact details and addresses, may not always be up to date in the printed versions since it is impossible to reprint every time a change occurs to the contents.

22 PUBLISHING RESULTS OF COMPLAINTS AND MONITORING

The Head of Strategy, Integration, Performance and Support Services will publish the results of complaints annually. This will normally be done through the Chief Social Work Officers' Annual Report.

The Head of Strategy, Integration, Performance and Support Services has a separate responsibility to monitor the investigation and outcome of complaints and to ensure compliance with this Statutory Complaints Procedure by the Department. This will normally be done through the Customer Care Governance Officer.

23 THE ROLE OF THE CHILDREN'S RIGHTS OFFICER

In all complaints raised by, or on behalf of young people, the person allocating the complaint to the investigating officer should also notify the Children's Rights Officer. The Children's Rights Officer will ensure that the young person is properly represented.

24 THE ROLE OF THE CUSTOMER CARE GOVERNANCE OFFICER

The Customer Care Governance Officer monitors the operation of the Complaints Procedure and provides advice, assistance and information to employees and members of the public. The Customer Care Governance Officer will monitor the operation of the Complaints Procedure to ensure its effectiveness and review progress in relation to the implementation of any resultant

action plans. The Customer Care Governance Officer will also provide regular reports on the operation of the Complaints Procedure to the relevant management team.

For further information or clarification on any aspect of the Social Work Complaints Procedure, please contact the Customer Care Governance Officer on (43)3722 or in their absence, Senior Officer, Business and Quality on (43) 3127.

Appendix 1 – DCC Social Work Complaint Procedure

Appendix 2 – DDC Corporate Complaints Procedure

Appendix 3 – NHS Tayside Complaints Procedure

Appendix 4 – Integration Scheme Complaint



COMPLAINTS MANAGEMENT PROCEDURE

Author:
Alison Moss
Complaints / Feedback Team Lead

Review Group:
Complaints and Feedback Team

Review Date: June 2013

Last Update: November 2012

Signed:  **Executive Lead: Dr M McGuire**

(Authorised Signatory)

Statement

NHS Tayside is committed to delivering high quality, patient focussed, person centred, safe and effective health care using the views and experiences of the people who use its services as part of a process of continuous quality improvement. Leading Better Care, Better Together and the Healthcare Quality Strategy, make it clear that patient experience and person centredness require to be central to everything we do.

“Putting people at the heart of our NHS will mean that our NHS will listen to peoples’ views, gather information about their perceptions and personal experience of care and use that information to further improve care” (Scottish Government, 2010).

Section One: General Principles

Section Two: Receiving Complaints

Section Three: Dealing with Complaints Using Local Resolution:

1. *Informal Complaints*
2. *Formal Complaints*
3. *Complaints and Feedback Team*
4. *DATIX*
5. *The Investigation Process*
6. *Anonymity and complaints about a specific member of staff*
7. *Access to Complaint Files*
8. *Habitual or Vexatious Complaints*
9. *Scottish Public Service Ombudsman (SPSO)*
10. *Possible Legal Claims for Clinical Negligence*
11. *Private Pay Beds in NHS Hospitals*
12. *Publicity*
13. *Patient Advice and Support Service (PASS)*

Section Four: Reporting on Complaints

Section Five: Staff Training/Guidance

Section One: General Principles

1.1 Introduction

This procedure is for the guidance of NHS Tayside staff when dealing with complaints. It covers all concerns expressed to members of staff either in writing or verbally. It is separate from the Organisation's disciplinary procedures.

The procedure is based on the NHS Complaints Procedure (1995) and the revised procedure "Can I help you?" – guidance on handling and learning from feedback, comments, concerns or complaints about NHS health care services (Scottish Government, 2012a).

A complaint, which can be made orally or in writing, is defined in the SPSO Model Complaints Handling Procedure as 'an expression of dissatisfaction about an action or lack of action or standard of care provided' (SPSO, 2011a).

Complaints can be raised by patients, on behalf of patients or by anyone who is, or is likely to be affected by an action or omission of the NHS (Scottish Government, 2012a).

A complaint should be made as soon as possible after the problem has been identified. The time limit for making a complaint will routinely be "within six months from the date on which the matter of the complaint comes to the complainant's notice, provided that this is no later than 12 months after the date on which the matter of the complaint occurred" (Scottish Government, 2012a). This time limit may be extended where it would be unreasonable in the circumstances of a particular case for the complaint to have been made earlier, and where it is still possible to investigate the facts of the case. The decision to extend the time limit is made by the Chief Operating Officer or, in their absence, a delegated member of the Executive Team.

1.2 Continuous Improvement

"Putting people at the heart of our NHS will mean that our NHS will listen to peoples' views, gather information about their perceptions and personal experience of care and use that information to further improve care" (Scottish Government, 2010). The Patients Rights (Scotland) Act 2011 builds on this and aims to improve patients' experience of using NHS services in Scotland (Scottish Government, 2012b).

Complaints and other service user feedback must be harnessed and used to guide and offer direction on how we design and improve our services, with the emphasis on early and local resolution of complaints to ensure that learning is shared and improvements acted upon as soon as possible (Scottish Government, 2012a).

In order to use complaints effectively, they must be examined both locally and organisationally to improve service. The results of local resolution should include discussion and analysis of the main issues of the complaint with a **focus on learning and prevention of recurrence**. Any improvements in care that are made as a result of a complaint should be shared with other areas/departments within the organisation to ensure that the patient/carer experience is improved. In addition, NHS Boards are required to publish anonymous details of patient feedback, comments, concerns and complaints on an annual basis including details of improvements made as a result.

1.3 Good Principles in Complaints Management

Effective complaints handling process is:

User-focused: it puts the complainant at the heart of the process

Accessible: it is appropriately and clearly communicated, easily understood and available to all

Simple and timely: it has as few steps as necessary within an agreed and transparent timeframe

Objective and transparent: it is evidence-based and driven by facts, not assumptions. It is impartial, independent and accountable.

Thorough, proportionate and consistent: it should provide quality outcomes in all complaints through robust but proportionate investigation and the use of clear quality standards

Objective, impartial and fair: it should be objective, evidence-based and driven by the facts and established circumstances, not assumptions, and this should be clearly demonstrated

...and should:

Seek early resolution: it aims to resolve complaints at the earliest opportunity, to the service user's satisfaction wherever possible and appropriate.

Deliver improvement: it is driven by the search for improvement, using analysis of outcomes to support service delivery and drive service quality improvements.

(SPSO, 2011b)

1.4 Apology

"A meaningful apology where appropriate can help both sides by calming emotions and allowing them to move on to put things right. It is often the first step to repairing a damaged relationship. It can help to restore dignity and trust. It says both sides share values about appropriate behaviour towards each other and that when they do not behave in line with those values it is appropriate to express regret. An apology in itself need not amount to an admission of negligence or breach of statutory duty." (Scottish Government, 2012a)

Further guidance on the use of apology is available in the SPSO "Our guidance on apology" (SPSO, 2011c) - www.spsso.org.uk.

1.5 Aims of Procedure

The procedure aims to ensure that:

- NHS Tayside has a standardised approach to how it acknowledges, investigates and responds to complaints
- Local ownership of complaints investigation and outcomes by the clinical and senior management teams across the organisation is supported and promoted

- The complainant is satisfied that their concerns have been investigated sympathetically, thoroughly, fairly and as promptly as possible
- The complainant is informed of the procedure, progress and outcome of the complaint and of possible further action
- The interests of staff are also managed in a sympathetic, fair and considerate manner
- Any weaknesses identified in service provision are addressed, and action taken where possible
- Complaints are responded to as quickly as possible in accordance with national targets
 - Acknowledgement letter sent within 3 working days
 - Response letter sent within 20 working days
- Where it is not possible to respond within 20 working days, a holding letter will be sent advising of the reason for the delay, likely timescale for response and that the complainant may contact the Scottish Public Services Ombudsman (SPSO) if they are dissatisfied with the progress. Further holding letters will be sent at regular intervals to update the complainant on progress.

1.6 Coverage of Procedure

The procedure covers all complaints, both clinical and non-clinical, from users of all NHS Tayside services or from persons acting on their behalf. It applies to all NHS Tayside employees, and those authorised to act on NHS Tayside's behalf.

NB The procedure does not cover staff raising concerns or grievances. Staff should follow the agreed procedures for handling staff grievances through the Workforce Directorate policies.

Section Two: Receiving Complaints

2.1 Method of Complaint

Complaints may be made in writing, electronically or verbally, by telephone or in person. Interpretation services are available when required.

2.2 Sources of Complaint

Complaints may be received from a variety of sources, for example patients, patients' relatives or carers, MSP/MPs, councillors, GPs, solicitors, members of staff on behalf of a complainant, advocates or members of the public.

Patient confidentiality must be respected during every stage of the investigative process. Appropriate consent will be required before investigation is commenced if it is not the patient who is lodging the complaint.

Section Three: Dealing with Complaints using Local Resolution

3.1 Informal Complaints

Wherever possible, informal complaints should be addressed at the time of them being made by the recipient of the complaint, and recorded on a Patient Feedback Form (Appendix I). Copies of these should be sent to the Complaints and Feedback Team for information. Most informal complaints should be resolved immediately.

In cases where complaints cannot be resolved, completed Patient Feedback Forms must be sent to the appropriate manager who will pass them to the Complaints and Feedback Team, to establish consent if necessary and initiate further investigation. The appropriate manager of the area where the complaint was made should retain a copy.

If a complainant prefers to make their initial complaint to someone who has not been involved in their care, they should be advised to contact the Complaints and Feedback Team or write to the Complaints and Feedback Team Lead. Leaflets explaining this procedure are available in all wards and departments and on the NHS Tayside website.

Complainants should be offered a copy of the "Giving feedback or making a complaint about the NHS" leaflet, which details time limits for complaints, timescales for response and useful contact addresses. This leaflet can also be made available in different formats and languages on request.

3.2 Formal Complaints

The Chief Executive has ultimate responsibility for complaints management and is assisted in this by other members of the Executive Team and the Complaints and Feedback Team. Complainants who wish to send a written complaint should address this to:

Complaints & Feedback Team Lead
Complaints and Feedback Team
Level 9
Ninewells Hospital
Dundee
DD1 9SY

3.3 Complaints and Feedback Team:

- Will work closely with managers and staff during the investigation and assist and support staff in responding to complainants within the 20 working day target
- Will provide advice and support to staff in the satisfactory resolution of complaints eg facilitate meetings between staff and complainants
- Will maintain a database of information on issues raised in complaints, identify themes and monitor response times
- Will receive Patient Feedback Forms from staff members involved with complainants (see 3.1 above)
- Will provide the investigating manager with a copy of the final response for their information and to share with staff
- Each Complaints and Feedback Coordinator has responsibility for specific areas within NHS Tayside

3.4 Datix

The DATIX system implemented in January 2012 provides the electronic management of the complaints system and allows for an information source to inform performance reporting on complaints.

This system incorporates data on complaints, legal claims, risks and adverse incidents and promotes a collaborative approach to collating intelligence in relation to these elements of Safety, Clinical Governance and Risk.

3.5 The Investigation Process

- (i) Staff will be asked to undertake a robust review of the issues raised and provide a written or verbal report/response, within an identified timescale, to their immediate line manager or directly to the Complaints and Feedback Team via email. This should be factual, impartial and sympathetic, and should refer to any remedial action that is to follow. It should admit any fault, which may have been found, or should refute unfounded allegations with an appropriate explanation. A reporting template and guidance on writing a report is available (see Appendix 2 & 3).
- (ii) To assist in the investigation and resolve issues, NHS Tayside welcomes the opportunity to speak directly with complainants and their families. Complainants may therefore be contacted by a senior manager to discuss the issues raised over the telephone or face-to-face.
- (iii) In order to prepare an accurate response to a complaint, it may be necessary to obtain the medical records. The investigators are responsible for sourcing the medical records. However, if there are any problems, then the Complaints and Feedback Team will be happy to assist in any way they can.
- (iv) A report/draft response should be submitted to the Complaints and Feedback Team. An improvement plan may be required.

Due to the tight timescales in which the investigation must be carried out, it is essential that if staff are involved in a complaint, an appropriate deputy **MUST** be appointed in their absence. This person should have knowledge of the case and be in a position to provide updates and information to the Complaints and Feedback Team.

- (v) The substantive response will be signed by the appropriate General Manager, Chief Executive or designated deputy and the date of mailing recorded. A copy of the final response will be sent to the appropriate manager(s) for information via Datix.
- (vi) As part of the final reply the complainant will be offered the opportunity to discuss the complaint further. If the complainant remains dissatisfied, they are advised that they may contact the Scottish Public Services Ombudsman.
- (vii) In order to provide a flexible approach, the Complaints and Feedback Team (with guidance) may decide to arrange a meeting with appropriate staff in order to resolve the complaint.

Any meeting will be followed up with either a formal written response or a summary of the issues discussed at the meeting. A staff guide to meetings with complainants is also available (see Appendix 4). It is worth noting that if the relevant staff member is unable to attend any such meeting, then they should nominate a responsible deputy.

Recommended timescales for the complaints process are as follows and every effort must be made to adhere to these. However, it is recognised that complex complaints may require additional time to ensure all aspects of the complaint are addressed.

Timescale	Action Required
Days 1-2	<ul style="list-style-type: none"> • Complaint received and logged onto Datix • Acknowledgement letter sent to complainant - consent requested, if required • Lead investigator identified and complaint forwarded for action • Contact made with complainant to discuss/clarify issues if appropriate
Days 3-15	Investigation of complaint
Days 15-20	Response compiled and sent to complainant

3.6 Anonymity and Complaints about a Specific Member of Staff

Members of staff who have been named in a complaint have the right to know what is being said about them. In line with the Guidance on handling and learning from feedback, comments, concerns and complaints about NHS health care services (Scottish Government, 2012a) which states "anyone identified as the subject of a complaint should be provided with a full account of the reasons for the investigation", the member of staff has the right to be informed of the issues raised against them in order to understand and answer the complaint.

The investigating manager must provide support to the member of staff and take a balanced view on what information should be shared with the member of staff.

However, if the complainant has expressed a wish to remain **anonymous** or that they wish any part of their complaint **not** to be shared with the member(s) of staff, they must be advised that where possible the anonymity of an individual will be preserved. This will not, however, always be possible and in such circumstances the anonymity will not be broken without permission of the complainant.

This must be clearly explained to the complainant by the Complaints and Feedback Team or investigating manager. A clear explanation and decision on what can be done must be agreed with the complainant.

If the complainant is not happy for their name or other details of the complaint to be revealed to the member of staff, this may mean that the complaint cannot be formally investigated and the complaint may be withdrawn. However, if the issues raised in the complaint are of a serious or damaging nature, some action may need to be taken by the investigating manager.

Further advice can be sought from either the Complaints and Feedback Team or the Workforce Directorate.

Above information collated in line with NHS Tayside Workforce policy "Voicing concern" (May 2010).

3.7 Access to Complaints Files

Copies of medical records, which under the Data Protection Act would be deemed unsuitable for release to a patient because they would be detrimental to the patient's health or contain third party information, should **not** be sent as part of the response to a complaint.

Please note that in Accordance with the Data Protection Act (1998), the contents of the complaint file can be accessed by the complainant under a similar process as a subject access request for medical records. Therefore, information sent to the Complaints and Feedback Team will be inserted into the complaint file and **may** be accessed by the complainant or their representative and copies of documents provided.

3.8 Habitual or Vexatious Complaints

Where complainants have been identified as habitual or vexatious, the Chief Operating Officer (or appropriate deputy in their absence) will determine what action to take. This will be in accordance with the NHS complaints procedure "Can I help you? Guidance on handling and learning from feedback, comments, concerns or complaints about NHS health care services". See further guidance in Appendix 5.

3.9 Scottish Public Services Ombudsman (SPSO)

The Scottish Public Services Ombudsman (SPSO) was set up in 2002. The Ombudsman reviews complaints where a member of the public claims to have suffered injustice or hardship as a result of maladministration or service failure. The Scottish Public Service Ombudsman's jurisdiction is extended to include the investigation of clinical complaints referred to him, although he will normally only make a decision on whether to embark on any investigation when NHS processes have been invoked and exhausted.

The Ombudsman aims not only to provide justice for the individual, but also to share the learning from their work in order to improve the delivery of public services in Scotland.

The Ombudsman sends a monthly commentary to the Scottish Parliament on complaints arising in all Health Boards in Scotland. These reports are anonymised and available on the Ombudsman's website - www.spsso.org.uk. Boards whose complaints are subject to these reports are obligated to inform the public of these reports and in NHS Tayside this is done through the Internet site.

The Complaints and Feedback Team, in collaboration with Clinical Governance Teams, highlight the learning points from these reports. This is distributed in a memo on a monthly basis. It is expected that each service will demonstrate that service improvements are being made as a result of Ombudsman reports.

3.10 Possible Claims for Clinical Negligence

In the early stages of a complaint, when it is not clear whether the complainant intends to take legal action, it may be that an open and sympathetic approach will satisfy the complainant. A hostile or defensive reaction to the complainant, however, is more likely to encourage the complainant to seek information and a remedy through the courts.

The fact that a prima facie case of negligence exists should not prevent a full explanation being given and an apology offered to the complainant. An apology is not an admission of liability. If the complainant indicates in writing an intention to instigate or actually instigates legal proceedings, the complaints procedure should be immediately suspended, with the complainant appropriately advised in writing.

If the complainant is seeking financial compensation, he/she should be advised in writing that this cannot be achieved through the complaints procedure and that a complaint and claim cannot run simultaneously. In the event that the complainant wishes to pursue financial compensation, they should seek independent legal advice or contact the Patient Advice and Support Service (see 3.13 below).

3.11 Private Pay Beds in NHS Hospitals

The NHS complaints procedure covers any complaint made about NHS Tayside's staff or facilities relating to care in private pay beds but does not cover private medical care provided by NHS staff outside their NHS contract.

3.12 Publicity

NHS Boards must ensure that their patient feedback and complaints procedures are well publicised locally. This means that patients and visitors should be made aware of:

- The right to complain
- Advice on how to access the complaints procedure and types of help available
- Availability of complaints leaflets in other languages and formats

Details of the above are given through complaints leaflets, which should be made available in all patient areas.

3.13 Patient Advice and Support Service (PASS)

The Patient Rights (Scotland) Act 2011 established a new independent Patient Advice and Support Service (PASS) on 1 April 2012 to replace the Independent Advice and Support Service (IASS). PASS will provide information and help patients and members of the public to know and understand their rights and responsibilities when using health services. They will also be able to help and support patients to give feedback, comments, concerns and complaints about their healthcare experience. Further information on PASS is available at <http://www.cas.org.uk/patientadvice>

Section Four: Reporting on Complaints

The Complaints and Feedback Team will provide regular reports to local management teams, appropriate local groups and in addition to relevant Board committees, which will include information on complaints and other forms of service user feedback.

4.1 Quarterly Reports

Reports will be produced on a quarterly basis in relation to complaints including

- numbers of complaints received
- numbers of complaints meeting the 20 working day target for response
- number of complaints where alternative dispute resolution was used
- summary of key themes
- summary of action taken to improve services as a result of complaints

4.2 Annual Reports

A report on the year's complaints handling will be included in the NHS Tayside annual report. The report will include

- numbers of complaints received
- numbers of complaints meeting the 20 working day target for response
- number of complaints where alternative dispute resolution was used
- summary of key themes
- summary of action taken to improve services as a result of complaints

Section Five: Staff Training/Guidance

- 5.1** A specially developed **complaints resource folder** is being distributed to each clinical area. The resource folder contains advice and resources to assist staff in responding to complaints, when escalation is necessary.

The folder contains various pieces of guidance under the following sections:

- Customer care advice
- Informal and formal complaints process
- Complaints contacts
- Ward themes/data/trends and recent complaints
- Ward praises
- Complaints and Feedback Team reporting

5.2 Training

The Complaints and Feedback Team provide a variety of complaints awareness sessions on various sites within NHS Tayside. In addition to this, the Complaints and Feedback Team welcomes requests from individual areas for training for specific staff groups - enquiries to Ext 35507.

Complaints Investigation Skills training sessions are delivered by members of the Safety, Clinical Governance and Risk Team and sponsored by the Scottish Public Services Ombudsman on a monthly basis. This training is aimed at senior staff who

are involved in the investigation of complaints and will serve to improve the quality and robustness of the investigation and response to complainants.

The Complaints and Feedback Team can also provide specific training on investigation and writing reports, compiling improvement plans and legal issues surrounding the complaint.

Further information can be obtained by contacting the Complaints and Feedback Team (Ext 35507) and/or accessing the NHS complaints procedure "Can I help you? Guidance for handling and learning from feedback, comments, concerns or complaints about NHS health care services" via the following link: http://www.sehd.scot.nhs.uk/mels/CEL2012_08.pdf

References:

Department of Health (1995). The NHS Complaints Procedure. Guidance for hospital and community health services complaints. The Scottish Office, Edinburgh.

NHS Tayside (2010). Voicing Concern Policy. NHS Tayside, Dundee

Scottish Government (2012a), Can I help you? Guidance on handling and learning from feedback, comments, concerns and complaints about NHS health care services. Scottish Government, Edinburgh

Scottish Government (2012b). Patient Rights (Scotland) Act 2011 – Secondary Legislation and the Charter of Patient Rights and Responsibilities. Scottish Government, Edinburgh

Scottish Government (2010), The Healthcare Quality Strategy for NHS Scotland. Scottish Government Health Department, Edinburgh

SPSO (2011a), Guidance on a Model Complaints Handling Procedure. Scottish Public Services Ombudsman, Edinburgh. www.spsso.org.uk.

SPSO (2011b), Statement of Complaints Handling Principles. Scottish Public Services Ombudsman, Edinburgh. www.spsso.org.uk.

SPSO (2011c), Our guidance on apology. Scottish Public Services Ombudsman, Edinburgh. www.spsso.org.uk.

NHS Tayside
Patient Feedback Form

Hospital:

Clinical Group/CHP

Department:

Date:

Complainant's name:

Address:

Postcode:

Tel Number:

If complainant is patient please indicate following:

D.O.B.

Consultant

If the complaint is being made on behalf of a patient please indicate:

Patient/visitor's Name:

Relationship of complainant to patient:

Patient's D.O.B.

Consultant (if known)

Person receiving complaint:

Name:

Job title:

Area of work:

Details of Complaint:

Action taken:

I am satisfied that my concern(s) has/have been resolved. This can remain informal and no further action is required. ☐

(To be filed and sent to Complaints & Feedback Team on)

I am dissatisfied with response and wish to make this an Enquiry/Formal complaint for further investigation. ☐

(To be sent to Complaints & Feedback Team as soon as possible)

Signature of complainant:

Date:

Signature of staff member:

Date:

Please return the completed form to:-

Complaints and Feedback Team, Level 9, Ninewells Hospital, Dundee, DD1 9SY.

NHST Complaints Procedure/November 2012



Complaints & Feedback Team
Clinical Team's Investigation Response

Please complete boxes below

Patients Name:		CHI:		Date of Complaint:	
-----------------------	--	-------------	--	---------------------------	--

Department Outline / Overview

--

How investigation was done?

--

Identify from complaint key points raised:

--

Response to key points

--

Recommendations and actions

--

Contact Details:

Name:		Email Address:		Tel No:	
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Appendix 3

NHS Tayside Complaints and Feedback Team

Guidance on report writing

This information is provided to assist you in preparing a comprehensive report to address the issues contained in the complaint.

- For an overall view of the complaint, it is advisable for you to read the full content of the complaint to avoid misinterpretation.
- It is important to remember that expressing sympathy or concern over the incident does not constitute an admission of guilt.
- Answer all questions asked by the complainant, which are relevant to your area of responsibility. It may be helpful to establish themes and use these as headings in your response.
- It may also be helpful to include background information for the Complaints and Feedback Team to assist in answering the complaint.
- Explain technical terms in layman's terms to assist Complaints and Feedback Team as well as complainant.
- There are strict timescales involved when responding to complaint (20 working days). If you are unable to meet the identified target date please advise the Complaints and Feedback Team as soon as possible.
- Your report may be sent directly to the complainant with a covering letter from the Chief Operating Officer or deputy. The Complaints and Feedback Team will contact you to advise you if this is the action planned.
- If you have highlighted areas of practice which have been improved as a result of this complaint, you should include this in the report and enclose relevant documentation if appropriate ie Action Plans.
- Copies of medical records, which under the Access to Records Legislation would be deemed unsuitable for release to a patient, should not be included as part of your report. This is due to the fact that complainants, in accordance with the Data Protection Act 1998, can access the complaint file under a similar process to Access to Medical Records.
- Remember to keep a copy of your report for your own records.
- If you require further assistance/guidance, the Complaints and Feedback Team is more than happy to assist you when compiling your report.

Complaints and Feedback Team

Guidance for staff attending meetings with complainants

Thank you for agreeing to meet with

.....

This is an informal meeting arranged in an effort to resolve the concerns raised by this complainant/s. The purpose of the meeting is to explore the issues and provide explanations wherever possible.

You may not have been involved in this type of meeting before and may have some questions.

Q. Who will be there?

A. Apart from yourself and the complainant/s, a Complaints and Feedback Co-ordinator will be there. There may also be other clinical staff and a friend or family member accompanying the complainant. The Complaints and Feedback Co-ordinator will inform you, wherever possible, who will be in attendance.

Q. Do I need my union/professional body representative present?

A. This is an informal meeting, therefore, this is not necessary. However, you may wish to discuss this with them for further reassurance or support.

Q. How will the meeting be facilitated?

A. The Complaints and Feedback Co-ordinator will facilitate the meeting. Their role is to ensure equity and focus during the discussion. At the beginning of the meeting the Complaints and Feedback Co-ordinator will clarify timescale, purpose of meeting and identity of participants. They will offer support, if and when required, to anyone present.

Q. How long will the meeting last?

A. The usual timescale is a maximum of one hour. If you require to leave promptly due to other commitments, please let the Complaints and Feedback Co-ordinator know.

Q. If I feel uncomfortable or feel that the meeting is not constructive can I request a break or for the meeting to stop?

A. Yes. At any time, if you feel uncomfortable please let your feelings be known to the Complaints and Feedback Co-ordinator who will assist in any way. The complainant can also request to stop the meeting at any time.

Q. Will I get any feedback?

A. Yes. A file note of the meeting will be produced and sent to you for approval/amendment prior to it being sent to the complainant/s. Please take this opportunity to comment on the content of the file note. It must be stressed that the file note will not record word for word the discussion, and should not be viewed as a minute of the meeting. It will, however, reflect the highlights of the discussion and any action agreed.

Q. Do I need to take anything with me?

A. The Complaints and Feedback Co-ordinator will have requested the medical records in preparation for the meeting. You will be advised if there is any difficulty in obtaining them. If you are in possession of these, please let the Complaints and Feedback Team know.

It must be emphasised that this approach to resolving complaints should be viewed as positive and constructive. If you feel that a pre-meeting discussion is required or if you wish to discuss the meeting afterwards, please let the Complaints and Feedback Co-ordinator know. This is often beneficial.

This guide was produced following feedback from staff. If there is any way that the Complaints and Feedback Co-ordinator can assist you in this process please let us know.

Complaints and Feedback Team Ext 35507

Appendix 5

HABITUAL OR VEXATIOUS COMPLAINTS**Policy Statement**

It is the policy of NHS Tayside to deal with all habitual or vexatious complaints using the following procedure.

Section One:	General Principles
Section Two:	Definition of Habitual or Vexatious Complaints
Section Three:	Options for Dealing with Habitual or Vexatious Complaints
Section Four:	Withdrawing 'Habitual or Vexatious' Status

Section One: General Principles**1.1 Introduction**

Habitual and/or vexatious complainants are becoming an increasing problem for NHS staff. The difficulty in handling such complaints is causing undue stress for staff and placing a strain on time and resources. NHS staff are trained to respond with patience and sympathy to the needs of all complainants but there are times when there is nothing further which can reasonably be done to assist them or to rectify a real or perceived problem.

In determining arrangements for handling such complaints, staff are presented with two key considerations. The first is to ensure that the complaints procedure has been **correctly implemented so far as possible and that no material element of a complaint is overlooked or inadequately addressed** and to appreciate that even habitual or vexatious complaints may have aspects which contain some substance. The need to ensure an equitable approach is crucial. The second is to be able to identify the stage at which a complaint has become habitual or vexatious. NHS Tayside's approach to the situation is the implementation of this policy which is formally incorporated into the complaints procedure. Implementation of this policy will only occur in **exceptional circumstances**.

Individuals who may be thought to be habitual or vexatious complainants should be brought to the attention of the Complaints and Feedback Team Lead. Where complainants have been identified as habitual or vexatious, the Chief Operating Officer (or appropriate deputy in their absence) will determine what action to take.

1.2 Purpose of the Policy

It is emphasised that this policy should only be used as a last resort and after all reasonable measures have been taken to try to resolve complaints following the NHS complaints procedure, for example through local resolution and conciliation. Judgment and discretion must be used in applying the criteria to identify potential habitual or vexatious complainants and in deciding action to be taken in specific cases. The policy should only be implemented following careful consideration by, and with the authorisation of, the Chief Operating Officer or their deputy in their absence.

Section Two: Definition of Habitual or Vexatious Complaints

Complainants (and/or anyone acting on their behalf) may be deemed to be habitual or vexatious complainants where previous or current contact with them shows that they meet **two or more** of the following criteria:

Where complainants:

- **Persist in pursuing a complaint** where the NHS complaints procedure has been fully and properly implemented and exhausted.
- **Change the substance** of a complaint or **continually raise new issues** or seek to prolong contact by **continually raising further concerns or questions** upon receipt of a response whilst the complaint is being addressed. (Care must be taken not to discard new issues, which are significantly different from the original complaint. These might need to be addressed as separate complaints.)
- Are **unwilling to accept documented evidence** of treatment given as being factual, eg drug records, nursing records, or deny receipt of an adequate response in spite of correspondence specifically answering their questions or **do not accept that facts can sometimes be difficult to verify** when a long period of time has elapsed.
- **Do not clearly identify the precise issues** which they wish to be investigated, despite reasonable efforts of the Board staff and **where the concerns identified are not within the remit** of the Health Authority to investigate.
- **Focus on a trivial matter** to an extent which is out of proportion to its significance and continue to focus on this point. (It is recognised that determining what is a 'trivial' matter can be subjective and careful judgment must be used in applying this criterion)
- Have **threatened or used actual physical violence** towards staff at any time. This will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication. All such incidences must be documented.
- Have in the course of addressing a registered complaint had an **excessive number of contacts** with the Board, placing unreasonable demands on staff. (A contact may be in person or by telephone, letter or fax. Discretion must be used in determining the precise number of "excessive contacts" applicable under this section, using judgment based on the specific circumstances of each individual case.)
- Have **harassed** or been personally **abusive or verbally aggressive** on more than one occasion towards staff dealing with their complaint. (Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety, or distress and should make reasonable allowances for this. They should document all incidents of harassment.)
- Are known to have **recorded** meetings or face-to-face/telephone **conversations without** the prior knowledge and consent of other parties involved.
- **Display unreasonable demands or expectations and fail to accept that these may be unreasonable** (eg insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).

Section Three: Options for Dealing with Habitual or Vexatious Complaints

Where complaints have been identified as habitual or vexatious in accordance with the criteria in Section 2, the Chief Operating Officer (or appropriate deputy in their absence) will determine what action to take. The Chief Operating Officer (or deputy) will implement such action and will notify complainants in writing of the reasons why they have been classified as habitual or vexatious complainants and the action to be taken. The notification may be copied for the information of others involved, eg conciliator, Patient Advice and Support Service (PASS) or MP/MSP. A record must be kept for future reference of the reasons why a complainant has been classified as habitual or vexatious.

The Chief Operating Officer (or deputy) may decide to deal with complaints in one or more of the following ways:

- Try to resolve matters, before invoking this policy, by drawing up a signed “agreement” with the complainant (and if appropriate involving the relevant practitioner in a 2-way agreement) which sets out a code of behaviour for the parties involved if NHS Tayside is to continue processing the complaint. If these terms are contravened, consideration would then be given to implementing other action as indicated in this section.

A typical process may include:

- Conciliation/mediation
 - Case Conference with Professionals and Complaints Staff compiling a management plan
 - Central Legal Office agreement to management plan
 - Communication of management plan in writing to the complainant
 - Meeting with complainant to negotiate continuing care contract
- Decline contact with the complainants either in person, by telephone, by fax, by letter or any combination of these, provided that one form of contact is maintained.
 - Notify the complainants in writing that the Chief Operating Officer has responded fully to the points raised and has tried to resolve the complaint but there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainants should also be notified that the correspondence is at an end and that further letters received will be acknowledged but not answered.
 - Inform the complainants that in extreme circumstances NHS Tayside reserves the right to pass unreasonable or vexatious complaints to their solicitors.
 - Temporarily suspend all contact with the complainants or investigation of a complaint whilst seeking legal advice or guidance from NHSScotland or other relevant agencies.

Section Four: Withdrawing ‘Habitual or Vexatious’ Status

Once complaints have been determined as ‘habitual or vexatious’ there needs to be a mechanism for withdrawing this status at a later date if, for example, complainants subsequently demonstrate a more reasonable approach or if they submit a further complaint for which normal complaints procedures would appear appropriate. Staff should previously have used discretion in recommending ‘habitual or vexatious’ at the outset and discretion should similarly be used in recommending that this status be withdrawn when appropriate. Where this appears to be the case, discussion will be held with the Chief Operating Officer

(or deputy). Subject to their approval, normal contact with the complainants and application of NHS complaints procedure will then be resumed.

Appendix 6

REPORTING STRATEGY FOR COMPLAINTS IN NHS TAYSIDE

Group/Committee	Role	Content of Report	Frequency	Action	Lead Person
I&Q Committee NHS Tayside	To ensure a robust system of governance exists for complaints and advice in accordance with national policy.	System description to communications. Lessons learned. Improvement – overall goal.	Twice yearly	Request operational response regarding system change	Chair/Lead exec
NHS Tayside Clinical Quality Forum	To ensure a robust system of governance exists that improves and learns from complaints	Detailed directorate responses and themes. Overall themes within organisation. Key communications to address changes.	Twice Yearly	Request Directorate system response and action closures	Chair/Lead exec
Directorate / CHP / Service Clinical Quality Fora	To ensure a robust system of governance exists that improves and learns from complaints	Detailed directorate responses and themes. Overall themes within organisation. Key communications to address changes.	Quarterly	Request Directorate system response and action closures.	Chair/Lead exec
Risk Management and H&S Group	Raise key issues from complaints and identify local or organisational lead to address	Theme of complaint – local or overall response.	Bi-monthly	Identify individual action and lead person responsible.	Chair/ Complaints/feedback team lead
Adverse Incident Management (AIM Group)	Share key issues from organisation. Feature key issues and lessons learned. Details action and share solutions.	Awareness and ownership	Six-weekly	Information spread	Chair/Members of group
Executive Management Team	To manage the performance of complaints response time and with Directorates To identify lead officers to address particular issues	Highlight any responses that have breached the 20 day working target	Weekly	Identify individual action and lead person responsible.	COO/EMT members

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: 30/05/2016	Committee Report Number: DIJB31-2016	
Title of document being assessed:	Complaints Procedures and Systems	
1. This is a new policy, procedure, strategy or practice being assessed (If yes please check box) <input checked="" type="checkbox"/>	This is an existing policy, procedure, strategy or practice being assessed? (If yes please check box) <input type="checkbox"/>	
2. Please give a brief description of the policy, procedure, strategy or practice being assessed.	The current progress on the development of complaints procedures and systems used by the Dundee Health and Social Care Partnership.	
3. What is the intended outcome of this policy, procedure, strategy or practice?	To ensure that there are clear, effective and fair complaints processes for the Dundee Health and Social Care Partnership.	
4. Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.	None	
5. Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.	No	
6. Please give details of council officer involvement in this assessment. (e.g. names of officers consulted, dates of meetings etc)	Joyce Barclay	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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

1. Have any positive impacts been identified? (We must ensure at this stage that we are not achieving equality for one strand of equality at the expense of another)	No
2. Have any negative impacts been identified? (Based on direct knowledge, published research, community involvement, customer feedback etc. If unsure seek advice from your departmental Equality Champion.)	No
3. What action is proposed to overcome any negative impacts? (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)	None needed
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? (If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice)	N/a
5. Has a 'Full' Equality Impact Assessment been recommended? (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.)	No
6. How will the policy be monitored? (How will you know it is doing what it is intended to do? e.g. data collection, customer survey etc.)	Regular performance monitoring.

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: Dave Berry	Name: Clare Lewis-Robertson
Designation: Chief Officer	Designation: Customer Care Governance Officer
Base: Dundee House	Base: Dundee House
Telephone: 433608	Telephone: 433722
Email: dave.berry@dundeecity.gov.uk	Email: clare.lewis-robertson@dundeecity.gov.uk

Signature of author of the policy:	Dave Berry	Date: 30/05/16
Signature of Director/Head of Service:	David W Lynch	Date: 30/05/16
Name of Director/Head of Service:	David W Lynch	
Date of Next Policy Review:	May 2017	