



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

City Chambers
DUNDEE
DD1 3BY

24th January, 2024

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

Dear Sir or Madam

PERFORMANCE AND AUDIT COMMITTEE

I would like to invite you to attend a meeting of the above Committee which is to be held remotely on Wednesday, 31st January, 2024 at 10.00am.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at committee.services@dundeecity.gov.uk by no later than 12 noon on Monday, 29th January, 2024.

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

Yours faithfully

VICKY IRONS

Chief Officer

A G E N D A

1 APOLOGIES FOR ABSENCE

2 DECLARATION OF INTEREST

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

3 MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE - Page 1

The minute of previous meeting of the Committee held on 22nd November, 2023 is attached for approval.

(b) ACTION TRACKER - Page 7

The Action Tracker (PAC11-2024) for meetings of the Performance and Audit Committee is attached for noting and updating accordingly.

4 REVISED PAC TERMS OF REFERENCE - Page 11

(Report No PAC2-2024 by the Chief Finance Officer, copy attached).

5 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023/2024 QUARTER 2 - Page 17

(Report No PAC4-2024 by the Chief Finance Officer, copy attached).

6 DRUG AND ALCOHOL SERVICES INDICATORS – 2023/2024 QUARTER 2 - Page 43

(Report No PAC3-2024 by the Chief Finance Officer, copy attached).

7 MENTAL HEALTH SERVICES INDICATORS – 2023/2024 QUARTER 2 - Page 65

(Report No PAC5-2024 by the Chief Finance Officer, copy attached).

8 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT - Page 95

(Report No PAC7-2024 by the Clinical Director, copy attached).

9 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE - Page 115

(Report No PAC9-2024 by the Chief Finance Officer, copy attached).

10 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CARE OPINION ROLL-OUT – PAC8-2024

The purpose of this agenda note is to provide an overview of the implementation of Care Opinion across the Dundee Health and Social Care Partnership, focusing on: Contract Signing; Service Mapping; Training Sessions; Initial service selection for roll out; Public Communication and Accessibility; and use as a Performance feedback tool.

Contract Signing - the Health and Social Care Partnership successfully signed a contract with Care Opinion in December 2023 for a period of three years, formalizing the collaboration for implementing the feedback platform across the partnership.

Mapping of Services - a comprehensive mapping exercise will be conducted to identify all services within the Health and Social Care Partnership. This mapping process will ensure that all relevant services are incorporated into the Care Opinion system for streamlined feedback collection.

Selection of Initial Services - the first wave of services set to use Care Opinion will comprise of those that have prior experience with the platform through the NHS. Leveraging their familiarity will expedite the integration process and encourage initial success stories that can motivate other services to adopt the system. We are pleased that several teams have been expressing a keen interest into use Care Opinion for their feedback.

Regular Training Sessions - ongoing training sessions will be organized for staff at various levels within the partnership to facilitate the effective use of the Care Opinion platform. These sessions aim to equip staff members with the necessary skills to navigate the platform, handle feedback, and get the most out of the system.

Publicising Care Opinion and Accessibility - Care Opinion have provided a full suite of information and resources. We will publicise across NHS Tayside and Dundee City Council social media and DHSCP website. As per Dundee City Council and NHS Tayside complaints processes there will be support available to people who want to use Care Opinion but require some assistance to do so online.

Use as a Feedback Tool for Performance - one of the primary objectives of implementing Care Opinion across the Health and Social Care Partnership is to use it as a robust feedback tool for assessing and enhancing performance. The platform will be instrumental in collecting, analysing, and responding to patient and service user feedback, enabling the Partnership to make informed decisions and drive improvements in service delivery.

Conclusion - the implementation of Care Opinion across the Health and Social Care Partnership marks an exciting and significant step toward enhancing feedback mechanisms and leveraging valuable insights for performance improvement. The Partnership remains committed to maximizing the potential of this platform to ensure the delivery of high-quality health and social care services.

11 GOVERNANCE ACTION PLAN UPDATE – PAC12-2024

It is reported that the Performance and Audit Committee was advised at its meetings in September and November 2023 that work to develop revised reporting of outstanding Governance Actions previously reported through the Governance Action Plan was ongoing given the complex nature of this work and to ensure there is no duplication of actions. The mapping work for this has now been completed by Internal Audit and the next stage of this process is to enhance and refine the recording of these actions on the Ideagen system (previously known as Pentana). The culmination of this exercise will show a clear link between the source of the required action (Internal Audit Review, External Audit Recommendations, Annual Governance Statement reviews etc), progress made and actions being taken. Furthermore, a protocol is being developed for Internal Audit Actions follow up to ensure these actions are completed timeously in the future. A full overview report will be presented at the May Performance and Audit Committee for consideration.

The Committee is asked to note the position.

12 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT REPORT – OPERATIONAL PLANNING - Page 127

(Report No PAC6-2024 by the Chief Finance Officer, copy attached).

13 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT - Page 147

Report No PAC1-2024 by the Chief Finance Officer, copy attached).

14 ATTENDANCE LIST - Page 151

(A copy of the Attendance Return (PAC10-2024) for meetings of the Performance and Audit Committee held over 2023 is attached for information and record purposes).

15 DATE OF NEXT MEETING

The next meeting of the Committee will be held remotely on Wednesday 22nd May, 2024 at 10.00am.

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PERFORMANCE AND AUDIT COMMITTEE **CONTACT LIST**

(a) CONTACTS – PERFORMANCE AND AUDIT COMMITTEE

(* - DENOTES VOTING MEMBER)

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

(b) DISTRIBUTION – FOR INFORMATION ONLY

<u>Organisation</u>	<u>Recipient</u>
Dundee City Council (Chief Executive)	Greg Colgan
Elected Member – Proxy	Councillor Lynne Short
Elected Member – Proxy	Councillor Roisin Smith
Elected Member – Proxy	Bailie Helen Wright
Dundee City Council (Executive Director of Corporate Services)	Robert Emmott
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
NHS Tayside (Chief Executive)	Grant Archibald
NHS Non Executive Member – Proxy	Jenny Alexander
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Elaine Holmes
Dundee City Council (Members' Support)	Sharron Wright
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership	Kathryn Sharp
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (Communications rep)	Anna Michie
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
NHS (PA to Tony Gaskin)	Carolyn Martin
Audit Scotland (Audit Manager)	Richard Smith
Dundee Health and Social Care Partnership	Christine Jones
Dundee City Council (Communications rep)	Katie Alexander
Dundee City Council (Communications rep)	Mike Boyle
Dundee City Council (Communications rep)	Lewis Thomson
Dundee Health and Social Care Partnership	Jenny Hill
Dundee Health and Social Care Partnership	Lynsey Webster

Organisation	Recipient
Dundee City Council (Legal Manager)	Maureen Moran
Dundee City Council (Legal rep)	Vacant
Dundee Health and Social Care Partnership	Matthew Kendall
Audit Scotland	Mary O'Connor
Regional Audit Manager	Barry Hudson



At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 22nd November 2023.

Present:-

<u>Members</u>	<u>Role</u>
Ken LYNN (Chairperson)	Nominated by Dundee City Council (Elected Member)
Dorothy McHUGH	Nominated by Dundee City Council (Elected Member)
Donald McPHERSON	Nominated by Health Board (Non Executive Member)
Sam RIDDELL	Nominated by Health Board (Non Executive Member)
Dave BERRY	Chief Finance Officer
Vicky IRONS	Chief Officer
Jocelyn LYALL	Chief Internal Auditor
Diane MCCULLOCH	Chief Social Work Officer

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

Jenny HILL	Health and Social Care Partnership
Brian HOWARTH	Audit Scotland
Christine JONES	Health and Social Care Partnership
Matthew KENDALL	Health and Social Care Partnership
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Mary O'CONNOR	Audit Scotland
Kathryn SHARP	Health and Social Care Partnership

Ken LYNN, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

There were apologies for absence submitted on behalf of:-

Dr James COTTON	Registered Practitioner not providing primary medical care services
Raymond MARSHALL	Staff Partnership Representative
Martyn SLOAN	Person providing unpaid care in the area of the local authority

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE

The minute of meeting of the Committee held on 27th September, 2023 was submitted and approved.

(b) ACTION TRACKER

There was submitted the Action Tracker, PAC47-2023, for meetings of the Performance and Audit Committee for noting and updating accordingly.

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

Following questions and answers the Committee further agreed:-

- (i) that as actions 1 and 2 related to staff capacity, the Chief Finance Officer would provide an overview of progress with the staffing restructure and the additional capacity that could be available; and
- (ii) that a session would be arranged for all IJB members and the Care Inspectorate to focus on the grading process, an overview of gradings across the country and how Dundee compares and the Care Inspectorate's powers. The session would also cover the internal processes that were used by the Health and Social Care Partnership.

IV AUDIT SCOTLAND ANNUAL REPORT AND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2022/2023

There was submitted Report No PAC41-2023 by the Chief Finance Officer presenting the Integration Joint Board's (IJB) Draft Audited Annual Statement of Accounts for the year to 31st March 2023 for approval, to note the draft external auditor's report in relation to these accounts and approve the response to the report.

The Committee agreed:-

- (i) to note the contents of the attached Audit Scotland cover letter (attached as Appendix 1) and the draft external auditor's report (attached as Appendix 2) including the completed action plan outlined on pages 20-21 of the report, and in particular that Audit Scotland have indicated they would issue an unqualified audit opinion on the IJB's 2022/23 Annual Accounts;
- (ii) to endorse the report as the IJB's formal response to the external auditor's report;
- (iii) to instruct the Chief Finance Officer to provide an update on progress of the action plan noted in Appendix 1 of the external auditor's report by February 2024;
- (iv) to approve the attached Audited Annual Accounts (attached as Appendix 3) for signature and instruct the Chief Finance Officer to return these to the external auditor;
- (v) to instruct the Chief Finance Officer to arrange for the Annual Accounts to be published on the Dundee Health and Social Care Partnership website by no later than 30th November, 2023.

Following questions and answers the Committee further agreed:-

- (vi) to note that although Internal Audit had found some weaknesses in Dundee City Council's General Ledger system (as outlined in Article X on this agenda), Audit Scotland had found no significant material issues in relation to the Integration Joint Board annual accounts. The Chief Finance Officer also explained that the majority of the spend went through the Mosaic and payroll systems which had good controls in place;
- (vii) that the Chief Finance Officer would check with Dundee City Council reps when the General Ledger system issue would be resolved and report back to Donald McPherson; and
- (viii) to note that the 2024/2025 position would be reported to the IJB meeting in December 2023 with IJB budget development sessions starting in December running through to March 2024.

V DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023-2024 QUARTER 1

There was submitted Report No PAC42-2023 by the Chief Finance Officer updating the Performance and Audit Committee on 2023-2024 Quarter 1 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. Data was also provided in relation to Social Care – Demand for Care at Home services.

The Committee agreed:-

- (i) to note the content of the summary report;
- (ii) to note the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 2 and 3);
- (iii) to note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3) and
- (iv) to note the number of people waiting for a social care assessment and care at home package and associated hours of care yet to be provided in Appendix 2.

Following questions and answers the Committee further agreed:-

- (v) to note that the baseline year had been changed to 2018/2019 to be in line with what was required under the Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations and guidance and that this would be unlikely to move again until the Covid years were cleared;
- (vi) that, in relation to a query from Councillor McHugh about why there was disparity in delayed discharge performance across LCPPs, Kathryn would consider with Lynsey Webster if further analysis was required.

VI DRUG AND ALCOHOL SERVICES INDICATORS – 2023/2024 QUARTER 1

There was submitted Report No PAC40-2023 by the Chief Finance Officer updating the Performance and Audit Committee on the performance of Drug and Alcohol Services.

The Committee agreed:-

- (i) to note the data presented in the report, including the improvements in key indicators relating to access to drug treatment services during 2022/2023 (section 6 and Appendix 1); and
- (ii) to note the range of ongoing improvement activity, including within Dundee Drug and Alcohol Recovery Service, Primary Care and Partnership Mental Health Services focused on implementation of Medication Assisted Treatment Standards and wider priorities agreed via the Alcohol and Drug Partnership Strategic Framework and Delivery Plan (section 7).

VII DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT

There was submitted Report No PAC45-2023 by the Clinical Director providing assurance to Committee on the business of Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group.

The report was brought to the Committee to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership integration scheme. Clinical Governance was a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL(1998)75. The Performance and Audit Committee was being asked to provide their view on the level of assurance the report provided and therefore, the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within the report was to 30th September, 2023.

The Committee agreed:-

- (i) to note the Exception Report for the Dundee Health and Social Care Partnership Clinical, Care & Professional Governance Group as detailed from Section 4 of the report; and
- (ii) that the level of assurance was reasonable due to the factors as indicated.

Following questions and answers the Committee further agreed:-

- (iii) to note the responses provided in relation to queries about Mutual Aid Requests, negative media recording, violence and aggression and verified and unverified events; and
- (iv) that Matthew would check the risk level for the Primary Care sustainability risk and report back to Sam.

VIII QUARTERLY COMPLAINTS PERFORMANCE – 2ND QUARTER 2023/2024

There was submitted Report No PAC44-2023 by the Chief Finance Officer summarising the complaints and feedback performance for the Health and Social Care Partnership (HSCP) in the second quarter of 2023/2024. The complaints include complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

The Committee agreed:-

- (i) to note the complaints handling performance for health and social work complaints set out within the report;
- (ii) to note the work which had been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring and reporting;
- (iii) to note the work ongoing to scope using Care Opinion as a feedback tool for all services in the Health and Social Care Partnership; and
- (iv) to note the changes to mandatory SPSO (Scottish Public Service Ombudsman) complaint reporting requirements and consider the recommendations for the content for future complaints and feedback reports in Section 10.

Following questions and answers the Committee further agreed:-

- (v) to note that there were options for people to feedback through Care Opinion other than just on-line.

IX DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE

There was submitted Report No PAC43-2023 by the Chief Finance Officer updating the Performance and Audit Committee in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership.

The Committee agreed:-

- (i) to note the content of the Strategic Risk Register Update report;
- (ii) to note the extract from the Strategic Risk register attached at Appendix 1 to the report; and
- (iii) to note the recent work and future work on Risk Appetite as set out in Section 7 of the report.

X DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC48-2023 by the Chief Finance Officer providing the Performance and Audit Committee (PAC) with an update on progress against the last remaining outstanding review from the 2022/2023 internal audit plan as well as work relating to 2023/2024. The report also included internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs were considered relevant for assurance purposes to Dundee IJB.

The Committee agreed to note the progress of the outstanding internal audit review and progress against the 2023/2024 internal audit plan.

XI GOVERNANCE ACTION PLAN UPDATE

It was reported that at the meeting of the Performance and Audit Committee held on 27th September, 2023 (Article XVII of the minute of meeting refers), the Committee was advised that work to develop revised reporting of outstanding Governance Actions previously reported through the Governance Action Plan was ongoing and that the revised process would be presented to the November PAC meeting. Unfortunately, due to the complex nature of this work and to ensure there was no duplication of actions, this was not yet in a completed stage to present to the Committee. Officers would continue to work with Internal Audit to ensure the revised reporting process was available for the first PAC meeting of 2024.

The Committee noted the position.

XII ATTENDANCE LIST

There was submitted Agenda Note PAC46-2023 providing attendance returns for meetings of the Performance and Audit Committee held over 2023.

The Committee agreed to note the position as outlined.

XIII DATE OF NEXT MEETING

The Committee agreed to note that the next meeting of the Committee would be arranged to take place remotely in January 2024.

Ken LYNN, Chairperson.

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ITEM No ...3(b).....

PAC11-2024

PERFORMANCE AND AUDIT COMMITTEE – ACTION TRACKER – 22nd NOVEMBER 2023

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
1	26/05/21	V(vii)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2020/2021 QUARTER 3 SUMMARY	Kathryn Sharp to undertake further analysis of the position in relation to the figures for the North East area to establish what learning could be achieved for the benefit of the other areas in Dundee.	Strategy and Performance Manager	(June 2022) March 2024	Completion of this analysis is not able to be prioritised within existing resources at the present time due to other competing demands associated with statutory requirements and other analytical requests from the PAC and operational services.
2	28/09/22	III(b)(iii)	ACTION TRACKER	that consideration would be given by the Management Team to noting the briefing notes, that were issued inbetween PAC meetings, at the next available meeting of the PAC.	Chief Officer	(December 2022) February 2024	In progress – Discussions held with Head of Legal and Democratic Services of Dundee City Council as advisor to the IJB/PAC
3	27/09/23	V	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT	that, at the request of the Chair, a report from the Falls Strategy Group	Matthew Kendall	Feb 2024	On schedule. Report to be submitted to Feb 2024 IJB providing strategic update on the

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
			2022/2023 – QUARTER 4	would be presented to a future Integration Joint Board meeting.			range of work undertaken.
4	27/09/23	VII	DISCHARGE MANAGEMENT PERFORMANCE – UPDATE ON COMPLEX AND STANDARD DELAYS	that consideration would be given to building in information from the weekly local oversight report into future reports to the PAC.	Senior Officer, Strategy & Performance	May 2024	This will be considered during production of next report due for submission following Q4 2023/24.
5	27/09/23	VIII	CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/OLDER PEOPLE AND OTHER ADULT SERVICES 2022/2023	that consideration would be given to arranging a presentation from the Care Inspectorate to a future Integration Joint Board meeting	Chief Finance Officer/Head of Service	November 2023 Change to May 2024	Focus agreed by PAC members as the grading process, an overview of gradings across the country and how Dundee compares and the Care Inspectorate's powers. The session would also cover the internal processes that were used by the Health and Social Care Partnership. Contact made with Care Inspectorate to

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
							agree development session Spring 2024.
6	27/09/23	IX	REVIEW OF EMERGENCY ADMISSION RATES	that a summary report would be brought to a future meeting explaining why the issue mattered to the PAC, what the data tells us and what needs done in response.	Senior Officer, Strategy & Performance	April 2024	Development session to be offered to PAC members regarding unscheduled care data, analysis and improvement.
7	22/11/23	III(b)	ACTION TRACKER	that the Chief Finance Officer would provide an overview of progress with the staffing restructure and the additional capacity that could be available.	Chief Finance Officer	March 2024	Dependent on decisions to be made through the budget process therefore deferred until the IJB's budget has been agreed
8	22/11/23	IV	AUDIT SCOTLAND ANNUAL REPORT AND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2022/2023	that the Chief Finance Officer would check with Dundee City Council reps when the General Ledger system issue would be resolved and report back to Donald McPherson	Chief Finance Officer	January 2024	Complete
9	22/11/23	V	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023-2024 QUARTER 1	that, in relation to a query from Councillor McHugh about why there was disparity in delayed discharge performance across LCPPs, Kathryn would consider with Lynsey Webster if further analysis was required.	Service Manager, Strategic Planning, Health Improvement and Commissioning	May 2024	This will be considered during production of next unscheduled care report due for submission following Q4 2023/24.

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
10	22/11/23	VI	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT	that Matthew Kendall would check the risk level for the Primary Care sustainability risk and report back to Sam Riddell.	Allied Health Professions Lead	Nov 2023	Complete



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE –
31 JANUARY 2024

REPORT ON: REVISED PAC TERMS OF REFERENCE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC2- 2024

1.0 PURPOSE OF REPORT

The purpose of this report is to inform members of the Committee of the revised Terms of Reference for Dundee Integration Joint Board's Performance and Audit Committee following approval by the Integration Joint Board at its meeting of the 13th December 2023. .

2.0 RECOMMENDATIONS

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

- 2.1 Notes the revised Terms of Reference for the Performance and Audit Committee approved by the Integration Joint Board as attached as Appendix 1 to this report.

3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Dundee Integration Joint Board established the Performance and Audit Committee (PAC) at its meeting of the 30th August 2016. At this meeting, the terms of reference for the Performance and Audit Committee were agreed.
- 4.1.2 Over the 7 years since it was established, the PAC has developed the range of issues deemed relevant and appropriate for consideration, either through best practice, internal and external audit recommendations and at the request of members of the PAC and IJB. The PAC terms of reference have not changed over this time.
- 4.1.3 As part of the IJB's 2021/22 Audit Scotland annual report, the external auditors noted three areas of improvement to ensure the terms of reference met best practice guidance as set out in CIPFA's Audit Committees Practical Guidance for Local Authorities and Police (2018). These were:

- 1) the terms of reference do not cover the core areas of "counter fraud and corruption" and the PAC's role in relation to these.

- 2) the committee does not undertake an annual evaluation to assess whether it has undertaken its duties in accordance with the terms of reference.

- 3) there is no formal training programme in place to support board members.

- 4.1.4 The PAC terms of reference have now been revised and updated to reflect this best practice guidance and the other areas of development the PAC has undertaken since 2016. The revised terms are set out in Appendix 1 to this report. The Integration Joint Board approved the revised terms of reference at its meeting of the 13th December 2023 (Article IV(c) of the meeting refers).

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk Description	Risk that the IJB is unable to demonstrate compliance with best practice in relation to its Performance and Audit Committee.
Risk Category	Governance
Inherent Risk Level	Likelihood 3 x Impact 3 = 9 (High Risk)
Mitigating Actions (including timescales and resources)	Adoption of revised and updated terms of reference
Residual Risk Level	Likelihood 2 x Impact 3 = 6 (Moderate Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = 6 (Moderate Risk)
Approval recommendation	Given the mitigating actions in place the risk should be accepted

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 04/01/2024

**DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
PERFORMANCE AND AUDIT COMMITTEE
TERMS OF REFERENCE**

1	Introduction
1.1	The Performance and Audit Committee is identified as a Committee of the Integration Joint Board (IJB).
1.2	The Committee will be known as the Performance and Audit Committee of the IJB and will be a Standing Committee of the IJB.
2	Constitution
2.1	The IJB shall appoint the Committee. The Committee will consist of not less than 6 members of the IJB, excluding Professional Advisors. The Committee will include at least four IJB voting members, two from NHS Tayside and two from Dundee City Council. Only voting members of the IJB will be able to vote on the Committee. The Chair of the IJB shall not be a member of the Committee.
2.2	The Committee may at its discretion set up short term working groups for review work. Membership of the working group will be open to anyone whom the Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Audit and Performance Committee
3	Chair
3.1	The Committee will be chaired by the Vice Chair of the IJB and will rotate between a voting member nominated by NHS Tayside and a voting member nominated by Dundee City Council. In the absence of the Chair, the members present at the meeting will appoint a member to Chair the meeting. The Chair will rotate on the same frequency as the Chair of the IJB.
4	Quorum
4.1	Two voting members of the Committee will constitute a quorum consisting of one member from Dundee City Council and one member from NHS Tayside.
5	Attendance at meetings
5.1	The Chief Officer, Chief Finance Officer, Chief Internal Auditor and other Professional Advisors or their nominated representatives may attend meetings. Other persons shall attend meetings at the invitation of the Committee.
5.2	The external auditor will be invited to attend each meeting.
5.3	The Committee may invite additional advisors as appropriate.

6	Meeting Frequency
6.1	The Committee will meet at least four times each financial year with further meetings, including development events arranged if necessary.
7	Authority
7.1	The Committee is authorised to instruct further investigation on any matters which fall within Paragraph 8.
8	Duties
8.1	The Committee will review the overall Internal Control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement.
	Specifically, it will be responsible for the following duties:
	1. The preparation and implementation of the strategy for Performance Review and monitoring the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB.
	2. Ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against set objectives, levels and standards of service and to receive regular reports on these and to review progress against the outcomes set out in the Strategic and Commissioning Plan.
	3. To consider the IJB's Annual Performance Report and approve on behalf of the IJB as necessary.
	4. Acting as a focus for Best Value and performance initiatives;
	5. To review and approve the annual Internal Audit plan on behalf of the IJB.
	6. To receive reports, monitor the implementation of agreed actions on Internal Audit recommendations and reporting to the IJB as appropriate;
	7. To receive monitoring reports on the activity of Internal Audit and an annual Internal Audit Report.
	8. To consider External Audit Plans and reports (including the annual accounts and audit certificate), matters arising from these and management actions identified in response including monitoring of implementation of actions.
	9. To support the IJB in ensuring that the strategic integrated assurance and performance framework is working effectively, and that escalation of notice and action is consistent with the risk appetite set by the IJB.
	10. To support the IJB in delivering and expecting co-operation in seeking assurance that lead partner services run by partners are working effectively in order to allow Dundee IJB to sign off on its accountabilities for its resident population.
	11. Review risk management arrangements, receive regular reports on risk management and an annual Risk Management report.
	12. Ensure existence of and monitor compliance with an appropriate Risk Management Strategy.

	13. To consider annual financial accounts and related matters and approve on behalf of the IJB as necessary.
	14. Ensuring that the Senior Management Team of Dundee Health and Social Care Partnership, including Heads of Service, Professional Leads and Principal Managers maintain effective controls within their services which comply with financial procedures and regulations;
	15. To be responsible for setting its own work programme in order to meet its specific duties including any matters which the Chief Officer believes would benefit from investigation.
	16. Promoting the highest standards of conduct by Board Members; and monitoring and keeping under review the Code of Conduct maintained by the IJB.
	17. Will have oversight of Information Governance arrangements as part of the Performance and Audit process.
	18. To be aware of, and act on, Audit Scotland, national and UK audit findings and inspections/regulatory advice, and to confirm that the IJB has brought itself into compliance timeously.
	19. To receive assurances in relation to Clinical Care and Professional Governance through the consideration of a report presented to each meeting of the PAC by the Clinical Director.
	20. To receive and consider performance information in relation to complaints and compliments about services provided by the Health and Social Care Partnership or about the IJB's activities, ensuring the IJB's responsibilities around Duty of Candour are met.
	21. To receive assurances that effective counter fraud and corruption arrangements are in place within the partner bodies governance arrangements.
	22. To establish a formal training programme for PAC members to ensure they are aware of their roles and responsibilities as members of the Committee.
9	Reporting
9.1	The Chair of the PAC will provide an assurance report to the next IJB meeting, outlining the areas of discussion and decisions made at the PAC meeting.
9.2	The PAC will present an annual report to the IJB to reflect the activities undertaken over the year in line with its remit and terms of reference.
10	Review
10.1	The Terms of Reference will be reviewed when the Chair rotates to ensure their ongoing appropriateness in dealing with the business of the IJB.
10.2	As a matter of good practice, the Committee should allow for periodic review utilising best practice guidelines and external facilitation as required.

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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 31 JANUARY 2024

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023-24 QUARTER 2

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC4-2024

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to update the Performance and Audit Committee on 2023-24 Quarter 2 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. Data is also provided in relation to Social Care – Demand for Care at Home services.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this summary report.
- 2.2 Note the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 2 and 3).
- 2.3 Note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3).
- 2.4 Note the number of people waiting for a social care assessment and care at home package and associated hours of care yet to be provided in Appendix 2.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 BACKGROUND INFORMATION

- 4.1 The Quarterly Performance Report analyses performance against the National Health and Wellbeing Indicators. 5 of the 23 National Health and Wellbeing Indicators are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost). The quarterly performance report also summarises performance against indicators in the Measuring Performance Under Integration (MPUI) suite of indicators for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges, end of life and balance of care. Further information regarding these indicators and the methodology used to report these indicators can be found in Appendix 3.
- 4.2 The Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations and guidance prescribes that Partnerships must compare performance information between the current reporting

year and the preceding five reporting years. From Q1 2023-24, quarterly performance reports use the 2018/19 baseline year for all indicators.

5.0 QUARTER 2 PERFORMANCE 2023-24 – KEY ANALYTICAL MESSAGES

5.1 Key analytical messages for the Quarter 2 2023-24 period are:

- Significant variation by Local Community Planning Partnership (LCPP) is still apparent, with poorest performance for many of the National Indicators in the most deprived LCPPs.
- Performance is poorer than the 2018-19 baseline for rate of emergency admissions 18+, hospital admissions due to a fall 65+, A+E attendances 18+, emergency admission numbers from A+E 18+, emergency admissions as a rate of all A+E attendances 18+, 28 day readmissions rate, % care services graded good, and standard bed and complex days lost to delayed discharges 75+.
- Rate of emergency admissions and bed day rate per 100,000 18+ population increased by 10% and 8.4% respectively when compared with the 2018-19 baseline. Only one LCPP saw a decrease in rate of emergency bed days (Lochee -4.2%).
- Rate of emergency readmission within 28 days of any admission increased by 3% between 2018-19 baseline and Q2 2023-24. There was an increase in 4 LCPPs (Lochee by 3%, Coldside by 23%, West End by 23%, The Ferry by 12%).
- 90.3% of the last 6 months of life was spent at home or in a community setting; this is higher than the 2018-19 baseline of 89.1% (improvement). Although performance across Scotland is similar, Dundee is best out of the 8 family group partnership and is 2nd out of the 3 Tayside partnerships.
- Rate of hospital admissions due to a fall for people aged 65+ is 12% higher than the 2018-19 baseline and is higher in 5 of the 8 LCPPs (West End +6%, East End +21%, Maryfield +23%, Lochee +72% and North East +43%). Dundee is the poorest of the 8 family group partnerships and poorest out of the 3 Tayside partnerships. The Falls Data Group continues to meet to understand and ultimately improve this performance.
- % care services graded 'good' (4) or better in Care Inspectorate inspections has deteriorated since the 2018-19 baseline from 86.2% in 2018-19 to 75.2% in 22/23. Report PAC27-2023 Article VIII of the minute of meeting of this Committee of 27th September 2023 refers provided a detailed analysis of gradings awarded in 2022-23.
- Rate of bed days lost to a standard delayed discharge for people aged 75+ is 149% more than the 2018-19 baseline and performance deteriorated across all LCPPs. At Q2 the LCPP with the highest rate was East End (1196) and the LCPP with the lowest rate was North East (509). Report PAC26-2023 Article VII of the minute of meeting of this Committee of 27th September 2023 refers provided an up-to-date position regarding discharge management, including an overview of improvement activity.
- Rate of bed days lost to complex (code 9) delayed discharge for people aged 75+ is 24% higher than the 2018-19 baseline, with increases across 5 of the 8 LCPPs. Increases ranged from 30% in Strathmartine and North East to 307% in East End.

5.2 Public Health Scotland publishes a four-week snapshot of the demand for Care at Home services provided by Health and Social Care Partnerships across Scotland. The information, contained in Appendix 2, shows the number of people waiting for an assessment for a package of care to allow them to live at home or in the community and the number of hours of care that has been assessed but not yet delivered. The information is presented by people waiting in hospital or waiting at home / in the community for the care at home service to be delivered. In Dundee, as at 13 November 2023:

- 0 people waited in hospital and 143 people waited in the community for a social care assessment. This is the second lowest number reported since 29 May 2023 (lowest was 139 at 23 October 2023). 0 people have waited in hospital each week since 17 October 2022.
- 24 people were assessed and waiting for a care at home package in hospital (324 hours yet to be provided). The number of people and hours have been decreasing since 23 February 2023.
- 59 people were assessed and waiting for a care at home package in the community (359 hours yet to be provided). The number of hours has been decreasing since 23 February 2023 and the number of people waiting is the lowest in the last 12 months.
- For those already in receipt of a care at home package 190 additional hours were required and not provided. There was a significant decrease to 19 June 2023, however there has been an increasing trend since then.

6.0 POLICY IMPLICATIONS

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

7.0 RISK ASSESSMENT

Risk 1 Description	Poor performance against national indicators could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Continue to develop a reporting framework which identifies performance against national and local indicators. - Continue to report data quarterly to the PAC to highlight areas of exceptional performance (poor and excellent). - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data. - Work with operational managers to identify areas of poor performance that result in operational risk and undertake additional analysis as required.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS

- 9.1** None.

Dave Berry
Chief Finance Officer

DATE: 11 December 2023

Lynsey Webster
Senior Officer, Strategy and Performance

APPENDIX 1 – Performance Summary

Table 1: Performance in Dundee's LCPPs - % change in Q2 2023-24 against baseline year 2018/19



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18	+10%	+7.3%	+1.1%	+8.0%	+6.5%	+17.3%	+8.1%	+20.6%	+11.3%
Emer Bed Days rate per 100,000 18+	+8.4%	-4.2%	+8.6%	+15.3%	+21.2%	+18.7%	+3.3%	+6.3%	+2.6%
28 Day Readmissions rate per 1,000 Admissions	+3%	+3%	-8%	+23%	-3%	-5%	-6%	+23%	+12%
Hospital admissions due to falls rate per 1,000 65+	+12%	+72%	+21%	-11%	+43%	-4%	+23%	+6%	-2%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	+149%	+58%	+288%	+298%	+102%	+132	+166%	+77%	+162%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	+24%	-29%	+307%	-63%	+30%	+30	+100%	+130%	-56%

Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q2 2023-24 compared to Dundee



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	13,916	16,224	17,020	15,996	13,274	15,520	11,526	10,833	12,034
Emer Bed days rate per 100,000 18+	130,049	151,386	160,370	168,669	109,352	142,335	107,232	87,033	122,173
28 Day Readmissions rate per 1,000 Admissions	145	146	151	158	125	145	139	163	132
Hospital admissions due to falls rate per 1,000 65+	34	44	40	36	27	28	32	38	29
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	689	711	1196	835	509	523	698	584	537
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	114	75	346	79	114	117	284	35	18

Source: NHS Tayside data

Note: This table shows the Dundee position alongside the position for the 8 LCPPs. Where the LCPP position is poorer than Dundee this is coded as red (worse than Dundee) and where the LCPP position is better than Dundee this is coded as green.

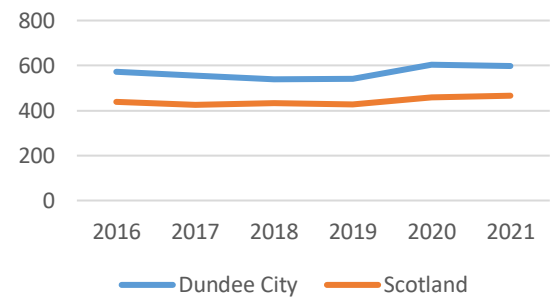
Key: Improved/Better Stayed the same Declined/Worse

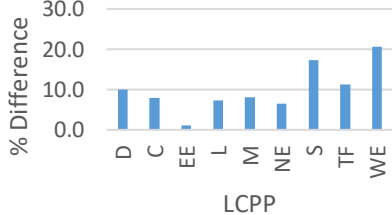
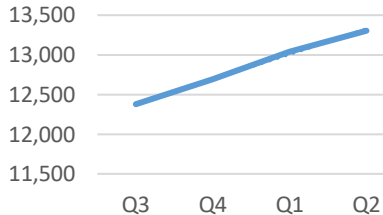
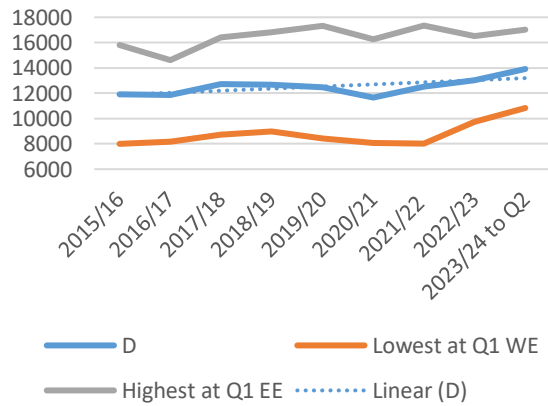
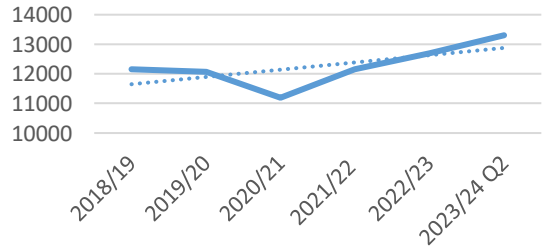
Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q2 2023-24 compared to Dundee

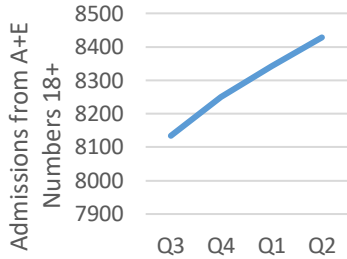
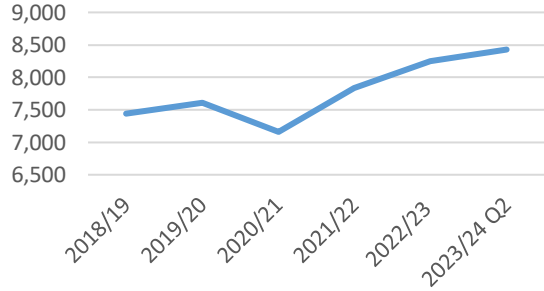
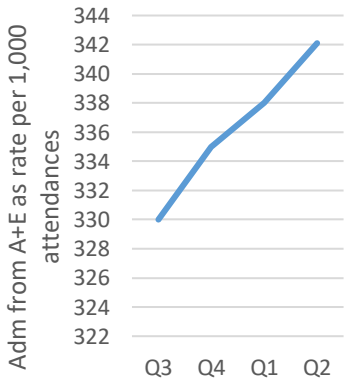
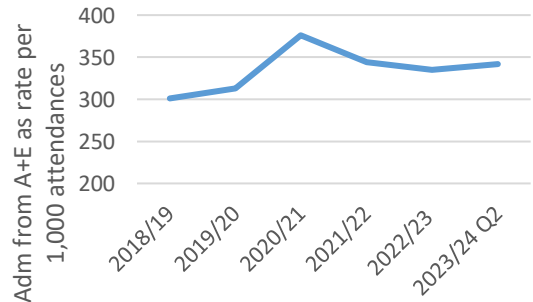
Dundee = D	East End = EE	Coldside = C	West End = WE
Strathmartine = S	North East = NE	Lochee = L	The Ferry = TF

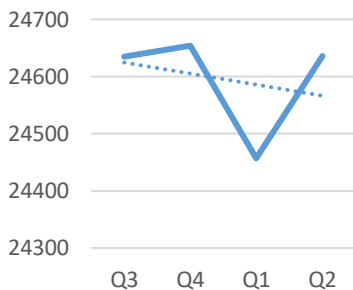
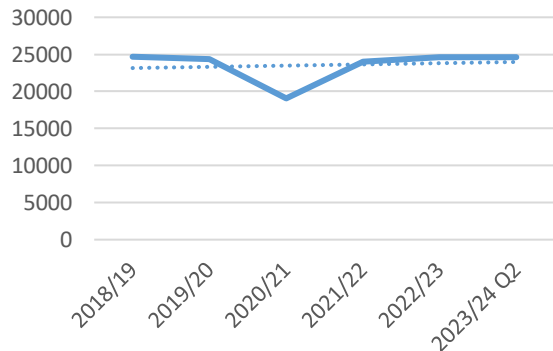
Please note that indicators 1-9 are reported from a biennial national survey – therefore short-term trends are not available. Longitudinal trends are also not available due to changes in survey methodology since 2015/16.

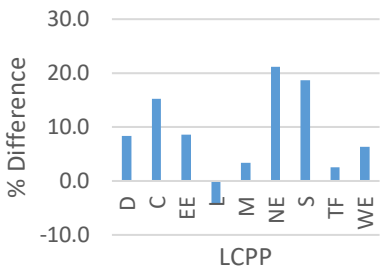
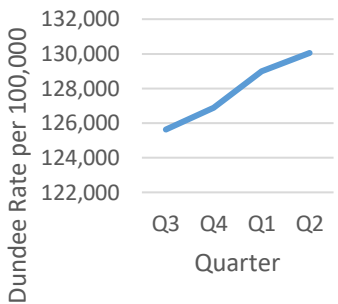
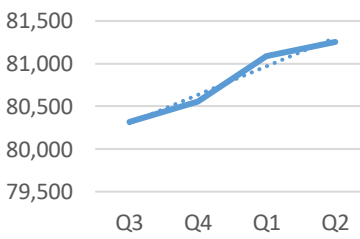
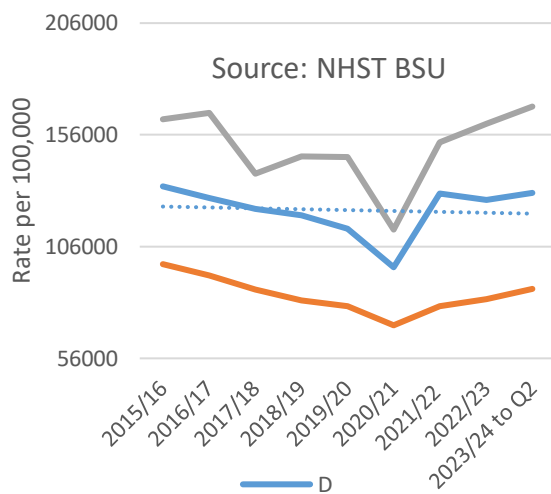
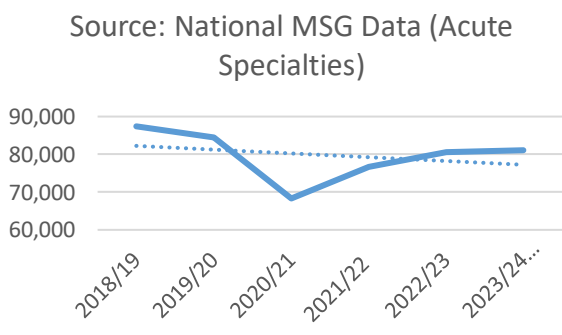
National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
1.% of adults able to look after their health very well or quite well*				30th	5th (89%)	3rd
2.% of adults supported at home who agreed that they are supported to live as independently as possible*				5th	1st (84%)	1st
3.% of adults supported at home who agreed that they had a say in how their help, care, or support was provided*				7th	2nd (75%)	2nd
4. % of adults supported at home who agree that their health and social care services seem to be well co-ordinated*				2nd	2nd (76%)	2nd
5.% of adults receiving any care or support who rate it as excellent or good*				2nd	2nd (84%)	1st
6.% of people with positive experience of care at their GP practice*				16th	3rd (67%)	3rd

National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
7.% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life*				29th	8 th (72%)	3rd
8.% of carers who feel supported to continue in their caring role*				26th	7 th (27%)	3rd
9.% of adults supported at home who agreed they felt safe*				20th	7 th (77%)	3rd
10. % staff who say they would recommend their workplace as a good place to work	Not Available Nationally	Not Available Nationally	Not Available Nationally			
11. Premature mortality rate per 100,000 persons	6% more in 2021 than 2016 (deterioration)	Not Available	<p>Source: PHS</p>  <p>2021 is latest available published data</p>	29th	7th	3rd

National Indicator	Difference From 18/19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
12. Emer Admissions rate per 100,000 18+	<p>9% (1,433 admissions) more in Q2 23/24 than 2018/19 (deterioration) (source: NHST BSU)</p> <p>Source: NHST BSU</p>  <p>LCPP</p>	<p>Source: National MSG Data</p>  <p>Increasing trend over the last 4 quarters</p>	<p>Source: NHST BSU</p>  <p>Note - Linear (D) is the trendline for Dundee</p> <p>Source: National MSG Data</p> 	24th	4th	3rd

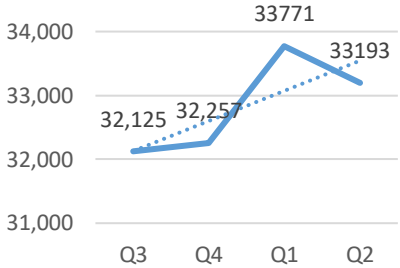
National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Emergency Admissions Numbers from A&E (MSG)	988 more attendances in Q2 23/24 than 2018/19.	<p>Source: MSG National Data</p>  <p>Admissions from A+E Numbers 18+</p> <p>Q3 Q4 Q1 Q2</p> <p>Increasing trend.</p>	<p>Source: MSG National Data</p>  <p>2018/19 2019/20 2020/21 2021/22 2022/23 2023/24 Q2</p>	NA as number and not rate	NA as number and not rate	NA as number and not rate
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances (MSG)	Rate is 41(14%) higher at Q2 2023/24 than 2018/19.	<p>Source: MSG National Data</p>  <p>Adm from A+E as rate per 1,000 attendances</p> <p>Q3 Q4 Q1 Q2</p>	<p>Source: MSG National Data</p>  <p>Adm from A+E as rate per 1,000 attendances</p> <p>2018/19 2019/20 2020/21 2021/22 2022/23 2023/24 Q2</p>	Not Avail	Not Avail	Not Avail

National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Accident & Emergency Attendances (MSG)	1 more in Q2 2023/24 than 2018/19	<p>Source: MSG National Data</p>  <p>Increase over the last quarter by 179 attendances.</p>	<p>Source: MSG National Data</p> 	NA as number and not rate	NA as number and not rate	NA as number and not rate

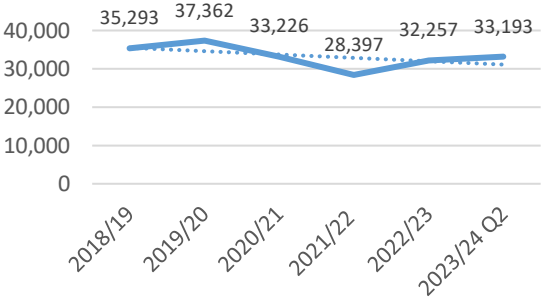
National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
13.Emer Bed days rate per 100,000 18+	<p>Source: NHST BSU</p>  <p>11,179 (6.3%) more acute bed days in Q2 2023/24 than 2018/19 (deteriorated) (source: NHST BSU)</p>	<p>Source: NHST BSU</p>  <p>Rate has risen (deterioration) over the last 4 quarters.</p> <p>National MSG Data (Acute Only)</p> 	<p>Source: NHST BSU</p>  <p>Source: National MSG Data (Acute Specialties)</p> 	10th	1st	2nd

2,100 (6%) less mental health bed days in Q1 2023-24 than 2018-19 (deterioration) (source: MSG)

National MSG Data
(Mental Health
Specialties)



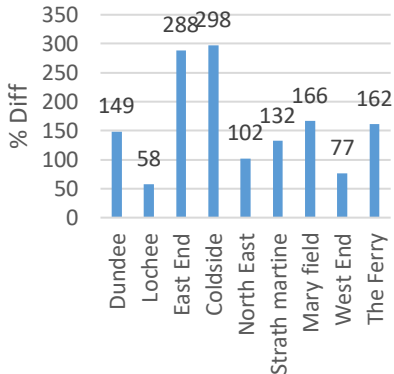
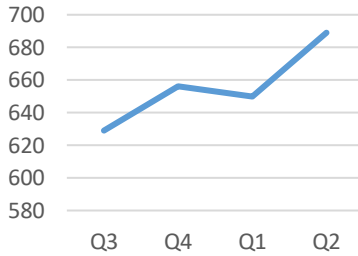
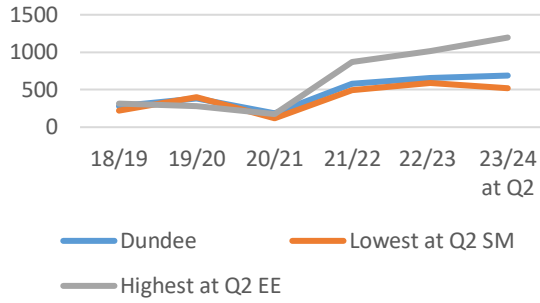
National MSG Data (Mental Health
Specialties)



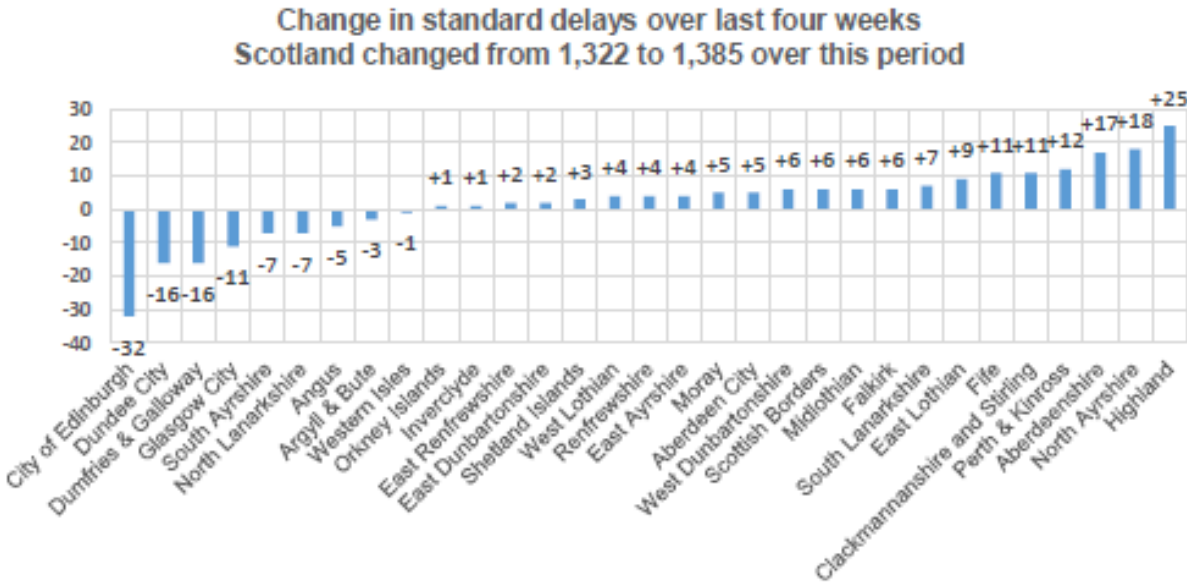
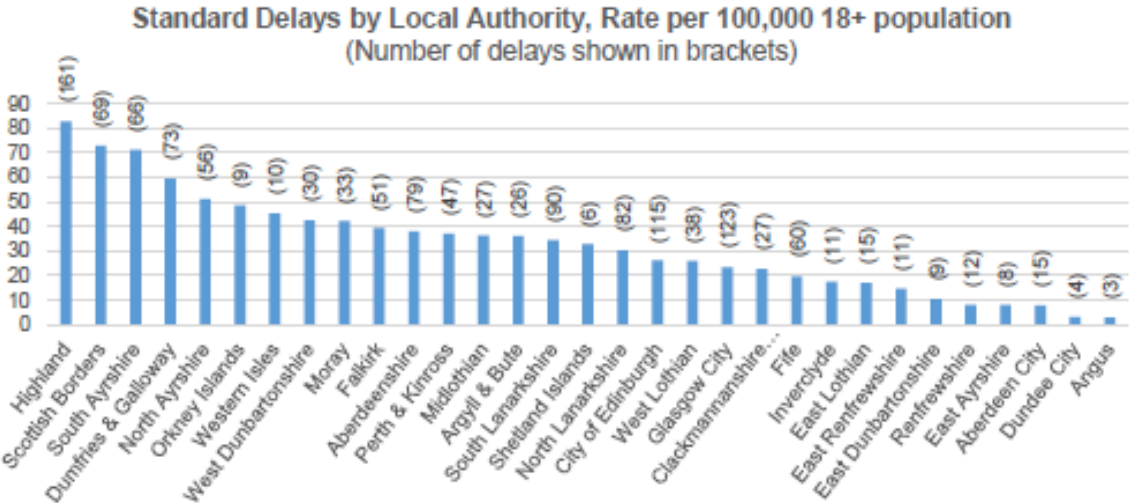
National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
14.Readmissions rate per 1,000 Admissions All Ages	<p>Source: NHST BSU</p> <p>3% higher at Q2 23-24 than 18-19.</p> <p>Variation ranges from -8% in East End to +23% in Coldside and West End.</p>	<p>Source: NHST BSU</p> <p>Increase over the last 3 quarters</p>	<p>Source: NHST BSU</p>	30 th	8 th	3 rd

15. % of last 6 months of life spent at home or in a community setting	Up from 88.8% in 2017/18 to 90.3% in 2022 (improvement)	Not Available		9th	1st	2nd
National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
16. Hospital admissions due to falls rate per 1,000 65+	<p>Source: NHST BSU</p>  <p>13% (103 falls admissions) more in Q2 23/24 than 2018/19 (deterioration). Greatest increase (deterioration) was in Lochee with 72% increase (61 fall related admissions) (deterioration).</p>	<p>Source: NHST BSU</p>  <p>Stable trend over the last 4 quarters.</p>	<p>Source: NHST BSU</p> 	31st	8th	3rd

17. % care services graded 'good' (4) or better in Care Inspectorate inspections	Dropped from 84.5% in 2017/18 to 75.2% in 2022/23 (deterioration)	Not Available	<div>Source: PHS</div> <table><thead><tr><th>Year</th><th>Dundee City</th><th>Scotland</th></tr></thead><tbody><tr><td>2016/17</td><td>85.0%</td><td>83.0%</td></tr><tr><td>2017/18</td><td>85.0%</td><td>85.0%</td></tr><tr><td>2018/19</td><td>86.0%</td><td>82.0%</td></tr><tr><td>2019/20</td><td>80.0%</td><td>81.0%</td></tr><tr><td>2020/21</td><td>80.0%</td><td>82.0%</td></tr><tr><td>2021/22</td><td>74.0%</td><td>75.0%</td></tr><tr><td>2022/23</td><td>75.2%</td><td>75.0%</td></tr></tbody></table>	Year	Dundee City	Scotland	2016/17	85.0%	83.0%	2017/18	85.0%	85.0%	2018/19	86.0%	82.0%	2019/20	80.0%	81.0%	2020/21	80.0%	82.0%	2021/22	74.0%	75.0%	2022/23	75.2%	75.0%	21st	7th	1st
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18. % adults with intensive care needs receiving care at home	6.5% (130 people) more in 2022 than 2017 (improvement) (note calendar year)	Not Available	<div>Source: PHS</div> <table><thead><tr><th>Year</th><th>Dundee City</th><th>Scotland</th></tr></thead><tbody><tr><td>2016</td><td>54.0%</td><td>62.0%</td></tr><tr><td>2017</td><td>54.0%</td><td>61.0%</td></tr><tr><td>2018</td><td>59.0%</td><td>62.0%</td></tr><tr><td>2019</td><td>58.0%</td><td>63.0%</td></tr><tr><td>2020</td><td>60.0%</td><td>63.0%</td></tr><tr><td>2021</td><td>63.0%</td><td>64.0%</td></tr><tr><td>2022</td><td>60.0%</td><td>63.0%</td></tr></tbody></table>	Year	Dundee City	Scotland	2016	54.0%	62.0%	2017	54.0%	61.0%	2018	59.0%	62.0%	2019	58.0%	63.0%	2020	60.0%	63.0%	2021	63.0%	64.0%	2022	60.0%	63.0%	28th	8th	2nd
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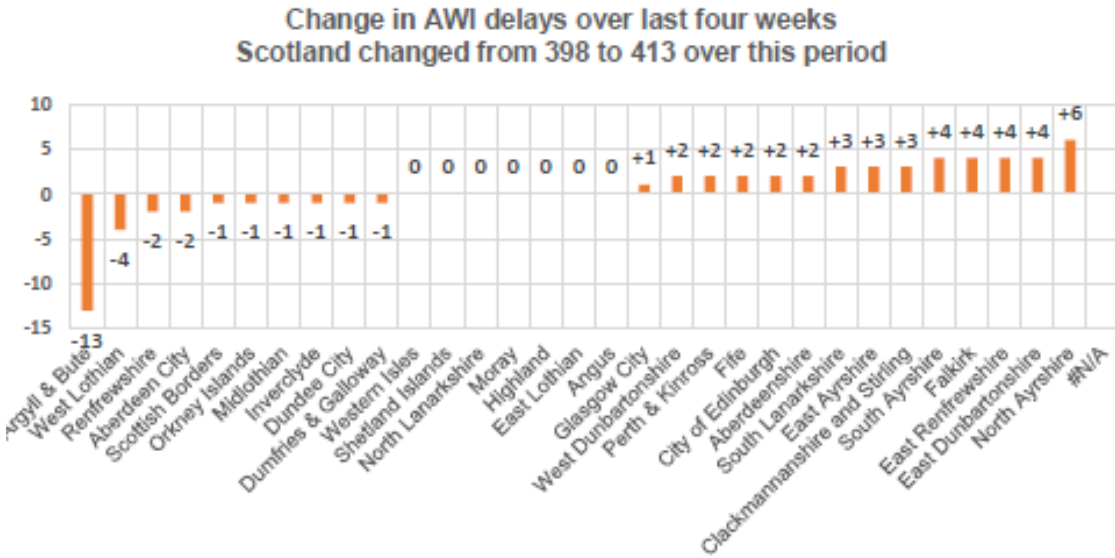
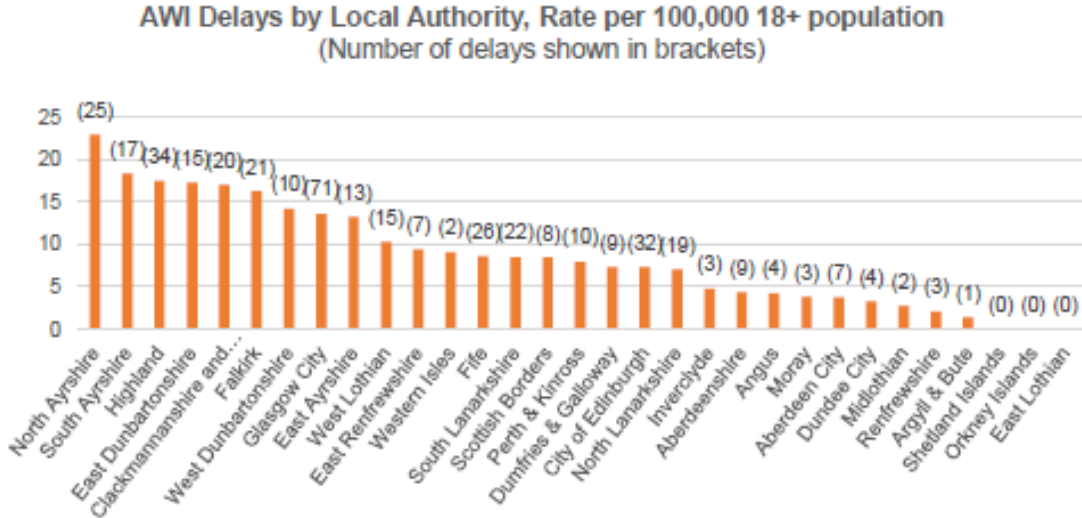
19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)	<p>Source: PHS LIST</p>  <table><tr><th>Location</th><th>% Diff</th></tr><tr><td>Dundee</td><td>149</td></tr><tr><td>Lochee</td><td>58</td></tr><tr><td>East End</td><td>288</td></tr><tr><td>Coldside</td><td>298</td></tr><tr><td>North East</td><td>102</td></tr><tr><td>Strath martine</td><td>132</td></tr><tr><td>Mary field</td><td>166</td></tr><tr><td>West End</td><td>77</td></tr><tr><td>The Ferry</td><td>162</td></tr></table> <p>149% increase (deterioration) since 2018/19.</p>	Location	% Diff	Dundee	149	Lochee	58	East End	288	Coldside	298	North East	102	Strath martine	132	Mary field	166	West End	77	The Ferry	162	<p>Source: PHS LIST</p>  <table><tr><th>Quarter</th><th>Value</th></tr><tr><td>Q3</td><td>630</td></tr><tr><td>Q4</td><td>655</td></tr><tr><td>Q1</td><td>650</td></tr><tr><td>Q2</td><td>690</td></tr></table> <p>Increasing trend over the last 4 quarters.</p>	Quarter	Value	Q3	630	Q4	655	Q1	650	Q2	690	<p>Source: PHS LIST</p>  <table><tr><th>Year</th><th>Dundee</th><th>Lowest at Q2 SM</th><th>Highest at Q2 EE</th></tr><tr><td>18/19</td><td>300</td><td>300</td><td>300</td></tr><tr><td>19/20</td><td>400</td><td>400</td><td>400</td></tr><tr><td>20/21</td><td>200</td><td>200</td><td>200</td></tr><tr><td>21/22</td><td>600</td><td>550</td><td>900</td></tr><tr><td>22/23</td><td>700</td><td>600</td><td>1000</td></tr><tr><td>23/24 at Q2</td><td>750</td><td>500</td><td>1100</td></tr></table>	Year	Dundee	Lowest at Q2 SM	Highest at Q2 EE	18/19	300	300	300	19/20	400	400	400	20/21	200	200	200	21/22	600	550	900	22/23	700	600	1000	23/24 at Q2	750	500	1100	NA	NA	NA
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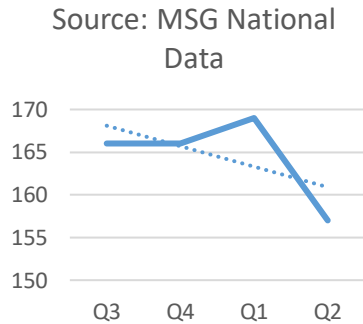
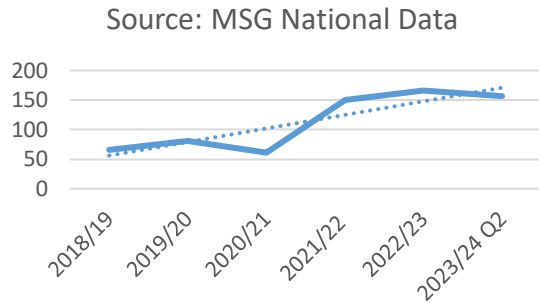
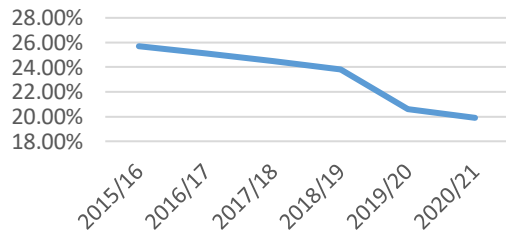
Standard
Delays by
Local Authority
at 11 December
2023 (most
recent at time
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National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																																																										
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Adults with Incapacity (AWI) Delays by Local Authority at 11 December 2023 (most recent at time of report production)



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Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)	Bed days have almost doubled since 2019-20 (2018-19 data not provided by PHS). In 2019-20 there were 9,861 bed days lost and this increased to 18,981 at Q2 2023-24. This is an increase of 9,120.	Source: MSG National Data 	Source: MSG National Data 	NA	NA	NA
20. % of health and social care resource spent on hospital stays where the patient was admitted as an emergency	5.8% less in 2020/21* than 2015/16 (improvement) *latest data available	Not Available	Source: PHS 	18th	3rd	3rd

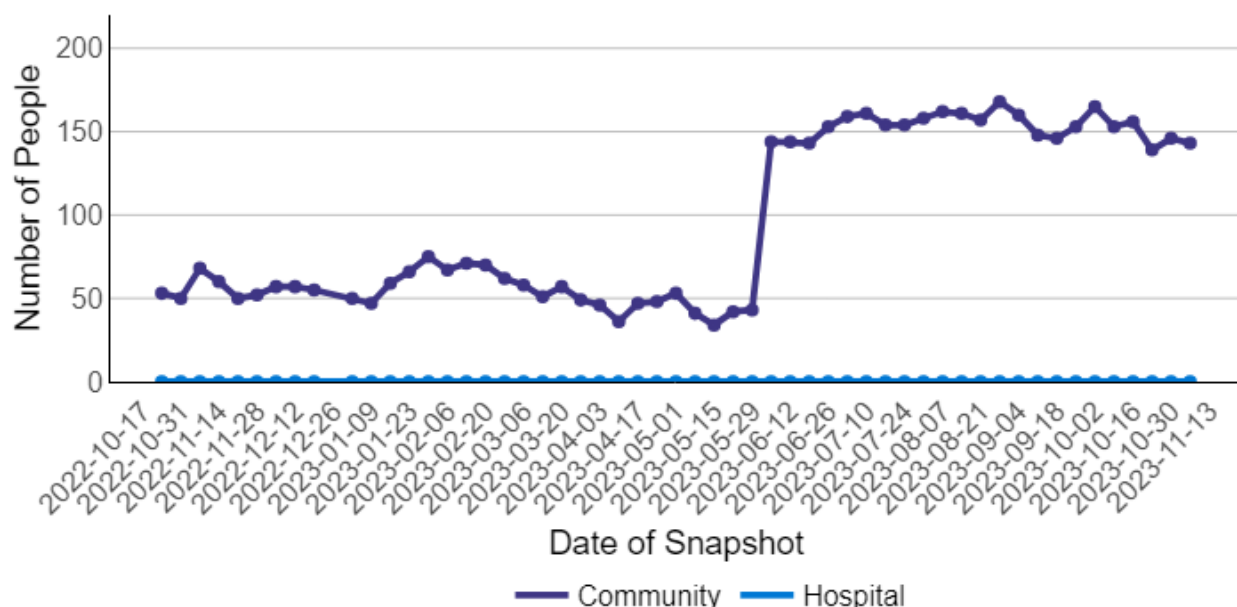
APPENDIX 2 SUMMARY OF SOCIAL CARE – DEMAND FOR CARE AT HOME SERVICES DUNDEE

This report is an assessment of the demand for Care at Home services provided by Health and Social Care Partnerships. The information shows the number of people waiting for an assessment for a package of care to allow them to live at home or in the community and the number of hours of care that has been assessed but not yet delivered. The information is presented by people waiting in hospital or waiting at home/community for the care at home service to be delivered.

The data included in this publication is management information which the Health and Social Care partnerships began submitting in August 2021. This data collection is still under development and requires further work on the consistency of the recording of the information across Health and Social Care Partnerships.

Chart 1

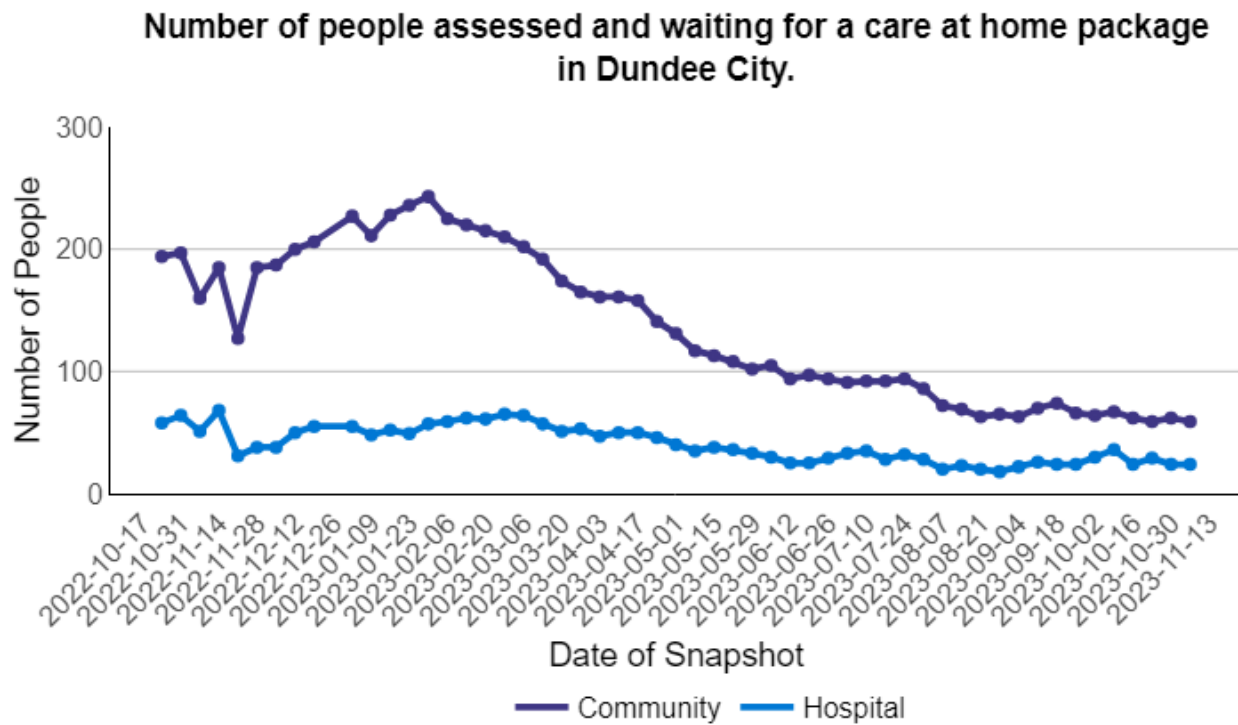
Number of People Waiting for a Social Care Assessment in Dundee City.



In Dundee as at 13th November 2023:

- 0 people waited in hospital and 143 people waited in the community for a social care assessment. This is the 2nd lowest number reported since 29 May 2023. (lowest number was at 23 Oct 23 when 139 people waited).
- 0 people have waited in hospital each week since 17 October 2022.

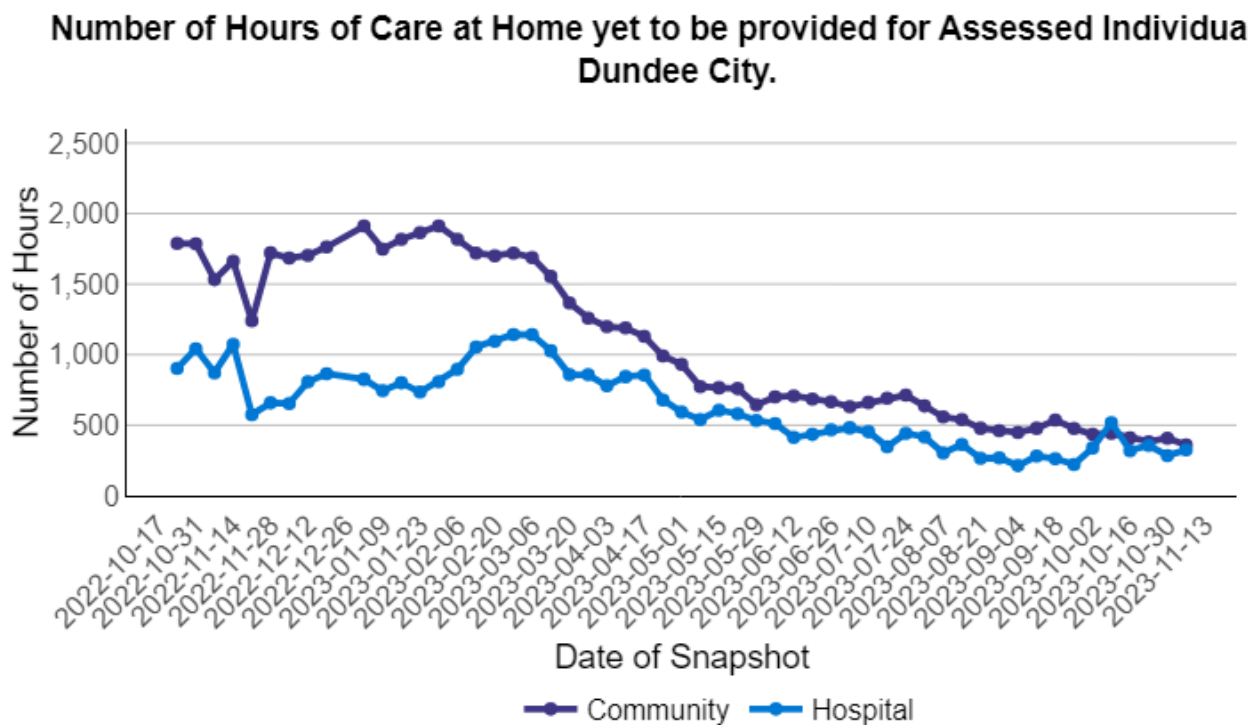
Chart 2



In Dundee as at 13th November 2023:

- 24 people were assessed and were waiting in hospital for a care at home package; there has been a decreasing trend ever the last 10 months.
- 59 people were assessed and were waiting in the community for a care at home package; this is the lowest it has been in the last 12 months.

Chart 3

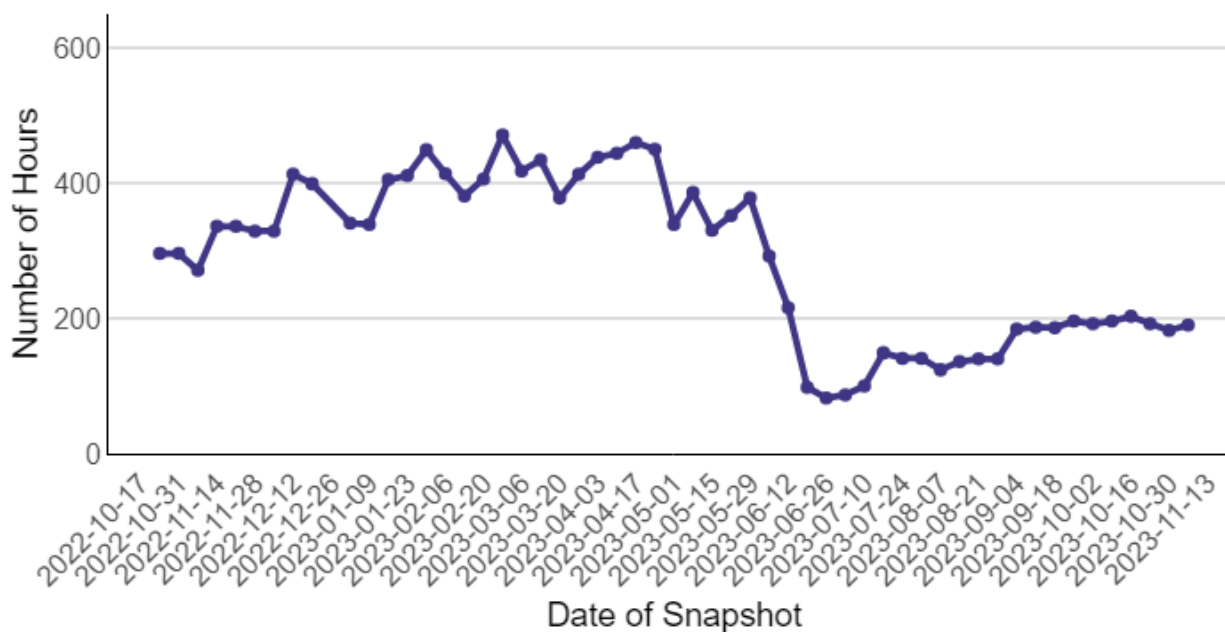


In Dundee as at 13th November 2023:

- 24 people were assessed and waiting for a care at home package in hospital (324 hours yet to be provided). The number of hours has been decreasing since 23 February 2023.
- 59 people were assessed and waiting for a care at home package in the community (359 hours yet to be provided). The number of hours has been decreasing since 23 February 2023.

Chart 4

Number of additional Hours of Care Assessed as Needed and not provided for those already in Receipt of a Care at Home Package in Dundee City.



In Dundee as at 13th November 2023:

- For those already in receipt of a care at home package 190 additional hours were required and not provided. There was a significant decrease to 19 June 2023, however there has been an increasing trend since then.

APPENDIX 3 – DATA SOURCES USED FOR MEASURING PERFORMANCE

The Quarterly Performance Report analyses performance against National Health and Wellbeing Indicators 1-23 and Measuring Performance Under Integration (MPUI) indicators. 5 of the 23 National Health and Wellbeing Indicators are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost. Data is provided both at Dundee and Local Community Planning Partnership (LCPP) level (where available). Data is currently not available for eight out of the 13 National Indicators which are not reported using The Health and Social Care Experience Survey (see section 4.3). The Scottish Government and Public Health Scotland are working on the development of definitions and datasets to calculate these indicators nationally.

The National Health and Wellbeing Indicators 1-9 are reported from The Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially. Full details were provided to the PAC in February 2021 (Article V of the minute of the Dundee Performance and Audit Committee held on 3 February 2021 refers). The Scottish Government changed the methodology used to filter responses to reflect people who receive services from the Partnership and therefore it is not possible to longitudinally compare results for National Indicators 1-7 and 9.

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

National data is provided to all partnerships, by Public Health Scotland. This data shows rolling¹ monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously Public Health Scotland were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+.

It was agreed at the PAC held on 19 July 2017 (Article VIII of the minute of the meeting refers) that local data, provided by the NHS Tayside Business Unit will be used to produce more timeous quarterly performance reports against the National Health and Wellbeing Indicators. NHS Tayside Business Unit has provided data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls. From quarter 1 2020/21 the NHS Tayside Business Unit has been providing breakdowns of covid and non covid admission reasons for emergency admissions and emergency bed days.

Data provided by NHS Tayside differs from data provided by Public Health Scotland (PHS); the main differences being that NHS Tayside uses 'board of treatment' and PHS uses 'board of residence' and NHS Tayside uses an admissions based dataset whereas PHS uses a discharge based dataset (NHS Tayside records are more complete but less accurate as PHS data goes through a validation process). As PHS data is discharge based, numbers for one quarter will have been updated the following quarter as records get submitted for those admitted one quarter and discharged a subsequent quarter. By the time PHS release their data, records are (in most cases) 99% complete. The data provided by NHS Tayside Business Unit is provisional and figures should be treated with caution.

¹ Rolling data is used so that quarterly data can be compared with financial years. This means that data for Quarter 2 shows the previous 12 months of data including the current quarter. Therefore, Quarter 2 data includes data from 1 October 2022 to 30 September 2023.



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 31 JANUARY 2024

REPORT ON: DRUG AND ALCOHOL SERVICES INDICATORS – 2023/24 QUARTER 2

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC3-2024

1.0 PURPOSE OF REPORT

The purpose of this report is to update the Performance and Audit Committee on the performance of Drug and Alcohol Services.

2.0 RECOMMENDATIONS

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

- 2.1 Note the data presented in this report, including the improvements in key indicators relating to access to drug treatment services during 2023/24 (section 6 and appendix 1).
- 2.2 Note the range of ongoing improvement activity (section 7).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND INFORMATION

- 4.1 Deprivation is high in Dundee. Dundee has one of the lowest employment rates and highest rates of people who are economically inactive in Scotland. Approximately 24,000 (25.5%) people in Dundee are recorded as economically inactive, this is 2% higher than the Scotland percentage of 23.5%. Health and wellbeing is known to vary by deprivation. Lifestyles that include smoking, unhealthy diet, the consumption of excess alcohol and recreational drugs are more prevalent in the most deprived localities. In general, people whose lifestyles include all or some of these factors have or will have poorer health and can experience a range of other risks to their wellbeing or safety.
- 4.2 Dundee has the second lowest life expectancy in Scotland. In Dundee life expectancy is 76.7 years, whereas it is 79.1 years in Scotland as a whole. Life expectancy varies substantially by deprivation level and the occurrence of morbidity including drug and alcohol use and mental illness. A significant proportion of the difference in life expectancy between Dundee and many other Partnerships can be accounted for by deaths at a young age from drugs, alcohol and suicide. Drug and alcohol use disproportionately affects the most vulnerable and socio-economically deprived people in Dundee's communities and is associated with other health and social problems, including poor mental health, crime, domestic abuse and child neglect and abuse. Drug and alcohol use is recognised both at a national and local level as a major public health and health equity issue.
- 4.3 In Dundee City, drug and alcohol services are provided by a range of organisations, including the Dundee Drug and Alcohol Recovery Service (DDARS), offering a mixed-model approach delivered by a multidisciplinary team in collaboration with social work, community justice and third sector services. The aim of this service model is to offer the right care, in the right place, at the right time for every person. It consists of both drop-in and appointment-based services

alongside an assertive outreach component and additional services for children, families and intensive input for expectant mothers. All elements of the service seek to provide same day access to treatment (Medication Assisted Treatment (MAT) Standard 1) and assertive outreach to those at the most risk of harm (MAT Standard 3).

5.0 DRUG AND ALCOHOL SUITE OF INDICATORS

- 5.1 In November 2022, PAC received the first suite of indicators focused on performance in drug and alcohol service (article VI of the minute of the meeting of the Dundee IJB Performance and Audit Committee held on 23 November 2022 refers). This followed a request from PAC for the development of a wider suite of indicators related to drugs and alcohol that would better demonstrate progress against local priorities and areas for improvement. Appendix 1 details the suite of indicators for alcohol and drug services, which were developed in collaboration with information and pharmacy colleagues in the Alcohol and Drug Partnership (ADP) and utilises many indicators already developed by the ADP for assurance and scrutiny purposes. In all data reports with public accessibility, content and disaggregation is assessed in order to comply with General Data Protection Regulation and ultimately to ensure that individuals cannot be identified.
- 5.2 The aim of this dataset is to provide oversight and assurance regarding activity and performance in drug and alcohol services. It contains a brief summary of data, alongside accompanying analytical narrative.
- 5.3 Data for indicators 1 – 14 presents rolling averages for each quarter. This includes the reporting quarter plus the previous 3 quarters, to give an annual pattern based on the reporting quarter. For example, Q2 23/24 also includes data for Q3 22/23, Q4 22/23 and Q1 23/24 and Q2 23/24. Reporting in this way allows for longitudinal comparison between the reporting quarter and previous years data.

6.0 WHAT THE DATA IS TELLING US

- 6.1 The number of suspected non-fatal overdose incidents reported by Scottish Ambulance Service and Police Scotland reduced by 5% between Q2 22/23 and Q2 2023/24.
- 6.2 The proportion of people who started treatment within 21 days of referral has increased from 61% at Q2 22/23 to 91% at Q2 23/24 and the waiting times standard continues to be met.
- 6.3 The number of referrals for alcohol treatment decreased from 654 at Q2 22/23 to 616 at Q2 23/24 and the number of individuals starting alcohol treatment increased by 19% during the same period. Statutory services are working to improve waiting times and they have experienced above average numbers of people disengaging prior to treatment.
- 6.4 The number of referrals for drug treatment services decreased from 555 at Q2 22/23 to 546 at Q2 23/24. However, the number of individuals starting drug treatment services has increased by 23% during the same period.
- 6.5 The number of Alcohol Brief Interventions (ABIs) decreased by 17% between Q2 22/23 (1459 ABIs) and Q2 23/24 (1210). ABI delivery was significantly impacted by the pandemic due to the reduction in face-to-face contact. That position is now beginning to improve; an ABI Co-ordinator has been appointed and is implementing a new training and improvement plan to increase delivery.
- 6.6 The number of unplanned discharges where the service user disengaged decreased by 8% between Q2 22/23 and Q2 23/24. The reduction in unplanned discharges may be indicative of ongoing work to address recording and accuracy of DAISy data as well as changes in service delivery to increase retention
- 6.7 In addition to the suite of indicators contained in appendix 1, the National Records of Scotland published their statistical report on drug-related deaths in Scotland in 2022 (report available in full at: <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2022>). In 2022 there were 1,051 deaths due to drug misuse in Scotland; this is 279 fewer deaths than in 2021 and the lowest number of drug misuse deaths since 2017. In 2022 in Dundee, there was a total of 38 deaths; this is a reduction

from 52 deaths in 2021. After adjusting for age, Dundee City had the second highest rate of drug misuse deaths in Scotland (please note this is calculated over the five-year period 2018-2022).

7.0 SERVICE IMPROVEMENT AND PRIORITIES

- 7.1 The Alcohol and Drug Partnership has allocated funding to appoint: dedicated support to progress the Year of Kindness project, working alongside local community planning partnerships; a person to lead on the implementation of the Dundee Prevention Framework, helping to shift the focus to a more preventative approach; and, a person to lead the next stage of the Authentic Voice project encouraging the development of a meaningful infrastructure for including input from those with lived experience. The post of the Planet Youth Co-ordinator has been advertised and it is expected that recruitment will be concluded very soon.

The ADP has also approved plans to allocate funding to support the Lochee Hub manager for a period of 18 months; long-term funding for the Alcohol Brief Intervention co-ordinator (a Tayside post); additional funding to support Independent Advocacy for substance use; and funding to progress the development of Family Inclusive Practice.

A number of funding applications were made from Dundee to a new round of CORRA allocation and we are awaiting the outcome. The public version of the ADP's Investment & Commissioning Plan will be published on the ADP website (once the website is live).

At the ADP meeting in August there was a discussion about plans to develop a multi-service alcohol detox pathway for Dundee and Tayside. A scoping exercise is being conducted to support the progress of this development. The new pathway will replace previous arrangements which were put in place before the Covid-19 lockdowns.

The funding allocation from CORRA to Dundee to support the Working Better Together Substance Use & Mental Health project has been extended until end March 2025. This provides us additional time to progress and improve the learning from this work.

- 7.2 The ADP dedicated a meeting to focus on the specific issues and challenges caused by alcohol use. This meeting was supported by Alcohol Focus Scotland and the organisation will continue working in partnership to identify the key areas to focus on. The Scottish Government is currently running a national consultation on new proposals for the continuation of Minimum Unit Pricing (MUP) for alcohol. The ADP discussed the specific questions of the consultation and a collective submission was made. The ADP participated in the national consultation, supporting the position of the Scottish government for the introduction of increased. minimum price of 65p.
- 7.3 Due to the increase in Dundee of the use of non-opioids drugs (including cocaine and benzodiazepines) the ADP has commissioned Hillcrest Futures to deliver staff development sessions to a wide range of frontline professionals. There has been a large demand for these sessions and the ADP has agreed to continue with this programme with additional sessions.
- 7.4 Following the publication (earlier in 2023) of the Tayside 2021 Drug Deaths Review Group annual Report, in October 2023 the ADP held a multi-agency event to discuss the recommendations of the report and develop a set of actions to progress. Following on from this annual event, a report will be submitted to the ADP in December focusing on the recommendations and additional actions required to further prevent drug deaths. The ADP will advise how it plans to progress and monitor the additional actions.
- 7.5 Work is currently beginning on a progress report on the first year of the ADP's delivery plan - this report will be available end April 2024.
- 7.6 The process of capturing experiential data includes training individuals with lived experience to conduct peer-based interviews. There is now increased focus on gathering experiential data, and that data will now be collected with respect to all the MAT standards. In preparation for the next MAT Implementation national benchmarking exercise, those leading on the local MAT implementation are meeting with the national MIST team to finalise plans for the data collection

and reporting. Data for the benchmarking assessment will be gathered from January to end March 2024.

8.0 RISK ASSESSMENT

Risk 1 Description	Risk of IJB not being sufficiently sighted on performance related to alcohol or drug services in Dundee.
Risk Category	Governance, Political
Inherent Risk Level	Likelihood 3 X Impact 3 = Risk Score 9 (High)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Develop a dataset which will provide a suitable level of detail. - Agree on the frequency of reporting. - Liaise with the information and pharmacy colleagues in the ADP to ensure timeous reporting. - Liaise with operational managers to inform analysis and contribute improvement information.
Residual Risk Level	Unlikely 2 x Minor 2 = Risk Score 4 (Moderate)
Planned Risk Level	Unlikely 2 x Minor 2 = Risk Score 4 (Moderate)
Approval recommendation	The PAC is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

9.0 POLICY IMPLICATIONS

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

10.0 CONSULTATIONS

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

11.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

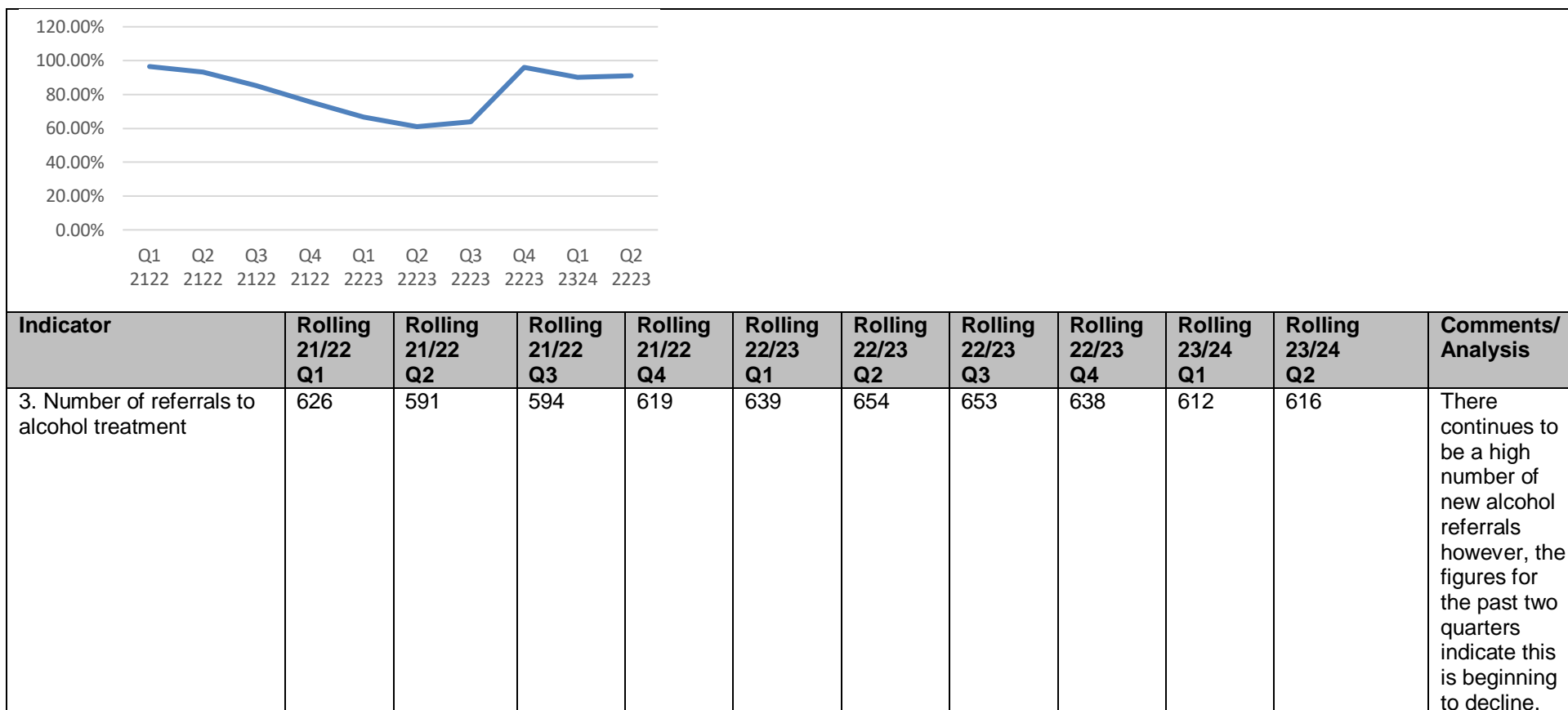
DATE: 11 December 2023

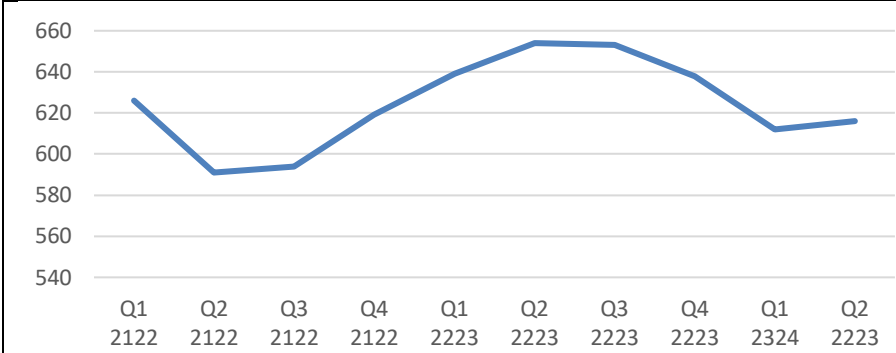
Lynsey Webster
Senior Officer, Strategy and Performance

Appendix 1

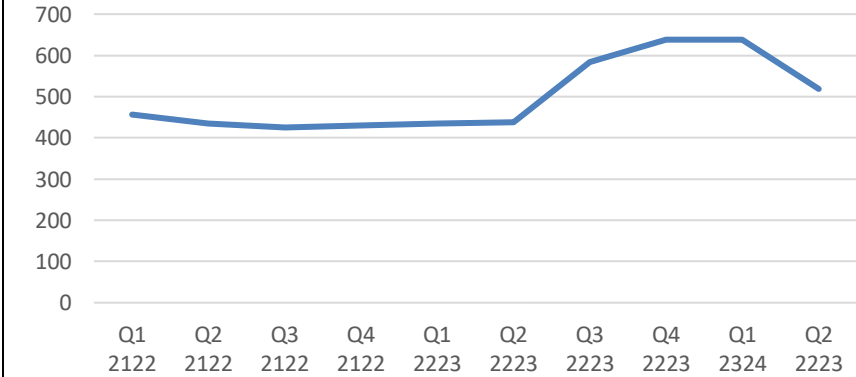
Drug and Alcohol Services Indicators – Q2 2023/24

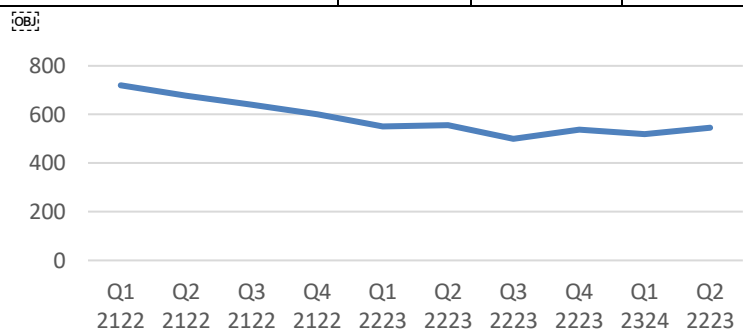
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/ Analysis
1. The number of suspected non- fatal overdose incidents reported by Scottish Ambulance Service (and Police)	382	375	343	319	302	212	187	192	187	201	There has been a slight reduction in suspected NFOs compared to the same quarter 2022/23
<p>Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 2122 2122 2122 2122 2223 2223 2223 2223 2324 2223</p>											
2. Percentage of people referred to services who begin treatment within 21 days of referral	96.5%	93.1%	85.1%	75.7%	66.8%	61%	64%	96%	90%	91%	Dundee Continues to meet the waiting times standard.

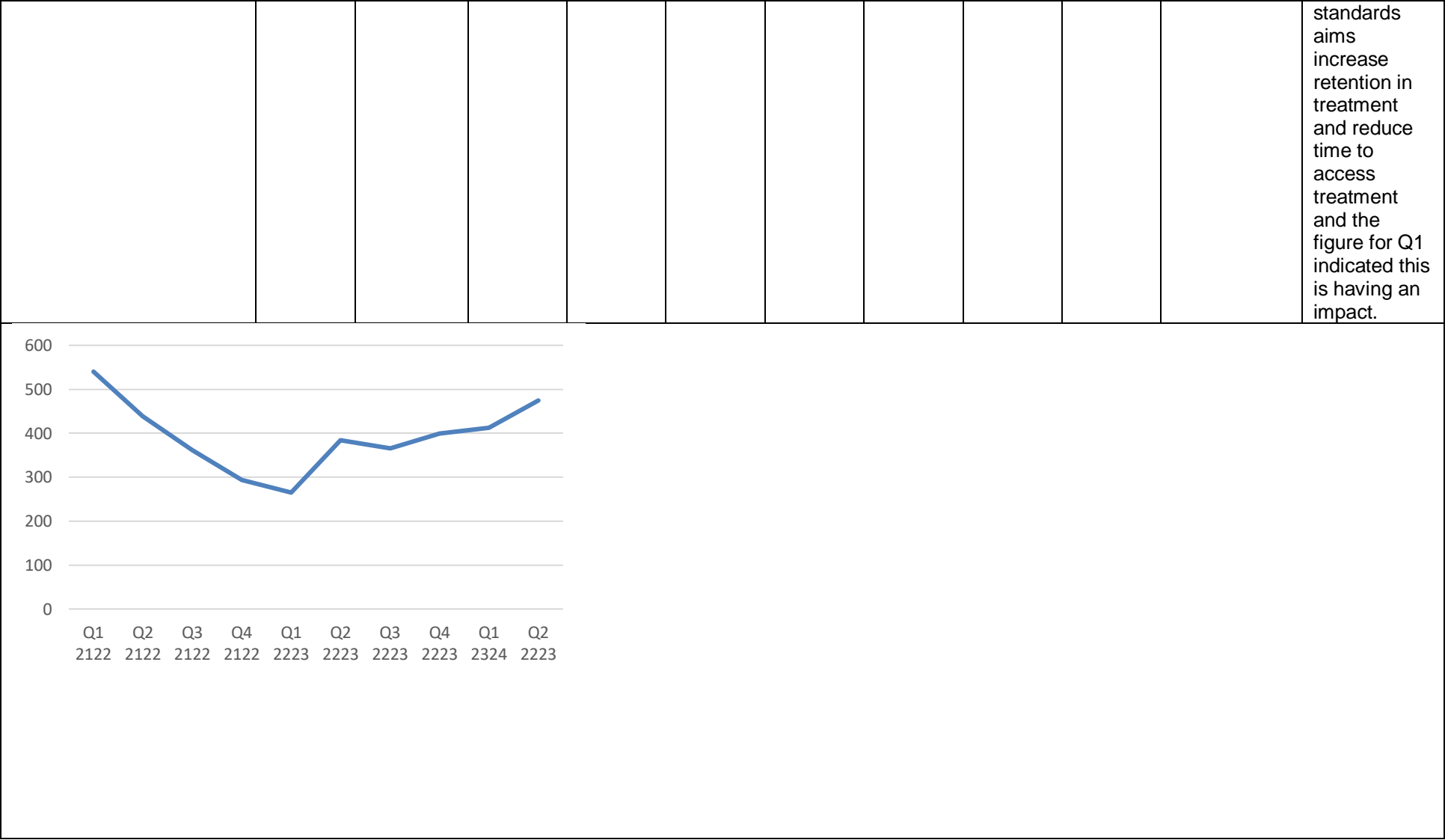




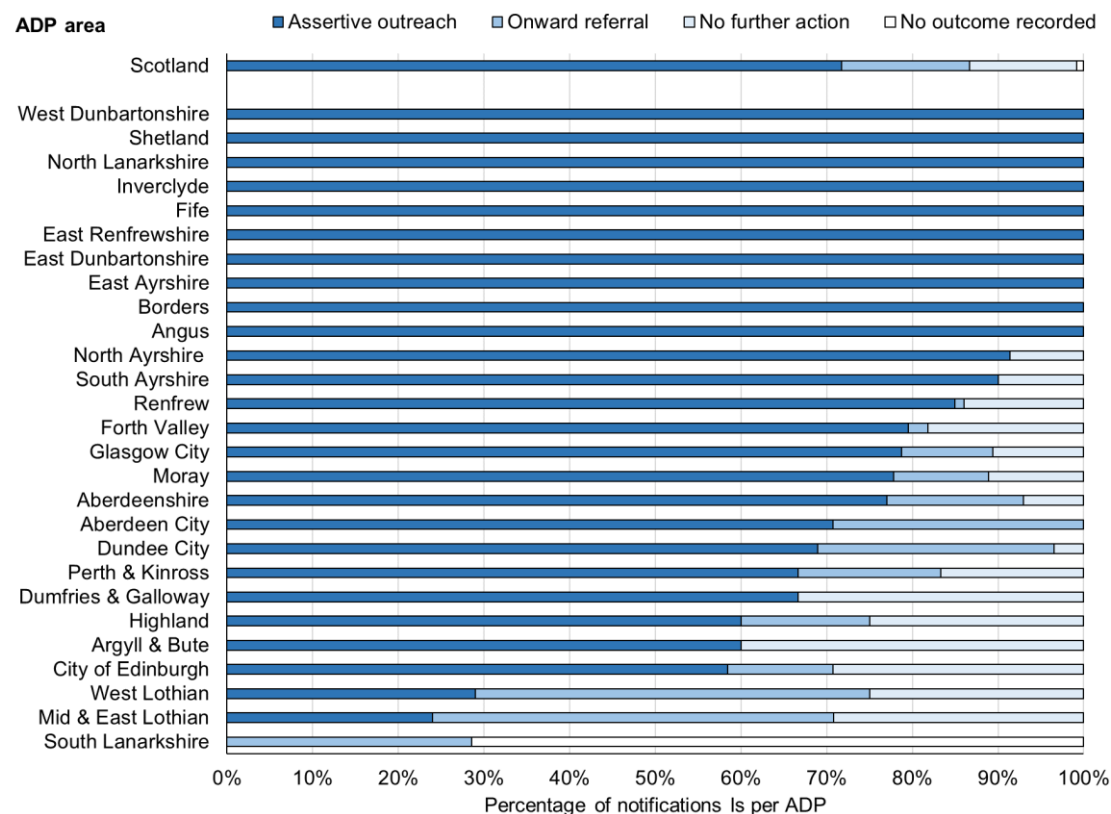
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/ Analysis
4. Number of individuals starting alcohol treatment per quarter	456	434	425	430	435	437	583	638	638	519	This remains remains significantly higher (19%) than the same quarter of previous year



5. Number of referrals to drug treatment	720	676	640	601	551	555	500	537	520	546	There continues to be a steady number of new referrals.
 <p>Q1 21/22 Q2 21/22 Q3 21/22 Q4 21/22 Q1 22/23 Q2 22/23 Q3 22/23 Q4 22/23 Q1 23/24 Q2 22/23</p>											
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/ Analysis
6. Number of individuals starting drug treatment per quarter	540	438	361	294	265	384	366	399	412	474	The number of treatment starts in relation to referrals remains high and the move to direct access has significantly reduced the time into treatment. The implementation of MAT

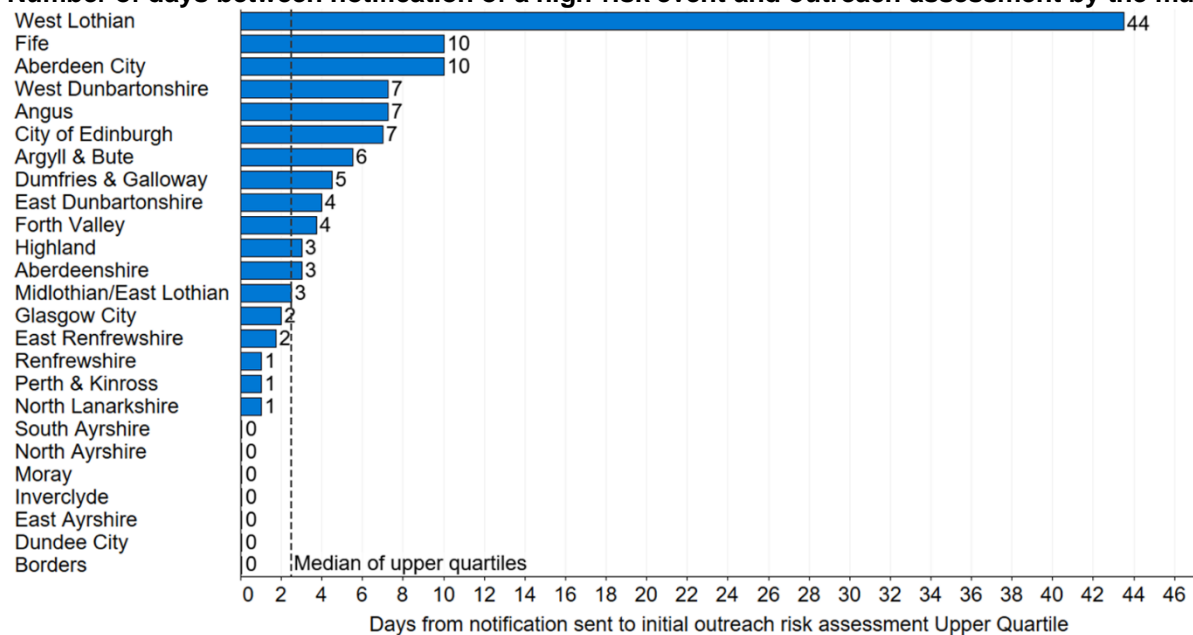


% of high-risk notifications by screening outcome by ADP area, 2023

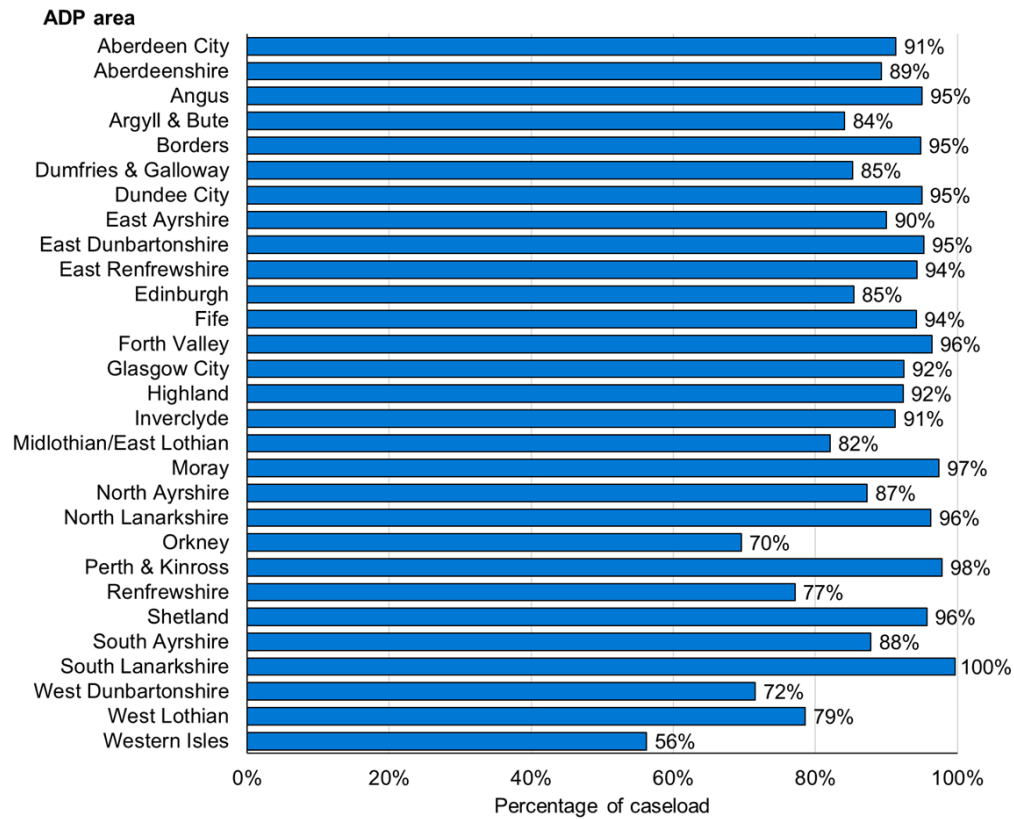


Across Scotland, all 1,236 high-risk events notified were screened and allocated to either assertive outreach, onward referral, no further action or no outcome recorded categories during the reporting period between November 2022 and February 2023. Ten ADP areas allocated 100% of high-risk events to assertive outreach. In 13 ADP areas 60% of people identified at high risk were offered assertive outreach. In three areas less than 60% of those at high risk were offered outreach. Two ADP areas allocated a higher proportion of screening to onward referral compared to other ADP areas (46%, n = 46 and 47%, n = 45). 11 ADP areas allocated none of the screening to no further action, with three ADPs allocating around 30% (numbers are individual to each ADP) of screening to no further action.

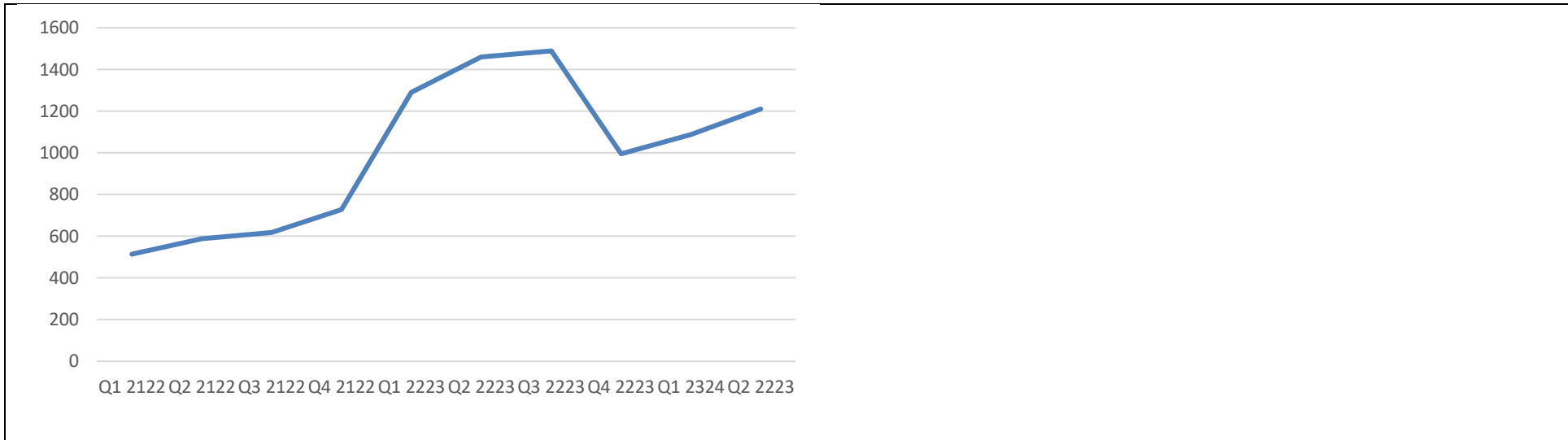
Number of days between notification of a high-risk event and outreach assessment by the multi-agency team for 75% of people by ADP area, 2023



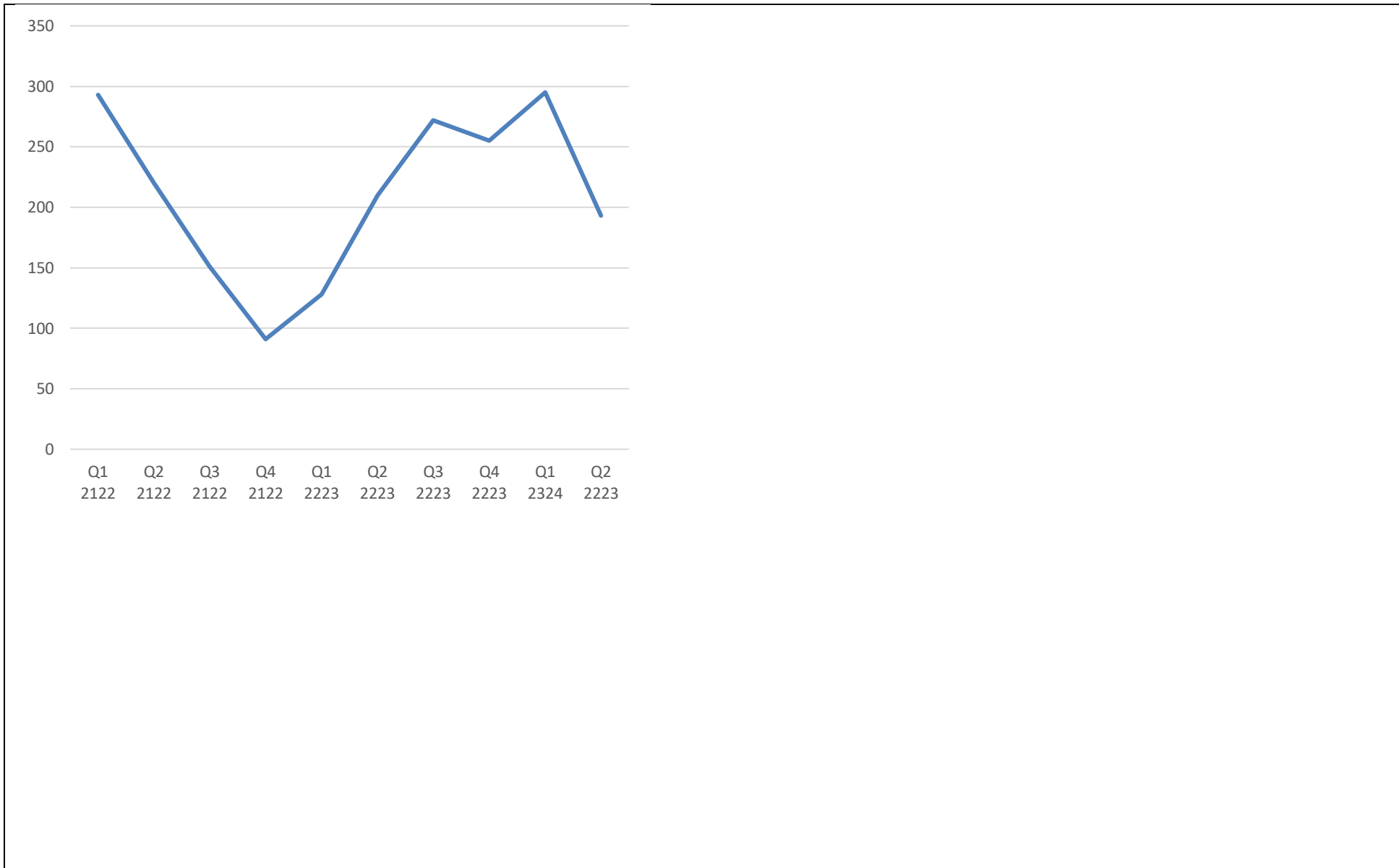
% of caseload retained in treatment for 6 months or more by ADP area, 2023



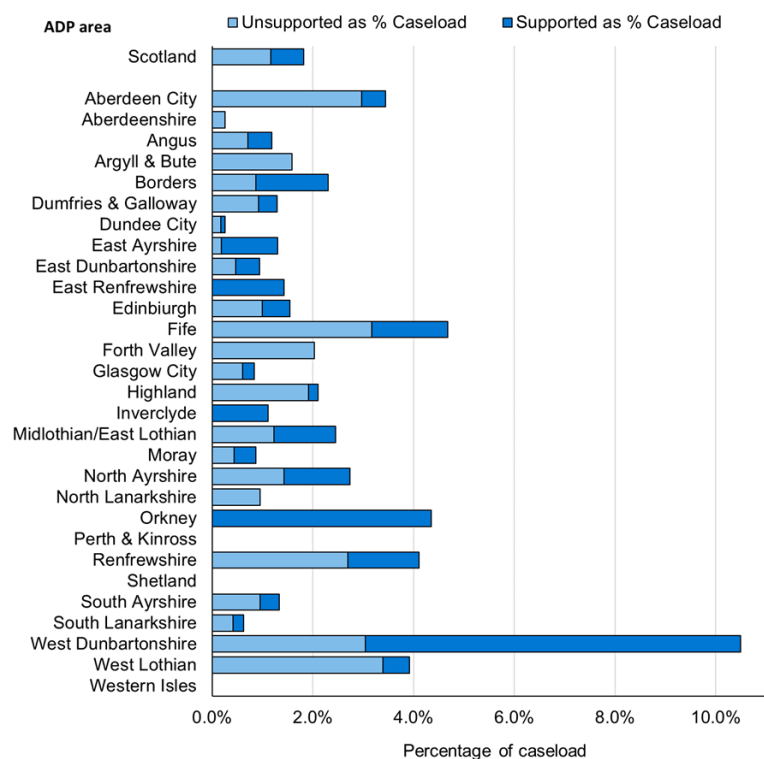
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/ Analysis
7. Number of alcohol brief interventions (ABI's) provided in Dundee	514	589	617	727	1289	1459	1489	996	1087	1210	ABI delivery was significantly impacted by the pandemic due to the reduction in face to face contact. That position is now beginning to improve as restrictions have eased. An ABI coordinator has been appointed and is implementing a new training and improvement plan to increase delivery.



Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/ Analysis
8. Number of unplanned discharges (service user disengaged) recorded in DAISY	293	220	151	91	128	210	272	255	295	193	The reduction in unplanned discharges may be indicative of ongoing work to address recording and accuracy of DAISy data as well as changes in service delivery to increase retention



Discharges as a % of caseload by type and ADP area, 2023



Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/ Analysis
9. Number (rate per 1,000 18+ population) of emergency admissions where reason for admission was due to drug use				572 (4.72)	524 (4.32)	441 (3.64)	410 (3.38)	390 (3.22)	392 (3.23)	418 (3.45)	Downward trend.

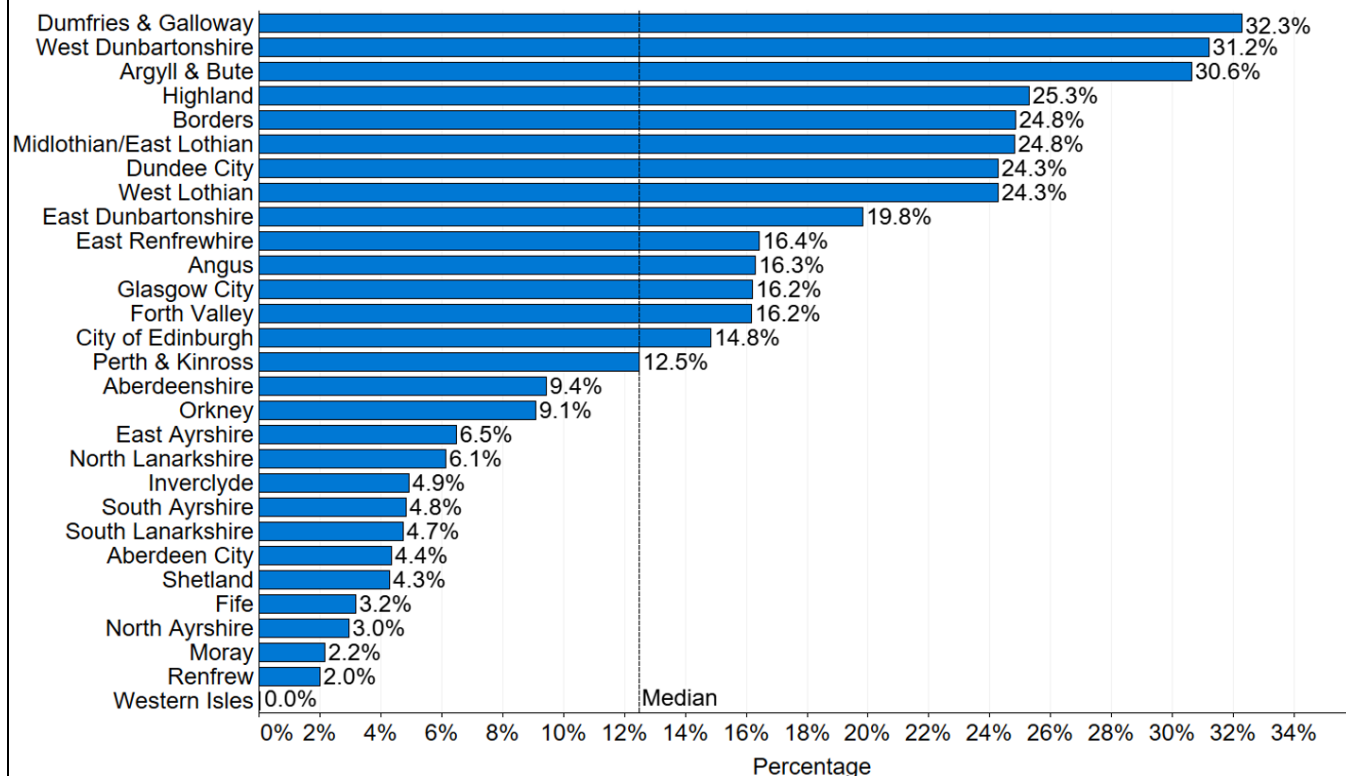
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/ Analysis
10. Number (rate per 1,000 18+ population) of emergency admissions where reason for admission was due to alcohol use				925 (7.63)	1151 (9.50)	1110 (9.16)	1006 (8.30)	979 (8.08)	1039 (8.57)	1072 (8.84)	Stable trend.
11. Naloxone Spend in Dundee				£67,417	£64,098	£70,622	£80,675	£77,134	£95,733 .30	Temporarily unavailable due to resources.	The supply of Nyxoid has increased from 130 kits in Q2 22/23 to 276 in Q1 23/24
12. Naloxone – Resupply Used				195	353	388	398	410	Data for Q1 23/24 not yet available.	Temporarily unavailable due to resources.	
13. Total number of Naloxone Kits Issued (actual quarters – not annual rolling)				1,569	1,944	1,715	1,602	1,320	Data for Q1 23/24 not yet available.	Temporarily unavailable due to resources.	Naloxone kits supplied in Dundee (report from Tayside Take Home Naloxone Programme PHS submissions) Naloxone spend does fluctuate across the

											<p>year depending on when orders for stock are placed. Nyxoid intranasal kits were introduced around Q4 21/22 and a lot of services ordered stock of these kits for the first time, hence an increase in charges that quarter. There is a time lag for when we then see these kits appearing in supply figures.</p> <p>First supplies are starting to decrease as saturation point is reached. This means replacement</p>
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											kits will start to increase and first supplies decrease. Kits last for 2 years so it is likely a dip in supply will be observed for a short period before starting to issue replacement kits.
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/ Analysis
14. Total Spend on prescriptions generated by Dundee Drug and Alcohol Recovery Service (DDARS) and Dundee Drug Treatment Service (DDT)				£616,692	£589,455	£531,573	£492,637	£426,306	Data for Q1 23/24 not yet available. “Due to some major changes nationally with PIS/PRISMS reporting there was a significant delay in data being made	Temporarily unavailable due to resources.	Prescription data for prescriptions generated by DDARS and DTTO, dispensed in community pharmacy (report from prescribing support unit). Please note that this data describes prescription costs for

									available to us.		methadone and oral formulations of buprenorphin e. DDARS now holds stock of Buvidal (long acting subcutaneou s buprenorphin e). The cost of this stock is not included in prescription data. The number of people choosing Buvidal as OST has increased.

% of caseload prescribed long-acting injectable buprenorphine by ADP area 2023



28 of the 29 ADP areas reported individuals currently on their MAT opioid substitution therapy caseload with a prescription for long-acting injectable buprenorphine. The percentage of the current caseload per ADP currently prescribed long-acting injectable buprenorphine varies from 0% to 32.3%, with a median of 12.5% across Scotland. Opioid substitution therapy prescribing by gender shows a very similar picture. For males prescribed opioid substitution therapy, methadone accounted for 69% (n = 10,292) and females 72% (n = 5,264). For males prescribed opioid substitution therapy, oral buprenorphine accounted for 18% (n = 2,658) and females 16% (n = 1,138). For both males and females prescribed opioid substitution therapy, long-acting injectable buprenorphine accounted for 13% (n = 1,920 for males and n = 916 for females).

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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 31 JANUARY 2024

REPORT ON: MENTAL HEALTH SERVICES INDICATORS – 2023/24 QUARTER 2

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC5-2024

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this paper is to report a suite of measurement relating to the activity of mental health services for scrutiny and assurance.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this report, including current performance against the suite of mental health service indicators (section 6 and appendix 1).
- 2.2 Comment on any further areas for development in the content and presentation of this report.
- 2.3 Note the operational and strategic supporting narrative in the context of the trends in performance and activity (section 7).

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 BACKGROUND INFORMATION

- 4.1 The suite of mental health measures (Appendix 1) for Dundee is intended to provide assurance and allow for scrutiny of mental health services delegated to Dundee Integration Joint Board. The suite of indicators is dynamic and can be revised and enhanced based on feedback from PAC members and other stakeholders.
- 4.2 In all data reports with public accessibility, content and disaggregation has been reviewed in order to comply with General Data Protection Regulation and ultimately to ensure that individuals cannot be identified.

5.0 LOCAL CONTEXT

- 5.1 Dundee has the 5th highest rate in Scotland of adults (aged 16-64) who reported in the 2011 Census that they lived with a mental health condition. Dundee has a rate of 64 people per 1,000 population compared to 54 for Scotland. Dundee also has 6319 people in the 16-64 age group who identified themselves as having mental health conditions; this is 6.4% of the 16 to 64 population. The gender balance for mental health conditions is similar to the Scottish average. There is a higher prevalence of females (57% females : 43% males) and also a higher prevalence in the 35-64 age group.

- 5.2 There is a higher rate of people with mental health conditions living in Lochee, East End and Coldside than in other Local Community Planning Partnership areas (LCPPs). East End has more than double the rate of people with a mental health condition, compared with The Ferry.
- 5.3 In the 2011 Census 31% of people with mental health conditions in Dundee rated their health as bad or very bad. There is variation between LCPP areas in terms of self-reported mental health conditions, ranging from 35% in the East End to 25% in the West End, of people who rated their health as bad or very bad.
- 5.4 In Dundee life expectancy is ten years lower for people with a mental health condition (66.8 years) compared with the general Dundee population (76.8 years).
- 5.5 It is estimated from Scottish Health Survey data that around a third (33%) of all adults age 16+ in Dundee have a limiting long-term physical or mental health condition. Results from the Scottish Burden of Disease study suggest that the population of Dundee experiences a higher rate of burden of disease (a combined effect of early deaths, and years impacted by living with a health condition) compared with Scotland, for a number of health conditions, including cardiovascular disease, COPD, Mental Health and Substance Use disorders, and diabetes.
- 5.6 The effects of COVID-19 on the population has further widened the social and health inequalities gap and many people are finding it more difficult than ever to cope across many aspects of their life. Engage Dundee found that the most common difficulties reported by respondents during the pandemic were regarding mental health (37%).
- 5.7 The Kings Fund review of long-term conditions and mental health reported that those with long-term conditions and co-morbid mental health problems disproportionately lived in deprived areas with access to fewer resources.
- 5.8 Dundee on average has around 70 children on the child protection register at any one time and around one third are placed on the register due to parental mental illness.
- 5.9 Dundee's five-year rate of suicide per 100,000 people stands at 23.9 compared to an average across Scotland of 14.1.

6.0 WHAT THE DATA IS TELLING US

- 6.1 The rate of Mental Health admissions and bed days for all age groups has decreased across all hospital admissions and emergency admissions. However, there is substantial variation by LCPP, with the most deprived localities having the highest rate of admissions and bed days.
- 6.2 When benchmarked across the 8 Family Group Partnerships and compared with Scotland, Dundee has the 2nd highest rate of mental health emergency bed days for ages 18-64 and the highest rate of mental health emergency bed days for ages 65+.
- 6.3 The number of new referrals to psychological therapies has increased with most new referrals coming from West End.
- 6.4 The % of patients referred to psychological therapies who commenced their treatment within 18 weeks of referral (completed waits) has risen from 62% in Q1 21/22 to 71% in Q2 23/24.
- 6.5 The number of community based mental health appointments from Dundee Crisis Team has decreased, whereas the number from Dundee Community Mental Health West Team has increased. The number from Dundee Community Mental Health East Team has remained constant over the reporting time period. The number of people discharged without being seen follows the same pattern.
- 6.6 The number of community based mental health return appointments for every new patient seen is currently an average of 15. The number of new referrals to Psychiatry of Old Age dipped at Q1

22/23 and has since increased. The % of referrals accepted followed a similar pattern. At Q2 23/24, the highest number of new referrals came from The Ferry and the lowest number came from North East. The average number of return appointments for every patient seen is 11.

- 6.7 The number of new referrals to Learning Disabilities services has increased from 211 in Q1 21/22 to 410 in Q2 23/24. The highest number of new referrals was from Coldside and the lowest number was from The Ferry. The % of referrals accepted increased from 66% at Q1 21/22 to 75% at Q2 23/24. The average number of return appointments for every new patient seen at Q2 23/24 was 12, which has decreased from 18 in Q1 21/22.
- 6.8 The number of new referrals to the Social Work Mental Health Officer Team and the Community Mental Health Team for younger age groups has decreased during the reporting period. The number of new referrals to the Social Work Community Mental Health Team for older people increased from 131 at Q4 22/22 to 190 at Q2 23/24.
- 6.9 The number of local authority guardian applications was 54 during Q2 2023/24 and the number of Private Guardianship applications increased from 53 in Q1 21/22 to 70 in Q2 23/24.

7.0 OPERATIONAL CONTEXT / ACHIEVEMENTS / AREAS FOR FURTHER DEVELOPMENT

- 7.1 During COVID-19, there was a decision made to admit patients across Tayside into any available bed and for the entire episode of care to be delivered from that location. That is, Dundee patients may end up in Perth & Kinross or Dundee beds. Recent analysis of admissions suggested that 'out of locality' care was of similar levels for each of the localities with it possible that on any given day the number of Dundee patients in Murray Royal may be the same as the number of Perth & Kinross patients in Carseview. Whilst this has helped with immediate bed management (and minimising COVID cross-contamination risk), it has likely had the unwanted consequence of divorcing CMHTs from decision making around patient admission and timely discharge of those patients that can be best supported in the community when there is pressure on beds. Work has now started to examining re-aligning in-patient wards aligned with localities to determine whether this usefully impacts on admission rates (through the increased use of intensive home treatment) and length of stay (through greater involvement of CMHT staff during in-patient admissions and better discharge planning).
- 7.2 Within Psychological Therapies, the aggregation of data masks that a very significant number of specialities routine exceed the RTT waiting times target. Particular issues exist within Clinical Neuropsychology, Psychology to CMHT care and Clinical Health Psychology. All three areas have experienced high vacancy levels. Arrangements are now in place with a recognised Locum Agency and remote working arrangements in place across each of these domains, albeit not to the level of existing vacancies which reflect a National shortfall in trained therapists. Increased number of Locum staff will be used where these can be secured, although there are some limits of what can be delivered remotely. The service has agreed to increase the number of training places on offer over the next training intakes to attempt to grow the workforce.

8.0 POLICY IMPLICATIONS

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

8.2 RISK ASSESSMENT

Risk 1 Description	Poor performance could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Continue to develop a reporting framework which identifies performance and activity. - Continue to report data quarterly to the PAC to highlight performance and activity. - Support operational managers by providing in depth analysis regarding areas of poor performance. - Ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

9.0 CONSULTATIONS

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

10.0 BACKGROUND PAPERS

10.1 None.

Dave Berry
Chief Finance Officer

DATE: 10 December 2023

Lynsey Webster
Senior Officer, Strategy and Performance

Linda Graham
Clinical Lead for Mental Health and Learning Disabilities

APPENDIX 1 – MENTAL HEALTH SERVICES INDICATORS

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
Unscheduled Care											
Number of Mental Health <u>ALL</u> Admissions for people aged 18-64	485	456	448	447	443	435	433	437	451	472	Downward trend since 21/22 although increasing trend since Q3 22/23.
Number of Mental Health <u>EMERGENCY</u> Admissions for people aged 18-64	345	333	326	323	307	290	281	287	306	319	Downward trend since 21/22 although increasing trend since Q3 22/23.
Rate per 1,000 Mental Health <u>ALL</u> Admissions for people aged 18-64	5.1	4.8	4.7	4.7	4.7	4.6	4.6	4.6	4.8	5.0	Increasing trend. Variation by LCPP although note that rates are not standardised. Highest rates in Lochee, followed by East End and lowest rates in The Ferry.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
<p>Rate per 1,000 MH ALL Admissions by LCPP 18-64</p> <p>Q1 21/22 Q2 21/22 Q3 21/22 Q4 21/22 Q1 22/23 Q2 22/23 Q3 22/23 Q4 22/23 Q1 23/24 Q2 23/24</p> <p>■ The Ferry ■ North East ■ West End ■ Maryfield ■ Strathmartine ■ Coldside ■ East End ■ Lochee</p>											
Rate per 1,000 Mental Health <u>EMERGENCY</u> Admissions for people aged 18-64	3.6	3.5	3.4	3.4	3.2	3.1	3.0	3.0	3.2	3.4	Increasing trend since Q3 22/23. Variation by LCPP although note that rates are not standardised. Highest rates in Lochee, followed by East End and lowest rates in The Ferry.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
<p>Rate per 1,000 MH EMERGENCY Admissions by LCPP 18-64</p> <p>Q1 21/22 Q2 21/22 Q3 21/22 Q4 21/22 Q1 22/23 Q2 22/23 Q3 22/23 Q4 22/23 Q1 23/24 Q2 23/24</p> <p>■ The Ferry ■ North East ■ Maryfield ■ West End ■ Strathmartine ■ Coldside ■ East End ■ Lochee</p>											
Number of Mental Health <u>ALL</u> Admissions for people aged 65+	134	130	115	106	96	92	89	91	99	94	Downward trend since 21/22.
Number of Mental Health <u>EMERGENCY</u> Admissions for people aged 65+	105	106	10	90	80	79	74	75	83	76	Downward trend since 21/22.
Rate per 1,000 Mental Health <u>ALL</u> Admissions for people aged 65+	5.1	5.0	4.4	4.0	3.7	3.5	3.4	3.5	3.8	3.6	Downward trend. Variation by LCPP although note that rates are not standardised. Highest rates in Maryfield, followed by Coldside and lowest rate in Strathmartine.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
<p>Rate per 1,000 MH ALL Admissions by LCPP 65+</p> <p>Q1 21/22 Q2 21/22 Q3 21/22 Q4 21/22 Q1 22/23 Q2 22/23 Q3 22/23 Q4 22/23 Q1 23/24 Q2 23/24</p> <p>■ Strathmartine ■ East End ■ The Ferry ■ Lochee ■ North East ■ West End ■ Coldside ■ Maryfield</p>											
Rate per 1,000 Mental Health EMERGENCY Admissions for people aged 65+	4.0	4.0	3.8	3.4	3.0	3.0	2.8	2.9	3.2	2.9	Downward trend. Variation by LCPP although note that rates are not standardised. Highest rates in Maryfield, followed by Coldside and lowest rate in The Ferry.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
<p>Rate per 1,000 MH EMERGENCY Admissions by LCPP 65+</p> <p>Q1 21/22 Q2 21/22 Q3 21/22 Q4 21/22 Q1 22/23 Q2 22/23 Q3 22/23 Q4 22/23 Q1 23/24 Q2 23/24</p> <p>The Ferry East End West End Lochee Strathmartine North East Coldside Maryfield</p>											
Number of Mental Health <u>ALL</u> Bed Days for people aged 18-64	344591	349079	353638	348153	336520	311969	283721	261242	234934	209190	Downward trend.
Rate per 1,000 Mental Health <u>ALL</u> Bed Days for people aged 18-64	3629.3	3676.6	3724.6	3666.8	3544.3	3285.7	2988.2	2751.5	2474.4	2203.2	Downward trend. Variation by LCPP although note that rates are not standardised. Highest rates in East End, followed by Lochee and lowest rates in West End.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
<p>Rate per 1,000 MH ALL Bed Days by LCPP 18-64</p> <p>Q1 21/22 Q2 21/22 Q3 21/22 Q4 21/22 Q1 22/23 Q2 22/23 Q3 22/23 Q4 22/23 Q1 23/24 Q2 23/24</p> <p>West End Maryfield The Ferry Coldside Strathmartine North East Lochee East End</p>											
Number of Mental Health <u>EMERGENCY</u> Bed Days for people aged 18-64	143,295	147,632	152,483	150,302	139,394	123,403	98,439	82,356	64,500	57,838	Downward trend.
Rate per 1,000 Mental Health <u>EMERGENCY</u> Bed Days for people aged 18-64	241119	245281	249197	244414	235143	218405	198003	184363	165479	144756	Downward trend. Variation by LCPP although note that rates are not standardised. Highest rates in East End followed by North East and lowest rates in Strathmartine. Dundee has the 2 nd highest rate in the Family Group and is considerably higher than the Scotland rate.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
<div> <div> <p>Rate per 1,000 MH Emergency Bed Days by LCPP 18-64</p> </div> <div> <p>Rate per 1,000 MH EMERGENCY Bed Days by Family Group 18-64</p> </div> </div>											
Number of Mental Health <u>ALL</u> Bed Days for people aged 65+	145273	146242	155292	153611	149546	140354	121268	106327	87410	63871	Downward trend.
Rate per 1,000 Mental Health <u>ALL</u> Bed Days for people aged 65+	5535.7	5572.6	5917.5	5853.4	5698.5	5348.2	4621.0	4051.6	3330.8	2433.8	Downward trend. Variation by LCPP although note that rates are not standardised. Highest rates in Maryfield and Lochee and lowest rates in West End.

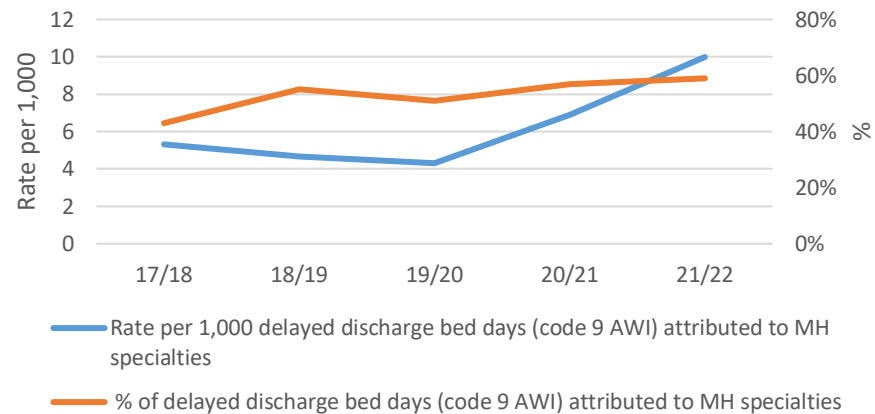
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
<p>Rate per 1,000 MH ALL Bed Days by LCPP 65+</p> <p>Q1 21/22 Q2 21/22 Q3 21/22 Q4 21/22 Q1 22/23 Q2 22/23 Q3 22/23 Q4 22/23 Q1 23/24 Q2 23/24</p> <p>West End North East Coldside The Ferry Strathmartine East End Lochee Maryfield</p>											
Number of Mental Health <u>EMERGENCY</u> Bed Days for people aged 65+	111007	116704	129420	132682	133377	128061	114488	100611	81315	57330	Downward trend.
Rate per 1,000 Mental Health <u>EMERGENCY</u> Bed Days for people aged 65+	4230.0	4447.1	4931.6	5055.9	5082.4	4879.8	4362.6	3833.8	3098.5	2184.6	Downward trend. Variation by LCPP although note that rates are not standardised. Highest rates in Maryfield, followed by Lochee and lowest rates in West End. Dundee has the highest rate in the Family Group and is considerably higher than the Scotland rate.

[illegible]

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
Delayed Discharges											
Rate of standard delayed discharge from general psychiatry specialty											Indicator in development.
Rate of standard delayed discharge from psychiatry of old age specialty											Indicator in development.
Rate of complex delayed discharge from general psychiatry specialty											Indicator in development.
Rate of complex delayed discharge from psychiatry of old age specialty											Indicator in development.
<p style="text-align: center;">All Delay Reasons Bed Days</p> <p>Rate per 1,000 of delayed discharge bed days (all delay reasons) attributed to MH specialties</p> <p>% of delayed discharge bed days (all delay reasons) attributed to MH specialties</p>											<p>Not available at LCPP level. Not available by quarter.</p> <p>Rate per 1,000 delayed discharge bed days (all reasons) attributed to MH specialties increased between 2021/22 and was higher than the 17/18 rate.</p> <p>% of delayed discharge bed days (all reasons) attributed to MH specialties increased between 20/21 and 21/22 and was 63% at 21/22.</p> <p>Source: PHS Publication December 2022</p> <p>This is annual data and therefore 22/23 data is</p>

		not expected until Q4 23/24.																		
<div>Standard Delay Reasons Bed Days</div> <table><thead><tr><th>Year</th><th>Rate per 1,000 delayed discharge bed days (standard delay reasons) attributed to MH specialties</th><th>% of delayed discharge bed days (standard delay reasons) attributed to MH specialties</th></tr></thead><tbody><tr><td>17/18</td><td>9.5</td><td>30%</td></tr><tr><td>18/19</td><td>8.5</td><td>25%</td></tr><tr><td>19/20</td><td>5.5</td><td>10%</td></tr><tr><td>20/21</td><td>3.5</td><td>10%</td></tr><tr><td>21/22</td><td>10.5</td><td>12%</td></tr></tbody></table>		Year	Rate per 1,000 delayed discharge bed days (standard delay reasons) attributed to MH specialties	% of delayed discharge bed days (standard delay reasons) attributed to MH specialties	17/18	9.5	30%	18/19	8.5	25%	19/20	5.5	10%	20/21	3.5	10%	21/22	10.5	12%	<p>Not available at LCPP level. Not available by quarter.</p> <p>Rate per 1,000 delayed discharge bed days (standard delay reasons) attributed to MH specialties increased between 2021/22 and was higher than the 17/18 rate.</p> <p>% of delayed discharge bed days (standard delay reasons) attributed to MH specialties decreased from 30% in 17/18 to 10% in 19/20 and between 19/20 and 21/22 increased to 12%.</p> <p>Source: PHS Publication December 2022</p> <p>This is annual data and therefore 22/23 data is not expected until Q4 23/24.</p>
Year	Rate per 1,000 delayed discharge bed days (standard delay reasons) attributed to MH specialties	% of delayed discharge bed days (standard delay reasons) attributed to MH specialties																		
17/18	9.5	30%																		
18/19	8.5	25%																		
19/20	5.5	10%																		
20/21	3.5	10%																		
21/22	10.5	12%																		

Code 9 AWI Bed Days



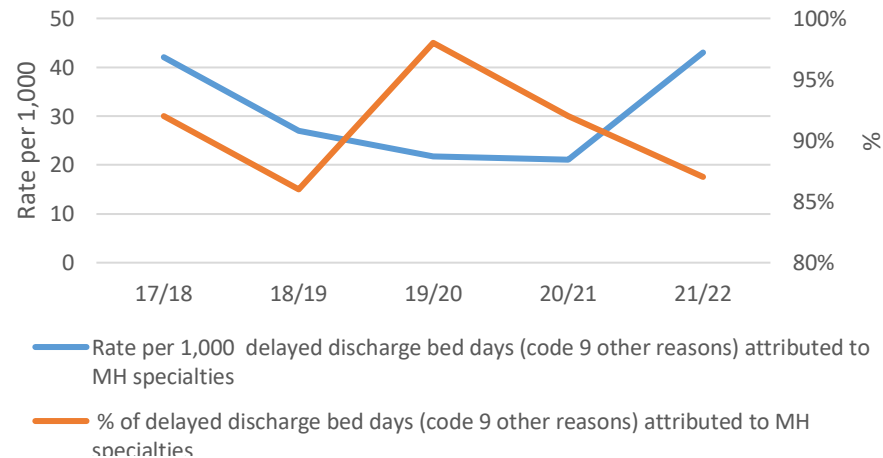
Not available at LCPP level. Not available by quarter.

Rate per 1,000 delayed discharge bed days (code 9 AWI) attributed to MH specialties decreased from 5 in 17/18 to 4 in 19/20 and between 19/20 and 21/22 increased to 10. % of delayed discharge bed days (code 9 AWI) attributed to MH specialties increased from 43% in 17/18 to 59% in 21/22.

Source: PHS Publication December 2022

This is annual data and therefore 22/23 data is not expected until Q4 23/24.

Code 9 Other Reasons (Bed Days)



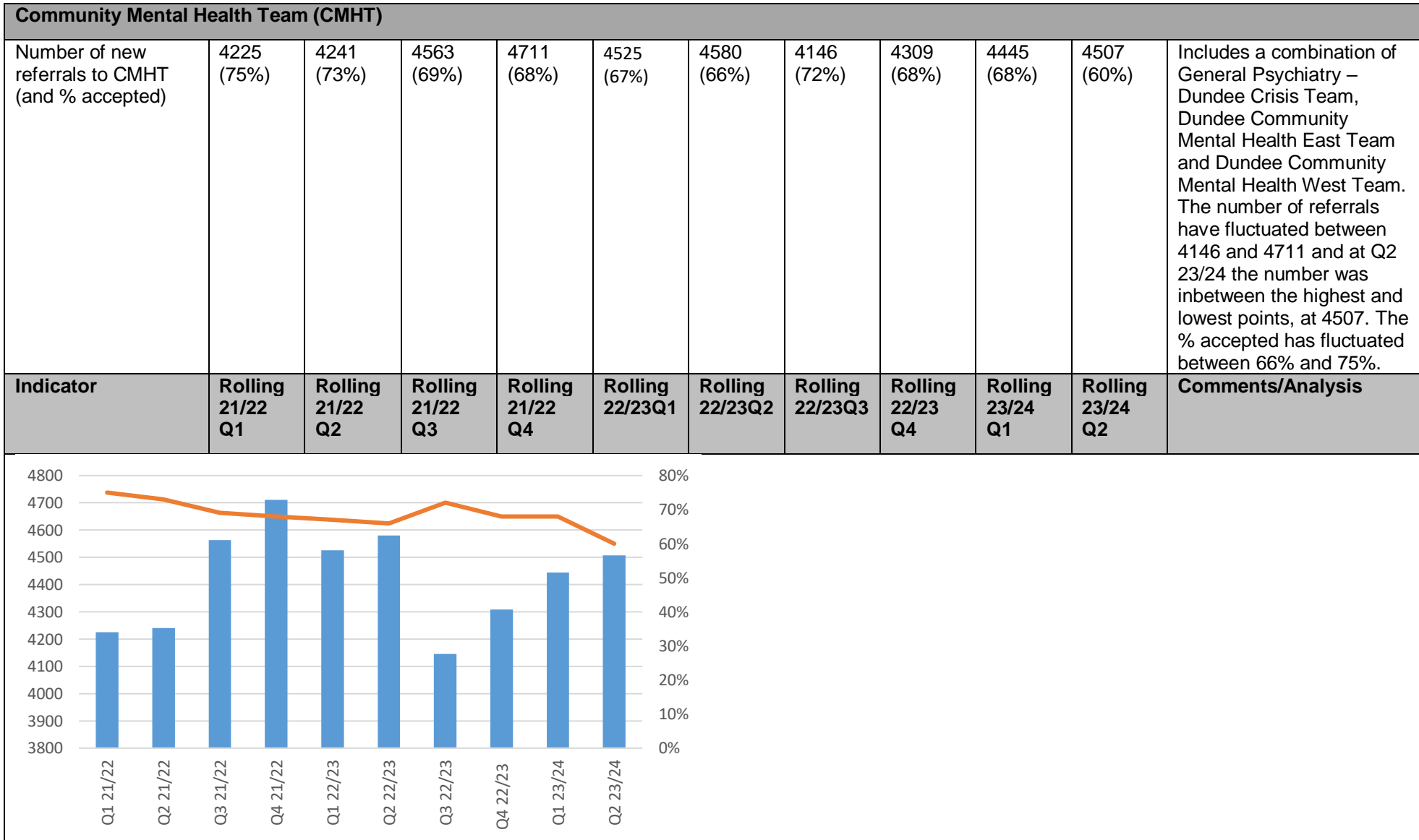
Not available at LCPP level. Not available by quarter.

Rate per 1,000 delayed discharge bed days (code 9 other reasons) attributed to MH specialties decreased from 42 in 17/18 to 21 in 20/21 and increased to 43 in 21/22. % of delayed discharge bed days (code 9 other reasons) attributed to MH specialties decreased from 98% in 19/20 to 87% in 21/22.

Source: PHS Publication December 2022

											This is annual data and therefore 22/23 data is not expected until Q4 23/24.
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
Psychological Therapies											
Number of NEW referrals to psychological therapies (ALL)	2010	2249	2572	2954	3217	3299	3442	3500	3772	4022	-Increasing trend. -Most new referrals are from West End (599 at Q2 23/24).
<p>No. New Referrals to Psychological Therapies</p> <p>The chart shows a general upward trend in new referrals over the period. West End consistently shows the highest number of referrals, followed by Lochee and Strathmartine. The total number of referrals increases from approximately 2000 in Q1 21/22 to over 4000 in Q2 23/24.</p>											
% of patients referred to psychological therapies who commences their treatment within 18 weeks of referral (completed waits)	62%	67%	73%	73%	79%	80%	77%	75%	72%	71%	Downward trend since Q2 22/23 although increase since baseline year (Q1 21/22).

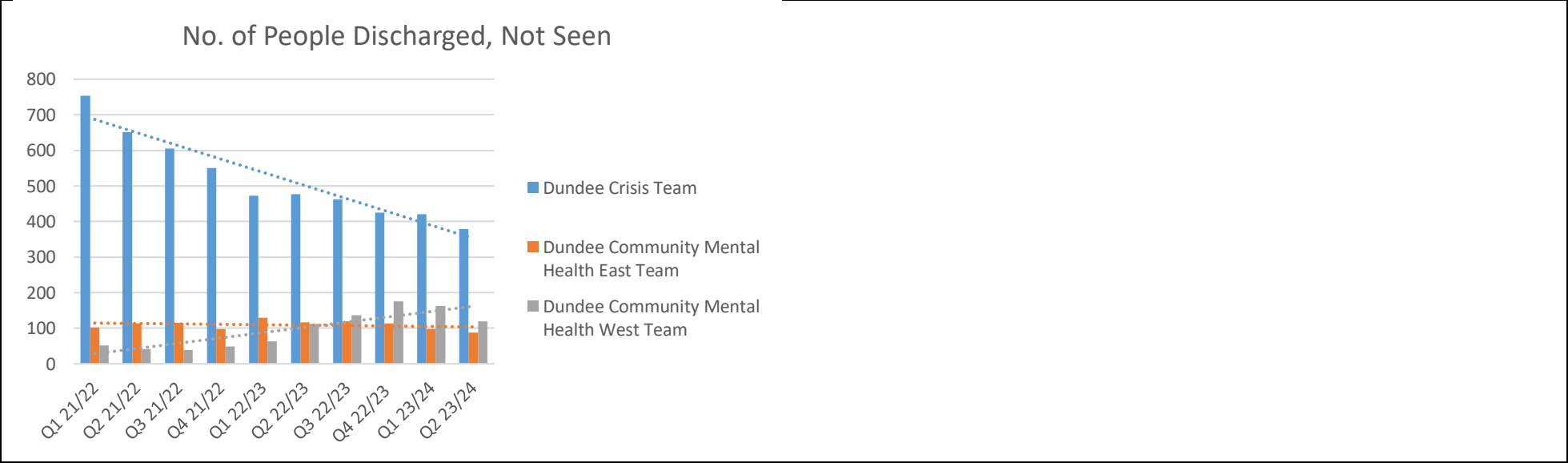
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis																						
<div><div><div>% of Patients who Commenced Treatment within 18 Wks of Referral (Completed Waits)</div><table><thead><tr><th>Quarter</th><th>Percentage</th></tr></thead><tbody><tr><td>Q1 21/22</td><td>62%</td></tr><tr><td>Q2 21/22</td><td>67%</td></tr><tr><td>Q3 21/22</td><td>73%</td></tr><tr><td>Q4 21/22</td><td>73%</td></tr><tr><td>Q1 22/23</td><td>79%</td></tr><tr><td>Q2 22/23</td><td>80%</td></tr><tr><td>Q3 22/23</td><td>77%</td></tr><tr><td>Q4 22/23</td><td>75%</td></tr><tr><td>Q1 23/24</td><td>72%</td></tr><tr><td>Q2 23/24</td><td>71%</td></tr></tbody></table></div></div>												Quarter	Percentage	Q1 21/22	62%	Q2 21/22	67%	Q3 21/22	73%	Q4 21/22	73%	Q1 22/23	79%	Q2 22/23	80%	Q3 22/23	77%	Q4 22/23	75%	Q1 23/24	72%	Q2 23/24	71%
Quarter	Percentage																																
Q1 21/22	62%																																
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Q4 22/23	75%																																
Q1 23/24	72%																																
Q2 23/24	71%																																
% of patients referred to psychological therapies who commences their treatment within 18 weeks of referral (ongoing waits)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	90% (snapsh ot April 23)	100% (snapsh ot July 23)	100% (snapsh ot Sept 23)	Data prior to April 23 not available.																					



% of discharged psychiatric in patients followed up by CMHT services within 7 calendar days											Requires further development as not currently possible using the current EMIS system.
Number of community based mental health appointments offered (included attended and DNA)	3194	3077	2942	3077	3083	3216	3365	3414	3342	3192	<p>Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team.</p> <p>Reduction in number of appointments offered from Dundee Crisis Team. The number of appointments offered from Dundee Community Mental Health East Team has increased slightly. The number of appointments offered from Dundee Community Mental Health West Team has doubled since Q1 22/22.</p>

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis																																												
<div><div>No. Community Based MH Appointments Offered</div><div><table><caption>Approximate data from the chart</caption><thead><tr><th>Quarter</th><th>Dundee Crisis Team</th><th>Dundee Community Mental Health East Team</th><th>Dundee Community Mental Health West Team</th></tr></thead><tbody><tr><td>Q1 21/22</td><td>2100</td><td>700</td><td>400</td></tr><tr><td>Q2 21/22</td><td>2000</td><td>700</td><td>400</td></tr><tr><td>Q3 21/22</td><td>1900</td><td>700</td><td>450</td></tr><tr><td>Q4 21/22</td><td>1950</td><td>650</td><td>550</td></tr><tr><td>Q1 22/23</td><td>1850</td><td>700</td><td>650</td></tr><tr><td>Q2 22/23</td><td>1750</td><td>750</td><td>800</td></tr><tr><td>Q3 22/23</td><td>1800</td><td>750</td><td>850</td></tr><tr><td>Q4 22/23</td><td>1750</td><td>800</td><td>950</td></tr><tr><td>Q1 23/24</td><td>1700</td><td>750</td><td>900</td></tr><tr><td>Q2 23/24</td><td>1600</td><td>750</td><td>800</td></tr></tbody></table></div></div>												Quarter	Dundee Crisis Team	Dundee Community Mental Health East Team	Dundee Community Mental Health West Team	Q1 21/22	2100	700	400	Q2 21/22	2000	700	400	Q3 21/22	1900	700	450	Q4 21/22	1950	650	550	Q1 22/23	1850	700	650	Q2 22/23	1750	750	800	Q3 22/23	1800	750	850	Q4 22/23	1750	800	950	Q1 23/24	1700	750	900	Q2 23/24	1600	750	800
Quarter	Dundee Crisis Team	Dundee Community Mental Health East Team	Dundee Community Mental Health West Team																																																				
Q1 21/22	2100	700	400																																																				
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Q2 22/23	1750	750	800																																																				
Q3 22/23	1800	750	850																																																				
Q4 22/23	1750	800	950																																																				
Q1 23/24	1700	750	900																																																				
Q2 23/24	1600	750	800																																																				
No. of return appointments for every new patient seen. (average per month over the previous 12 months)	16	17	19	18	18	17	15	14	15	15	Fluctuated between 14 and 19.																																												
Number of people discharged without being seen	907	807	758	697	665	706	720	712	680	585	<div>Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team.</div> <div>Reduction in number of people discharged without being seen from Dundee</div>																																												

											<p>Crisis Team from 753 at Q1 21/22 to 379 at Q2 23/24. The number of people discharged without being seen from Dundee Community Mental Health East Team has remained fairly stable. There has been an increase in the number of people discharged without being seen from Dundee Community Mental Health West Team from 52 at Q1 21/22 to 120 at Q2 23/24.</p>
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23Q1	Rolling 22/23Q2	Rolling 22/23Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis



Waiting time indicator in development											Data quality exercise being undertaken and data expected Q1 23/24.
Psychiatry of Old Age											
Number of new referrals to Psychiatry of Old Age (and % accepted)	1186 (75%)	1108 (73%)	1004 (72%)	918 (71%)	846 (71%)	911 (72%)	1030 (73%)	1123 (72%)	1212 (71%)	1258 (70%)	The number of new referrals dipped to 846 at Q1 22/23 and has since increased to 1258 at Q2 23/24. The % accepted followed a similar pattern. At Q2 23/24, the highest number of new referrals came from The Ferry (222) and the lowest number came from North East (110).

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
<p>No. POA Referrals Discharged but not Seen</p> <p>Legend:</p> <ul style="list-style-type: none"> Coldside East End Lochee Maryfield North East Strathmartine The Ferry West End 											
Number of return appointments for every new patient seen.	8	9	9	9	9	9	9	9	11	11	Increasing trend.
Number of people discharged without being seen	390	351	285	282	348	355	384	370	322	375	Increase between Q1 and Q2 23/24. The largest number of people discharged without being seen are from The Ferry (94)(also highest number of new referrals) and the lowest number are from North East (30).

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
<p>No. POA Referrals Discharged but not Seen</p> <p>Legend:</p> <ul style="list-style-type: none"> Coldside East End Lochee Maryfield North East Strathmartine The Ferry West End 											
% of those referred for post diagnostic support who received a minimum 12 months of support.											Published data only available to 20/21 (Published Dec 22). At that point Dundee was at 93.4%.
Learning Disabilities (LD)											
Number of new referrals to LD (and % accepted)	211 (66%)	253 (71%)	286 (76%)	263 (76%)	272 (80%)	239 (78%)	232 (72%)	300 (73%)	336 (72%)	410 (75%)	Increasing trend since Q1 21/22. At Q2 23/24, highest number of new referrals was from Coldside (89) and the lowest number was from The Ferry (20). % accepted increased from 66% at Q1 21/22 to 75% at Q2 23/24.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
<p>No. New LD Referrals and % Accepted</p> <p>Legend:</p> <ul style="list-style-type: none"> Coldside East End Lochee Maryfield North East Strathmartine The Ferry West End % Accepted 												
Number of return appointments for every new patient seen.	18	17	15	15	14	14	14	13	12	12		Reduced from 18 to 12.
Number of people discharged without being seen	97	108	97	91	94	95	97	94	102	123		Increase between Q1 23/24 (102) and Q2 23/24 (123).

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
<p>No. LD Referrals Discharged but Not Seen</p> <p>Legend:</p> <ul style="list-style-type: none"> Coldside East End Lochee Maryfield North East Strathmartine The Ferry West End 											
Mental Health Officer Team											
MHO new referrals and Assessment	325	342	329	339	337	321	298	292	292	283	Downward trend.
CMHT (SW team) new referrals	158	159	166	167	149	136	151	145	134	121	Downward trend.
CMHT older people (SW team)	195	171	156	131	136	140	159	165	174	190	Downward trend yo Q1 23/24, increase between Q1 and Q2 23/24
LA Guardianship applications	39	37	34	47	41	48	49	40	52	54	Increase.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/Analysis
Private Guardianship application	53	64	71	65	58	59	64	63	64	70	Fluctuating between 53 and 71, however 70 at Q2 23/24.
Emergency detention in hospital (up to 72 hours) (s36)	91	96	84	97	102	103	107	95	101	97	Increasing trend although decrease between Q1 and Q2 23/24
Short term detention in hospital (up to 28 days) (s44)	156	170	157	167	164	166	169	169	181	179	Increasing trend although decrease between Q1 and Q2 23/24
Compulsory Treatment Orders (s64)	47	54	49	46	52	47	52	55	58	59	Increasing trend.
No. of S44 with Social Circumstance report was considered	81	83	65	67	56	51	52	56	61	69	Downward trend although increase between Q1 and Q2 23/24.
No. of SCR that were prepared	59	60	47	50	41	35	34	32	35	38	Downward trend.
MHO team caseload at period end	225	243	272	263	265	251	265	273	264	263	Increasing trend.
MHO unallocated at end of quarter	29	41	56	47	49	46	53	44	37	36	Fluctuated between 29 and 56, although 36 at Q2 23/24.
% MHO unallocated out of all cases	13%	17%	21%	18%	18%	18%	20%	16%	14%	14%	Stable trend.

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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 31 JANUARY 2024

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

REPORT BY: CLINICAL DIRECTOR

REPORT NO: PAC7-2024

1.0 PURPOSE OF REPORT

1.1 This is presented to the Committee for:

- **Assurance**

This report relates to:

- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person-centred

This report is being brought to the Committee to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL(1998)75. The Performance and Audit Committee is being asked to provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is to 30 November 2023.

2.0 RECOMMENDATIONS

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

2.1 Note the Exception Report for the Dundee Health & Social Care Partnership Clinical, Care & Professional Governance Group as detailed from Section 4.

2.2 This report is being presented for:

- **Assurance**

As Lead Officer for Dundee Health & Social Care Partnership (DHSCP) I would suggest that the level of assurance provided is: Reasonable; due to the following factors:

- There is evidence of a sound system of governance throughout the HSCP.
- The identification of risk and subsequent management of risk is articulated well throughout services.

- There is ongoing scope for improvement across a range of services, in relation to the governance processes, although this is inextricably linked to the ongoing difficulties with recruitment and retention of staff.
- There is evidence of noncompliance relating to a fully comprehensive governance system across some teams, i.e. contemporary management of adverse events and risks.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Background

The role of the Dundee HSCP Clinical, Care & Professional Governance Group (CCPG Group) is to provide assurance to the Dundee Integration Joint Board (IJB), NHS Tayside Board (through the Care Governance Committee) and Dundee City Council, that there are effective and embedded systems for Clinical, Care and Professional Governance in all services within Dundee HSCP.

4.2 The GIRFE Framework is an agreed tool used by all three HSCTs to ensure consistency of approach between Local Authorities, Tayside NHS Board and the IJBs for the three HSCTs; quality assurance is assessed against an agreed, prioritised common dataset for each of the governance domains as detailed below. A GIRFE Steering Group has been established and continues to meet, with representatives from each of the three Partnerships, and part of its remit is to support additional common assurance measures and this template.

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

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

5.0 ASSESSMENT

5.1 Exceptions

The Paediatric Nutrition and Dietetic Service risk was raised at the previous Committee meeting and a full account on progress for this risk is noted in the section below.

5.2 Clinical and Care Risk Management

a.1 Increasing patient demand in excess of resources – DDARS

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)				
				Please include data from previous four reporting periods																			
				6/4/23			3/8/23			5/12/23			03/01/24										
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER					
233	5	3	15	5	5	25	5	5	25	5	5	25	4	5	20	3	4	12	↓				

L = Likelihood C = Consequence RER = Risk Exposure Rating

Negative media reporting increasing reputational, clinical and safeguarding risk

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				Please include data from previous four reporting periods															
				6/4/23			3/8/23			5/12/23			03/01/24						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
683	5	5	25	5	5	25	5	5	25	5	5	25	3	4	12	2	3	6	↓

L = Likelihood C = Consequence RER = Risk Exposure Rating

Insufficient number of DDARS staff with prescribing competencies

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)				
				Please include data from previous <i>four</i> reporting periods																			
				6/4/23			3/8/23			5/12/23			03/01/24										
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER					
612	5	5	25	4	4	16	4	4	16	4	4	16	3	5	15	3	4	12	↓				

L = Likelihood C = Consequence RER = Risk Exposure Rating

Lack of resource to deliver the benzodiazepine dependence pathway compliant with guidelines

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)				
				Please include data from previous <i>four</i> reporting periods																			
				6/4/23			3/8/23			5/12/23			03/01/24										
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER								
1129	5	4	20	4	4	16	4	4	16	4	4	16	4	4	16	3	4	12	→				

L = Likelihood C = Consequence RER = Risk Exposure Rating

- a.2 Four of the top six risks sit with the Dundee Drug and Alcohol Recovery Service (DDARS). There are ongoing service pressures due to staff turnover that affect all of the key risks identified. Risks 283, 612 and 683 have reduced their risk exposure ratings in this reporting period. There is growing stability within the workforce with clinics increasing and being sustained in some areas (i.e direct access drop in and buvidal clinics). The negative media reporting is now appearing to have less of an impact on recruitment and the service do now receive more positive feedback on service provision.
- a.3 One of these risks continues to show a current risk score in excess of the inherent risk score. This is primarily due to ongoing challenges relating to recruitment and retention into the DDARS service combined with the increased referral rates throughout and beyond the pandemic, this risk has reduced in this reporting period and will continue to be closely monitored.

Nursing staffing is showing an improving picture for recruitment and retention at the time of writing this report. This will be closely monitored as this has been highly variable over the past 18 months. The current position for medical staffing is one consultant in post, one locum consultant and there are two vacant posts.

This has impacted on the ability to provide mental health assessments, increased pressure related to the requirements for same day prescribing, along with reduced availability for support for nursing staff, urgent and batch prescription signing, mentorship for non medical prescribers and advanced nurse practitioners and support and supervision for medical trainees, GPs with special interest and the specialty doctor. This also has an impact on the work to achieve the Medication Assisted Treatment Standards (MATS) which are currently reported monthly to the Scottish Government although it should be noted that positive progress is now being made.

There are now seven specialist nurses employed with prescribing competencies, with seven trainees in the service, three undergoing the study pathway and four recently-employed staff due to commence studies.

- a.4 The benzodiazepine dependence pathway is currently being considered via a National Taskforce who are considering the possible models of practice. There is no update on progress of this since the last committee meeting.

Recruitment challenges in Paediatric Team – Nutrition & Dietetic Service

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				Please include data from previous four reporting periods															
				6/4/23			3/8/23			5/12/23			03/01/24						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
1283	4	3	12	-	-	-	3	3	9	5	4	20	4	4	16	2	2	4	↓

- a.5 This risk has reduced to 16 within this reporting period. A clinical lead post has now been appointed to (commenced on 03/01/2024) and long term sickness absence has now resolved. Support is still being provided via the North of Scotland Region and will be reviewed once the clinical lead has settled into their post.

While the additional support has provided the required clinical expertise in most areas, there remains a risk in relation to provision of care within the neonatal unit. A mutual aid request has been submitted seeking support for this team.

There is awareness across the multidisciplinary team to support decision-making for neonatal patients requiring nutritional intervention with professional colleagues across Scotland supporting remotely when required.

Workforce Risks

- b.1 There are a number of risks (15) pertaining to workforce availability across a wide spectrum of professions, including nurses, medical staff, allied health professions and social care staff. The vast majority of teams are affected to some degree, often with mitigations impacting on those teams who are able to recruit staff. Work continues to enhance recruitment and retention, with international recruits now being widely employed. Staff wellbeing remains a focus for the HSCP.

- b.2 Primary Care (PC) Sustainability Risk – Strategic Risk 353

This risk recognises that a failure to maintain sustainable Primary Care Services in localities and across Tayside will result in a failure to meet both the National Clinical Strategy and the existing Tayside Primary Care Strategy, and importantly has a negative impact on both patients and staff. This results in patients being unable to access Primary Care Services across the geographical location and a failure to provide continuity of service because the impact on staff, especially GPs recruitment and retention is also impacted negatively.

The PC sustainability risk level has reduced to 20 across Tayside linked to some of the more strategic and leadership actions progressing.

This is not only a Tayside issue but is seen across the UK. There are a number of complex factors which underpin the risk, including recruitment and retention of GPs in particular.

The impact of this risk is the same within Dundee as the rest of Tayside. There remains a high number of practices with vacancies for GPs. We have undertaken a sustainability survey with practices across Tayside which gives more detailed information on workforce and other issues impacting on this. This will be repeated at least annually and allow this to be monitored as part of the sustainability survey. The ownership or lease of premises is also a critical barrier for potential new GPs and there has been limited progress regionally and nationally for this. However this is gaining some momentum. There is a financial implication of this which is not yet clear.

Local actions and controls have been, and continue to be, developed and reviewed. However the increasing demand for GP and wider Primary Care team is such that any improvement or shift of clinical workload has been offset by that demand. Dundee is therefore in a position of having had two practices recently and one additional practice has notified NHS Tayside of its intention to terminate its contract in March 2024. Numerous practices have had periods with closed lists and being unable to accept new registrations.

The workstreams linked to the Primary Care Improvement Plan are mostly fully recruited except for the pharmacy team which has ongoing challenges, despite innovative approaches to increasing skill mix. There is the potential to further develop these teams but there is no resource to do so. Dundee has a Premises Strategy and a wider GP strategy agreed and is working on a plan to progress this. However there has been no progress regionally with leases transferring to NHS Tayside. One further Dundee practice has received Board approval for a GP sustainability loan and a further five practices have submitted applications.

Work to develop an increasing advanced practice workforce in primary care has had positive foundations built with the regional work and local resource has been agreed for practice based staff to progress this at a local level.

Resource has been identified currently locally to support the GP career start programme which is key to supporting some practices remain stable, but longer term funding is still not in place.

The local development and further integration of urgent care teams and the development of roles in other primary care based teams, will contribute positively, such as the advanced district nurse role.

b.3 Treated/Archived Risks

Treated/Archived Risks are those that have all planned/proposed control in place, and the risk has been mitigated to the lowest possible level.

There have been no risks treated/archived with the time period.

b.4 Closed Risks

Closed Risks are risks that have been replaced or superseded and are therefore no longer required to be managed.

There have been two risks closed within the time period.

5.3 Clinical & Care Governance Arrangements

The arrangements for clinical, care and professional governance (CCPG) in the Dundee HSCP are outlined in Appendix 1: Dundee HSCP Governance Structure.

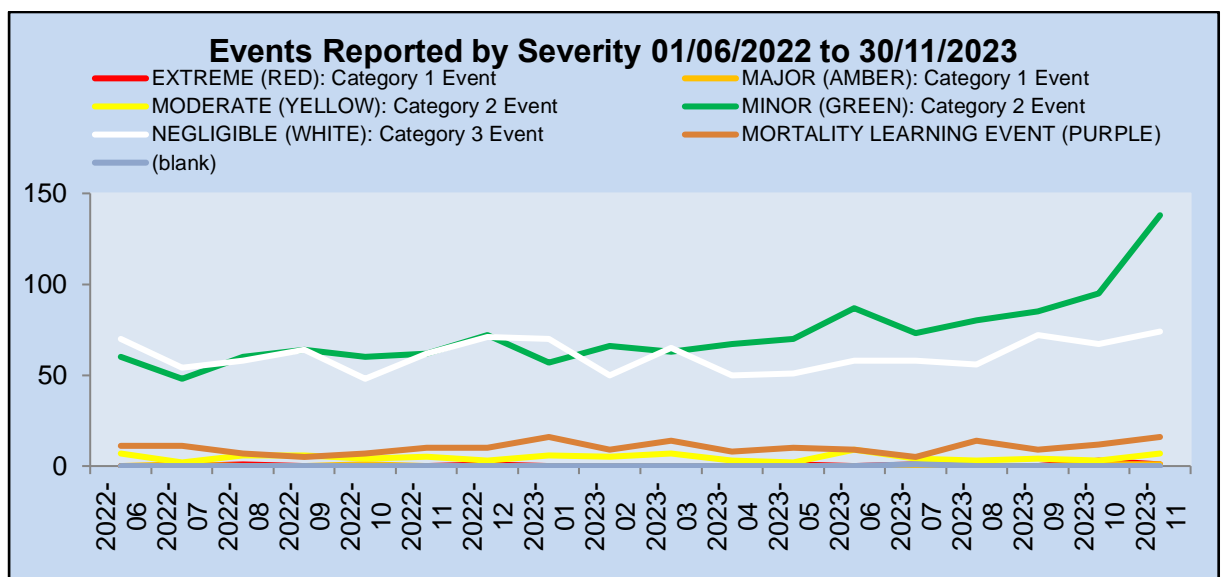
During this reporting period exception reports were presented to the CCPG Group from the following services:

- Nutrition and Dietetics
- Acute and Urgent Care

- Care Homes
- Community Services
- Inpatient and Day Care
- Psychological Therapies
- Psychiatry of Old Age
- Primary Care and Health Inclusion
- Mental Health and Learning Disability

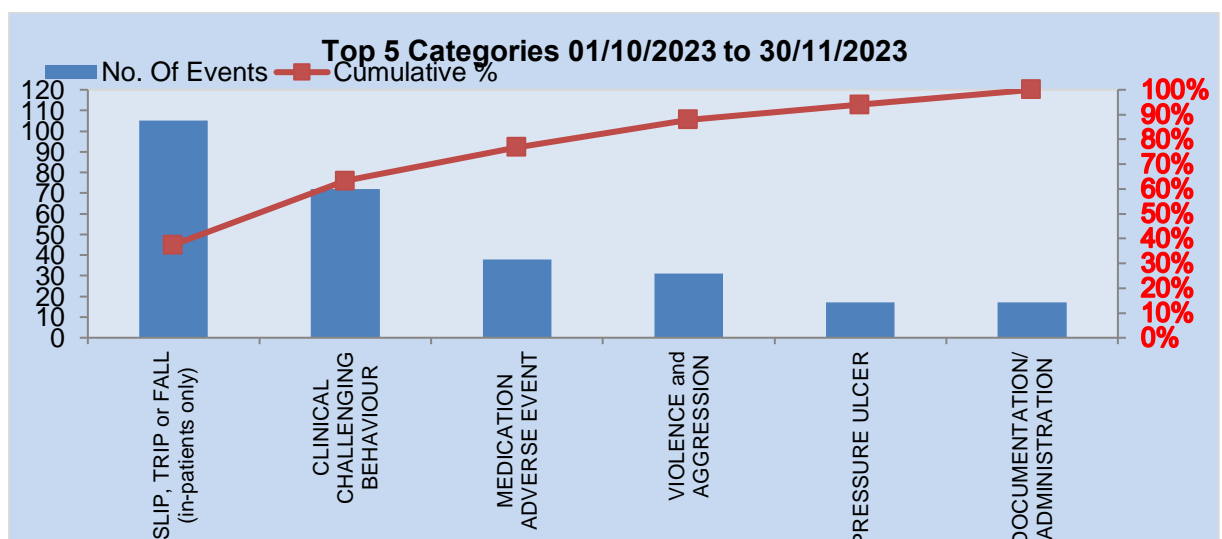
5.4 Adverse Event Management

- d.1 The following graph shows the impact of the reported adverse events by month over the past 18 months. There were 418 adverse events reported in this time period (01/10/2023-30/11/2023). There is an increase in negligible and minor events as well as mortality learning events. The last reporting period had 324 events.



The ratio of events with harm to events with no harm is 1 to 3.6. There is no change in the position from the previous report.

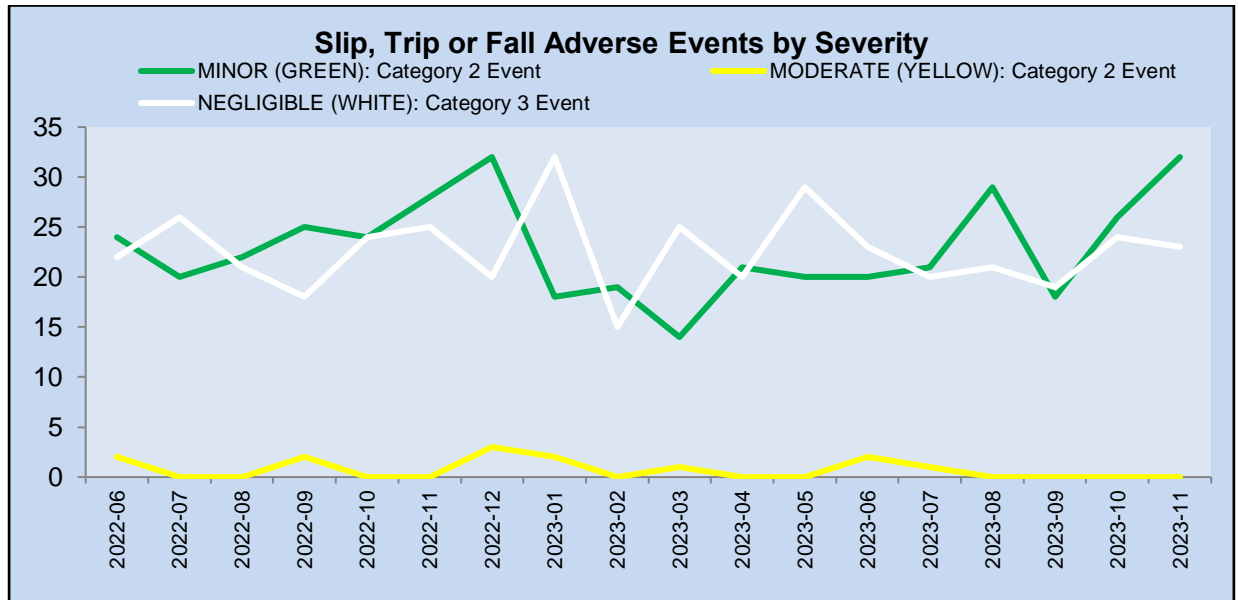
- d.2 The following graph shows the Top Five Categories reported between 01/10/2023 and 30/11/2023.



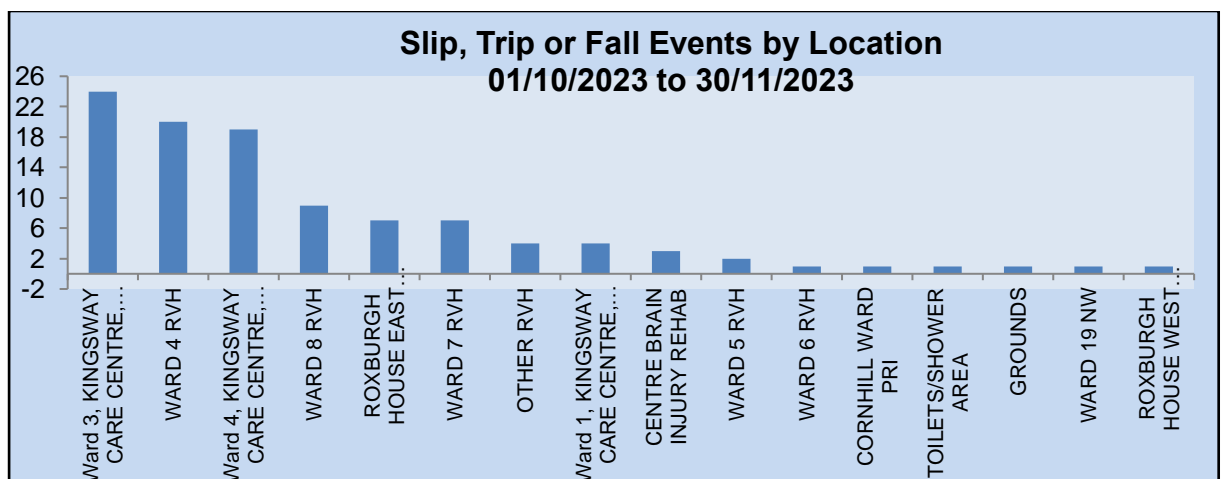
These categories account for 280 of the 418 events (67%) reported within the time period. There have been marked increases in of the top three categories.

Slips, Trips and Falls

- d.3 There were 105 events reported between 01/10/2023 and 30/11/2023. The following table shows slips, trips and falls by severity over the past 18 months:



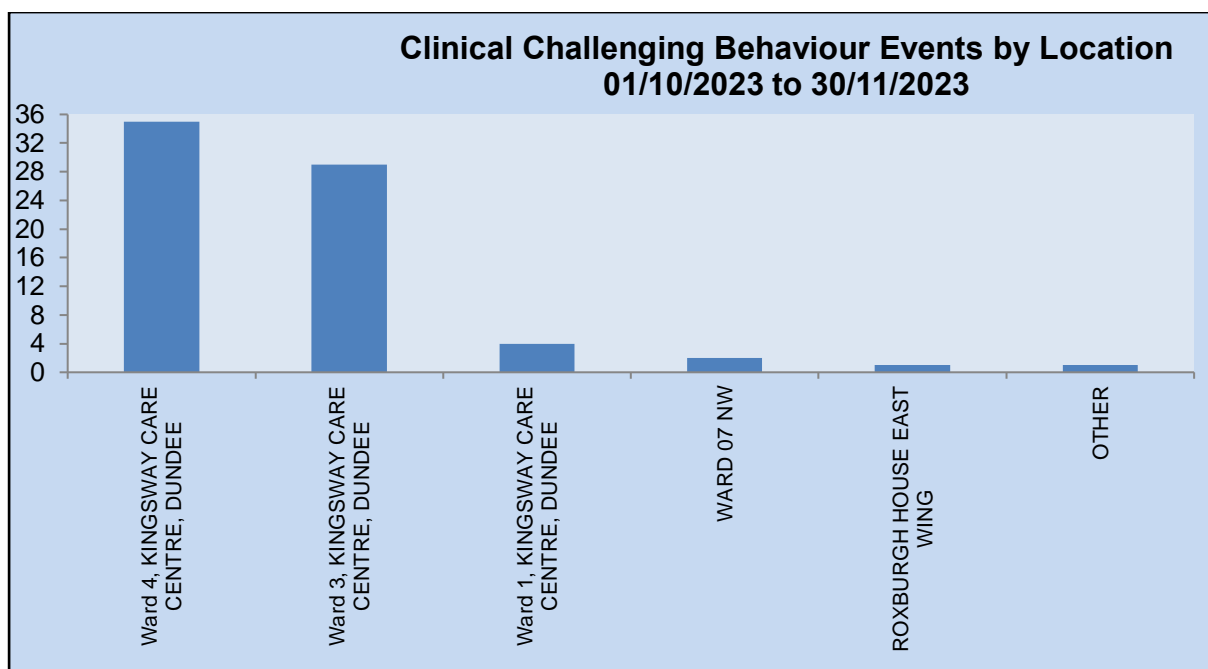
- d.4 The following table shows the number of slips, trips and falls (In-patients only) by location, with the highest number of falls being across Medicine for the Elderly, Psychiatry of Old Age and Palliative Care Services.



- d.5 Analysis of the slip, trip and falls data shows a small number of patients have been responsible for a high number of these incidents over an approximate 2 week period. This also coincided with an increase in clinical challenging behaviour from a similar group of patients.

Clinical Challenging Behaviour

- d.6 There were 72 events reported between 01/10/2023 and 30/11/2023. The chart below shows the clinical challenging behaviour adverse events by location.



The majority of these events occur in our Psychiatry of Old Age services. There is very positive evidence of these incidents being well managed with staff being well supported too. There is an increase of 26 adverse events compared with the last reporting period with these occurring across wards 3 and 4 at Kingsway Care Centre. A small number of patients were responsible for this increase over a two week period.

Medication Adverse Events

- d.7* There were 38 events reported between 01/10/2023 and 30/11/2023. Within this there were 18 separate subcategories reported across 12 different clinical teams. There are no clear themes or patterns identified within teams or across the HSCP. The majority of these events occur in the patients' homes (15) with the most commonly occurring sub category being incorrect medicine (8).

Each adverse event is followed up within the team to identify learning and any required improvements with those involved undertaking reflection. This frequently includes working closely with our pharmacy colleagues.

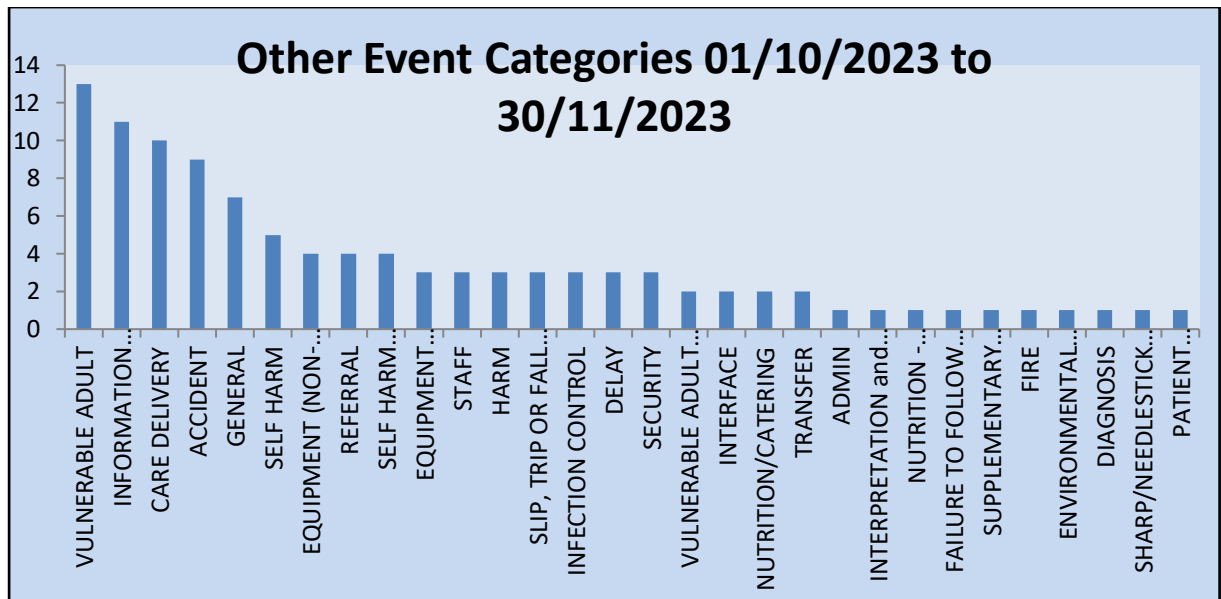
There is a focussed piece of work across community nursing currently as the numbers have increased in this area.

Violence and Aggression

- d.9* There were 31 events reported in this reporting period, this is an increase of 16. There is a marked increase in the Psychiatry of Old Age wards (21). No other service reported more than 2 events. The 31 events were across 7 different service areas across six subcategories, including physical or verbal behaviour by patients and/or others.

Other Event Categories

- d.10* There were 106 events reported outwith the top five events reported. These are listed in the chart below.



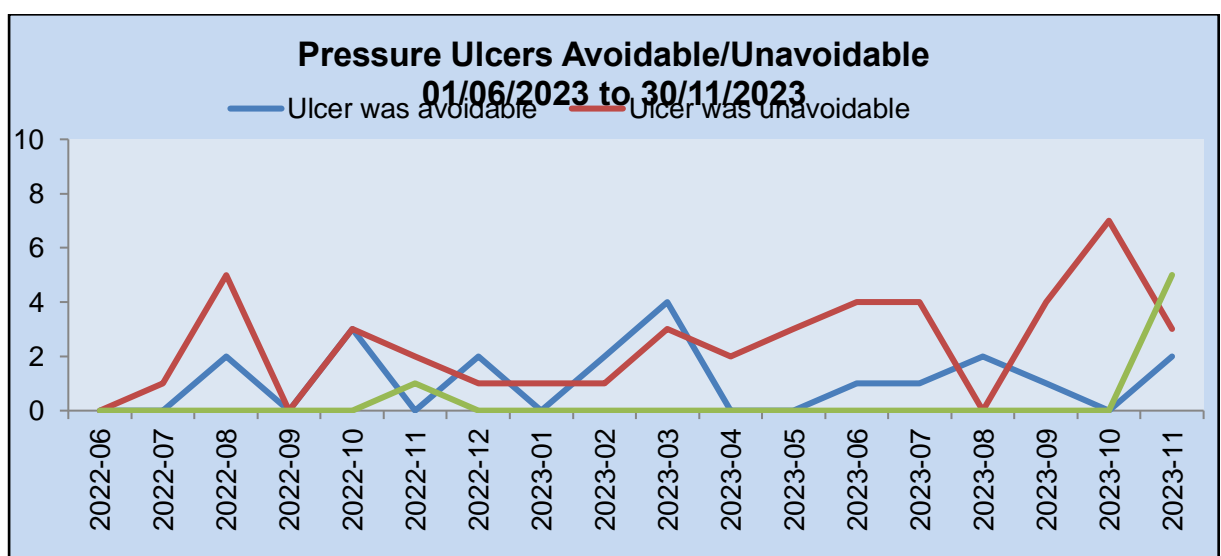
While the numbers remain low there is a slow increase in the number of vulnerable adult adverse events. This may, in part, be due to raised awareness due to the current adult support and protection inspection and training that has been conducted across the HSCP. Visibility of these incidents and the associated actions taken to support individuals is very positive with teams establishing links to the Protecting People Team and local authority Adult Support and Protection teams for guidance and advice.

Significant Adverse Event Reviews

- d.11 There are currently two active Significant Adverse Event Reviews in Dundee HSCP. The reviews have been active for 153 and 109 days respectively. Once complete, a learning summary will be shared with the committee.

Pressure Ulcers

- d.12 There have been 17 pressure ulcer events reported between 01/10/2023 and 30/11/2023. The number of pressure ulcers reported over the past 18 months is shown in the following graph, by those that were determined as avoidable and those that were determined as unavoidable.



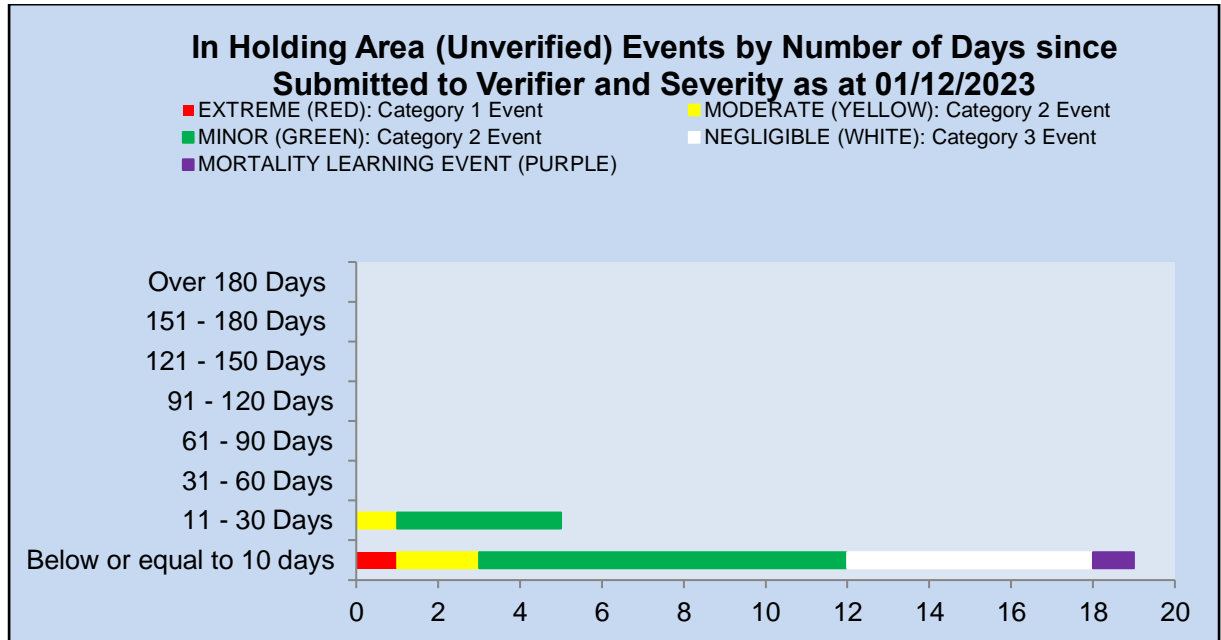
The avoidable pressure ulcers were in relation to patients who were reluctant to follow the advice of the Community Nursing service.

Adverse events management – systems and processes

d.13 Overdue Unverified Events

At the time of data extraction, there were 24 unverified events. Of these unverified events, all 24 had exceeded the timescale of 72 hours for verification.

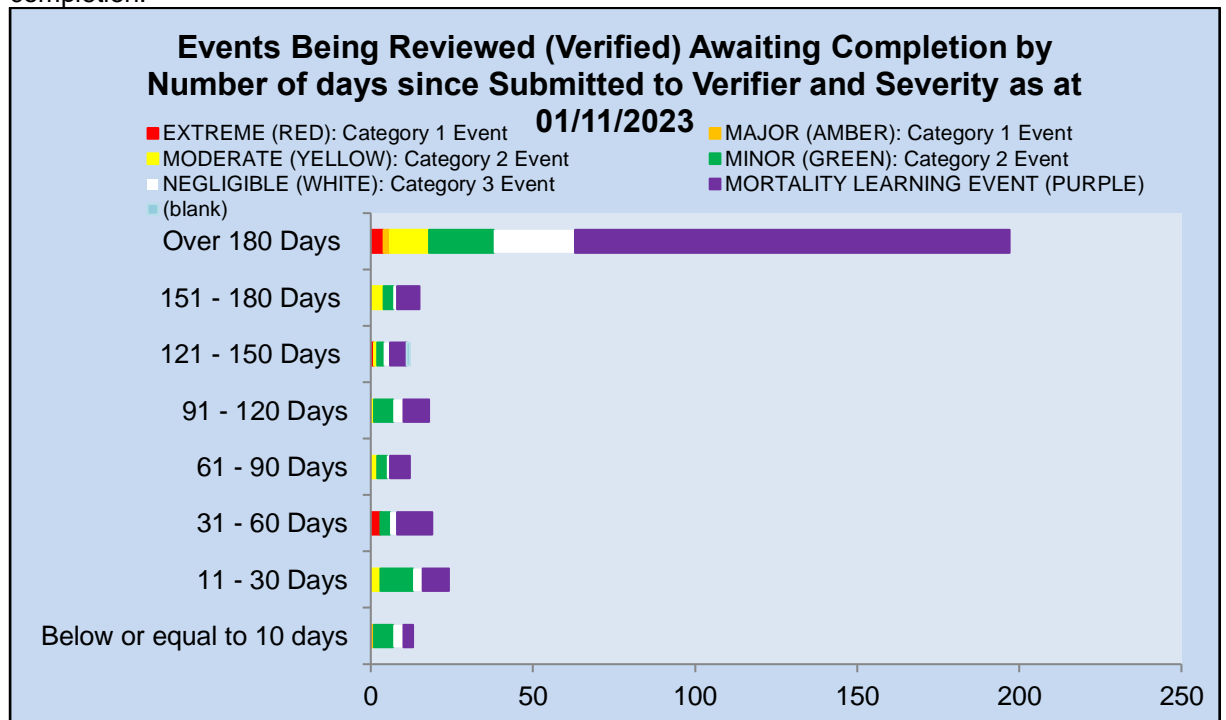
The following graph shows the unverified events by the severity and the number of days overdue. While there is an increase in the total number of adverse events unverified the number of days overdue has reduced with no events now in the 31-60 days category.



d.14 Overdue Verified Events

There are 310 events that are verified but overdue for completion within Datix.

The following graph shows the length of time that has elapsed since the reporting of the events at the time of data extraction by severity for those events that are overdue for completion.



d.15 The table below shows the number of overdue events by the year and department.

Department	2019	2020	2021	2022	2023	Total
Community Mental Health Services	3	5	8	28	37	81
Central (DDARS)	0	0	2	15	19	36
Community Learning Disabilities - Dundee HSCP	0	1	2	22	9	34
East (DDARS)	0	2	12	5	10	29
West (DDARS)	2	1	5	7	10	25
Primary Care (DDARS)	0	0	1	8	10	19
Psychiatry of Old Age - Older People Services (Dundee)	0	1	1	3	9	14
Other - Mental Health (Dundee)	0	0	3	5	3	11
Other (DDARS)	0	0	0	0	9	9
General Practice - Dundee HSCP	0	0	2	2	5	9
District Nursing (Dundee HSCP)	0	0	0	0	7	7
Allied Health Professions (Dundee HSCP)	0	0	0	1	5	6
Brain Injury Rehabilitation	0	0	0	0	5	5
Specialist Community Nursing (Dundee HSCP)	0	0	0	0	4	4
MFE (Medicine for the Elderly) - Older People Services (Dundee)	0	0	0	0	4	4
Nutrition and Dietetics (Dundee HSCP)	0	0	0	0	3	3
Palliative Medicine	0	0	0	0	3	3
Adult Psychotherapy Service - Mental Health (Dundee)	0	0	0	1	1	2
Area Psychological Therapy Service - Mental Health (Dundee)	0	0	1	0	1	2
Health (DDARS)	0	2	0	0	0	2
Other - Specialist Palliative Care	0	0	0	0	2	2
Physiotherapy (Dundee HSCP)	0	0	0	0	1	1
Sources of Support	0	0	0	0	1	1
Tayside Sexual and Reproductive Health	0	0	0	0	1	1
Total	5	12	37	97	159	310

There has been a longstanding concern regards the overdue verified events. The focus for teams is very much on contemporary adverse events rather than historical adverse events due to the current longstanding issues with workforce availability. The complex nature of a number of these incidents, often related to death, require significant time from senior medical staff to fully review the details within the adverse events. Other factors also contribute to these adverse events not being progressed include: awaiting toxicology results, procurator fiscal involvement, awaiting information from other agencies (i.e Police Scotland) and awaiting responses from other services in NHS Tayside.

There has been a renewed focus on these through our Clinical, Care & Professional Governance Group. Mental Health & Learning Disability Services and Dundee Drug and Alcohol Recovery Services have established adverse incident review groups to further support this work.

Feedback

- e.1 The table below shows the number of complaints by service area and how long they have been open:

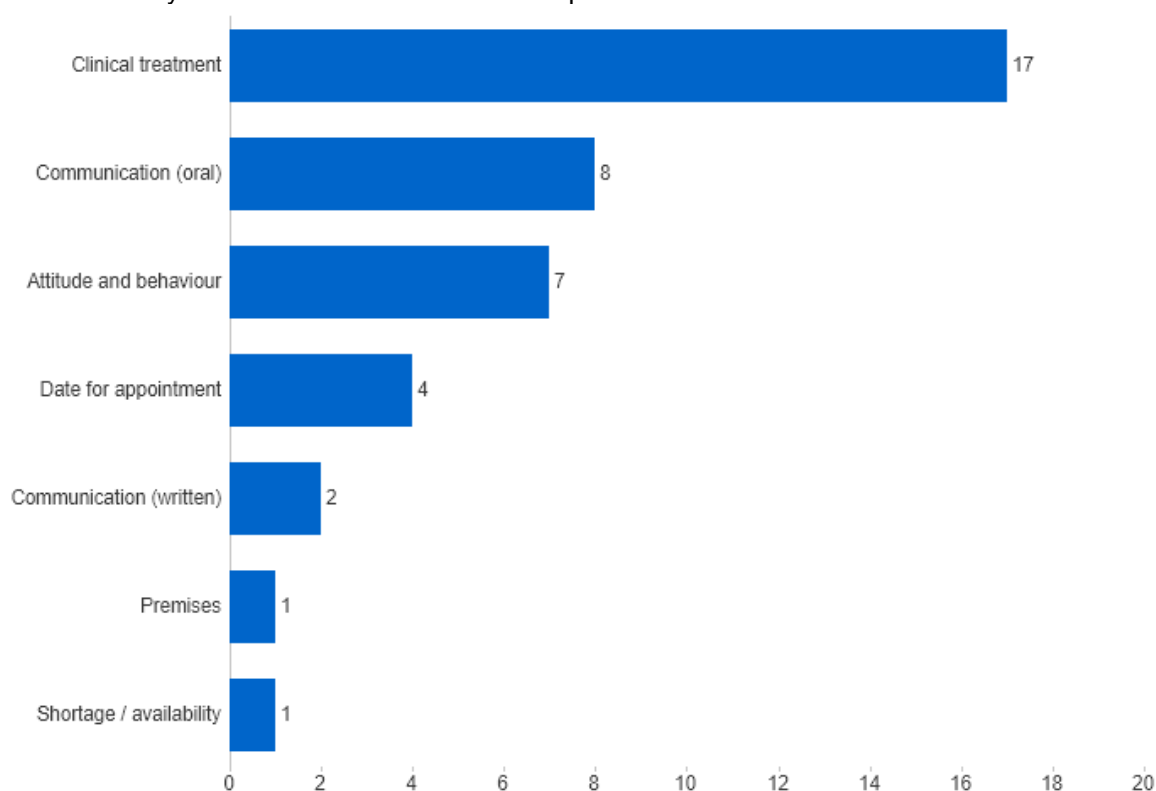
Current complaints as at 03/01/2024

No. of Open Cases - 7							
Clinical Care Group/Department	Days_Band	6-10 Days	11-15 Days	16-20 Days	>20 Days	>40 Days	Total
Mental Health (Dundee)		2	-	-	-	1	3
MISSING		-	-	1	1	-	2
Tayside Sexual and Reproductive Health		-	1	-	-	-	1
Community Nursing (Dundee HSCP)		-	-	-	1	-	1
Total		2	1	1	2	1	7

The total number of open complaints is maintained at seven open complaints. Ongoing collaboration with the Patient Experience Team to continue to improve this position will remain in place.

Key Themes

- e.2 The key themes and sub themes for complaints are shown in the chart below.



Every complaint is reviewed to understand what did happen, what should have happened and, where a difference exists, what measures can be taken to reduce the likelihood of a similar incident occurring again.

All teams are asked to report on their complaints through the CCPG Group and Forum to ensure the sharing of learning across the Health and Social Care Partnership.

Scottish Public Services Ombudsman Reports

- e.3 There are currently no cases with the SPSO from the Dundee HSCP.

External Reports & Inspections

- e.4 Over the course of 2023 all 3 Psychiatry of Old Age wards at Kingsway Care Centre received a Mental Welfare Commission inspection. One was unannounced and two were pre-arranged. The reports were very positive in terms of the service and supports to patients and families. There are a small amount of recommendations for each ward, and these have already been completed or are underway. The service has action plans in place relating to each visit.

Adult Support & Protection

- e.5 The report of the Joint Inspection of Adult Support and Protection in the Dundee Partnership area was published on 19 December 2023 (available in full at: <https://www.careinspectorate.com/images/documents/7393/Dundee%20adult%20support%20and%20protection%20report.pdf>).

The joint inspection team found that key processes and leadership for adult support and protection are 'effective' with 'clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweigh areas for improvement'.

There was close alignment between the areas of strength and improvement identified in the Dundee Health and Social Care Partnership's own self-evaluation submission and those identified through the inspection process.

Areas of strength evidenced through inspection activities included: the effectiveness of initial inquiries, including use of Council Officer resource; multi-agency case conferences providing effective support and protection to adults at risk; appropriate use of review case conferences and core groups to review risk and manage the implementation of protection plans; dedicated support provided by the NHS Tayside Public Protection Team; commitment of strategic leaders to including the voice and experience of adults at risk in strategic planning and development; and, strategic leaders' shared collaborative vision and 'innovative and ambitious' strategic plans.

Priority areas for improvement have been identified as being: consistent application and quality of investigations. Chronologies and risk assessments; completion of ongoing work to update ASP guidance and procedures; further work to embed quality assurance approaches already developed by partners and ensure strategic oversight of findings; and, pace of strategic change and improvement, including ensuring new initiatives are well resourced, sustainable and impact assessed.

An improvement plan is being developed by the Adult Support and Protection Committee which, following approval from the Chief Officers Group, will be submitted to the Care Inspectorate by 7 February 2024. This plan will build on the existing Adult Support and Protection Delivery Plan which was recognised by the joint inspection team as being comprehensive and already closely reflects the areas of strength and improvement contained within the inspection report (building on previous self-evaluation and quality assurance activities).

Work is also ongoing to communicate the inspection findings across the workforce and involve relevant individuals and teams in the process for improvement planning. Further reports will be submitted via single agency governance arrangements (including the IJB and HSCP) when the improvement plan is available..

6.0 POLICY IMPLICATIONS

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

7.0 RISK ASSESSMENT

Risk 1 Description	The risk of not providing sufficient assurance through governance assurance routes will reduce confidence in the ability of the HSCP to deliver safe, quality care.
Risk Category	Governance
Inherent Risk Level	Likelihood (2) x Impact (4) = Risk Scoring (8)
Mitigating Actions (including timescales and resources)	Systems in place for all operational teams to provide exception reports to the clinical, care and professional governance group. 'Getting It Right' Group established to support development of reporting framework for HSCP.
Residual Risk Level	Likelihood (2) x Impact (4) = Risk Scoring (8)
Planned Risk Level	Likelihood (1) x Impact (3) = Risk Scoring (3)
Approval recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS





- 9.1 Appendix 1: Dundee HSCP Governance Structure

Dr David Shaw
Clinical Director

DATE: 5 January 2024

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

Matthew Kendall
Allied Health Professions Lead

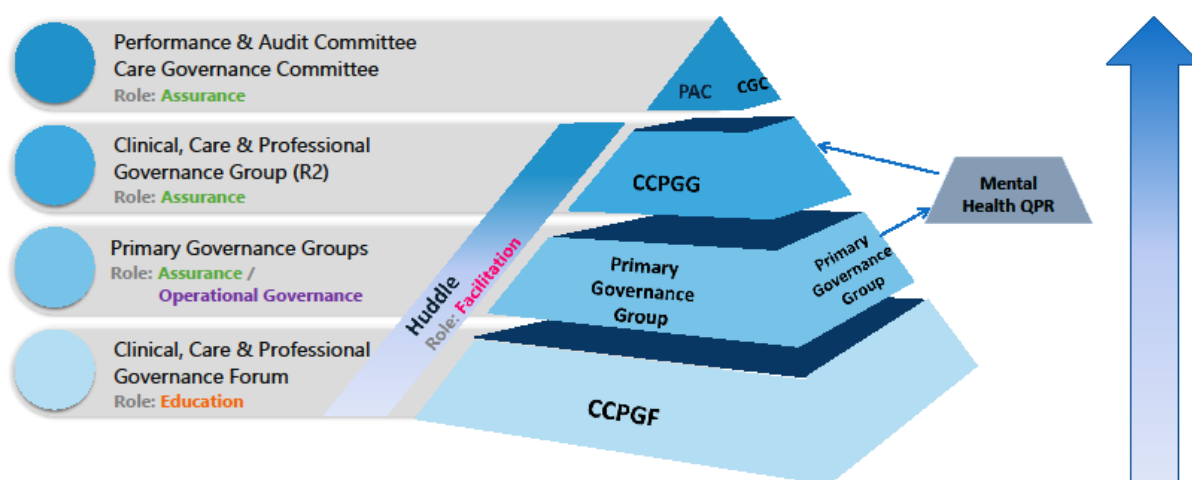
Level of Assurance		System Adequacy	Controls	✓
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously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

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Dundee HSCP Governance Structure

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

DHSCP Clinical, Care & Professional Governance



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

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

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

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

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

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

Primary Governance Groups (PGG)

There are currently nine PGGs:

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

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

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

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

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

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

Governance Huddle

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

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

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

Clinical, Care and Professional Governance Forum

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

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



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 31ST JANUARY 2024

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

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC9-2024

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this Strategic Risk Register Update report.
- 2.2 Note the extract from the Strategic Risk register attached at Appendix 1 to this report.
- 2.3 Note the recent work and future work on Risk Appetite as set out in Section 7 of this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 BACKGROUND

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

5.0 STRATEGIC RISK REGISTER UPDATE

- 5.1 The three highest scoring risks on the Strategic Risk Register have not changed since the last update provided to the PAC in November 2023. These are: Staff Resource - Clinical; the National Care Service; Restrictions on Public Sector Funding, Staff Resource – Planned Performance Management, Primary Care and Unable to Maintain IJB Spend.

- 5.2 Unable to Maintain IJB Spend has increased its risk score due to budgetary outlook for 2024/25 in relation to anticipated public sector funding.
- 5.3 The Strategic Risk Register extract details the most recent updates and a brief description of the mitigating control factors identified.
- 5.4 All strategic risks are reviewed regularly and mitigating actions recorded and scored. Further development work is underway to link risk with performance as recommended in the Internal Audit Report on Performance Management presented to the PAC at its meeting on 24 March 2021 (Item VI of the minute refers).
- 5.5 Work has been underway by members of the Clinical Care and Professional Governance forum to ensure that the escalation of operation risks to strategic risks is given adequate scrutiny during all relevant meetings.

6 RISKS

- 6.1 Two new risks are being worked on to be entered on the Strategic Risk Register, these are around Property Safety Management Issues and Information Governance.
- 6.2 The Property Issues Management risk was identified at the Clinical Care and Professional Governance Risk meeting. It reflects the process of resolving property safety issues through NHS property management arrangements.
- 6.3 The Information Governance risk relates to capacity challenges within the DHSCP to appropriately process complex Subject Access Requests given an increase in demand for such requests.
- 6.4 These risks will be entered on the Strategic Risk Register and presented to the Clinical Care and Professional Governance Risk meeting and Senior Managers for feedback.

7.0 RISK APPETITE DEVELOPMENT

- 7.1 Following on from the Risk Appetite Sessions with Integration Joint Board members in August 2023, a further feedback questionnaire is being developed to identify risk categories and appropriate risk appetite and target scores. This will be issued to members shortly and will better inform risk-based decision making for the IJB in the future.
- 7.2 Following that, the inherent risks will be revisited to take into account external events which have meant that current scores are higher than previous inherent scores. In addition, target risk scores will be revisited following feedback from Risk Appetite sessions.

8.0 POLICY IMPLICATIONS

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

9.0 RISK ASSESSMENT

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

10.0 CONSULTATIONS

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

11.0 BACKGROUND PAPERS

11.1 None.

Dave Berry
Chief Finance Officer

DATE: 5 January 2024

Clare Lewis-Robertson
Senior Officer, Strategy and Performance

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Description	Lead Director/Owner	Current Assessment			Status	Date Last Reviewed
		L	C	Exp		
Staff Resource The volume of staff resource required to develop effective integrated arrangements while continuing to undertake existing roles / responsibilities / workload of key individuals may impact on organisational priorities, operational delivery to support delivery of effective integrated services. The DCC recruitment restriction and internal DHSCP vacancy management process is restricting recruitment to posts. Latest update CCPG reports presented to PAC in May 23 highlights continued staffing pressures across wide range of teams across DHSCP including Nursing and OTs, and Social Care workforce. Mitigating factors include rolling ads across Job train, exploring international recruitment, development of new models of care, service redesign and workforce plan.	Dundee HSCP Chief Officer	5	5	25	→	05/01/2024
National Care Service The recent legislation published on the establishment of the National Care Service sets out plans to introduce Local Care Boards with the abolition of Integration Joint Boards Latest update The National Care Service risk continues to pose a risk to the IJB's future existence and its ability to carry out the Strategic Plan. Political changes and expected delays in the implementation of the NCS also mean that partner bodies may be reluctant to investment in HSCP projects due to uncertainty.	Dundee HSCP Chief Officer	5	5	25	→	05/01/2024
Primary Care Continued challenges around the sustained primary care services, arising from recruitment, inadequate infrastructure including IT and location, and inadequate funding to fully implement the Primary Care improvement plan. Latest update The closure of the Invergowrie Medical Practice has meant that the Primary Care Risk remains high. Challenges continue to present within	Dundee HSCP Chief Officer	4	5	20	→	05/01/2024

Primary Care services, including the recent closure of Ryehill Medical Practice. Progress around development of Primary Care Improvement Plan has been impacted by the Scottish Government's changed stance on funding for 2022/23 by restricting overall funding available.						
<p>Staff resource is insufficient to address planned performance management improvements in addition to core reporting requirements and business critical work.</p> <p>As identified by Audit Scotland Annual Report 2016/17 - Performance Management Improvements Update (PAC14-2018)</p> <p>Latest Update</p> <p>Pressures still remain, however restructure and enhancement to service planned for over coming months. This risk was highlighted further in recent IJB reports around the development of the IJB Strategic and Commissioning Plan</p>	Dundee HSCP Chief Officer	5	4	20	→	05/01/2024

<p>Restrictions on Public Sector Funding</p> <p>Continuing restrictions on public sector funding will impact on Local Authority and NHS budget settlements in the medium term impacting on the ability to provide sufficient funding required to support services delivered by the IJB. This could lead to the IJB failing to meet its aims within anticipated timescales as set out in its Strategic and Commissioning Plan.</p> <p>Latest Update</p> <p>Scot Gov medium term financial strategy published in May 2023, this highlights a significant gap in Scottish funding over the next 4 financial years.</p> <p>Mitigating factors - include the development of the IJB's financial 5 year framework and transformation programme alongside strategic investment of IJB's reserves.</p>	Dundee HSCP Chief Finance Officer	5	4	20	→	05/01/2024
<p>Unable to maintain IJB Spend</p> <p>IJB is unable to maintain spend within allocated resources which could lead to being unable to deliver on the Strategic & Commissioning Plan.</p> <p>Latest update</p> <p>The latest financial projection for the IJB's delegated budget shows a deteriorating financial position from the planned position which may result in financial recovery action being required should this position not stabilise. The budgetary outlook for 2024/25 in relation to anticipated public sector funding will provide further challenges to being able to balance the IJB's budget</p>	Dundee HSCP Chief Finance Officer	5	4	20	→	05/01/2024
<p>Lack of Capital Investment in Community Facilities (including Primary Care)</p> <p>Restrictions in access to capital funding from the statutory partner bodies and Scottish Government to invest in existing and potential new developments to enhance community based health and social care services. This could potentially be exacerbated by the transitional period until the establishment of a National Care Service due to the uncertainty of funding and ownership of assets by the local authority and Health Board.</p> <p>Latest update</p> <p>Restrictions in access to capital funding from the statutory partner bodies and Scottish Government to invest in existing and potential new developments to enhance community based health and social care services.</p>	Dundee HSCP Chief Officer and Chief Finance Officer	4	4	16	→	05/01/2024

<p>Scottish Government's medium term financial strategy published in May 23 highlights severe restrictions in availability of capital funding for Scottish Government</p> <p>This could potentially be exacerbated by the transitional period until the establishment of a National Care Service due to the uncertainty of funding and ownership of assets by the local authority and Health Board.</p>						
<p>Dundee Drug and Alcohol Recovery Service</p> <p>Several risks for the Drug and Alcohol Recovery Service (formerly Integrated Substance Misuse Service) escalated from the Operational Risk Register. These include:</p> <ul style="list-style-type: none"> • Insufficient numbers of staff in integrated substance misuse service with prescribing competencies. • Increasing Patient demand in excess of resources • Current funding insufficient to undertake the service redesign of the integrated substance misuse service • COVID-19 Maintaining Safe Substance Misuse Service • Nursing Workforce <p>Latest Update</p> <p>There has been a reduction in risk that is evidenced by the progress made in Dundee on the MAT standards .Feedback from the Mat standards implementation team (MIST)</p> <p>Dundee (in fact Tayside) was on monthly reporting to support early steps of progress against the background of a need to reduce risk and improve</p> <p>A vital role in the progress is also feedback we have had from the people that use our services. This dialogue with those who have lived experience and those who care for them is at an early stage, but this will be a primary driving force throughout all the work we are doing to improve and reduce risk of harm from drug and/or alcohol use</p> <p>There continue to be improvements that are required due to the level of drug death being higher than anyone would hope or expect. Figures show there has been some reduction but it's too early to confirm that has been due to steps we have taken so far. It is hoped that by sustaining the progress on MAT standards 1-5 and now starting major work on Standards 6-10 we will continue to see progress and a downward trend of risk and drug deaths.</p>	Dundee HSCP Chief Officer	4	4	16	→	05/01/2024
Cost of Living Crisis	Dundee HSCP Chief Officer and	4	4	16	→	05/01/2024

<p>.Cost of living and inflation will impact on both service users and staff , in addition to the economic consequences on availability of financial resources. This is likely to have a significant impact on population health and the challenge this will present to the IJB in delivering its strategic priorities.</p> <p>Latest update</p> <p>The increased cost of living and inflation will impact on service users and staff , in addition to the economic consequences on availability of financial resources. This is likely to have a significant impact on population health</p> <p>Actions reflected in the HSCP's delivery plan to implement the priorities in the IJB's strategic plan will take cognisance of this impact.</p>	Chief Finance Officer					
<p>Viability of External Providers</p> <p>Financial instability / potential collapse of key providers leading to difficulty in ensuring short / medium term service provision. * Inability to source essential services</p> <p>* Financial expectations of third sector cannot be met</p> <p>* Increased cost of service provision</p> <p>* Additional burden on internal services</p> <p>* Quality of service reduces</p> <p>Latest update</p> <p>IJB's revenue budgety23/24 acknowledged the impact of pay pressures and inflation resulting in increases to payments to providers. Acknowledge National Care Home contract is at risk due to care home sustainability concerns , this will be addressed by national and local negotiations as required.</p>	Dundee HSCP Chief Officer	4	4	16	→	05/01/2024
<p>Mental Health Services</p> <p>There are system wide risks in the Mental Health Service. These include workforce and demand issues.</p> <p>Latest update</p> <p>Tayside Mental Health Strategy continues to make progress, developments such as the Community Wellbeing Centre will enhance community supports for people with mental health issues.</p>	Dundee HSCP Chief Officer	4	4	16	→	05/01/2024
<p>Capacity of Leadership Team</p> <p>Capacity of management team</p>	Dundee HSCP Chief Officer	3	4	12	→	05/01/2024

<p>Latest update</p> <p>Leadership team continue to be impacted by workload pressures of the wider workforce recruitment challenges. This is likely to be exacerbated as preparations for the intro of the NCS develop over the coming period. The implementation of the new Leadership structure on a permanent basis will consolidate and provide clarity to roles.</p>						
<p>Data Quality</p> <p>Data Quality of information on Mosaic case recording system is not accurate leading to difficulties in providing statutory government returns and accurate billing for billable services delivered.</p> <p>Latest Update</p> <p>Strategy and Performance research team are working with operational staff to improve data quality.</p>	Senior Manager	4	3	12	→	27/10/2023
<p>Impact of Covid 19</p> <p>Coronavirus related pressure on resources (financial / workforce) will have a 'tail', resulting in ongoing medium / longer term pressure on the HSCP and by association on the council/ NHST and patients, service users and carers</p> <p>Latest update</p> <p>DHSCP continue to experience difficulties in delivering services due to significantly higher rates of sickness absence due to long term covid or other related covid illnesses. In addition some services which were paused due to Covid have still not been able to be resumed .</p>	Dundee HSCP Chief Officer	3	4	12	→	05/01/2024
<p>Increased Bureaucracy</p> <p>Governance mechanisms between the IJB and partners could lead to increased bureaucracy in order to satisfy the assurance arrangements required to be put in place.</p> <p>Latest update</p> <p>Potential for additional bureaucracy through Scot Gov Covid enquiry and National Care Service development.</p>	Dundee HSCP Chief Officer	3	3	9	→	05/01/2024
<p>Employment Terms</p> <p>Differing employment terms could expose the partnership to equality claims and impact on staff morale.</p>	Dundee HSCP Chief Officer	3	3	9	→	05/01/2024

<p>Latest Update</p> <p>Management continue to have an overview of where issues arise within integrated teams with differing employment terms, and continue to assess and review within integrated teams.</p>						
<p>Category One Responder</p> <p>Additional responsibilities associated with Category 1 responder status are not supported by additional resources from Scottish Government and existing resources are not sufficient to meet statutory duties.</p> <p>Latest Update</p> <p>The Category One Responder Action Plan was presented to and approved by the IJB on the 26th October 2022.</p>	Dundee HSCP Chief Officer	2	4	8	→	05/01/2024
<p>Governance Arrangements being Established fail to Discharge Duties</p> <p>Clinical, Care & Professional Governance arrangements being established fail to discharge the duties required.</p> <p>The IJB's Governance arrangements were assessed as weak/unsatisfactory.</p> <p>Latest update</p> <p>Reports from CCPG to the PAC consistently provide a level of reasonable assurance of good and sound governance. leading to a reduction in the likelihood of this risk occurring..</p> <p>This risk will be revisited when we receive the Internal and External Audit governance report conclusions.</p>	Dundee HSCP Chief Officer	2	4	8	→	05/01/2024

New Risks for entry

Primary Care Strategic Risk							
Implementation of Safe Staffing							

Escalation of Property Safety Issues							
--------------------------------------	--	--	--	--	--	--	--

Archived

None archived since last report							

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



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 31 JANUARY 2024

REPORT ON: DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT REPORT – OPERATIONAL PLANNING

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC6-2024

1.0 PURPOSE OF REPORT

- 1.1 This paper presents the findings of the Internal Audit Review of Operational Planning arrangements in place within Dundee Health and Social Care Partnership.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content and recommendations of the Internal Audit Report on Operational Planning as set out in Appendix 1 to this report.
- 2.2 Instructs the Chief Finance Officer to implement the recommendations of the report and provide an update on progress through the internal audit actions reporting process.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

- 4.1 Dundee Integration Joint Board (DIJB) approved its new Strategic Commissioning Framework 2023-2033 in April 2023. In order for DIJB to effectively implement its strategies there will need to be effective arrangements for monitoring performance and progress towards objectives at a service delivery level within Dundee Health and Social Care Partnership (HSCP).
- 4.2 The Internal Audit review remit was to evaluate the design and operation of the internal controls in place around operational planning within the HSCP to ensure these are effective.
- 4.3 The audit opinion from the review is that reasonable assurance can be placed on the arrangements in place. This means that there is a generally sound system of governance, risk management and control in place with some issues, non-compliance or scope for improvement identified which may put at risk the achievement of objectives in the area audited.
- 4.4 The review identified some areas requiring improvement including development and reporting of underpinning operational plans, review periods for groups terms of reference, the application of project management where appropriate and performance measurement. These have been agreed with management and actions identified to address these.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

- 6.1 This report has not been subject to a risk assessment as it a status update and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

- 7.1 The Chief Officer, Regional Audit Manager, Chief Internal Auditor and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

- 8.1 None.

Dave Berry
Chief Finance Officer

Date: 05/01/24

FTF Internal Audit Service

Operational Planning Report No. D06-23

Issued To: V Irons, Director of DHSCP
D Berry, Head of Finance and Strategic Planning DHSCP
K Sharp, Service Manager

J Hill, Head of Health and Community Care
D McCulloch, Chief Social Work Officer
A Mitchell, Locality Manager
S Hyman, NHS Senior Manager

Performance & Audit Committee
External Audit

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Draft Report Issued	21 November 2023
Management Responses Received	5 December 2023
Target Audit & Risk Committee Date	February 2024
Final Report Issued	22 January 2024

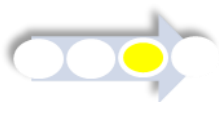
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CONTEXT AND SCOPE

1. In April 2023 the IJB approved its new Strategic Commissioning Framework 2023-2033, and a plan for further work to develop an Annual Delivery Plan, Performance Framework and Resources Framework.
2. While work has begun to develop these companion documents, this has been delayed by staffing pressures and the prioritisation of a response to the Joint Inspection of Adult Support and Protection in Dundee.
3. Previous Internal Audit reports have made recommendations in relation to monitoring and reporting of the status of various plans and actions (including savings, transformation, remobilisation) as well as a Delivery plan framework. These are being addressed via the development of the companion documents.
4. As part of the Governance Action Plan progress report, the September 2022 Performance & Audit Committee was informed that *'Work [is] progressing through the Strategic Planning Advisory Group around developing the monitoring framework for the delivery plan as the "action" list from the Strategic and Commissioning Plan'*.
5. In order for Dundee City IJB to effectively implement its strategies there will need to be effective arrangements for monitoring performance and progress towards objectives at a service delivery level within Dundee Health and Social Care Partnership (HSCP). Operational monitoring arrangements will need to be informed by adequate management data and information that allows for adequate scrutiny of progress. As with other IJBs across Scotland, Dundee City IJB faces a challenging environment where transformational change must be managed alongside current service demands and therefore, within a context of ongoing pressure on the affordability and sustainability of services.
6. Our audit evaluated the design and operation of the internal controls and will specifically consider whether or not:
 - Governance arrangements to deliver strategic priorities and transformational change at an operational level are sufficiently robust.
 - Clear service objectives and measurable, prioritised outputs to deliver strategic change have been identified and progress towards them is monitored and evaluated at an operational level.
 - Project management arrangements are adequate to ensure strategic transformational delivery at a service level is on track.
 - Realistic and challenging trajectories are in place.
 - The operational management performance reporting framework adequately describes the challenges faced, where action taken has not been effective, barriers to achievement, potential solutions, and an assessment of the impact of previous actions.

AUDIT OPINION

7. The Audit Opinion of the level of assurance is as follows:

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

A description of all definitions of assurance and assessment of risks are given in Section 4 of this report.

8. Following the previous Internal Audit review of Performance Management in 2021, there is reasonable evidence of progress in the development of delivery plans to underpin Strategic Plans and Transformation Programmes, and the development of frameworks to provide for consistent scrutiny of progress and performance.
9. Our main findings are:
 - We reviewed the arrangements for the delivery of a sample of three Care Group Strategic Plans, and four Transformation Programmes. We found that the Personalisation Board is still in the process of producing a delivery plan which clearly sets out the objectives of its work.
 - Terms of Reference for all the governance and management groups under review either lacked a defined review schedule or have not adhered to review periods. Typically, Terms of Reference dated from 2021 and some were still noted as draft.
 - Oversight arrangements are inconsistent across the governance and management groups reviewed. While there is reasonable evidence that all have a mechanism for scrutinising the progress of deliverables, these varied considerably in form and level of detail. In particular there are no consistent principles or documented framework for the application of project management processes, and no consensus as to when they should be applied.
 - Performance management frameworks have been developed and implemented for the Mental Health and Wellbeing Strategy, and the Strategic Plan for Carers (A Caring Dundee 2). The Learning Disability and Autism Strategy commits to the development of a performance management framework; however this is not yet in place. The frameworks which have been implemented do not yet seek to articulate the outputs of delivery plans in terms of clearly defined indicators – either a measured output itself, or an impact on a measured indicator.
10. Detailed findings/information is included at Section 3.


ACTION


11. The action plan at Section 2 of this report [has been agreed with management] to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.


ACKNOWLEDGEMENT


12. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

Jocelyn Lyall BAcc CPFA
Chief Internal Auditor

Action Point Reference 1	
Finding:	
<p>Not all of the Transformation Programme Boards have developed their objectives into an operational plan, in the sense of a plan of measurable outputs designed to underpin the achievement of their transformation objectives.</p> <p>Of the four Transformation Boards reviewed, one - the Personalisation Board had not completed development of a current delivery plan. While this plan is in active development, it has been an objective of the HSCP to introduce a programme of work to embed Personalisation within services since the development of the 2016-21 Strategic and Commissioning Plan.</p> <p>Where operational plans which clearly articulate objectives and deliverables have not been developed, there is a risk that the progress of that work cannot be effectively scrutinised. As a consequence, there is a risk to the wider strategic outcomes of the HSCP.</p>	
Audit Recommendation:	
All transformation boards should articulate the pathway towards the development of their underpinning operational plan, and report on its progress to a relevant governance group.	
Assessment of Risk:	
Significant 	<p>Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.</p> <p>Requires action to avoid exposure to significant risks to achieving the objectives for area under review.</p>
Management Response/Action:	
Review to be undertaken to ensure clear pathways exist for the development of operational plans to support transformation including reporting processes.	
Action by:	Date of expected completion:
Chief Officer	September 2024

Action Point Reference 2	
Finding:	
<p>Terms of Reference for the seven Governance Groups reviewed have not been updated in line with their review periods where specified. Where a review period is not specified, the most recent review date was in 2021.</p> <p>There is a risk that the remit of these groups is not clear, particularly where there are areas of overlap between the remits of Strategic Planning and Commissioning Groups and Transformation Programme Boards.</p> <p>Failure to update Terms of reference may result in inadequate implementation arrangements to achieve the HSCP's strategic objectives and outcomes.</p>	
Audit Recommendation:	
<p>Terms of reference for governance and management groups and committees should specify the review period, generally annually, and Terms of Reference should be updated if necessary. This should, at a minimum, require that the remit of groups is reviewed each time the Strategic Commissioning Plan, or relevant strategic objectives, are updated.</p>	
Assessment of Risk:	
<p>Moderate</p> 	<p>Weaknesses in design or implementation of controls which contribute to risk mitigation.</p> <p>Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.</p>
Management Response/Action:	
<p>The workplan for the completion of the replacement Strategic Commissioning Plan includes a follow-on action to review the structure of Strategic Planning and Transformation Groups, with a view to ensuring alignment between the remit / focus of the groups and the strategic shifts within the plan. Confirmation of a revised structure will be contained within the Resource Framework (companion document to the plan) that is currently being developed. At that point a consistent approach to developing and reviewing terms of reference will also be implemented (including a standardised format). It is recognised that there is a need for enhanced administrative capacity to ensure that key documents, such as terms of reference are maintained for planning and transformation groups; the revised structure for the Strategy, Performance and Business Support Service addresses this.</p>	
Action by:	Date of expected completion:
Chief Finance Officer	June 2024

Action Point Reference 3	
Finding:	
<p>Project Management Arrangements were not consistent across our sample of Strategic Planning and Commissioning Groups, however there was evidence that progress of projects is subject to scrutiny and monitoring.</p> <p>There is not a clear distinction between ongoing workstreams, elements of action plans, and projects established to deliver a particular set of deliverables. Accordingly, there is little consensus on the nature and form of project management controls that are applicable in particular circumstances.</p> <p>Project Management processes and controls are implemented to ensure a minimum standard of planning, and an appropriate degree of risk management in relation to one-off initiatives. If these processes are not in place, and there is no guidance as to the circumstances in which they should be applied, there is a risk to the delivery of key initiatives and the achievement of the HSCP's objectives more broadly.</p>	
Audit Recommendation:	
<p>The HSCP should outline the circumstances in which it is considered appropriate that formal project management is applied, and the minimum set of controls that should be applied.</p> <p>The complexity of the arrangements for delivery of the Strategic Commissioning Plan, and its underpinning delivery plans and programmes of transformation, is such that it may be appropriate to adopt a principles based approach.</p>	
Assessment of Risk:	
<p>Moderate</p> 	<p>Weaknesses in design or implementation of controls which contribute to risk mitigation.</p> <p>Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.</p>
Management Response/Action:	
<p>The HSCP does not have centralised project management capacity to support projects. The resources that are available are not always directly controlled by the HSCP as they are accessed through Dundee City Council and NHS Tayside, with many working to joint groups within the acute sector or across Tayside and guided by their direction. Where the HSCP has project management capacity, it is usually because it is funded by specific funding streams (for example unscheduled care). Overall the HSCP has a lack of formal project management skills as the expectation of integration is to access existing resources and not replicate wherever possible. Nevertheless, the HSCP will develop the principles of where project management is required and seek the appropriate resources from the partner bodies or specific funding from the IJB as required.</p>	
Action by:	Date of expected completion:
Chief Finance Officer	June 2024

Action Point Reference 4	
Finding:	
<p>There is robust evidence of progress in the development of delivery plans and performance management frameworks. Frameworks which set out specific suites of indicators along with reporting lines and frequencies are in place for Mental Health & Wellbeing, and the Carers Delivery Plan. Frameworks are not yet in place for all Strategic Plans, and it is unclear whether there is an intention to apply this approach to the objectives of Transformation Programmes.</p> <p>Performance management frameworks should articulate relevant indicators and outline the manner in which actions or deliverables impact upon the performance of the service, and in turn on the performance of the organisation as a whole. Where they are defined there is not yet a developed approach to articulating this impact.</p> <p>Scrutiny of performance cannot be effective where there is a lack of clear linkage between the action taken, and the effect that it was intended to have. This presents a risk that delivery plans and transformation programmes are not effective or are insufficient to deliver the objectives of the Strategic Commissioning Plan.</p>	
Audit Recommendation:	
<p>The HSCP has committed to the development of a revised set of Strategic Plan performance measures throughout 2023/24.</p> <p>Groups responsible for the implementation of delivery plans and supporting performance management frameworks should take cognisance of this work, and in developing their own suites of performance measures, should:</p> <ul style="list-style-type: none"> Align the objectives of their implementation plans to the performance measures identified for the Strategic Plan, where it makes sense to do so Consider other workstreams within delivery plans that contribute to the same objectives, and the relative impact. Measurement of indicators and their reporting should account for the situation where indicators at a service level are improving, while deteriorating for the HSCP as a whole, or vice versa. 	
Assessment of Risk:	
Significant	 <p>Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.</p> <p>Requires action to avoid exposure to significant risks to achieving the objectives for area under review.</p>
Management Response/Action:	
<p>The HSCP is working through the complexities of this within some groups but at the pace that available resources allow. Some additional service level datasets have already been developed for the Performance and Audit Committee e.g. around mental health, drugs and alcohol and hospital discharge management which are trying to focus on improvement and where possible impact. There is a national challenge regarding how to measure impact. The HSCP is engaged with and contributing to ongoing work within</p>	

Scottish Government on a new National Improvement Framework for health and social care.

The HSCP will complete the work on the main performance framework and continue to work with strategic planning / transformation groups to further develop and align their reporting as resources allow.

Action by:	Date of expected completion:
Chief Finance Officer	September 2024

Governance and Oversight

When Dundee IJB approved its Strategic Commissioning Framework 2023-2033 on 21 June 2023 a resource and performance framework and an annual delivery plan for 2023/24 were to be developed. Work on these companion documents started but has been paused as all available resources have been diverted to prepare for and support the Dundee Adult Support and Protection Inspection, which is currently underway. A further update on progress will be provided to the IJB at its meeting in December 2023.

While work on the new delivery plan and resource and performance framework are being completed, the historic Strategic Planning Group structure remains in place. Each Care Group of the HSCP is responsible for developing a strategic plan within their area of responsibility based on these priorities. The extension of the Strategic and Commissioning Plan for 2022-23 outlined the following Care Group Strategic Plans:

- Mental Health and Wellbeing Strategy
- Substance Misuse Strategic and Commissioning Plan
- A Caring Dundee 2 - A Strategic Plan for Working Alongside, Supporting and Improving the Lives of Carers
- Adult Support and Protection Delivery Plan
- Learning Disability and Autism Strategic and Commissioning Plan

In addition to these strategic plans, the Strategic and Commissioning Plan Extension 2022-23 identified seven Transformation Programmes. These are programmes of system wide change which may cut across Care Groups and are the responsibility of specifically formed oversight Boards. These are:

- Primary Care Improvement Plan
- Reshaping Non-Acute Care
- Unscheduled Care
- Drug and Alcohol Services
- Mental Health and Wellbeing
- Transforming Public Protection Programme
- Personalisation

Each of these Strategic Plans and Programmes are underpinned by delivery plans, which themselves comprise a large number of workstreams, programmes, projects, and individual deliverables. Workstreams within particular Care Groups influence performance indicators which apply to the services delivered by that Care Group, but also to the performance of the organisation as a whole. This gives rise to a relatively complex environment in which to plan, deliver, and measure the performance of services.

Our findings are based on a review of seven management and governance groups with varying responsibilities within the HSCP's overall management structure, and two short life working groups. These comprised:

- Three Care Groups whose responsibility is to oversee the delivery of Strategic Plans, and their underpinning delivery plans, in addition to having responsibility for the performance of services commissioned by the HSCP: Mental Health and Wellbeing Strategic and Commissioning Group; Learning Disability Strategic Planning and Commissioning Group; and the Carers Partnership.
- Four Transformation Programme Boards, with responsibility for achieving objectives related to service, system, or organisation-wide change: Personalisation; Primary Care Improvement; Reshaping Non-Acute Care; Urgent and Unscheduled Care.
- Two short life working groups, established to produce a particular deliverable: Workforce Planning Short Life Working Group; and Property Strategy Short Life Working Group.

Through discussions with Chairs and members of the committees and groups, and review of minutes and proceedings, we confirmed that each group had a defined governance structure which was consistently understood by management. Fundamental Governance principles were adhered to, in that meetings are convened according to managed agendas, proceedings are minuted, and decisions recorded.

However, the Terms of Reference of the groups examined have not been updated in line with their documented review periods. The majority of Terms of Reference provided were last reviewed and updated in 2021, and those of the Urgent and Unscheduled Care Board were marked as draft. We were not able to obtain terms of reference or equivalent for the Property Strategy or Workforce Planning short life working groups.

The governance and management structure is intended to provide oversight of multiple strategic and operational plans and initiatives, much of which are cross-cutting across services. Accordingly, it is vital that the purpose for which groups are convened, and their delivery responsibilities are clearly articulated and understood. The terms of reference should be reviewed and updated.

Objectives and Deliverables

As outlined above, the objectives of the HSCP are articulated in a number of Strategic Plans, the implementation of which is the responsibility of Strategic Planning and Commissioning Groups. In addition, there are a number of groups with responsibility for overseeing the development and delivery of transformation programmes and improvement plans. In some cases the development of an improvement plan is required by the Scottish Government as opposed to being put in place by the IJB.

Delivery of the HSCP strategic objectives is delegated to management and governance groups within the HSCP. Excluding the short life working groups, all of the management and governance groups under review have sought to define their operational and

implementation objectives in the form of an operational plan – variously termed action, delivery, or implementation plans. Plans are in place for:

- Mental Health and Wellbeing Strategic Commissioning Group
- Learning Disability & Autism Strategic and Commissioning Group
- Carers Partnership Strategic Planning Group
- Primary Care Improvement Group
- Reshaping Non-Acute Care Project Board
- Urgent and Unscheduled Care Board

The Personalisation Board is in the process of developing an implementation plan.

While operational objectives are defined, our testing showed that there is no overall consistent approach across different areas of responsibility. In general, there is limited evidence that objectives have been articulated in a way that makes clear the benefit or performance impact of a given element of an operation plan, such that it can be subsequently measured, and assurance gained that the achievement of the objective or implementation of the deliverable has had the intended effect. However, Management have informed us that a shift to a more outcomes focused approach which is more meaningful to the public which further complicates this.

Project Management

Based on the sample reviewed, there is no consensus across the organisation on the definition of a project, in the sense of an objective or initiative which should be subject to formal project management arrangements. Project and programme terminology is not used in reference to initiatives with a consistent set of characteristics.

Operationally, objectives are frequently delegated to further management groups or teams, convened with varying degrees of formality. We reviewed the extent to which the management and governance groups included in our sample delegated areas of work to further sub-groups. In the absence of formal project management arrangements we sought to determine whether there were mechanisms to assess the progress of that area of work.

We established that roles, objectives, and reporting lines were clear, with individual workstreams and initiatives regularly reporting to their parent committee. Some areas, such as the Mental Health and Wellbeing Strategic Commissioning Group, received reports from workstream owners in a standard format. We did not observe this level of formality in other areas. This has the consequence of inhibiting the ability of management and governance groups to assess whether projects, programmes, or other workstreams are progressing as planned, as there is a risk of variance in the quality of information reported.

Performance Management Frameworks

Two of the three strategic planning groups reviewed have explicitly defined performance management frameworks, which specify reporting approaches and indicators linked to National indicators. Reporting to these two groups provided information on the progress of those indicators and the overall general trend (improving, deteriorating, static).

All three strategic planning groups had delivery plans whose progress, in terms of the completion of actions and deliverables, is reported at the operational management level and on to Governance level through the PAC or IJB. These are supported by action tracking

mechanisms or progress monitoring arrangements which provide clear allocation of responsibilities for the completion of deliverables and allow for scrutiny and action to be taken where those have not progressed as planned.

However, the strategic planning groups do not have a clear and consistent approach to:





- Linking the completion of deliverables in action plans to the movement in performance indicators, such that the progress of workstreams and projects can be shown to have achieved a measurable impact.
- Assessing the contribution that each area of activity makes in terms of organisation-wide performance indicators.
- Articulating the expected timescales for the completion of deliverables or delivery plans.

It is difficult to analyse the trajectory of progress, as the reporting information available does not support an assessment of the overall impact on organisational performance arising from each deliverable.

This presents a risk that delivery plans and transformation programmes are not effective or are insufficient to deliver the objectives of the Strategic Commissioning Plan.





Definition of Assurance

To assist management in assessing the overall opinion of the area under review, we have assessed the system adequacy and control application, and categorised the opinion based on the following criteria:

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

Assessment of Risk

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Risk Assessment		Definition	Total
Fundamental		Non-Compliance with key controls or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	None
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. Requires action to avoid exposure to significant risks to achieving the objectives for area under review.	Two
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.	Two
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	None

ITEM No ...13.....



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 31 JANUARY 2024

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

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC1-2024

1.0 PURPOSE OF REPORT

- 1.1 This paper provides the Performance and Audit Committee (PAC) with an update on progress against the one remaining review from the 2022/23 Internal Audit Plan as well as work relating to 2023/24. This report also includes internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs are considered relevant for assurance purposes to Dundee IJB.

2.0 RECOMMENDATIONS

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




- 2.1 Notes the completion of the outstanding internal audit review from 2022/23 and progress against the 2023/24 internal audit plan.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

- 4.1 The Public Sector Internal Audit Standards (PSIAS) require that the Chief Internal Auditor reports periodically to the Audit Committee (the PAC in the case of Dundee City IJB) on activity and performance relative to the approved annual plan. We have previously set out that audit work is planned so as to allow the Chief Internal Auditor to provide the necessary assurances prior to the signing of the accounts.
- 4.2 The one remaining review (D06/23 Operational Planning) has now been finalised and is presented for consideration by the PAC on this agenda. The PAC approved the 2023/24 Internal Audit Plan at the September 2023 meeting and progress is set out in Appendix 1. All audit reviews for the year are now in progress.
- 4.3 Working with our partners in Dundee City Council, we are committed to ensuring that internal audit assignments are reported to the target PAC. The progress of each audit has been risk assessed and a RAG rating added showing an assessment using the following definitions:

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

4.4 An update on the progress of all the IJB's Internal Audits is shown in Appendix 1. Resources to deliver these audits are provided by NHS Tayside and Dundee City Council Internal Audit Services.

4.5 In order that all parts of the system receive appropriate information on the adequacy and effectiveness of internal control within their purview, including controls operated by other bodies which impact on their control environment, an output sharing protocol was developed and approved by all partners' respective Audit and Risk Committees. This protocol covers the need to share internal audit outputs beyond the organisation that commissioned the work, in particular, where the outputs are considered relevant for assurance purposes. There are no finalised reports considered relevant at this time.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it is a status update and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS





7.1 The Chief Finance Officer, Regional Audit Manager, Chief Internal Auditor and the Clerk were consulted in the preparation of this report.




8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

Date: 04/01/2024

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
Outstanding								
D06-23	Operational planning	Related risk: All Planning and monitoring implementation of actions to deliver strategic priorities, including those arising from remobilisation and service plans.	Complete  See separate agenda item	✓	✓	✓	✓	Reasonable Assurance
2023/24								
D01-24	Audit Planning	Audit Risk Assessment & Operational Planning.	Complete 	✓	✓	✓	✓	N/A
D02-24	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at PAC.	Ongoing/ May 2024 	✓	✓			
D03-24	Annual Internal Audit Report (2022/23)	CIA annual assurance statement to the IJB and fieldwork to support this.	June 2023 (IJB) 	✓	✓	✓	✓	N/A

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
D04-24	Governance & Assurance	*Additional work supporting improvements in AFU/GAP has been completed by Internal Audit. The Pentana system now requires to be updated by management to populate the new reporting.	September 2023 May 2024* 	✓	✓	✓		
D05-24	Internal Control Evaluation	Holistic assessment of the internal control environment in preparation for production of 2023/24 Annual Internal Audit Report. Follow-up of previous agreed governance actions including Internal Audit recommendations.	May 2024 	✓	✓			
D06-24	Workforce	Related risk: Staff Resource Scope: coherent, co-ordinated, adequate and effective approach to managing significant workforce risks. Strategic & operational responses across the totality of the workforce, including contracted services and 3rd sector. *This review is being undertaken by the Dundee City Council Internal Auditors. The latest progress report to DCC Scrutiny Committee highlighted that staffing availability has impacted on the pace of delivery.	February 2024 May 2024* 	✓				

ITEM No ...14.....

PAC10-2024

PERFORMANCE AND AUDIT COMMITTEE – ATTENDANCES - JANUARY 2023 TO DECEMBER 2023

COMMITTEE MEMBERS - (* - DENOTES VOTING MEMBER – APPOINTED FROM INTEGRATION JOINT BOARD)					
Organisation	Member	Meeting Dates 2023			
		1/2	24/5	27/9	22/11
Dundee City Council (Elected Member)	Ken Lynn **	✓	✓	✓	✓
Dundee City Council (Elected Member)	Dorothy McHugh *	✓	✓	✓	✓
NHS Tayside (Non Executive Member)	Anne Buchanan *	✓	✓		
NHS Tayside (Non Executive Member)	Sam Riddell *	✓	✓	✓	✓
NHS Tayside (Non Executive Member)	Donald McPherson			✓	✓
Chief Officer	Vicky Irons	✓	✓	A	✓
Chief Finance Officer	Dave Berry	✓	✓	✓	✓
NHS Tayside (Registered Medical Practitioner – not providing primary medical services)	James Cotton	A	A	A	A
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	A	✓	✓	✓
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	A	A	✓	A
Carers' Representative	Martyn Sloan	✓	✓	✓	A
Chief Internal Auditor ***	Tony Gaskin	✓	A/S		
Chief Internal Auditor ***	Jocelyn Lyall			✓	✓

✓ Attended

A Submitted apologies

A/S Submitted apologies and was substituted

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

* Denotes Voting Members

** Denotes Office Bearer. Periods of appointment are on fixed terms in accordance with legislation.

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

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

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

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

^ This meeting was not required to be held.

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