



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

City Chambers  
DUNDEE  
DD1 3BY

13th May, 2025

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, 21st May, 2025 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](mailto:committee.services@dundeecity.gov.uk) by no later than 12 noon on Monday, 19th May, 2025.

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](mailto:arlene.hay@dundeecity.gov.uk).

Yours faithfully

DAVE BERRY

Acting 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 29th January, 2025 is attached for approval.

#### **(b) ACTION TRACKER - Page 7**

The Action Tracker (PAC15-2025) for meetings of the Performance and Audit Committee is attached for noting and updating accordingly.

### **4 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2024-25 QUARTER 3 - Page 11**

(Report No PAC14-2025 by the Chief Finance Officer, copy attached).

### **5 DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT – Page 37**

(Report No PAC18-2025 by the Clinical Director, copy attached).

### **6 ANNUAL REVIEW OF 2024-25 - Page 63**

(Report No PAC13-2025 by the Chief Finance Officer, copy attached).

### **7 IJB DIRECTIONS 2024-25 - Page 67**

(Report No PAC12-2025 by the Chief Finance Officer, copy attached).

### **8 QUARTERLY FEEDBACK REPORT – 4TH QUARTER 2024/25 - Page 71**

(Report No PAC16-2025 by the Chief Finance Officer, copy attached).

### **9 DHSCP STRATEGIC RISK REGISTER UPDATE - Page 77**

(Report No PAC17-2025 by the Chief Finance Officer, copy attached).

### **10 GOVERNANCE ACTION PLAN PROGRESS REPORT - Page 91**

(Report No PAC19-2025 by the Chief Finance Officer, copy attached).

### **11 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT - Page 113**

(Report No PAC20-2025 by the Chief Finance Officer, copy attached).

### **12 ATTENDANCE LIST - Page 121**

(A copy of the Attendance Return (PAC21-2025) for meetings of the Performance and Audit Committee held over 2025 is attached for information and record purposes).

### **13 DATE OF NEXT MEETING**

The next meeting of the Committee will be held remotely on Wednesday 24th September 2025 at 10.00am.

**PERFORMANCE AND AUDIT COMMITTEE**  
**CONTACT LIST**  
**(Updated October 2024)**

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

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

<b><u>Role</u></b>	<b><u>Recipient</u></b>
NHS Non Executive Member (Chair)	Bob Benson *
Elected Member	Councillor Dorothy McHugh *
Elected Member	Councillor Siobhan Tolland *
NHS Non Executive Member	David Cheape *
Acting Chief Officer	Dave Berry
Acting Chief Finance Officer	Christine Jones
Registered medical practitioner employed by the Health Board and not providing primary medical services	Sanjay Pillai
Chief Social Work Officer	Glyn Lloyd
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**

<b><u>Organisation</u></b>	<b><u>Recipient</u></b>
Dundee City Council (Chief Executive)	Greg Colgan
Elected Member – Proxy	Councillor Lynne Short
Elected Member – Proxy	Councillor Roisin Smith
Elected Member – Proxy	Bailie Helen Wright
Dundee City Council (Executive Director of Corporate Services)	Paul Thomson
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
NHS Tayside (Chief Executive)	Nicky Connor
NHS Non Executive Member – Proxy	Andrew Thomson
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Members' Support)	Lesley Blyth
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 Jocelyn Lyall)	Carolyn Martin
Audit Scotland (Audit Manager)	Richard Smith
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
Dundee City Council (Legal Manager)	Maureen Moran

<b>Organisation</b>	<b>Recipient</b>
Dundee City Council (Legal rep)	Jackie Bell
Dundee Health and Social Care Partnership	Matthew Kendall
Audit Scotland	Mary O'Connor
Regional Audit Manager	Barry Hudson
Audit Scotland (Audit Director)	Rachel Browne
Health and Social Care Partnership	Angie Smith
Health and Social Care Partnership	Shahida Naeem
Dundee City Council – Finance	John Moir



At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 29th January, 2025.

Present:-

<u>Members</u>	<u>Role</u>
Bob BENSON (Chair)	Nominated by Health Board (Non-Executive Member)
David CHEAPE	Nominated by Health Board (Non-Executive Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Dave BERRY	Acting Chief Officer
Glyn LLOYD	Chief Social Work Officer
Jocelyn LYALL	Chief Internal Auditor
Martyn SLOAN	Person providing unpaid care in the area of the local authority

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

Jenny HILL	Health and Social Care Partnership
Lynne MORMAN	Health and Social Care Partnership
Shahida NAEEM	Health and Social Care Partnership
Kathryn SHARP	Health and Social Care Partnership
Angie SMITH	Health and Social Care Partnership
Lynsey WEBSTER	Health and Social Care Partnership

Bob BENSON, Chairperson, in the Chair.

#### **I APOLOGIES FOR ABSENCE**

There were apologies for absence submitted on behalf of Christine Jones and Sanjay Pillai.

#### **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 20th November, 2024 was submitted and approved.

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

There was submitted the Action Tracker, PAC1-2025, for meetings of the Performance and Audit Committee for noting and updating accordingly.

#### **IV DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2024-25 QUARTER 2**

There was submitted Report No PAC4-2025 by the Chief Finance Officer providing an update on 2024-2025 Quarter 2 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 300-400 hours per week of new packages would be unlikely to be sustained and that the impact would continue to be discussed at budget development sessions with IJB members; and
- (vi) that the Chief Officer would consider how to progress with the Scottish Government the lack of data provided by them in relation to certain indicators.

## **V DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT**

There was submitted Report No PAC8-2025 by the Clinical Director providing assurance to Committee on the business of Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group.

This aligned to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person-centred

The report provided evidence of the following Best Value Characteristics:

- Equality
- Vision and Leadership
- Effective Partnerships
- Governance and Accountability
- Use of Resources
- Performance Management
- Sustainability

The Committee agreed:-

- (i) 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 November, 2024; and
- (ii) to note that the Lead Officer for Dundee HSCP, Dr David Shaw suggested that the level of assurance provided was:

Reasonable; due to the following factors:

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

Following questions and answers the Committee further agreed:

- (iii) to note that the Interim Head of Health and Community Care would provide more detail on workforce risks in future reports that would include narrative on trend over time;
- (iv) that the Interim Head of Health and Community Care would check and provide information to David Cheape on whether referrals for anti-obesity drugs not being accepted was forming part of the number of complaints being referred to in the paper; and
- (v) that the Chief Officer would consider including an update on Care Opinion as a topic for an IJB development session.

## **VI DRUG AND ALCOHOL SERVICES INDICATORS – 2024/25 QUARTER 2**

There was submitted Report No PAC2-2025 by the Chief Finance Officer providing an update on the performance of the 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 2024/2025 (at section 6 and appendix 1 of the report); and
- (ii) to note the range of ongoing improvement activity (at section 7 of the report).

Following questions and answers the Committee further agreed:

- (iii) to note that a report would be taken to the IJB on a Safer Consumption Facility at an appropriate time and once it had been considered by the Alcohol and Drug Partnership (ADP);
- (iv) that the Head of Health and Community Care would provide further information to Councillor McHugh on why the number of individuals starting alcohol treatment per quarter was remaining low;
- (v) that the Lead Officer - Quality, Data and Intelligence would provide further information to Councillor McHugh on whether the number of people disengaging was more of an issue with alcohol dependency rather than drug dependency;
- (vi) to note that the Head of Health and Community Care would take into the work on the whole alcohol pathway the suggestion that there could be a link to poverty and deprivation and disengagement with services;

- (vii) that issues in relation to disengagement would be more fully addressed in future reports; and
- (viii) that thanks would be passed on to the team in relation to the excellent work being carried out around the MAT standards.

## **VII MENTAL HEALTH SERVICES INDICATORS – 2024/25 QUARTER 2**

There was submitted Report No PAC3-2025 by the Chief Finance Officer reporting a suite of measurement relating to the activity of mental health services for scrutiny and assurance.

The Committee agreed:-

- (i) to note the content of the report, including current performance against the suite of mental health service indicators (at section 6 and appendix 1 of the report); and
- (ii) to note the operational and strategic narrative in the context of the trends in performance and activity (at section 7 of the report).

## **VIII UNSCHEDULED CARE**

There was submitted Report No PAC5-2025 by the Chief Finance Officer providing an update on Unscheduled Care Services and Discharge Management performance in Dundee.

The Committee agreed:-

- (i) to note the current position in relation to complex and standard delays as outlined in sections 5-8 of the report; and
- (ii) to note the improvement actions planned to respond to areas of pressure as outlined in section 9 of the report.

Following questions and answers the Committee further agreed:

- (iii) that consideration would be given to how the message be shared with the public about the positive position.

## **IX DHSCP STRATEGIC RISK REGISTER UPDATE**

There was submitted Report No PAC10-2025 by the Chief Finance Officer providing an update 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 entry of a new risk on Increase in National Insurance (at section 6 of the report); and
- (iii) to note the extract from the Strategic Risk register attached at Appendix 1 to the report.

Following questions and answers the Committee further agreed:

- (iv) to note that risks around public sector funding, workforce issues etc would continue to be discussed at the National Chief Officers' Group;
- (v) to note that for budget purposes it was assumed that there was no additional funding coming through for third sector national insurance contributions at the moment; and



- (vi) to note that work on giving IJB members access to the risk register would be progressed as a priority.

#### **X DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT REPORT – WORKFORCE (D06-24)**

There was submitted Report No PAC7-2025 by the Chief Finance Officer presenting the findings of the Internal Audit Review of Workforce arrangements in place within Dundee Health and Social Care Partnership.

The Committee agreed:-

- (i) to note the content and recommendations of the Internal Audit Report on Workforce as set out in Appendix 1 to the report;
- (ii) to note the audit opinion of limited assurance, and management action plan to address the weaknesses identified; and
- (iii) to instruct the Chief Finance Officer to implement the recommendations of the report and provide an update on progress through the internal audit actions reporting process.

Following questions and answers the Committee further agreed:

- (iv) to note that a draft revised workforce plan would be submitted to the Scottish Government by 17th March, 2025 and submitted to the IJB in April.

#### **XI GOVERNANCE ACTION PLAN PROGRESS REPORT**

There was submitted Report No PAC9-2025 by the Chief Finance Officer providing an update on the progress of the actions set out in the Governance Action Plan.

The Committee agreed to note the content of the report and the progress made against the actions within the Governance Action Plan (contained within Appendix 1 of the report).

Following questions and answers the Committee further agreed:

- (i) to note that the actions in relation to the workforce audit would be added to the action plan.

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

There was submitted Report No PAC6-2025 by the Chief Finance Officer providing an update on the completion of the 2023/2024 Internal Audit Plan and progress of the 2024/2025 internal audit plan. 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:-

- (i) to note the completion of the 2023/2024 internal audit plan and work undertaken on the 2024/2025 plan; and
- (ii) to note that Internal audit report D06/24 Workforce provided Limited Assurance report and was presented as a separate agenda item to the meeting.

#### **XIII ATTENDANCE LIST**

There was submitted Agenda Note PAC11-2025 providing attendance returns for meetings of the Performance and Audit Committee held over 2024.

The Committee agreed to note the position as outlined.

**XIV                      DATE OF NEXT MEETING**

The next meeting of the Committee will be held remotely on Wednesday 21st May, 2025 at 10.00am.

Bob BENSON, Chairperson.

ITEM No ...3(b).....
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**PERFORMANCE AND AUDIT COMMITTEE – ACTION TRACKER – 29<sup>TH</sup> JANUARY 2025 (PAC15-2025)**

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
1	31/01/24	V	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023/2024 QUARTER 2	that, in relation to a query about Table 1 and the West End showing all red although it was one of the least deprived areas, Lynsey would look into the data and report back	Lead Officer, Strategic Services	September 2024  January 2025  May 2025	There is not capacity available currently within the Quality, Data and Intelligence Team to progress this action, however the option for LIST Analysts deployed to the Partnership to support this task is to be explored.
2	29/01/25	IV	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2024-25 QUARTER 2	that consideration would be given to how to progress with the Scottish Government the issue of the lack of data provided in relation to certain indicators.	Chief Officer	May 2025	Complete - This issue continues to be raised via national networks as appropriate. Officers are also seeking clarity regarding the status of the National Health and Wellbeing Indicators in the context of revised proposals in relation to the National Care Service.

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
3	29/01/25	V	DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT	that more detail would be provided in future reports on workforce risks that would include narrative on trend over time.	Interim Head of Health and Community Care	September 2025	This information will be included in the next PAC CCPG report providing wider narrative on the workforce risks including how these are changing over time.
4	29/01/25	V	DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT	that consideration would be given to including Care Opinion as a topic for an IJB development session.	Chief Officer	September 2025	Complete - This will be incorporated in the IJB Development Session in September that will be focused on engagement matters.
5	29/01/25	VI	DRUG AND ALCOHOL SERVICES INDICATORS – 2024/25 QUARTER 2	that a report would be taken to the IJB at an appropriate time on a Safer Consumption Facility.	Head of Health and Community Care	September 2025	Complete - The Alcohol and Drug Partnership is leading multi-agency discussions in relation to Safe Consumption Facilities. Updates on this will be incorporated into the Drug and Alcohol Indicators report (submitted every 6

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
							months). A report will be considered for the IJB should these discussions reach the stage of any substantive proposal being made.
6	29/01/25	VI	DRUG AND ALCOHOL SERVICES INDICATORS – 2024/25 QUARTER 2	that issues in relation to disengagement would be more fully addressed in future reports.	Lead Officer	September 2025	Not yet due.
7	29/01/25	VIII	UNSCHEDULED CARE	that consideration would be given to how the message be shared with the public about the positive position.	Head of Health and Community Care	May 2025	Positive performance will continue to be highlighted wherever possible via media releases, social media and via the Annual Performance Report.
8	29/01/25	IX	DHSCP STRATEGIC RISK REGISTER UPDATE	that work on giving IJB members access to the risk register would be progressed as a priority.	Chief Officer	May 2025	Due to IT license restrictions for the relevant system it is not possible to provide direct access to the risk register for IJB members. Partnership Officers can provide IJB members with an

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
							up-to-date copy of the risk register content on request.



**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE –21 MAY 2025

**REPORT ON:** DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2024-25 QUARTER 3

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC14-2025

## **1.0 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to update the Performance and Audit Committee on 2024-25 Quarter 3 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 (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 2 and 3).
- 2.3 Note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3).
- 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. For Q3 2024-25 performance is compared against the 2019-20 baseline year and, because 2019-20 performance was affected by the Covid-19 Pandemic, 2018-19 data has also been provided for all indicators as a supplementary baseline.

## 5.0 QUARTER 3 PERFORMANCE 2024-25 – KEY ANALYTICAL MESSAGES

### 5.1 Key analytical messages for the Quarter 3 2024-25 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 against the 2019-20 baseline and the 2018-19 baseline for rate of emergency admissions 18+, 28 day readmissions rate 18+, emergency admissions as a rate of all A+E attendances 18+ and rate of hospital admissions due to a fall 65+.
- Performance has improved for emergency bed days rate per 100,000 18+ and standard delayed discharge bed days lost rate per 1,000 75+ compared with both the 2019-20 and 2018-19 baselines.
- Delay discharge (code 9) bed day lost rate per 1,000 shows a deterioration against the 2019-20 baseline but an improvement against the 2018-19 baseline.
- The rate of emergency admissions per 100,000 18+ population increased by 16.4% compared with the 2019-20 baseline and increased by 14.6% compared with the 2018-19 baseline and there was an increase across every LCPP. This is a deterioration in performance. The greatest increase compared with each of the 2018-19 and 2019-20 baselines was in The Ferry with an increase of 27.1% compared with 2018-19 and an increase of 32.3% compared with 2019-20.
- There was an improvement in performance compared with the 2019-20 baseline for the emergency bed day rate 18+, with a decrease by 1.9% and a decrease of 6.8% when compared to the 2018-19 baseline. This is a positive trend which reflects local improvements in community care to support earlier discharge. 4 LCPPs (West End, Maryfield, Coldside and Lochee) had a lower rate of emergency bed days in Q3 than both 2018-19 and 2019-20 baseline years and in Strathmartine the rate of emergency bed days was lower in Q3 than the 2018-19 baseline (improvement) but higher in Q3 than the 2019-20 baseline (deterioration).
- At Q3 2024-25 the rate of emergency readmissions within 28 days of any admission was 3% higher than both 2019-20 and 2018-19 baselines. This was a deterioration. The rate at Q3 2024-25 was lower (this was an improvement) in East End than both the 2018-19 and the 2019-20 baselines. The rate at Q3 2024-25 was lower (this was an improvement) in West End and Lochee than the 2019-20 baseline and at Q3 2024-25 the rate was lower (this was an improvement) in East End and Strathmartine than the 2018-19 baseline.
- At 2024-25 the rate of hospital admissions due to a fall was 5% higher than both the 2018-19 and 2019-20 baselines. Coldside and West End were the two LCPPs to show an improvement at Q3 2024-25 compared with the 2019-20 and 2018-19 baselines. Lochee showed a 2% improvement compared with the 2019-20 baseline.
- Rate of bed days lost to standard delayed discharge for people aged 75+ is 36% less (this is an improvement) than the 2019-20 baseline and improved in all LCPPs and 13% less (this is an improvement) than the 2018-19 baseline and improved in 6 LCPPs. At Q3 the LCPP with the highest rate was Coldside (417 bed days lost per 1,000 people aged 75+) and the LCPP with the lowest rate was North East (95 bed days lost per 1,000 people aged 75+).



- Rate of bed days lost to complex (code 9) delayed discharges for people aged 75+ is 19% higher (this is a deterioration) than the 2019-20 baseline and 18% lower (this is an improvement) than the 2018-19 baseline. Lochee, North East, Maryfield and West End all showed a deterioration against both baseline years. Comparing the data against the 2018-19 baseline year shows an improvement in 4 LCPPs, two stayed the same and two declined. At Q3 The LCPP with the highest rate was Coldside (223 bed days lost per 1,000 people aged 75+) and the lowest was Maryfield with no bed days lost.

- 5.2 Public Health Scotland publishes a report on the number of people who are waiting for a Social Care and Care at Home service provided by the Health and Social Care Partnerships. 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.

Data published from 15 January 2024 onwards reflects improved definitions and therefore caution should be taken when comparing with figures prior to this date.

In Dundee, as at 03 March 2025:

- 0 people waited in hospital and 138 people waited in the community for a social care assessment. 0 people have waited in hospital each week since 17 October 2022.
- 1 person was assessed and waiting for a care at home package in hospital (12 hours yet to be provided).
- 2 people were assessed and waiting for a care at home package in the community (4 hours yet to be provided).
- For those already in receipt of a care at home package 2 additional hours were required and not provided.

## 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

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

## 8.0 CONSULTATIONS

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

## 9.0 BACKGROUND PAPERS

- 9.1 None.

Christine Jones  
Acting Chief Finance Officer

**DATE:** 10 April 2025

Shahida Naeem  
Senior Officer, Quality, Data and Intelligence

Lynsey Webster  
Lead Officer, Quality, Data and Intelligence

## APPENDIX 1 – Performance Summary

Table 1a: Performance in Dundee's LCPPs - % change in Q3 2024-25 against baseline year 2019-20




National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+16.4%	+14%	+9.3%	+17.5%	+12.2%	+19.2%	+17.0%	+10.8%	+32.3%
Emer Bed Days rate per 100,000 18+	-1.9%	-4.9%	+9.9%	-9.4%	+19.2%	+0.9%	-11.9%	-15.1%	+5.7%
28 Day Readmissions rate per 1,000 Admissions 18+	+3%	-1%	-13%	+15%	+2%	+1%	+8%	-7%	+13%
Hospital admissions due to falls rate per 1,000 65+	+5%	-2%	+37%	-15%	+9%	+8%	+26%	-2%	+3%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-36%	-35%	-30%	-14%	-28%	-54%	-4%	-63%	-27%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	19%	-43%	+270%	80%	-84%	+50%	-100%	-75%	+483%

Source: NHS Tayside BSU and PHS (delayed discharge 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 1b: Performance in Dundee's LCPPs - % change in Q3 2024-25 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+	+14.6%	+10.4%	+12.6%	+11.5%	+10.7%	+21.9%	+20.5%	+3.8%	+27.1%
Emer Bed Days rate per 100,000 18+	-6.8%	-15.1%	0.7%	-9.6%	+13.0%	-1.0%	-17.7%	-17.6%	+2.5%
28 Day Readmissions rate per 1,000 Admissions 18+	+3%	+4%	-19%	+26%	-2%	-4%	+1%	+12%	+6%
Hospital admissions due to falls rate per 1,000 65+	+5%	+20%	+17%	-17%	+45%	+10%	+30%	-16%	+1%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-13%	-42%	-36%	98%	-62%	-21%	-34%	-29%	24%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-18%	-58%	0%	4%	-85%	-65%	0%	-36%	+122%

Source: NHS Tayside BSU and PHS (delayed discharge 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 2: Performance in Dundee's LCPPs - LCPP Performance in Q3 2024-25 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+	14,501	16,690	18,947	16,517	13,800	16,139	12,848	9,323	13,746
Emer Bed days rate per 100,000 18+	111,876	134,188	148,701	132,347	101,988	118,683	85,402	67,438	122,081
28 Day Readmissions rate per 1,000 Admissions 18+	143	146	145	154	128	149	150	144	125
Hospital admissions due to falls rate per 1,000 65+	32	30	39	33	27	33	33	31	30
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	240	261	196	417	95	178	174	233	254
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	75	61	85	223	13	31	0	10	93

Source: NHS Tayside BSU

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

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**Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q3 2024-25 compared to Dundee**

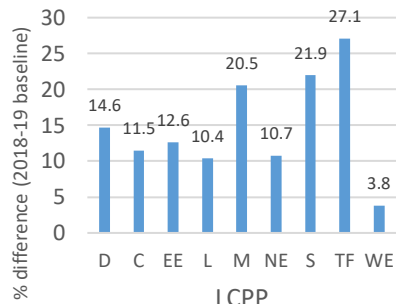
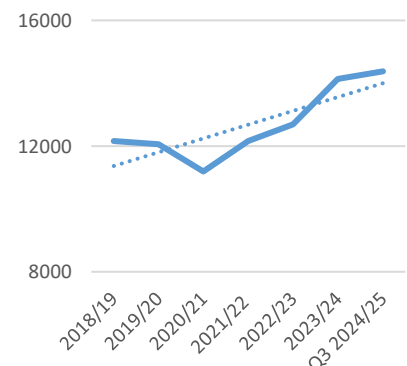
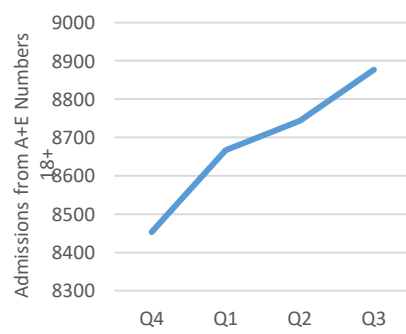
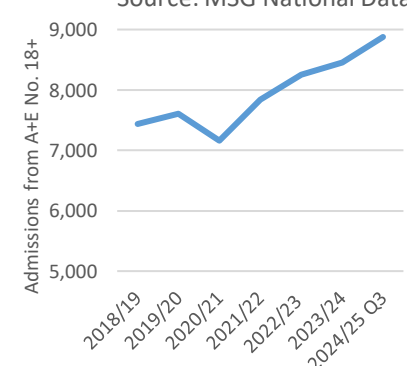
Dundee = D	East End = EE	Coldside = C	West End = WE
Strathmartine = S	North East = NE	Lochee = L	The Ferry = TF


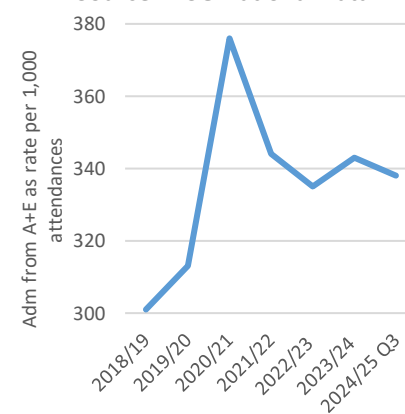
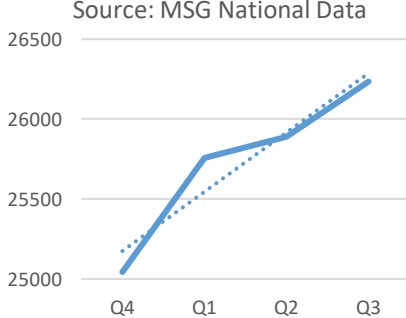
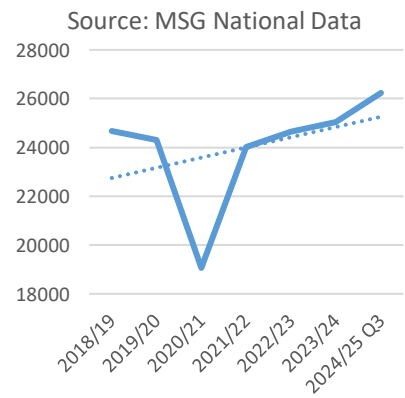
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
1.% of adults able to look after their health very well or quite well*				29th	5th (88%)	3rd
2.% of adults supported at home who agreed that they are supported to live as independently as possible*				10th	3rd (77%)	1st
3.% of adults supported at home who agreed that they had a say in how their help, care, or support was provided*				10th	4 <sup>th</sup> (65%)	2nd
4. % of adults supported at home who agree that their health and social care services seem to be well co-ordinated*				13th	4th (64%)	1st
5.% of adults receiving any care or support who rate it as excellent or good*				22nd	5th (68%)	2nd
6.% of people with positive experience of care at their GP practice*				14th	3rd (71%)	2nd

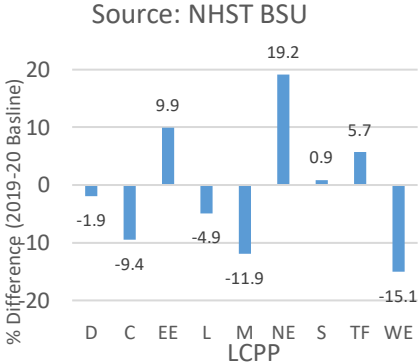
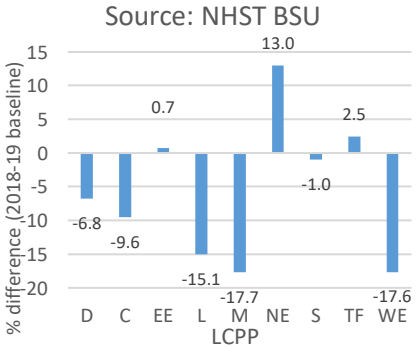
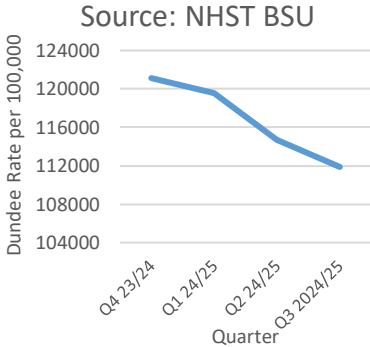
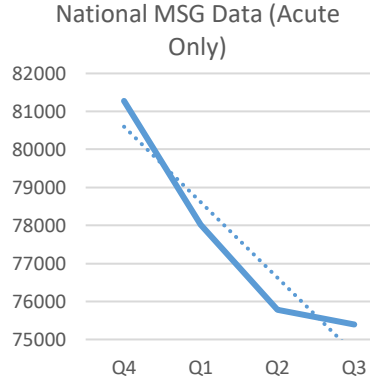
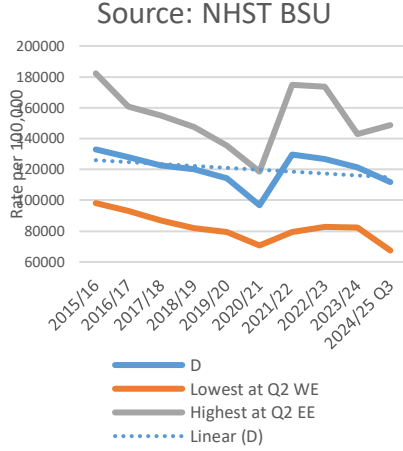
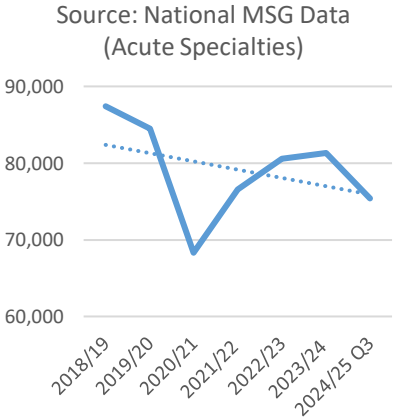
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
7.% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life*				14th	3rd (71%)	2nd
8.% of carers who feel supported to continue in their caring role*				8th	3rd (34%)	1st
9.% of adults supported at home who agreed they felt safe*				11th	1 <sup>st</sup> (77%)	2nd
10. % staff who say they would recommend their workplace as a good place to work	<p>Not Available Nationally</p> <p>iMatter is used to gather feedback from DHSCP staff. For the 2024 survey the response rate was 54%.</p> <p>76% of staff reported that they would recommend their organisation as a good place to work.</p>	Not Available Nationally	Not Available Nationally			



National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<b>11. Premature mortality rate per 100,000 persons</b>	4.5% less in 2022 than 2016 (improvement)  2022 is latest available published data	Not Available	<p>Source : PHS</p> <p>2016 2017 2018 2019 2020 2021 2022</p> <p>Dundee Scotland</p>	29th	6th	3rd
<b>12. Emer Admissions rate per 100,000 18+</b>	<p>Source: NHST BSU</p> <p>% Difference (2019-20 baseline)</p> <p>D C EE L M NE S TF WE</p> <p>LCPP</p> <p>There was an increase in emergency admissions rate by 16.4% in Q3 2024-25 compared with the 2019-20 baseline. This equates to an increase of 2,041 emergency admissions (deterioration).</p>	<p>Source : MSG National Data</p> <p>Admissions from A+E rate per 1,000 admissions</p> <p>Q4 Q1 Q2 Q3</p> <p>An increasing trend over the last 4 quarters</p>	<p>Source: NHST BSU</p> <p>2015/16 2016/17 2017/18 2018/19 2019/20 2020/21 2021/22 2022/23 2023/24 2024/25 Q3</p> <p>D Lowest at Q3 WE Highest at Q3 EE Linear (D)</p> <p>Note - Linear (D) is the trendline for Dundee</p>	28th	7th	3rd

	<div>Source: NHST BSU</div> <div><table><tr><th>LCPP</th><th>% difference (2018-19 baseline)</th></tr><tr><td>D</td><td>14.6</td></tr><tr><td>C</td><td>11.5</td></tr><tr><td>EE</td><td>12.6</td></tr><tr><td>L</td><td>10.4</td></tr><tr><td>M</td><td>20.5</td></tr><tr><td>NE</td><td>10.7</td></tr><tr><td>S</td><td>21.9</td></tr><tr><td>TF</td><td>27.1</td></tr><tr><td>WE</td><td>3.8</td></tr></table></div> <div>There was an increase in the emergency admissions rate by 14.6% in Q3 2024-25 compared with the 2018-19 baseline. This equates to an increase of 1,852 emergency admissions (deterioration).</div>	LCPP	% difference (2018-19 baseline)	D	14.6	C	11.5	EE	12.6	L	10.4	M	20.5	NE	10.7	S	21.9	TF	27.1	WE	3.8		<div>Source: National MSG Data</div> <div><table><tr><th>Year</th><th>Emergency Admissions</th></tr><tr><td>2018/19</td><td>12,000</td></tr><tr><td>2019/20</td><td>12,000</td></tr><tr><td>2020/21</td><td>11,000</td></tr><tr><td>2021/22</td><td>12,000</td></tr><tr><td>2022/23</td><td>12,500</td></tr><tr><td>2023/24</td><td>14,000</td></tr><tr><td>Q3 2024/25</td><td>14,500</td></tr></table></div> <div>Increase since 2020/21 as we moved out of the Pandemic emergency response.</div>	Year	Emergency Admissions	2018/19	12,000	2019/20	12,000	2020/21	11,000	2021/22	12,000	2022/23	12,500	2023/24	14,000	Q3 2024/25	14,500			
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Q3 2024/25	14,500																																									
<b>Emergency Admissions Numbers from A&amp;E (MSG)</b>	<div>1,272 more emergency admissions from A+E in Q3 2024/25 compared with the 2019/20 baseline.</div> <div>1,437 more emergency admissions from A+E in Q3 24/25 compared with the 2018/19 baseline.</div>	<div>Source: MSG National Data</div> <div><table><tr><th>Quarter</th><th>Admissions from A+E Numbers</th></tr><tr><td>Q4</td><td>8,450</td></tr><tr><td>Q1</td><td>8,650</td></tr><tr><td>Q2</td><td>8,750</td></tr><tr><td>Q3</td><td>8,850</td></tr></table></div> <div>An increasing trend since Q4 2023/24</div>	Quarter	Admissions from A+E Numbers	Q4	8,450	Q1	8,650	Q2	8,750	Q3	8,850	<div>Source: MSG National Data</div> <div><table><tr><th>Year</th><th>Admissions from A+E No. 18+</th></tr><tr><td>2018/19</td><td>7,500</td></tr><tr><td>2019/20</td><td>7,600</td></tr><tr><td>2020/21</td><td>7,200</td></tr><tr><td>2021/22</td><td>7,800</td></tr><tr><td>2022/23</td><td>8,200</td></tr><tr><td>2023/24</td><td>8,500</td></tr><tr><td>2024/25 Q3</td><td>8,900</td></tr></table></div> <div>Increase since 2020/21</div>	Year	Admissions from A+E No. 18+	2018/19	7,500	2019/20	7,600	2020/21	7,200	2021/22	7,800	2022/23	8,200	2023/24	8,500	2024/25 Q3	8,900	NA as number and not rate	NA as number and not rate	NA as number and not rate										
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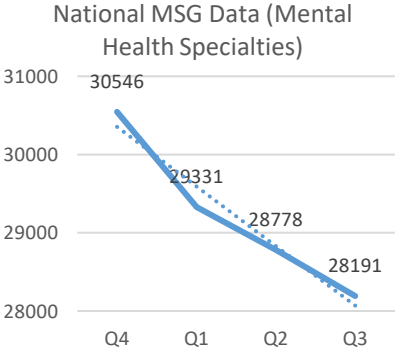
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<b>Emergency Admissions as a Rate per 1,000 of all Accident &amp; Emergency Attendances (MSG)</b>	<p>Rate has increased by 25, from 313 at the 2019/20 baseline to 338 at Q3 2024/25. This is an increase of 8%.</p> <p>Rate has increased by 37, from 301 at the 2018/19 baseline to 338 at Q3 2024/25. This is an increase of 12%.</p>	<p>Source : MSG National Data</p>  <p>Rate increased from 336 at Q1 24/25 to 338 at Q3 24/25</p>	<p>Source: MSG National Data</p>  <p>A small decrease in Q3 2024/25 compared with 2023/24.</p>	Not Avail	Not Avail	Not Avail
<b>Number of Accident &amp; Emergency Attendances (MSG)</b>	<p>1917 (8% increase) more A&amp;E attendances in Q3 2024/25 than the 2019/20 baseline.</p> <p>1555 (6% increase) more A&amp;E attendances in Q3 2024/25 than the 2018/19 baseline.</p>	<p>Source: MSG National Data</p>  <p>Increase in attendances since Q4</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 Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
13. Emer Bed days rate per 100,000 18+	<div>Source: NHST BSU</div>  <p>There was a decrease in the emergency bed days rate by 1.9% between the 2019-20 baseline and Q3 2024-25. This equates to an decrease of 2616 emergency bed days (improvement).</p> <div>Source: NHST BSU</div>  <p>There was a decrease in the emergency bed days rate by 6.8% between the 2018-19 baseline and Q3 2024-25. This equates to a</p>	<div>Source: NHST BSU</div>  <p>The emergency bed days rate is showing a consistently decreasing trend over the past 4 quarters.</p> <div>National MSG Data (Acute Only)</div> 	<div>Source: NHST BSU</div>  <div>Source: National MSG Data (Acute Specialties)</div> 	15th	1st	2nd

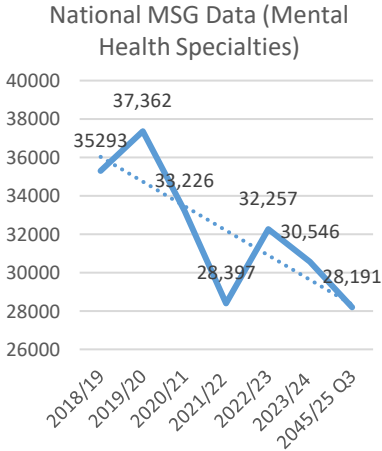
decrease of 9845 emergency bed days (improvement).

9171 (25%) less mental health bed days in Q3 2024-25 compared with the 2019-20 baseline (improvement) (source: MSG)

7102 (20%) less mental health bed days in Q3 2024-25 compared with the 2018-19 baseline (improvement) (source: MSG)



A decrease in the rate of mental health emergency bed days since Q4 2023/24 (improvement)

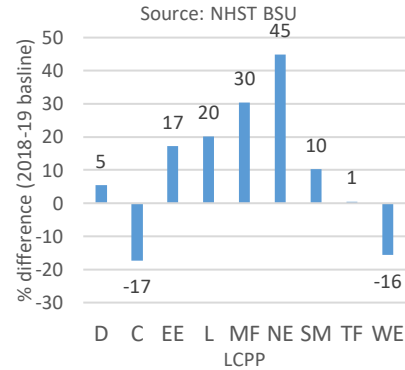


An overall decrease in the rate of mental health emergency bed days since 2022-23 (improvement)

National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<b>14. Emergency Readmissions rate per 1,000 Admissions 18+</b>	<p>Source: NHST BSU</p> <p>The rate is 3% higher at Q3 2024-25 than 2019-20. The number of readmissions (numerator) increased by 708 readmissions between the 2019-20 baseline and Q3 2024-25.</p> <p>Source: NHST BSU</p> <p>The rate is 3% higher at Q3 2024-25 compared with the 2018-19 baseline. The number of readmissions (numerator) increased by 819 readmissions between the 2018-19 baseline and Q3 2024-25.</p>	<p>Source: NHST BSU</p> <p>Decreasing trend over the last 4 quarters.</p>	<p>Source: NHST BSU</p> <p>— Dundee — highest at Q3 Coldside — lowest at Q3 The Ferry ..... Linear (Dundee)</p>	31 <sup>st</sup>	8 <sup>th</sup>	3 <sup>rd</sup>

National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<b>15. % of last 6 months of life spent at home or in a community setting</b>	Increase from 89.1% in 2018/19 and 89.5% in 2019/20 to 90.9% in 2023/24 (improvement)	Not Available	<p>Source : MSG Indicators</p> <p>2018/19 2019/20 2020/21 2021/22 2022/23 2023/24p</p> <p>— Dundee — Scotland ..... Linear (Dundee)</p>	20th	4th	2nd
<b>16. Hospital admissions due to falls rate per 1,000 65+ population</b>	<p>Source: NHST BSU</p> <p>% Difference (2019 -20 baseline)</p> <p>D C EE L MF NE SM TF WE</p> <p>LCP</p> <p>The rate of admissions has increased by 5% in Q3 24-25 from the 2019-20 baseline. This equates to an increase of 69 fall related hospital admissions. The greatest increase (deterioration) in the number of falls related admissions</p>	<p>Source: NHST BSU</p> <p>Rate per 1,000 65+ popln</p> <p>23/24 Q4 24/25 Q1 24/25 Q2 24/25 Q3</p> <p>Quarter</p> <p>There has been a decreasing trend in the falls rate since Q4 2023/24.</p>	<p>Source: NHST BSU</p> <p>Rate per 1,000 popln 65+</p> <p>2015/16 2016/17 2017/18 2018/19 2019/20 2020/21 2021/22 2022/23 2023/24 2024/25 Q3</p> <p>— Dundee — Highest at Q3 EE — Lowest at Q3 NE ..... Linear (Dundee)</p>	31st	8th	3rd

was in East End with a 37% increase (39 fall related admissions) (deterioration). East End had the 3<sup>rd</sup> lowest rate of admissions in 2019-20 and the highest rate of admissions in Q3 2024-25.



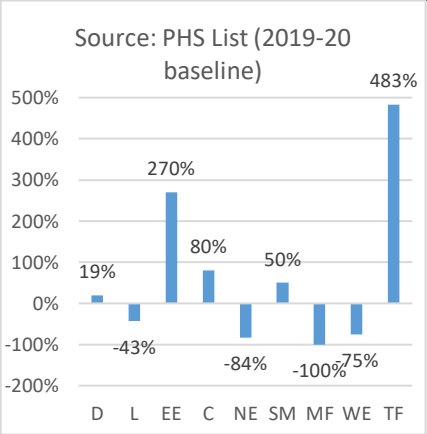
The rate of admissions has increased by 5% in Q3 24-25 from the 2018-19 baseline. This equates to an increase of 72 fall related hospital admissions. The greatest increase (deterioration) in the number of falls was in North East with a 45% increase (27 fall related admissions) (deterioration). North East had the lowest rate of admissions in 2018/19 but despite the increasing rate, it still had the lowest rate out of all LCPPs at Q3 2024-25.



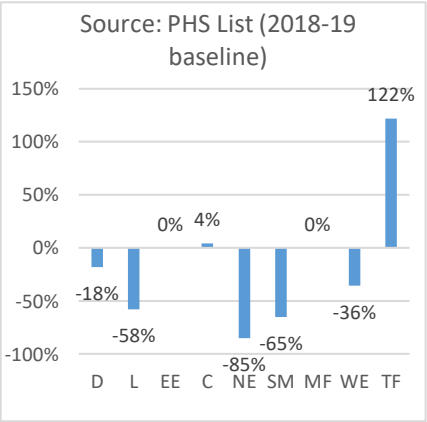
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																											
17. % care services graded ‘good’ (4) or better in Care Inspectorate inspections	Dropped against 2018-19 and 2019-20 baselines, 86.2 in 2018-19 and 80 in 2019-20, 77.5% in 2023/24 (deterioration)	Not Available	<div>Source : Public Health Scotland</div> <table><thead><tr><th>Year</th><th>Dundee City (%)</th><th>Scotland (%)</th></tr></thead><tbody><tr><td>2016/17</td><td>86</td><td>84</td></tr><tr><td>2017/18</td><td>85</td><td>85</td></tr><tr><td>2018/19</td><td>86</td><td>82</td></tr><tr><td>2019/20</td><td>80</td><td>82</td></tr><tr><td>2020/21</td><td>80</td><td>82</td></tr><tr><td>2021/22</td><td>74</td><td>76</td></tr><tr><td>2022/23</td><td>75</td><td>75</td></tr><tr><td>2023/24</td><td>78</td><td>77.5</td></tr></tbody></table>	Year	Dundee City (%)	Scotland (%)	2016/17	86	84	2017/18	85	85	2018/19	86	82	2019/20	80	82	2020/21	80	82	2021/22	74	76	2022/23	75	75	2023/24	78	77.5	19th	7th	1st
Year	Dundee City (%)	Scotland (%)																															
2016/17	86	84																															
2017/18	85	85																															
2018/19	86	82																															
2019/20	80	82																															
2020/21	80	82																															
2021/22	74	76																															
2022/23	75	75																															
2023/24	78	77.5																															
18. % adults with intensive care needs receiving care at home	<p>Increasing trend in the number of adults receiving intensive care at home.</p> <p>In 2023, 62% received intensive care at home, which is an increase of 3.9% against 2019 and 3% against 2018. Baselines.</p>	Not Available	<div>Source : Public Health Scotland</div> <table><thead><tr><th>Year</th><th>Dundee City (%)</th><th>Scotland (%)</th></tr></thead><tbody><tr><td>2016</td><td>54</td><td>62</td></tr><tr><td>2017</td><td>54</td><td>61</td></tr><tr><td>2018</td><td>58</td><td>62</td></tr><tr><td>2019</td><td>58</td><td>63</td></tr><tr><td>2020</td><td>59</td><td>63</td></tr><tr><td>2021</td><td>63</td><td>64</td></tr><tr><td>2022</td><td>60</td><td>64</td></tr><tr><td>2023</td><td>62</td><td>65</td></tr></tbody></table>	Year	Dundee City (%)	Scotland (%)	2016	54	62	2017	54	61	2018	58	62	2019	58	63	2020	59	63	2021	63	64	2022	60	64	2023	62	65	24th	6th	3rd
Year	Dundee City (%)	Scotland (%)																															
2016	54	62																															
2017	54	61																															
2018	58	62																															
2019	58	63																															
2020	59	63																															
2021	63	64																															
2022	60	64																															
2023	62	65																															

National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																																																		
19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)	<div><p>Source : PHS List (2019-20 baseline)</p><table><thead><tr><th>Day</th><th>Difference (%)</th></tr></thead><tbody><tr><td>D</td><td>-36%</td></tr><tr><td>L</td><td>-35%</td></tr><tr><td>EE</td><td>-30%</td></tr><tr><td>C</td><td>-14%</td></tr><tr><td>NE</td><td>-28%</td></tr><tr><td>SM</td><td>-54%</td></tr><tr><td>MF</td><td>-4%</td></tr><tr><td>WE</td><td>-63%</td></tr><tr><td>TF</td><td>-27%</td></tr></tbody></table><p>36% decrease (improvement) since the 2019/20 baseline.</p><p>Source : PHS List (2018-19 baseline)</p><table><thead><tr><th>Day</th><th>Difference (%)</th></tr></thead><tbody><tr><td>D</td><td>-13%</td></tr><tr><td>L</td><td>-42%</td></tr><tr><td>EE</td><td>-36%</td></tr><tr><td>C</td><td>98%</td></tr><tr><td>NE</td><td>-62%</td></tr><tr><td>SM</td><td>-21%</td></tr><tr><td>MF</td><td>-34%</td></tr><tr><td>WE</td><td>-29%</td></tr><tr><td>TF</td><td>24%</td></tr></tbody></table><p>13% decrease (improvement) since the 2018/19 baseline.</p></div>	Day	Difference (%)	D	-36%	L	-35%	EE	-30%	C	-14%	NE	-28%	SM	-54%	MF	-4%	WE	-63%	TF	-27%	Day	Difference (%)	D	-13%	L	-42%	EE	-36%	C	98%	NE	-62%	SM	-21%	MF	-34%	WE	-29%	TF	24%	<div><p>Source: PHS List</p><table><thead><tr><th>Quarter</th><th>Rate</th></tr></thead><tbody><tr><td>Q4</td><td>353</td></tr><tr><td>Q1</td><td>316</td></tr><tr><td>Q2</td><td>213</td></tr><tr><td>Q3</td><td>240</td></tr></tbody></table><p>An increase (deteriorating) from Q2 to Q3 after an improving trend in previous quarters.</p></div>	Quarter	Rate	Q4	353	Q1	316	Q2	213	Q3	240	<div><p>Source: PHS List</p><p>Decline in standard delays since 2022/23. This is an improving trend..</p></div>	NA	NA	NA
Day	Difference (%)																																																							
D	-36%																																																							
L	-35%																																																							
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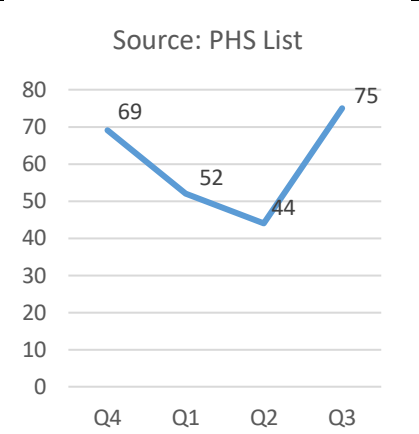
19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)



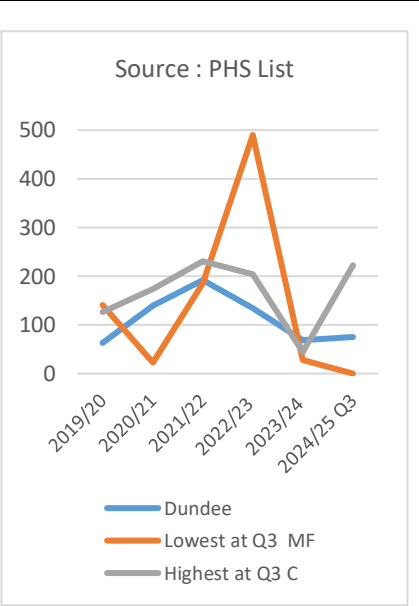
19% increase (deterioration) since 2019-20 and decrease (improvement) in 4 LCPPs.



18% decrease (improvement) since 2018-19 and decrease (improvement) in 4 LCPPs.



An increase (deterioration) between Q2 and Q3 following an improving trend between Q4 2023/24 and Q2 2024/25.

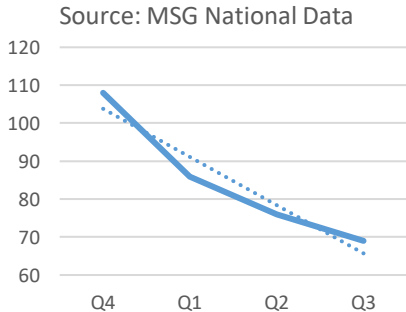
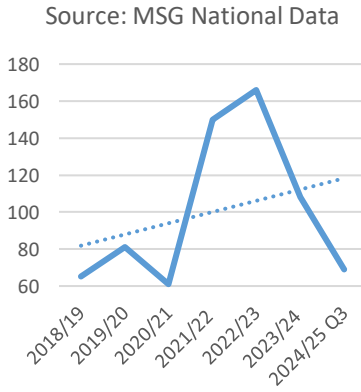
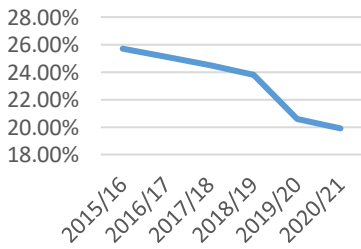


Decreasing trend since 2021/22, an improvement in performance.

NA

NA

NA

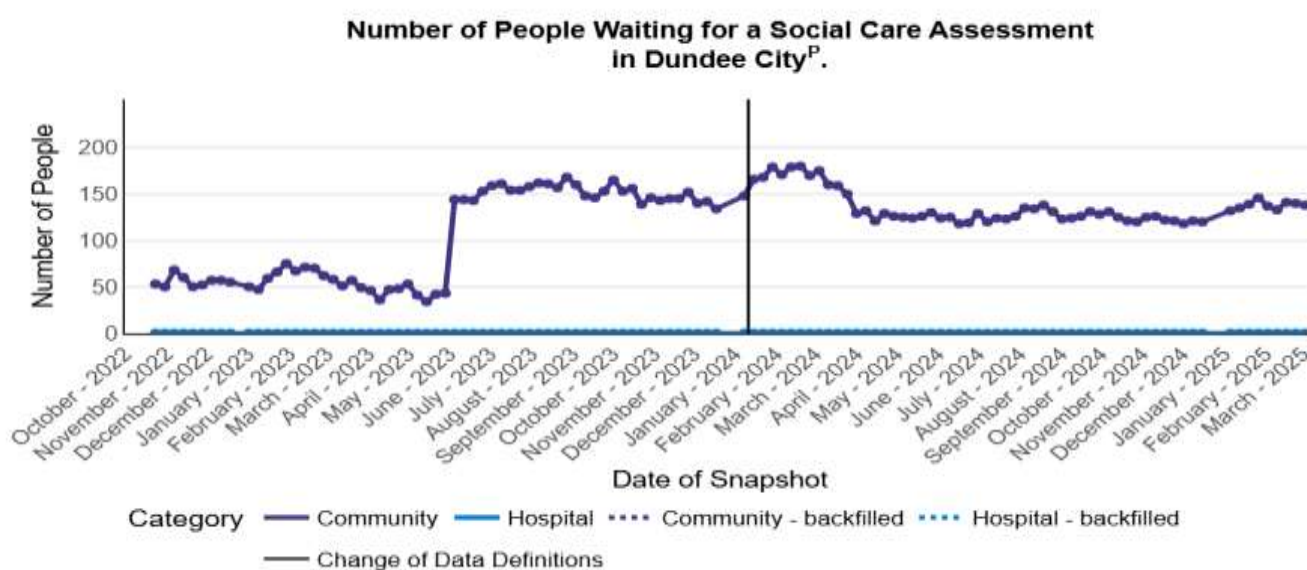
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<b>Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)</b>	<p>Bed days have decreased since the 2019-20 baseline. In 2019-20 there were 9,861 bed days lost and this decreased to 8,401 at Q3 2024-25.</p> <p>Bed days have decreased since the 2018-19 baseline. In 2018-19 there were 9,376 bed days lost and this decreased to 8,401 at Q3 2024-25.</p>	<p>Source: MSG National Data</p>  <p>Reduction (improvement) over the last 4 quarters.</p>	<p>Source: MSG National Data</p>  <p>A decrease in bed days lost rate since 2022/23.</p>	NA	NA	NA
<b>20. % of health and social care resource spent on hospital stays where the patient was admitted as an emergency</b>	<p>5.8% less in 2020/21* than 2015/16 (improvement)</p> <p>*latest data available</p>	Not Available	<p>Source: PHS</p> 	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 services to be delivered.

The data items submitted from 15 January 2024 onwards reflects improved definitions and therefore comparing figures before this date should be done with caution.

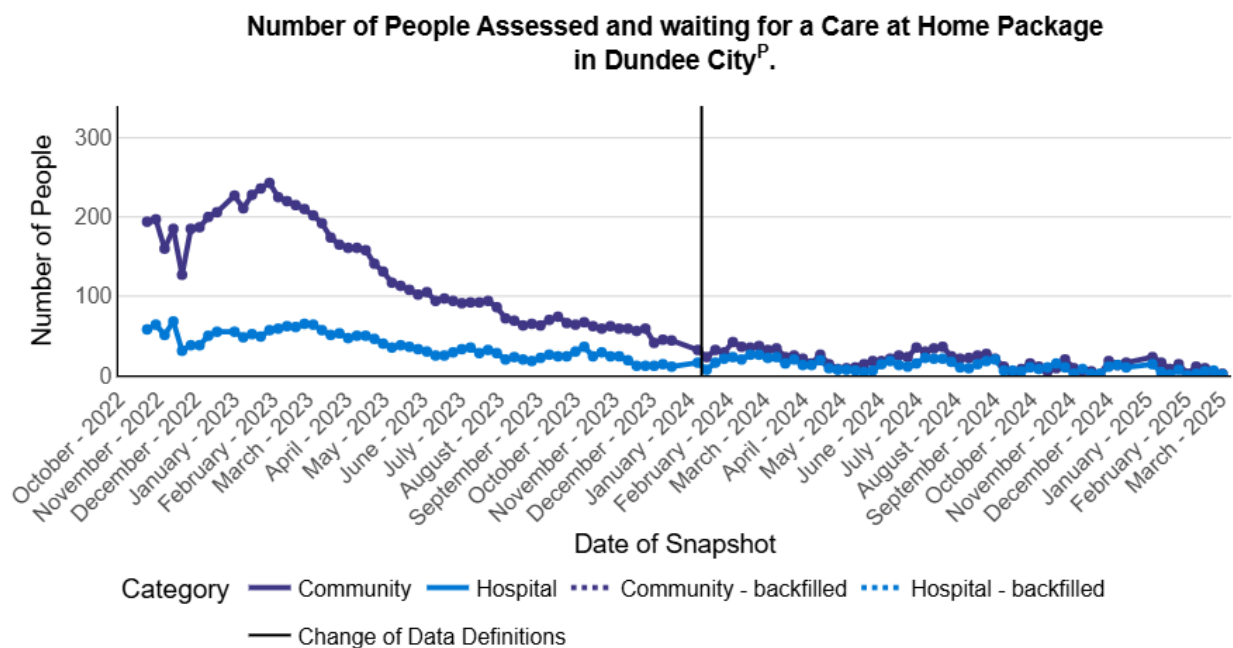
**Chart 1**



### In Dundee as at 03 March 2025:

- 0 people waited in hospital and 138 people waited in the community for a social care assessment.
- 0 people have waited in hospital each week since 17 October 2022.

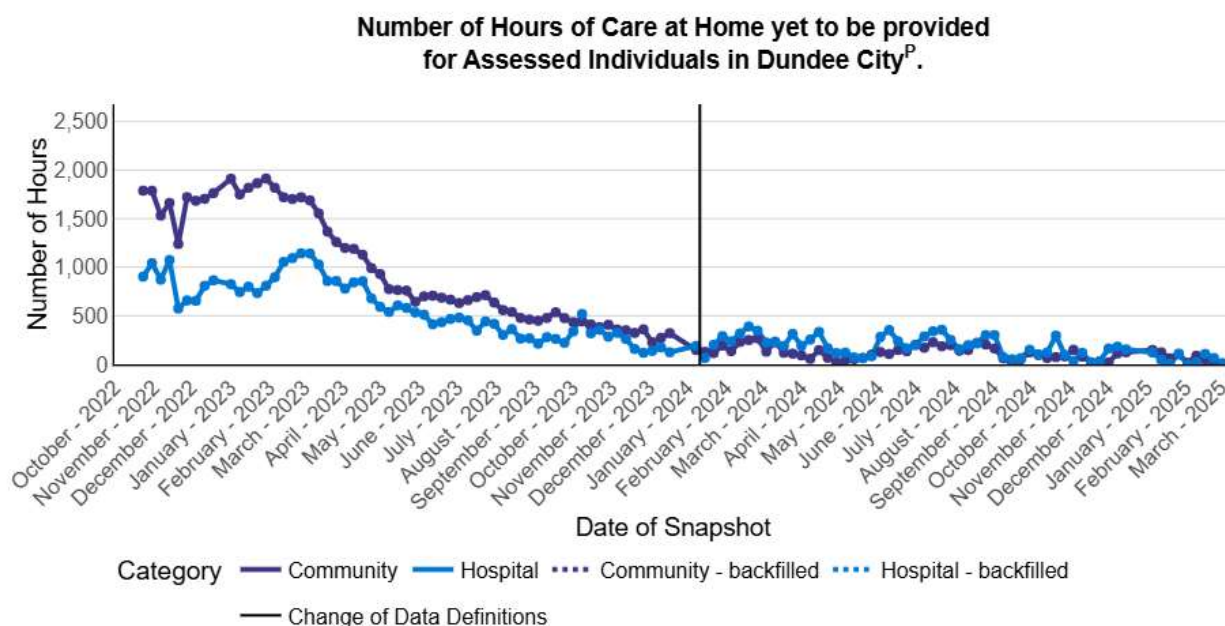
Chart 2



#### In Dundee as at 03 March 2025:

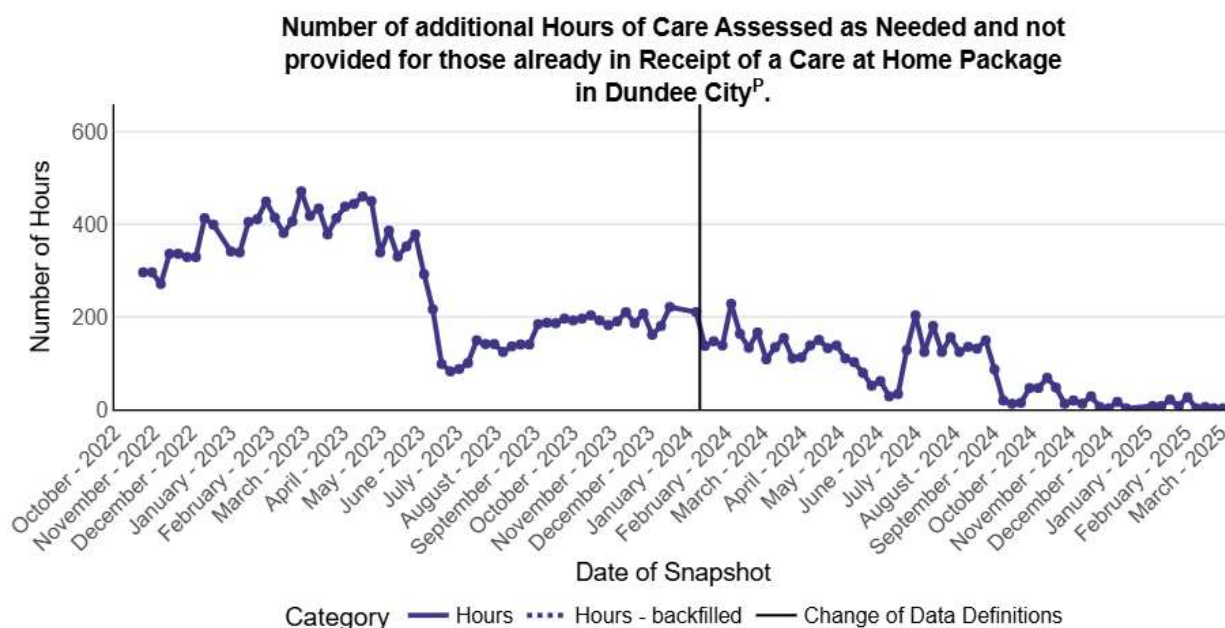
- 1 person was assessed and were waiting in hospital for a care at home package.
- 2 people were assessed and were waiting in the community for a care at home package.

Chart 3

**In Dundee as at 03 March 2025:**

- 1 person was assessed and waiting for a care at home package in hospital (12 hours yet to be provided).
- 2 people were assessed and waiting for a care at home package in the community (4 hours yet to be provided).

Chart 4

**In Dundee as at 03 March 2025:**

- For those already in receipt of a care at home package 2 additional hours were required and not provided.

### 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 rolling<sup>1</sup> monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously Public Health Scotland were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+.

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

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

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<sup>1</sup> For Q3 the data is for the period 1 January 2024 – 31 December 2024.





**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 21 MAY 2025

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

**REPORT BY:** CLINICAL DIRECTOR

**REPORT NO:** PAC18-2025

## 1.0 PURPOSE OF REPORT

1.1 This is presented to the Performance and Audit Committee for:

- Assurance

This report relates to:

- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambitions:

- Safe
- Effective
- Person-centred

This report provides evidence of the following Best Value Characteristics:

- Equality
- Vision and Leadership
- Effective Partnerships
- Governance and Accountability
- Use of Resources
- Performance Management
- Sustainability

## 2.0 RECOMMENDATIONS

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

2.1 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 31 March 2025.

2.2 As Lead Officer for Dundee HSCP 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 BACKGROUND

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

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 data set for each of the governance domains as detailed below.

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

#### a. Clinical and Care Risk Management

a.1 Lack of resource to deliver the benzodiazepine dependence pathway compliant with guideline, DDARS

Datix Ref	Risk Exposure - No Controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)				
				Please include data from previous <b>four</b> reporting periods																			
				26/6/2024			17/10/2024			16/12/2024			03/04/2025										
	L	C	RER	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	3	9	→				

L = Likelihood C = Consequence RER = Risk Exposure Rating

Insufficient number of DDARS staff with prescribing competencies

Datix Ref	Risk Exposure - No Controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)				
				Please include data from previous <b>four</b> reporting periods																			
				26/6/2024			17/10/2204			16/12/2024			03/04/2025										
	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	3	5	15	3	5	15	3	5	15	3	3	9	→				

L = Likelihood C = Consequence RER = Risk Exposure Rating

Increasing patient demand in excess of resources – DDARS

Datix Ref	Risk Exposure - No Controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)				
				Please include data from previous <b>four</b> reporting periods																			
				26/6/2024			17/10/2024			16/12/2024			03/04/2025										
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER					
233	4	5	20	5	5	25	3	5	15	3	5	15	3	5	15	3	4	12	→				

L = Likelihood C = Consequence RER = Risk Exposure Rating

Three of the top 7 risks sit with the Dundee Drug and Alcohol Recovery Service (DDARS). There are ongoing pressures due to the changing landscape of drug use and identified needs of people in Dundee and as a result this has impacted on the overall service risks. On a positive note, DDARS has been successful in recruiting to nursing staff.

This increase in staffing by reaching the identified complement of staffing has helped, however we recognise that the people using the service have an increasingly high level of complex needs. Due to the Medication Assisted Treatment (MAT) programme we have had to commit significant resources to new interventions such as drop-in direct access and same day prescribing, along with two Buvidal® clinics that run all day 5 days a week. Dundee continues to be one of the best performing HSCPs in Scotland in relation to the MAT Standards.

While there are currently no nursing vacancies, training continues with our newly graduated practitioners. Work is ongoing with regard to allocating patients a named nurse, with priority for the most complex needs.

- a.2 Acuity and dependence levels continue to intensify within the patient group requiring intensive input from staff including Adult Support and Protection concerns, deteriorating physical health and complex hospital discharges. Housing and homelessness are proving to be an issue for our most complex patient group where mainstream housing is not adequate for their needs. A review process of Homelessness provision has begun and is being taken forward by the Lead of Health and Community Care and Head of Housing. One of the priorities for this review is supporting those with complex needs including substance use into the right housing solution with adequate support. The "Housing First" approach (already delivered by Transform in Dundee) may be a focus for further development to address the housing needs of people with a number of needs, as Housing First is targeted at those who have problems with substance use, mental health and criminal justice issues.
- a.3 Two medical locums remain in post and plans to advertise for substantive posts are now in place. These posts are required to maintain safe clinical services, same day prescribing, Buvidal® prescribing, support and mentorship for non-medical prescribers and advanced nurse practitioners, medical trainees, GPs with special interest and the specialty doctor.

DDARS has been progressing models of non-medical prescribing and at this time there are 17.4wte nursing staff who can prescribe, which includes eight trainees, the advanced nurse practitioners, primary care project staff and child and family nurses.

The longer-term workforce plan is suggestive of having three non-medical prescribing staff for each team. This would result in an additional 3.6wte staff (21wte in total, including ANP posts) with prescribing competencies to achieve this, based on current need.

There are currently three Advanced Nurse Practitioners (ANPs), who have been providing intensive support to individuals where there are co-occurring physical and mental health conditions. This intensive input has been integral in ensuring people access the right care at the right time ensuring positive outcomes. This is also supporting the work around mental health and substance use including crisis and inpatient care, supported by HIS.

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.

a.4 Capacity issue due to vacancy and new staff – Dietetic Diabetes Team

Datix Ref	Risk Exposure - No Controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				Please include data from previous <b>four</b> reporting periods															
				09/03/2024			17/10/2024			16/12/2024			03/04/2025						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
1434	5	4	20	4	4	16	4	3	12	4	3	12	4	3	12	3	2	6	→

L = Likelihood C = Consequence RER = Risk Exposure Rating

The Dietetic Diabetes team comprises four staff (3.2wte). There has been rapid turnover of staff within the team which has led to a reduction in knowledge and skills which is being addressed through comprehensive induction and educational processes. There is only one full time member of staff with the knowledge and skill to comprehensively induct and educate the two new starts which is prolonging the process. Several mitigations have been implemented and progress is being made.

a.5 Capacity to Exercise Guardianship Duties (Learning Disabilities)

Datix Ref	Risk Exposure - No Controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				Please include data from previous <b>four</b> reporting periods															
				10/06/2024			17/10/2024			16/12/2024			03/04/2025						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
1343	5	3	15	5	3	15	4	3	12	4	3	12	4	3	12	3	2	6	→

L = Likelihood C = Consequence RER = Risk Exposure Rating

As a result of the limited capacity of the Learning Disability team to undertake Guardianship duties, there is a risk that people under family Guardianship scrutiny may not receive a suitable level of support and those awaiting allocation of a Local Authority Guardianship will experience delays in care.

The team have established a process for the prioritisation of renewals to ensure there are no lapses in orders and this is closely monitored by the team manager. Appropriately-trained mental health officer staff are able to work additional hours on an ad hoc basis to support.

a.6 Funding for the Early Intervention in Psychosis Service (Mental Health)

Datix Ref	Risk Exposure - No Controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)			
				Please include data from previous <b>four</b> reporting periods																		
				03/04/2025																		
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER				
1593	4	5	20	3	5	15										2	5	10	→			

Connect Early Intervention for Psychosis (EIP) has received funding from the Scottish Government to work with Healthcare Improvement Scotland, as a pathfinder site, to develop, test and establish EIP services in Scotland. As a result of failure to continue to fund the Early Intervention in Psychosis Service in Dundee there is a risk that for existing patients their treatment will end before the two-year model of care. This will result in a significant disruption in patients' care and treatment and lead to poorer mental health, social, personal, and vocational recovery outcomes. In addition, the cessation of the service could lead to lead to reputational damage for NHS Tayside and Dundee Health and Social Care Partnership.

A paper was presented to NHST CET on 31 March 2025, who provided three months of funding (until 18 August 2025) to allow for discussions to continue in regards to ongoing funding of the service.

a.7 New Current Risks

There were 3 New current Risks added to the system in this reporting period, 2 within Mental Health (Dundee) (Funding for the Early Intervention in Psychosis Service, Capacity to undertake timely M&M review and implement recommendations) and 1 in Community Mental Health Team Social Work (Capacity for transition from child to adult service).

b. Workforce Risks

## b.1 There are a number of risks (9, this is a decrease of 4 since last reporting period) 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.

A number of these risks have now been closed with recruitment to the vacant posts permitting this. The table below outlines the existing workforce risks across the HSCP, including those recently closed.

The open risks are reliant on successful recruitment and/or new models of care being agreed and implemented, for example risk 1129. In a number of these risks, which have been open for a number of years, while the staffing resource has increased, the expectation from staff within that service has also increased, maintaining the overall risk exposure rating.

ID	Clinical Care Group/Locality	Title	Rating (initial)	Rating (current) as at 24th Oct 24	Rating (current) as at 16th Dec 24	Rating (current) as at 10th Feb 25	Rating (current) as at 3rd April 25	Risk Trend	Rating (Target)
233	Dundee Drug and Alcohol Recovery Service	Increasing patient demand in excess of resources	20	15	15	15	15	→	12
612	Dundee Drug and Alcohol Recovery Service	Insufficient numbers of ISMS staff with prescribing competencies	25	15	15	15	15	→	9
1129	Dundee Drug and Alcohol Recovery Service	Lack of resource to deliver the benzodiazepine dependence pathway compliant with guidelines	20	16	16	16	16	→	9
999	Mental Health (Dundee)	Specialist psychiatrist time in Tayside Eating Disorders Service	15	9	9	9	9	→	6
1086	Mental Health (Dundee)	recruitment of clinical staff	15	12	12	12	12	→	8
1341	Mental Health (Dundee)	Staffing for delivered services	15	12	12	12	12	→	9
877	Tayside Sexual and Reproductive Health	SRH Consultant Role	16	9	9	9	9	→	4
933	CBIR	Consultant medical staff	9	6	6	6	6	→	2
1434	Allied Health Professionals (Dundee HSCP)	Capacity issue due to vacancy and new staff -- Diabetes Team	20	12	12	12	12	→	6
1214	Community Nursing (Dundee HSCP)	Lack of qualified District Nurses within Dundee HSCP	16	12	12	12	Closed 15/04/2025		
1050	Older People Services (Dundee)	Workforce	12	12	12	12	Closed 24/02/2025		
1283	Allied Health Professionals (Dundee HSCP)	Recruitment challenges in Paediatric Team	12	6	6	4	Closed 27/02/2025		
1471	Tayside Sexual and Reproductive Health	Unassigned AMD	16	9	9	9	Treated/Archived 25/02/2025		

### Treated/Archived Risks

- b.2 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 three risks treated/archived with the since the last report: one in Tayside Sexual and Reproductive Health and two in Mental Health (Dundee).

### Closed Risks

- b.3 Closed Risks are risks that have been replaced or superseded and are therefore no longer required to be managed.

There have been three risks treated/archived with the since the last report: one in Older People Services, one in Allied Health Professionals (Dundee) and one in Specialist Palliative Care.

### Clinical & Care Governance Arrangements

- b.4 The arrangements for clinical, care & 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 as outlined in the table below.

To support enhanced compliance and to meet internal audit recommendations, the production and presentation of exception reports is being more closely monitored. The Clinical, Care and Professional Governance Group are also reviewing frequency of annual reports and exception reports to support management capacity. The following table details where assurance reports have been submitted and if a member of the service was present to speak to the report or provide a verbal update.

MEETING DATE	24-Apr-24		20-Jun-24		14-Aug-24		09-Oct-24		04-Dec-24		29-Jan-25		26-Mar-25	
EXCEPTION REPORT	Report	Speaker	Report	Speaker	Report	Speaker	Report	Speaker	Report	Speaker	Report	Speaker	Report	Speaker
Learning Disability & Mental Health	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Psychology	Y	N	N	N	Y	Y	Y	Y	N	N	Y	Y	N	N
DDARS & Sexual Health	N	Y	N	Y	N	N	Y	Y	Y	Y	N	N	N	Y
Nutrition & Dietetics	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Community Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Acute & Urgent Care	N	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Inpatients & Day Care	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Older People MH & Care Homes	Y	Y	N	Y	N	Y	Y	N	Y	N	Y	Y	Y	Y
Primary Care	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

- b.5 Key Elements Reported in CCPG Group

#### Community Services

- An engagement event was held for Community Treatment and Care Services (CTACS) across Tayside regarding the requirement to provide services to children and young people. Further consultation, engagement and training will be required in line with the NHST Tayside organisational change processes to progress this.
- Physiotherapy and Occupational Therapy leadership structures within adult services are being redesigned to drive enhanced effectiveness across pathways.

- There is an ongoing risk in relation to damp and mould in Ardler Clinic. Concerns have been raised with regard to staff health and absence due to respiratory conditions – this is being monitored.

#### Mental Health and Learning Disability

- Community Mental Health Team (CMHT): Referral rates continue to rise with no signs of plateau. For CMHT West, the pre-COVID average of 65 which increased to 109 from 4/20 onwards, for the last two months has an average of 150. For CMHT East, those same rates are 65, 94 and 120, i.e. double the pre-COVID rate.
- Locum Psychiatry provision has stabilised again with the return of a second psychiatrist to CMHT West.
- From Datix analysis: Cluster of violence and aggression incidents: Small number of patients (Police already involved and behavioural management plan in place) involving verbal aggression over the phone, there have been three other in-person violence and aggression incidents within the clinic setting and one home-based incident. Weapons were involved in two of these (no bodily harm to anyone but property damage in one).

#### Psychiatry of Old Age (POA) In-patient and Community Services

- Community teams are now fully staffed and staff levels across the wards are improving.
- Kingsway Care Centre (KCC) building has a great number of issues for repair, especially concerning the roof. Due to recent heavy rain it has been necessary to take some rooms out of use. Twelve desks are currently inaccessible for community staff. Ongoing Health and Safety review of the building.
- Anti-ligature work has now been completed in four rooms in Ward 4, KCC.

#### Primary Care

- The lease process remains unclear. A Paper has been drafted for Executive Leadership Team to seek clarity and support moving this forward.
- Accommodation remains an issue for supporting clinical services across a number of areas, in terms of reduced availability and poor condition. Concerns have been raised about the potential impact on CTACS services if sufficient space cannot be found to house additional clinics.

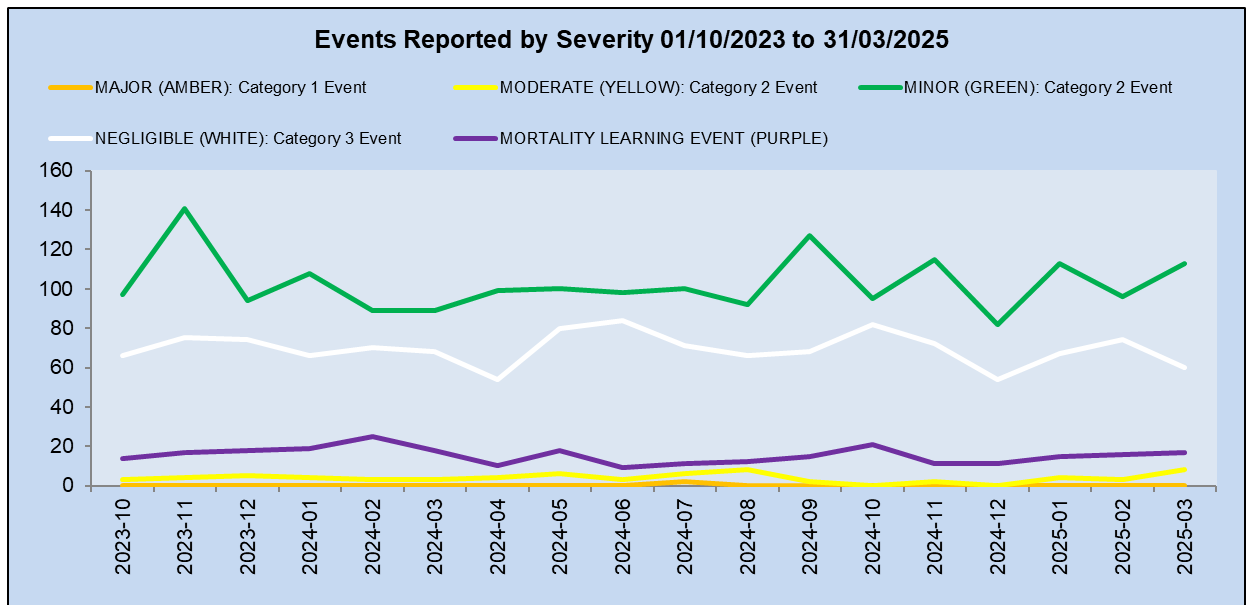
#### Nutrition and Dietetics

- The Adult Weight Management waiting list continues to grow with referral rates five times higher than pre-COVID levels. Significant redesign has occurred across the service and a paper has been compiled to seek additional funding to reduce this waiting list.
- The Paediatric service, which requested mutual aid 18 months ago is now fully staffed and delivering well across all aspects of paediatric dietetic care.
- Challenges have presented with the provision of the home enteral tube feeding contract, with potential for patients to be left without feed. Work is ongoing across the whole system to address and mitigate.

#### c. Adverse Event Management

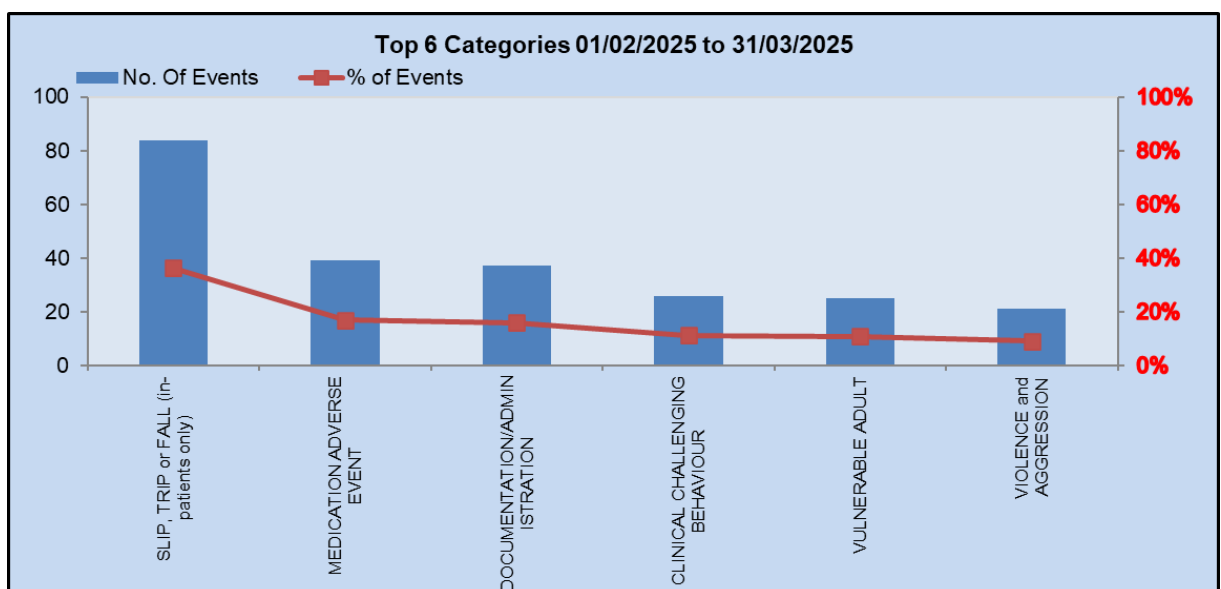
- c.1 The following graph shows the impact of the reported adverse events by month over the past 18 months. There were 387 adverse events reported in this time period (01/02/2025-31/03/2025). There is an increase in minor events with a small rise in Mortality Learning Events, the majority of these are reported through Expected Death categories (14 of 33 reported adverse events).





The ratio of events with harm to events with no harm is 1 to 3.8. There is no change from the previous report.

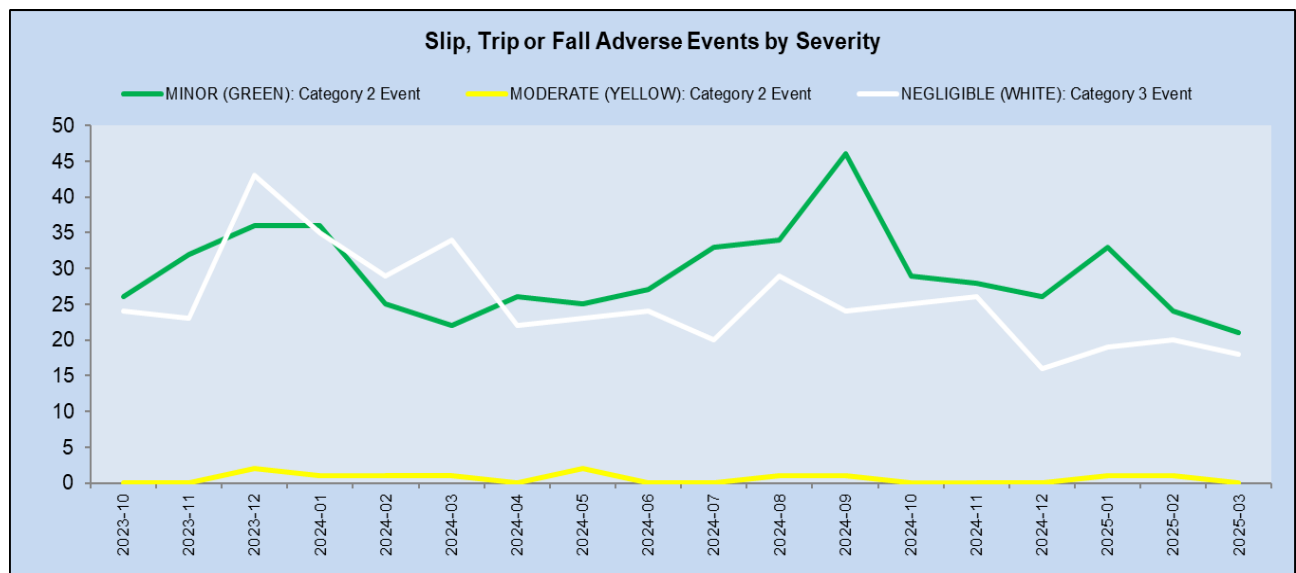
c.2 The following graph shows the Top Six Categories reported between 01/02/2025 and 31/03/2025.



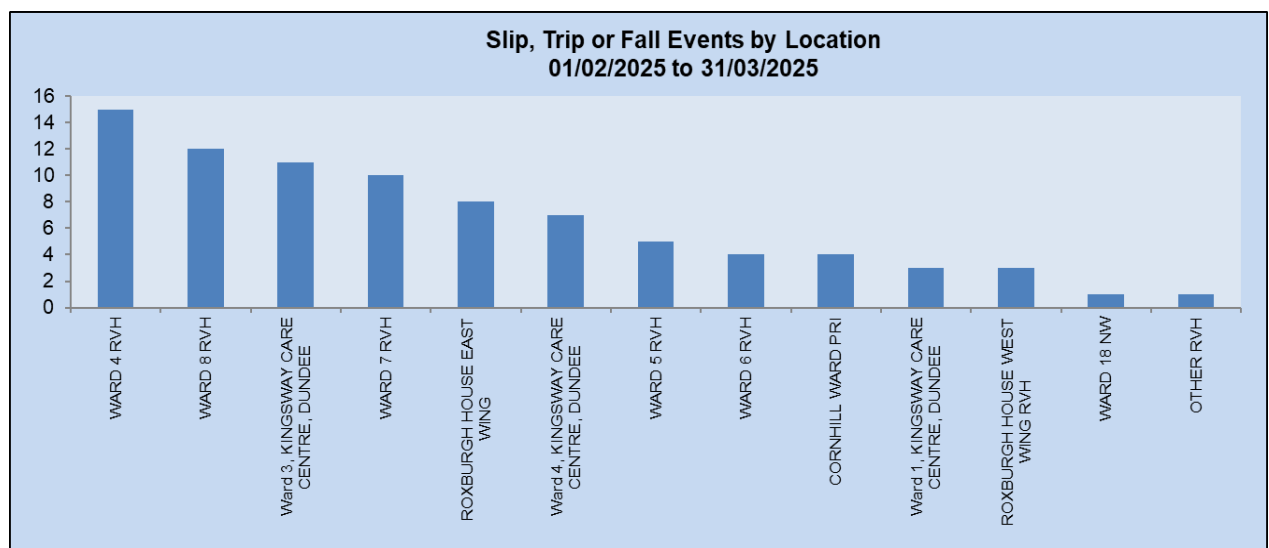
These categories account for 232 of the 387 events (60%) reported within the time period.

#### Slips, Trips and Falls

c.3 There were 84 events reported between 01/02/2025 and 31/03/2025. This is a decrease of 24 from the last reporting period. The following table shows slips, trips and falls by severity over the past 18 months:



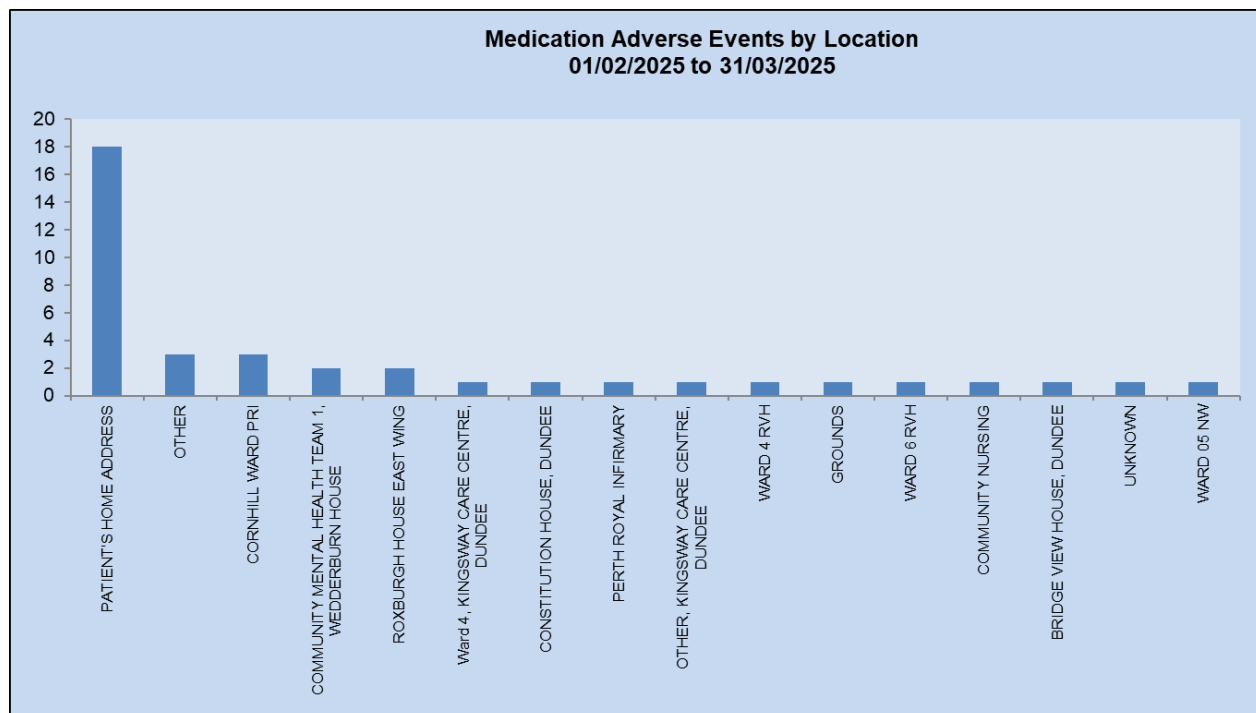
- c.4 The following chart shows the number of slips, trips and falls (In-patients only) by location, with the highest number of falls being across Medicine for the Elderly (29 of 84). Inpatient teams continue to review all falls to ensure all preventative measures are in place and that post-falls reviews are undertaken. The level of harm resulting from a fall remains low.



- c.5 The above graph (c.4) shows an increase of 3 in inpatient falls over this reporting period. A review of the adverse events shows a number of individuals were responsible for multiple events across a number of ward areas. The severity of these adverse events remains low with minimal harm to patients (bruising, skin flaps) and no harm to staff.

#### Medication Adverse Events

- c.6 There were 39 events reported between 01/02/2025 and 31/03/2025. This is an increase of 5 from the last reporting period. Within this there were 17 separate subcategories reported across eleven 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 (18) with the most commonly occurring subcategory being Missed Dose by Staff (6), with four within District Nursing.



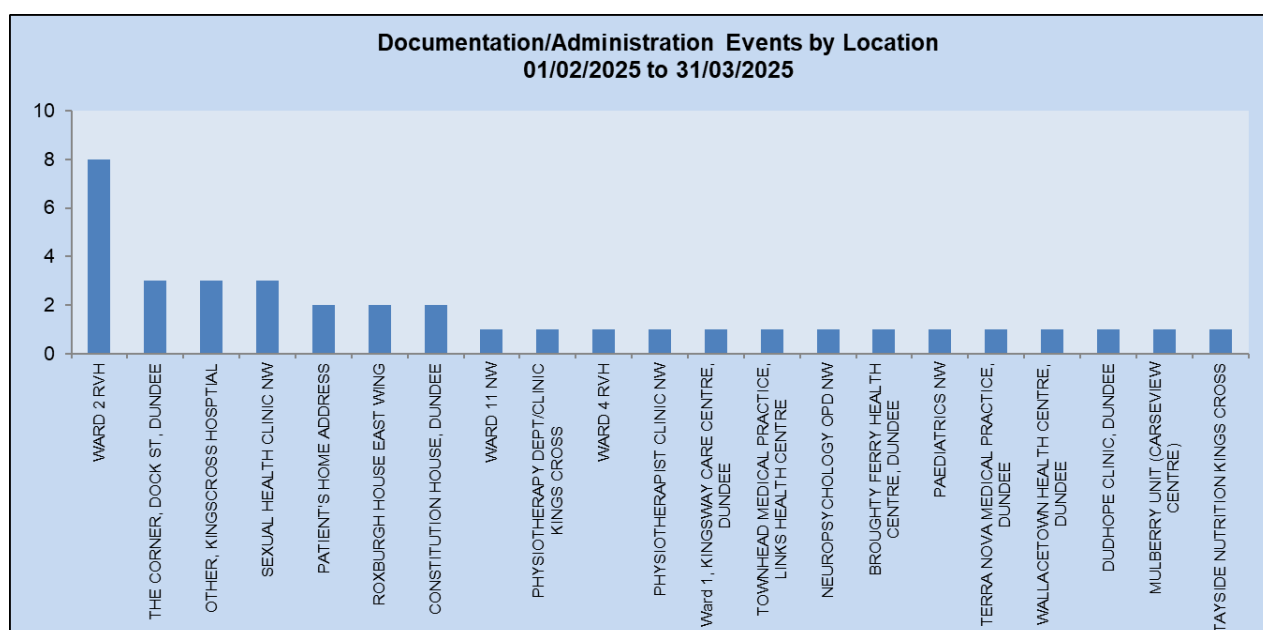
Each adverse event is followed up within the team to identify learning and any required improvements with those involved undertaking reflection. This frequently includes working closely with pharmacy colleagues.

A number of these incidents identified adverse events in other parts of the system that were identified via HSCP teams, e.g. Incorrect Dose/Rate. Follow up discussions are held with teams to support learning and management of risk.

The District Nursing Service is working with digital partners to transition to Morse (Electronic Patient Record). This will support a more standardised approach to workload management and scheduling, allowing for less risk of medication adverse events occurring.

#### Documentation/Administration

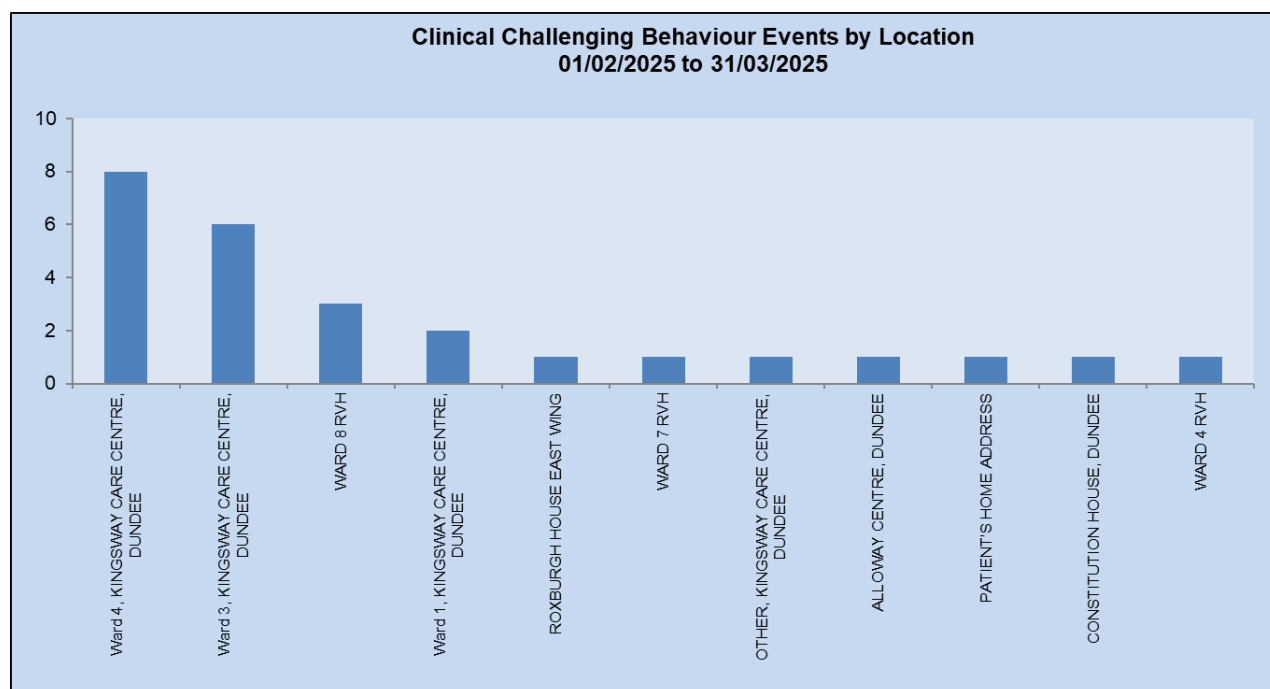
- c.7 There were 37 events reported between 01/02/2025 and 31/03/2025. This shows an increase of 9 from the last reporting period. The chart below shows the documentation/administration events by location.



The high number of incidents reported this period was primarily due to documentation error (10). They all occurred over nine different clinical teams with no clear themes.

### Clinical Challenging Behaviour

- c.8 There were 26 events reported between 01/02/2025 and 31/03/2025. This is a decrease of 36 from the last report. The chart below shows the clinical challenging behaviour (CCB) adverse events by location.



The majority of these events occur in our Psychiatry of Old Age service. There are an increasing number of patients being admitted with high levels of stress and distress. There is very positive evidence of these incidents being well managed, with staff being well supported as outlined in the post-incident reviews that are carried out.

As a mental health unit, the level of Behavioural Psychological Symptoms in Dementia patients' experience fluctuates throughout their admission to hospital. However, we generally see an increase of CCB on admission when patients are experiencing high levels of CCB due to unfamiliar environments and staff. Patients who are an absconding risk, have an undiagnosed infection on admission, require assistance to meet personal care needs, increased noise levels within the ward, medication compliance and falls risk all impact the number of CCB events.

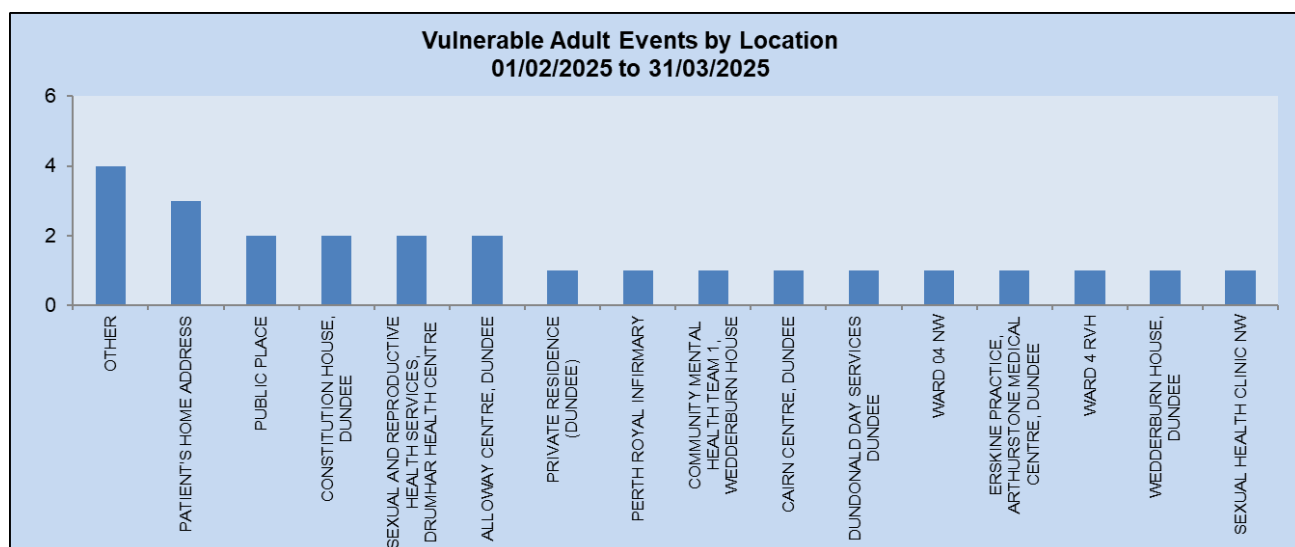
Developing individualised care plans based on patient triggers and coping strategies, developing structured routines to reduce anxiety and ensure consistency and having structured activities and therapeutic interventions contribute to reducing distress and therefore the number of CCB events. Staff utilise enhanced communication techniques, de-escalation, trauma-informed care and person-centred approaches to support them to manage these events more effectively.

The Floor Nurse role is beneficial in reducing the number of CCB events as they identify early warning signs of agitation and implement proactive strategies such as offering 1 to 1 discussions or engaging patients in preferred activities that help prevent escalations in behaviour. The role minimises the requirement for physical interventions and a reduction in 'as required' medication. Adjustments to the environment, reducing noise where possible and individual bedrooms help create calm spaces and minimise triggers for distressing behaviours.

This approach has led to fewer incidences requiring increased staffing levels, fewer incidences of intramuscular injections requiring Prevention and Management of Violence and Aggression and an increase in staff to manage challenging behaviours when they occur. Staff have reported benefits including decrease in burnout, assaults and injury.

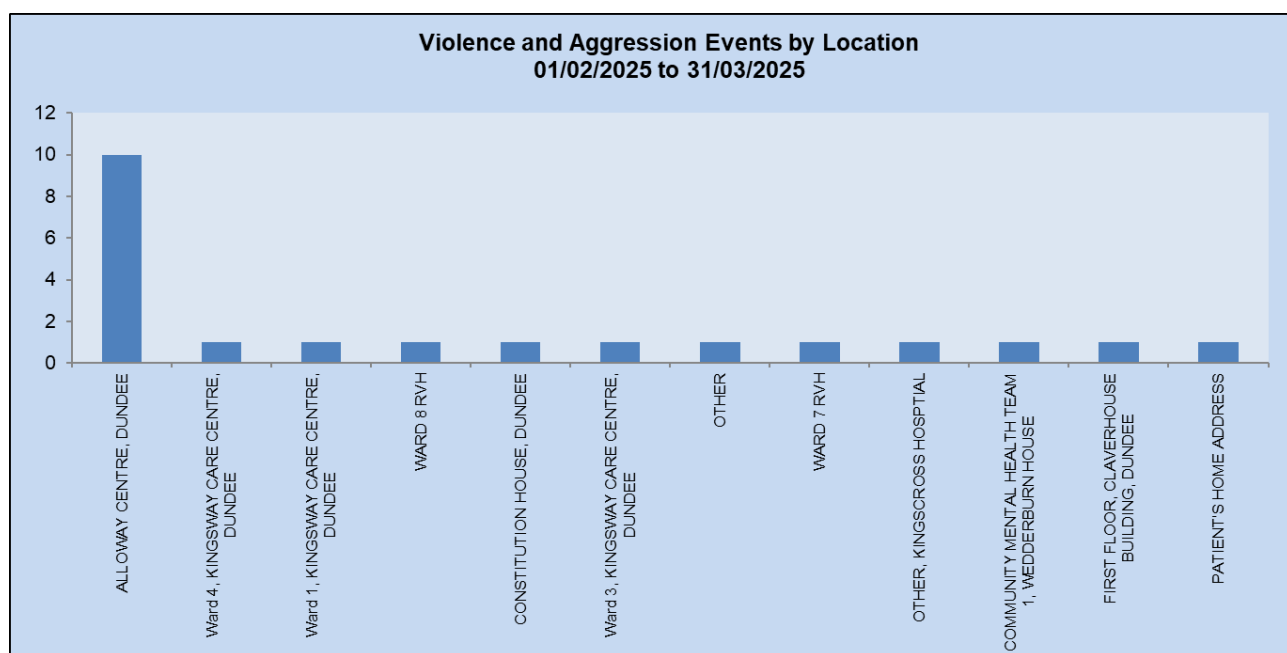
### Vulnerable Adult

- c.9 There were 25 events reported in this reporting period. This is an increase of 14 since last reporting period. The high number of incidents reported this period was primarily due to Possible Exposure to Abusive Behaviour (16). They all occurred over eight different clinical teams with the majority reported in Community Mental Health Services (6).



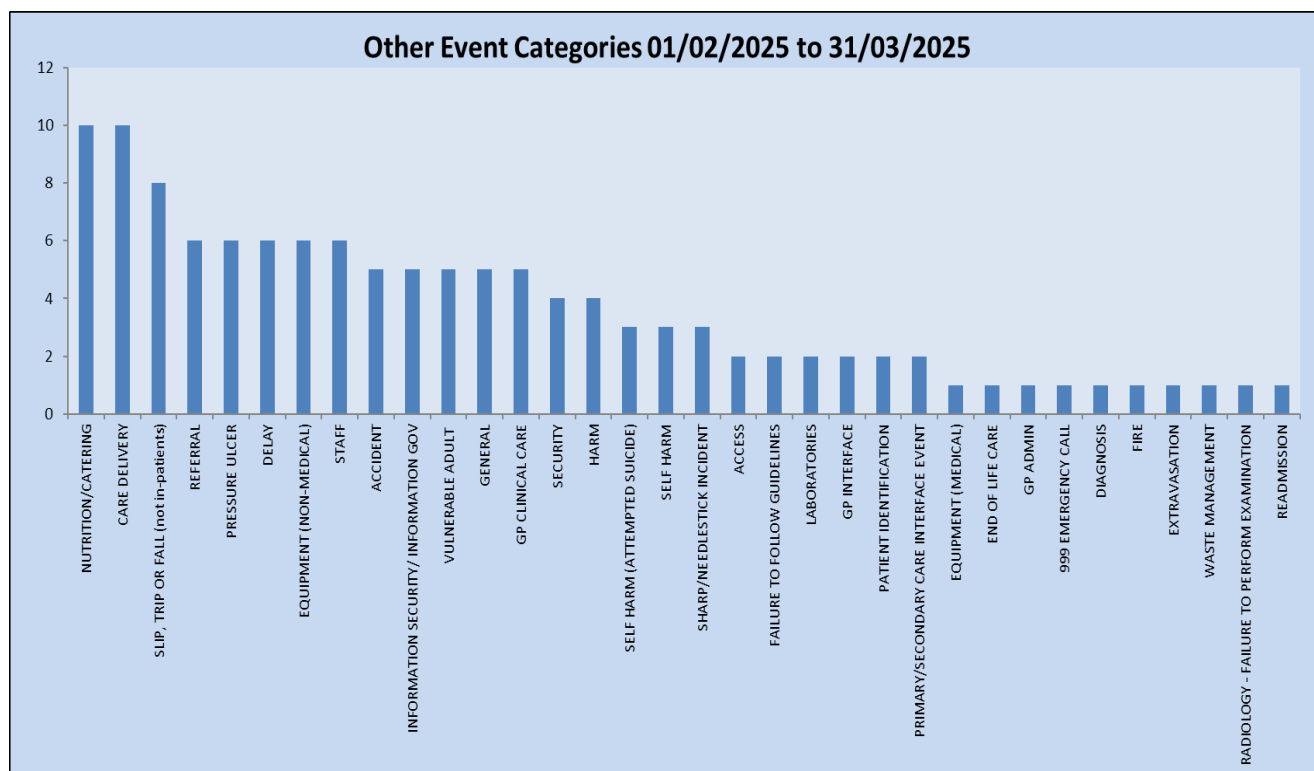
### Violence and Aggression

- c.10 There were 21 events reported in this reporting period. This is an increase of 11 since last reporting period. The high number of incidents reported this period was primarily due to Possible Exposure to Aggressive Behaviour by a Patient – Verbal (12). They all occurred over five different clinical teams with the majority reported in Community Mental Health Services (8).



### Other Event Categories

- c.11 There were 122 events reported outwith the top six events and Mortality events reported. These are listed in the chart below.



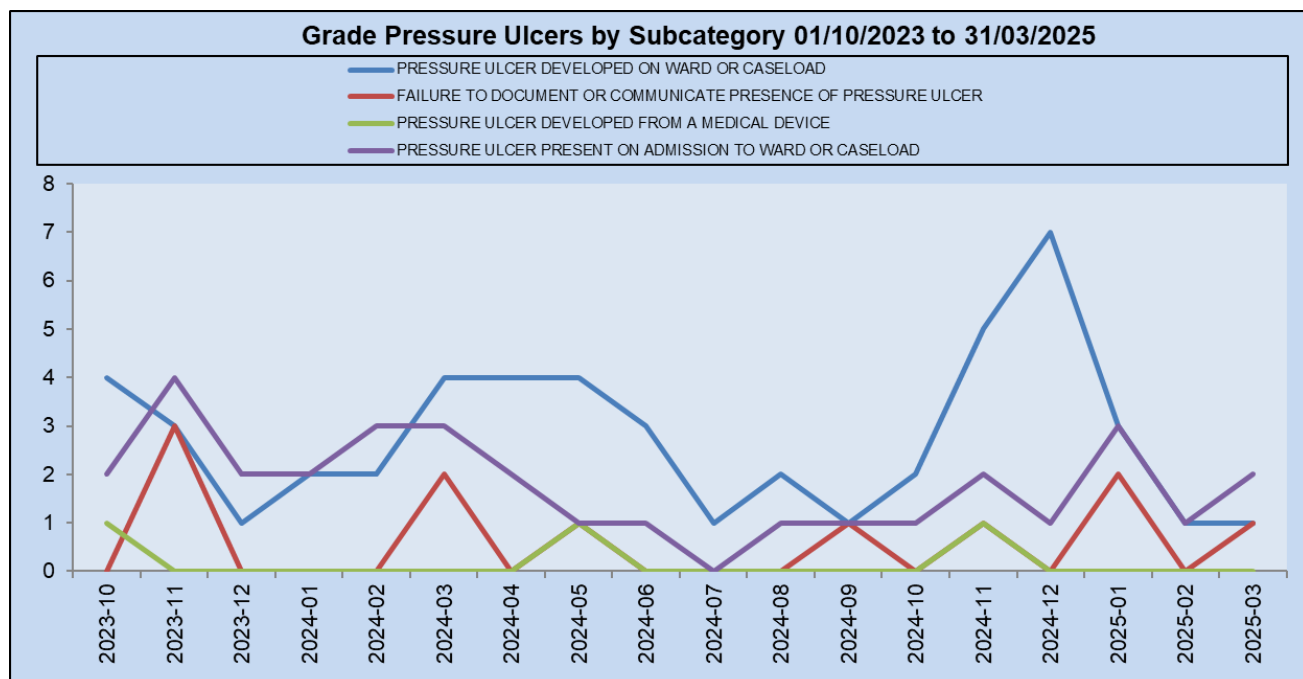
### Significant Adverse Event Reviews

- c.12 There are currently four active Significant Adverse Event Reviews in Dundee HSCP. Two of these are now ready to be signed off. Once complete, a learning summary will be shared with the committee.

SAER 1	Awaiting level 2 sign off
SAER 2	Awaiting level 2 sign off
SAER 3	Under review
SAER 4	Under review

### Pressure Ulcers & Falls

- c.13 There have been six pressure ulcer events reported between 01/02/2025 and 31/03/2025. This is a decrease of six on the last reporting period. The number of pressure ulcers reported over the past 18 months is shown in the following graph, by subcategory.



Where pressure ulcers develop on a ward or caseload this is consistently reviewed, and within community services is predominantly as a result of patients and families not following the clinical advice provided by the nursing team. The team will work with families and patients to educate and support as much as possible in these situations, ensuring patient-centred care, particularly during palliative and end of life care.

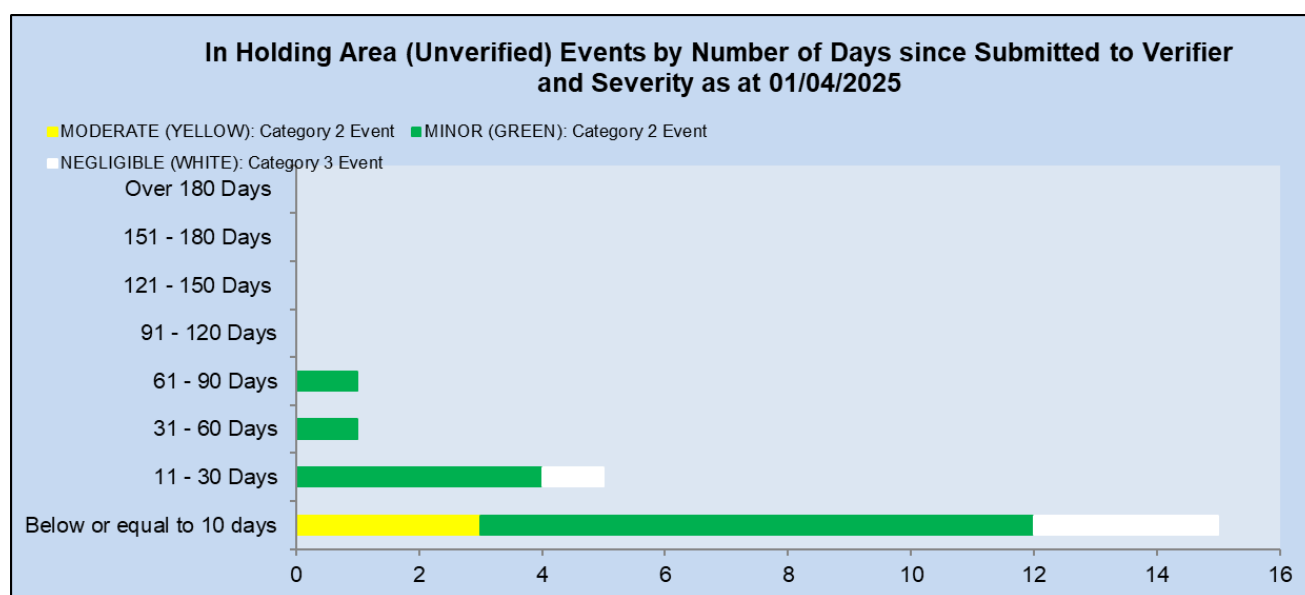
Where pressure ulcers are noted on admission to a caseload or ward, work investigations are commenced to ensure all preventative steps have been taken, with all relevant services collaborating.

#### Adverse Events Management – Systems and Processes

##### **c.14** Overdue Unverified Events

At the time of data extraction, there were 22 unverified events. This is an increase of 10 since last reporting period. Of these unverified events, 17 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.

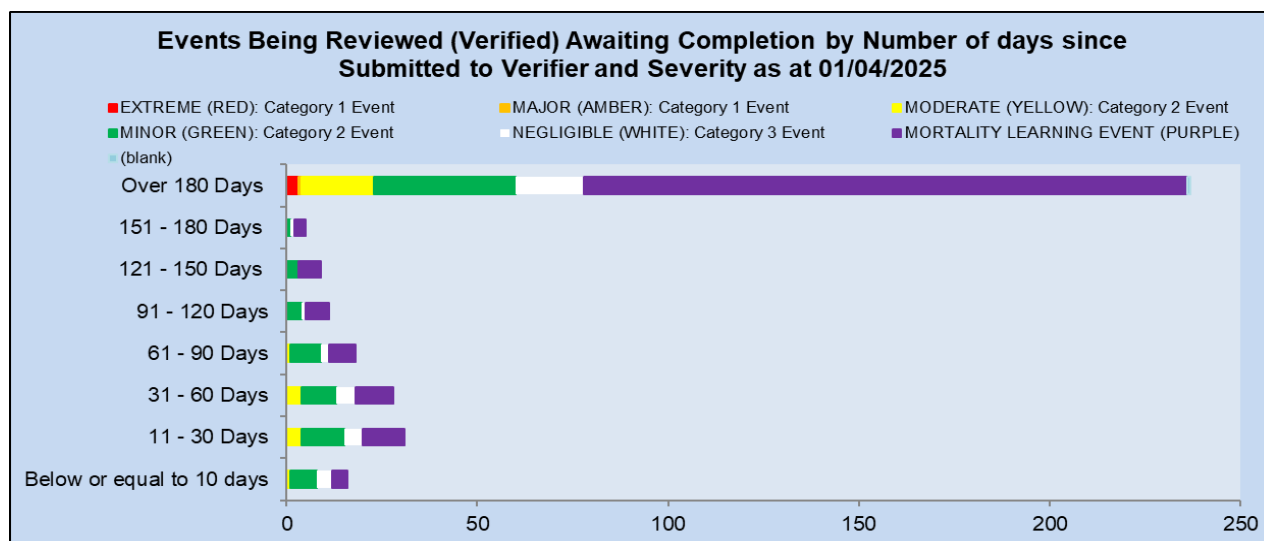


The Dundee HSCP Governance Huddle meets weekly and will review unverified adverse events and provide prompts to managers to take action for outstanding events. If an adverse event might need immediate action, the huddle will escalate to other members of the team for action and review.

##### **c.15** Overdue Verified Events

There are 355 (361 last reporting period) 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.



c.16 The table below shows the number of overdue events by the year and department.

Department	2019	2020	2021	2022	2023	2024	2025	Total*	Change**
Community Mental Health Services	0	2	2	21	30	25	7	87(91)	↓
Primary Care (DDARS)	0	0	2	6	14	8	6	36(34)	↑
West (DDARS)	0	0	1	3	10	18	3	35(28)	↑
East (DDARS)	0	2	6	4	2	12	6	32(48)	↓
Central (DDARS)	0	0	1	1	9	20	0	31(43)	↓
Community Learning Disabilities - Dundee HSCP	0	1	0	4	5	1	7	18(13)	↑
District Nursing (Dundee HSCP)	0	0	0	0	0	3	15	18(14)	↑
Psychiatry of Old Age - Older People Services (Dundee)	0	0	0	0	6	7	3	16(16)	↔
Area Psychological Therapy Service - MH (Dundee)	0	0	1	0	0	7	4	12(10)	↑
Other - Mental Health (Dundee)	0	0	0	3	3	4	1	11(13)	↓
Other (DDARS)	0	0	0	0	0	6	2	8(6)	↑
Other - Specialist Palliative Care	0	0	0	0	0	0	7	7(6)	↑
General Practice - Dundee HSCP	0	0	0	1	2	0	3	6(5)	↑
Nutrition and Dietetics (Dundee HSCP)	0	0	0	0	0	0	5	5(2)	↑
Allied Health Professions (Dundee HSCP)	0	0	0	1	2	2	0	5(6)	↓
MFE (Medicine for the Elderly) - OPS (Dundee)	0	0	0	0	0	1	4	5(7)	↓
Specialist Community Nursing (Dundee HSCP)	0	0	0	0	1	0	2	3(2)	↑
Adult Psychotherapy Service - Mental Health (Dundee)	0	0	0	1	0	1	1	3(3)	↔
General Practice - Dundee	0	0	0	0	0	2	0	2(4)	↓
(Risk Only) System-Wide Mental Health Risk - Dundee HSCP	0	0	0	0	0	2	0	2(1)	↑
Palliative Medicine	0	0	0	0	0	0	2	2(2)	↔
(blank)	0	0	0	0	0	2	0	2(2)	↔
Adults and Older People	0	0	0	0	0	0	2	2(1)	↑
Speech and Language Therapy (AHPs, Dundee HSCP)	0	0	0	0	0	1	0	1(2)	↓
Learning Disability - Social Work - DHSCP	0	0	0	0	0	1	0	1(1)	↔
CMHT - Social Work - DHSCP	0	0	0	0	1	0	0	1(2)	↓
Physiotherapy (Allied Health Professionals Dundee HSCP)	0	0	0	0	0	1	0	1(3)	↓
Health Inclusion Team, Dundee HSCP PCS	0	0	0	0	0	0	1	1(0)	↑
Corporate Services (Dundee)	0	0	0	0	0	1	0	1(1)	↔
Stroke and Neuro Rehab unit RVH	0	0	0	0	0	1	0	1(2)	↓
Health (DDARS)	0	0	0	0	0	0	0	0(1)	↓
Connect Early Intervention in Psychosis	0	0	0	0	0	0	0	0(1)	↓
Sources of Support	0	0	0	0	0	0	0	0(1)	↓
Tayside Sexual and Reproductive Health	0	0	0	0	0	0	0	0(1)	↓
Total	0	5	13	45	85	126	81	355(375)	↓

\* Figures in brackets relate to the end of January 2025 report

\*\* Since end of January 2025 report



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. Other factors also contribute to these adverse events not being progressed, including awaiting toxicology results, Procurator Fiscal involvement, awaiting information from other agencies (e.g. 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.

Event Severity	2019	2020	2021	2022	2023	2024	2025
EXTREME (RED): Category 1 Event	0(0)	0(1)	0(0)	1(1)	1(1)	0(1)	0(0)
MAJOR (AMBER): Category 1 Event	0(0)	0(0)	0(0)	0(0)	0(0)	1(1)	0(0)
MODERATE (YELLOW): Category 2 Event	0(0)	0(0)	0(0)	1(1)	7(7)	11(17)	10(6)
MINOR (GREEN): Category 2 Event	0(0)	0(0)	0(2)	4(5)	13(12)	32(45)	31(10)
NEGLIGIBLE (WHITE): Category 3 Event	0(0)	0(1)	0(1)	6(6)	6(6)	8(12)	15(6)
MORTALITY LEARNING EVENT (PURPLE)	0(2)	5(5)	13(18)	33(36)	57(69)	74(76)	25(8)
(blank)	0(0)	0(0)	0(0)	0(0)	1(1)	0(0)	0(0)
Total	0	5	13	45	85	126	81

#### d. Feedback

##### d.1 Complaints

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

Current complaints as at 09/04/2025

Clinical Care Group/Department	Days_Band	0-5 Days	6-10 Days	11-15 Days	16-20 Days	>20 Days	>40 Days	>100 Days	Total
Mental Health (Dundee)		-	-	-	-	3	-	1	4
General Practice - Dundee HSCP		1	-	1	1	-	-	-	3
(Risk Only) System-Wide Mental Health Risk - Dundee HSCP		-	-	1	-	-	-	-	1
Allied Health Professionals (Dundee HSCP)		-	-	-	-	-	1	-	1
Dundee Drug and Alcohol Recovery Service		-	1	-	-	-	-	-	1
Specialist Palliative Care		-	-	-	1	-	-	-	1
<b>Total</b>		<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>11</b>

Complaints management continues to perform moderately well across the partnership. Ongoing collaboration with the Patient Experience Team to continue to improve this position will remain in place.

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.

##### d.2 Positive feedback

The development of the Care Opinion feedback system continues across the HSCP. This will provide additional direct patient feedback for teams to reflect upon.

The Corner:

*"All the staff are very friendly and made me feel comfortable with all my concerns."*

*"I feel so much better than when I came in. They gave me lots of clarity and reassurance and I feel I am able to deal with my situation better. Thank you so much."*

Health Inclusion Service:

*"I can cry at how amazing the Practitioner's support has been; it really has been life-changing for me. She has made me feel so relaxed and gone at my pace. I can't believe just how much progress I have made. I thought I was destined to never leave my home, but I feel true freedom when I am out with the practitioner, she makes me feel so calm and at ease. I've spent years changing my furniture and wallpaper just to try and change my environment. But now I don't need to do this. I am so grateful for her support and feel I can now build on this."*

*"Recently I have struggled with mental health issues, which has been an on-again-off-again condition for circa 20 years. During this time I have attended many medical practices and met with many more G.P.'s. Ancrum Medical Centre stands apart. The level of support which they have delivered excels any expectations I had, from the G.P.'s, to the mental health specialists, to the receptionists. Link Worker in particular has been an unexpected, and greatly appreciated source of support, smoothing an otherwise 'rocky road'. He has consistently delivered a professional service, both empathetic and easy-going. Connecting me with external organisations for financial and emotional support, which I would not have otherwise known about. I cannot over state just how beneficial Link Worker, and the service he has provided, has been during this difficult, and emotional time. I would like to express my gratitude to Link Worker for the exceptional service he provides."*

#### Specialist Community Nursing:

*"I am writing to give feedback on the Wound Clinics we have been attending for some months now. My husband was diagnosed with a serious leg cellulitis some months ago and we have had wonderful care from all the nurses he has seen (and still seeing) often twice a week. Even on public holidays etc when things have blown up he has been able to attend at the KXH to be seen. The nurses are very helpful, friendly and reassuring and there are never any problems getting seen. They always let you know that if his leg is needing attention that we do not hesitate just to get in touch."*

*"This must definitely be one of the best services in Tayside and we are so grateful it is available. We have met so many different nurses over these months and without exception they have been friendly professional and helpful which has reassured us both. Please pass on our very grateful thanks to the nurses."*

#### Scottish Public Services Ombudsman Reports

- d.3 There are currently no cases with the Ombudsman under investigation.

#### External Reports & Inspections

- d.4 There have been no external inspections during this reporting period.

#### e. Mental Health

##### Mental Health Key Performance Indicators

- e.1 The suite of mental health measures for Dundee is intended to provide assurance and allow for scrutiny of mental health services delegated to Dundee IJB. The indicators have been developed in tandem with a suite of substance use measures being developed for the purpose of presenting information regarding performance within NHS Tayside functions. The suite of indicators is dynamic and can be improved and enhanced. Collaborative work with both Perth & Kinross and Angus HSCPs is ongoing to determine the final position for mental health key performance indicators.

#### Community Mental Health Team (CMHT) Activity

- e.2 The following series of graphs relate to the waiting lists across the East and West Community Mental Health Teams. This data demonstrates that the demand on CMHT services has increased from pre-COVID levels and appears to be remaining at those increased levels.

CMHTs remain entirely dependent on Locum Consultant staffing and the differences between East and West Teams are largely resultant from a difference in stability across that staff group, as well as a historic difference in baseline staffing levels (for medics).

CMHT West's list shows an upward trend in new additions to outpatient waiting list and new referral numbers. New outpatient attendance remains steady.

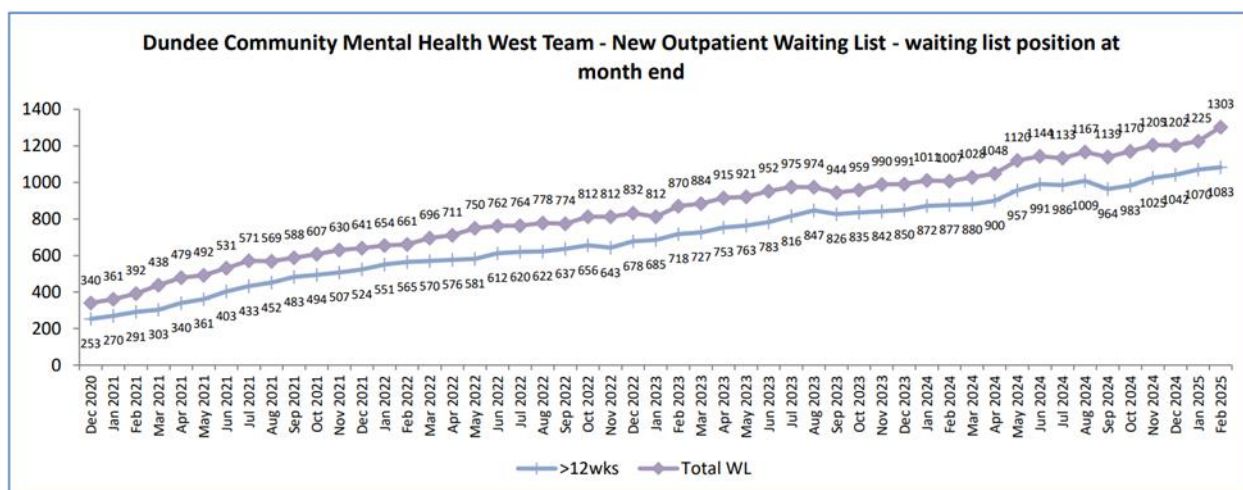
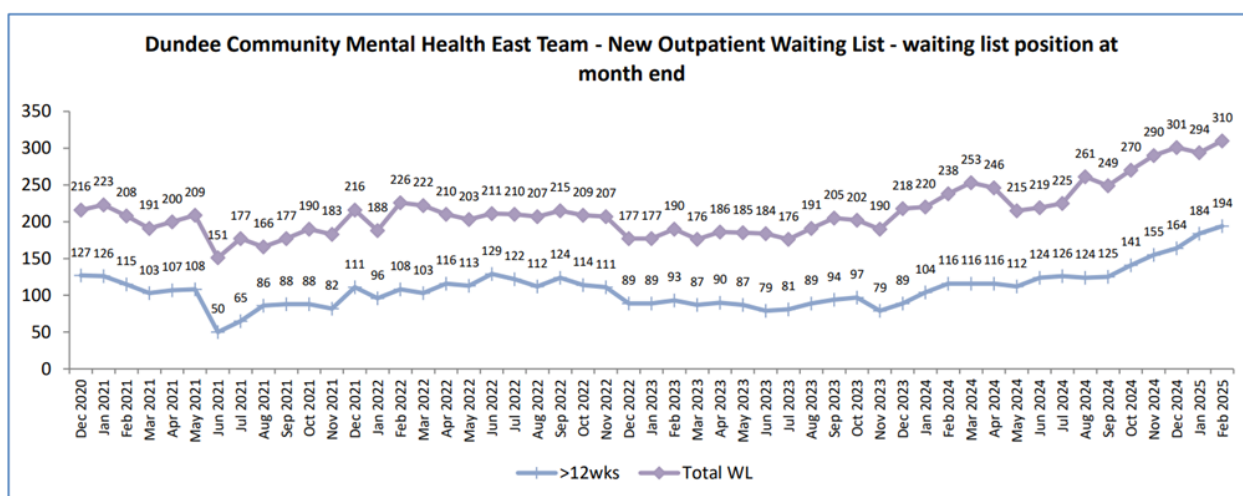
High level of sickness absence and vacancies are impacting on ability to reduce waiting list due to staff absorbing caseloads where individuals are absent or there are vacant post. The focus is on safe and effective care of existing patients. Consultant cover remains steady.

Financial challenges have impacted on ability to recruit to vacant posts however detailed planning is underway to ensure risk-based approach in place to support recruitment decisions.

East Team continues to offer Near Me as a platform to engage with service users.

CMHT West's waiting list continues in an upward trend and may be linked with the allocation of GP practices aligned to each CMHT. West have a higher number of practices aligned to their service and demographically there are a higher number of students registered in a practice in the West. West continues to push towards seeing more new patients to reduce the waiting list number. The consultation is ongoing around review of GP allocation for CMHTs.

- e.3 Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:



## 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

<b>Risk 1 Description</b>	The risk of not providing sufficient assurance through governance assurance routes will reduce confidence in the ability of the HSCP to deliver safe, quality care.
<b>Risk Category</b>	Governance
<b>Inherent Risk Level</b>	Likelihood (2) x Impact (4) = Risk Scoring (8)
<b>Mitigating Actions</b> (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.
<b>Residual Risk Level</b>	Likelihood (2) x Impact (4) = Risk Scoring (8)
<b>Planned Risk Level</b>	Likelihood (1) x Impact (3) = Risk Scoring (3)
<b>Approval Recommendation</b>	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

## 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: 07 May 2025

Jenny Hill  
Head of Service

Angela Smith  
Interim Head of Health and Community Care

Matthew Kendall  
Allied Health Professions Lead

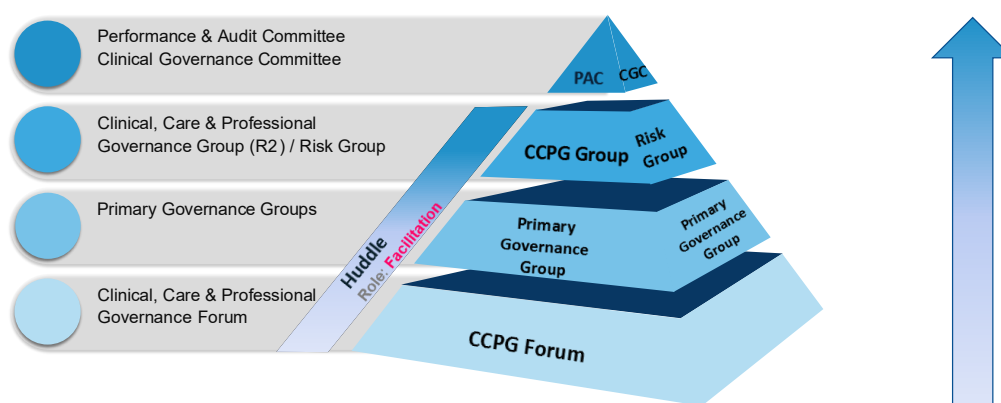
Niki Walker  
Clinical Governance Facilitator

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.	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.



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.

### Primary Governance Groups (PGG)

There are currently nine PGGs:

- In Patient & Day Care Services (MfE, Stroke and Neurology, Palliative)
- Adult Community Services
- Acute and Urgent Care
- Mental Health & Learning Disabilities
- Psychological Therapies
- Primary Care & Health Inclusion
- Nutrition and Dietetics
- Dundee Drugs and Alcohol Recovery & Tayside Sexual and Reproductive Health Services
- Older People's Mental Health and Care Homes

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 CCPG 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 – 21 MAY 2025

**REPORT ON:** ANNUAL REVIEW OF 2024-25

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC13-2025

## **1.0 PURPOSE OF REPORT**

- 1.1 To enable Performance and Audit Committee to undertake a self-assessment review of 2024-25 activity, which will subsequently be utilised to provide assurance to IJB.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the contents of the report.
- 2.2 Confirms the activities undertaken by Performance and Audit Committee during 2024/25 are in line with its remit and terms of reference and instructs a report be submitted to IJB for oversight and assurance purposes.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None

## **4.0 MAIN TEXT**

- 4.1 The Performance and Audit Committee (PAC) was established as a Standing Committee of the Integration Joint Board (IJB) at the IJB meeting of the 30 August 2016 (Item IX of the minute refers) to ensure the IJB met its responsibilities for governance under the Integrated Resources Advisory Group (IRAG) guidance. Following this approval, the PAC first met on 17 January 2017 and has met on a regular basis ever since.
- 4.2 Revised Terms of Reference for PAC were approved by IJB on 13 December 2023 (Article IV of the meeting refers). PAC Terms of Reference were further reviewed by IJB on 11 December 2024 (Article XIII of the meeting refers) following the rotation of PAC Chair, with no material changes at that time.
- 4.3 The Terms of Reference notes the purpose of the PAC is to provide independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of governance processes. The PAC also scrutinises performance and best value arrangements.
- 4.4 Over the course of 2024/25 the PAC met on four occasions. The agendas of these meetings consisted of a core suite of regular reporting to each meeting of the PAC with additional reports presented as necessary or at the request of members of the committee. The PAC also receives annual reports falling as part of their remit. From May 2024 to January 2025, PAC considered the following reports:

Item	22/05/24	25/09/24	20/11/24	29/01/25
<b>Governance &amp; Assurance:</b>				
Strategic Risk Register	✓	✓	✓	✓
Governance Action Plan	✓	✓	✓	✓
PAC Action Tracker	✓	✓	✓	✓
Internal Audit 2024/25 Plan Approval		✓		
Internal Audit Plan Progress Report	✓	✓	✓	✓
Internal Audit Report – Workforce				✓
Protecting People Committee Annual Report 2023/24			✓	
Chief Social Work Officer Annual Report 2023/24			✓	
City Plan for Dundee 2022-2032 – Annual Report for 2023/24			✓	
<b>Performance:</b>				
Quarterly Performance Report	✓	✓	✓	✓
Quarterly Feedback Report (previously known as Complaints Performance)	✓	✓	✓	
Care Inspectorate Gradings for Care Homes 2023/24		✓		
Drug and Alcohol Service Indicators		✓		✓
Mental Health Service Quarterly Indicators		✓		✓
Finance and Strategic Services Capacity	✓			
Annual Performance Report 2023/24		✓		
Unscheduled Care		✓		✓
Health and Care Experience Survey 2023/24 Analysis		✓		
<b>Annual Accounts:</b>				
Dundee IJB Audited Annual Accounts 2023/24 and External Auditors Annual Report			✓	
<b>Clinical &amp; Care Governance:</b>				
Dundee HSCP Clinical, Care and Professional Governance Assurance Report	✓	✓	✓	✓

From the above it can be seen that the PAC considered a range of areas including:

- Regular governance reporting updates
- Reports in respect of year end assurances and audited annual accounts
- Regular reporting on internal audit activity
- Regular reporting on risk management and the IJBs Strategic Risk profile
- In depth reporting on specific areas of performance
- Assurances around Clinical Care and Professional Governance

## 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 an annual report of activity and does not require any policy or financial decisions at this time.

**7.0 CONSULTATIONS**

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

**8.0 BACKGROUND PAPERS**

- 8.1 None

Christine Jones  
Acting Chief Finance Officer

DATE: 21 April 2025

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**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 21 MAY 2025

**REPORT ON:** IJB DIRECTIONS 2024-25

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC12-2025

## **1.0 PURPOSE OF REPORT**

- 1.1 To review and provide assurance that IJB Directions have been issued and implemented during 2024-25 in line with IJB Directions Policy

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the content of this report advising that Directions detailed in section 4.6 have been issued in line with controls detailed in section 4.5.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None

## **4.0 MAIN TEXT**

- 4.1 Section 53 of the Public Bodies (Joint Working)(Scotland) Act 2014 provides that local authorities, health boards and integration authorities must have regard to any guidance issued by the Scottish Ministers about its functions under or in relation to that Act. The Scottish Government issued updated Guidance to local authorities, health boards and integration authorities on Directions from Integration Authorities to Health Boards and Local Authorities in March 2020.
- 4.2 The IJB's Directions Policy was approved on 19 April 2023 (Article IX of the Minute of the meeting refers).
- 4.3 The IJB is responsible for approving all Directions. Directions will be reviewed and issued at the start of the financial year to establish the budget for each service to be delivered. In order to provide flexibility and take account of strategic and financial developments and service changes throughout the year, or a change in local circumstances; Directions will be issued at any time as required by IJB decisions and will be subject to formal approval by the IJB as part of that decision making process.
- 4.4 Performance and Audit Committee will assume responsibility for monitoring and maintaining an overview of progress of the implementation of Directions. The PAC will escalate key delivery issues to the IJB.
- 4.5 The Directions Policy incorporates the following responsibility for PAC - The Performance and Audit Committee will review the effectiveness of the IJB's performance in relation to Directions on an annual basis having regard to the following controls:

- A policy is in place to define the aims and purpose of Directions;

- The requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 have been met (in particular, the requirement to issue a Direction in relation to **all** functions);
- The Directions have been clearly stated;
- The Directions issued comply with the Scottish Government's Statutory Guidance;
- Directions are necessary and proportionate;
- The procedure ensures Directions clearly align to the Strategic Plan;
- The procedure ensures Directions are communicated with DCC and NHST, including setting expectations for their completion;
- A procedure is in place to ensure Directions are subsequently revised during the year in response to developments and there is a process in place to revoke/ supersede previous versions; and
- A robust process is in place for annual reporting and monitoring arrangements, ensuring they are clear and implemented in practice.

#### 4.6 The IJB approved and issued the following Directions during 2024/25

IJB Meeting date	Report (number and name)	Direction issued to Dundee City Council, NHS Tayside or both	Full Text of Direction	Date of Review	Outcomes / Progress Review
17/04/24	No Directions Issued				
19/06/24	No Directions Issued				
21/08/24	DIJB47-2024 – Transformation Funding for Community Facing Palliative Care Services	NHS Tayside	Provide for a Band 7 Clinical Nurse Specialist to the above service over 18 months to map current provision, identify any gaps and develop a whole systems pathway ensuring effective co-ordination of care as outlined in this report	February 2026	Not yet due for review
21/08/24	DIJB48-2024 - Psychological Therapy Service - ADHD	NHS Tayside	To implement the additional service provision as set out within this report	March 2026	Not yet due for review
21/08/24	DIJB24-2024 – Redesign of MacKinnon Centre Services	Dundee City Council	Instructs Dundee City Centre to cease providing a Skills Service at MacKinnon Centre	None	Service ceased in line with Direction
21/08/24	DIJB43-2024 – Delivery of Primary Care Improvement Plan – Annual Update	NHS Tayside	Dundee IJB directs NHS Tayside to implement, with immediate effect, the specific actions relevant to them in the Tayside Primary Care Improvement Plan as outlined in the Dundee Action Plan (Appendix 1).	March 2025	Annual report scheduled for August meeting



23/10/24	No Directions Issued				
11/12/24	No Directions Issued				
19/02/25	DIJB3-2025 – Future Provision of Practical Support Services	Dundee City Council	The IJB directs Dundee City Council to formally withdraw the provision of practical support services.	February 2026	Not yet due for review
19/02/25	DIJB11-2025 – Review of Older People Day Opportunities	Dundee City Council	The IJB directs Dundee City Council to cease to commission day services from Alzheimer's Scotland.	August 2025	Not yet due for review
26/03/25	DIJB14-2025 – Dundee Integration Joint Board Proposed Budget 2025/26	Both	Dundee Integration Joint Board directs Dundee City Council and NHS Tayside to provide health and social care services as commissioned by Dundee Integration Joint Board within the resources allocated as set out in this report, subject to formal notification from NHS Tayside as to the level of budget offer. Further Directions will be issued by Dundee Integration Joint Board during 2025/26 as to the future provision of these services.	June 2025	Not yet due for review

## 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 an annual report of activity and does not require any policy or financial decisions at this time.

## 7.0 CONSULTATIONS

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

## 8.0 BACKGROUND PAPERS

- 8.1 None

Christine Jones  
Acting Chief Finance Officer

DATE: 21 April 2025

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**REPORT TO:** PERFORMANCE AND AUDIT COMMITTEE – 30 April 2025

**REPORT ON:** QUARTERLY FEEDBACK REPORT – 4<sup>th</sup> QUARTER 2024/25

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC16-2025

## **1.0 PURPOSE OF REPORT**

The purpose of this report is to summarise feedback received for the Health and Social Care Partnership (HSCP) in the fourth quarter of 2024/25. The complaints include complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the complaints handling performance for health and social work complaints set out within this report.
- 2.2 Note the work which has been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring, and reporting.
- 2.3 Note the recording of Planned Service Improvements following complaints that are upheld or partially upheld.
- 2.4 Note the work ongoing to implement Care Opinion as a feedback tool for all services in the Health and Social Care Partnership.

## **3.0 FINANCIAL IMPLICATIONS**

None

## **4.0 MAIN TEXT**

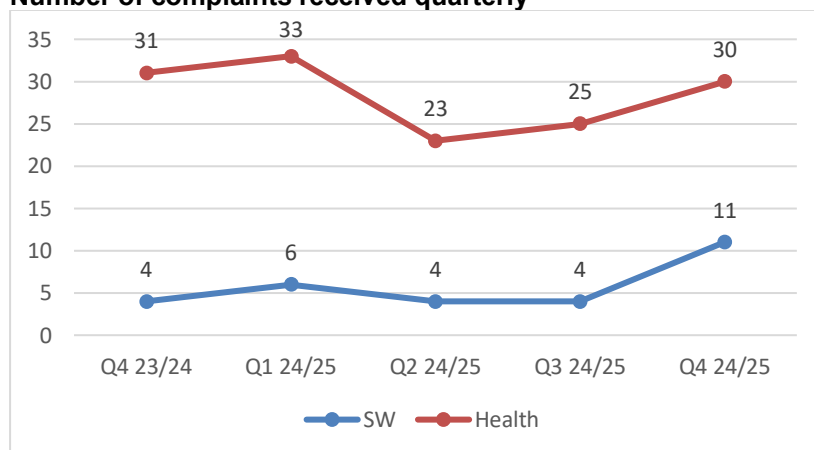
- 4.1 Since the 1<sup>st</sup> April 2017 both NHS and social work complaints follow the Scottish Public Service Ombudsman Model Complaint Handling Procedure. Both NHS Tayside Complaint Procedure and the Dundee Health and Social Care Partnerships Social Work Complaint Handling Procedures have been assessed as complying with the model complaint handling procedure by the SPSO.
- 4.2 Complaints are categorised by 2 stages: Stage 1: Frontline Resolution and Stage 2: Investigation. If a complainant remains dissatisfied with the outcome of a Stage 1: Frontline Resolution complaint, it can be escalated to a Stage 2. Complex complaints are handled as a Stage 2: Investigation complaint. If a complainant remains dissatisfied with the outcome of Stage 2: Investigation complaint they can contact the Scottish Public Services Ombudsman who will investigate the complaint, including professional decisions made. Complaints about the delivery of services are regularly presented to the Clinical, Care and Professional Governance Group to inform service improvement.

- 4.3 While the first graph advises the volume of complaints received during the period, this report is based upon complaints closed within the period.
- 4.4 Please note that not all figures will add up to 100% due to data quality issues within the data provided from the corporate complaints systems (for example, missing fields) .
- 4.5 Whilst the SPSO mandatory complaint reporting categories only apply to non-NHS complaints the Health and Social Care Partnership has committed to providing a cohesive complaint report that supports IJB members to compare complaints activity and outcomes across the multiple processes as easily as possible. Therefore, NHS complaints have been included in the same category of reporting. However, there are some difficulties in gaining timeous access to the NHS complaint data to allow categorisation to be undertaken and reported.

## 5 Complaints Received

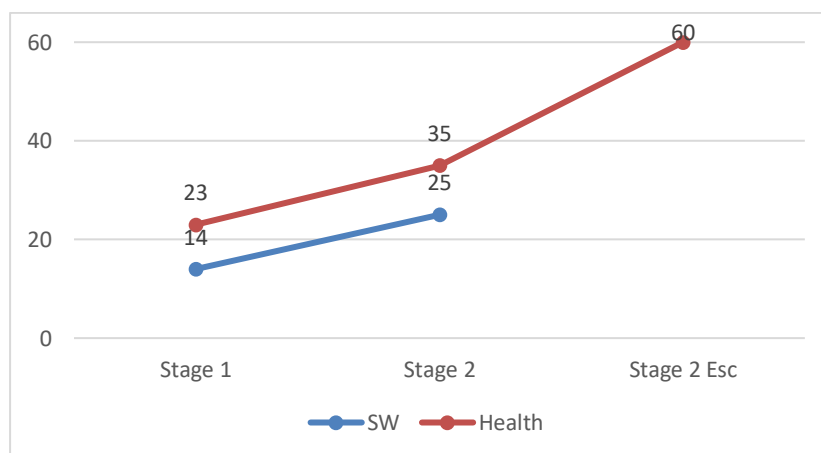
- 5.1 In the last quarter of 2024/25 a total of 11 complaints were received about social work or social care services, which is the highest within quarterly number within the last year.
- 5.2 Health received 30 complaints for Q4 within in the Dundee Health and Social Care Partnership.

**Number of complaints received quarterly**



The graph shows that both social work and health complaints have seen an increase in complaints received this quarter.

### 5.3 Average Days to Respond



The graph indicates that complaints are not being responded to within timescales (Stage 1 – 5 days with potential to extend to further 10 days and Stage 2 – 20 days with potential to extend further).

#### 5.4 Complaints Stages – Closed within Timescale

Stage 1 complaints are completed within 5 days or given a maximum extension of a further 10 days.

Stage 1	Q4 2023/24		Q1 2024/25		Q2 2024/25		Q3 2024/25		Q4 2024/25	
Social Care	1	50%	2	67%	1	33%	0	0%	4	44%
Health	14	78%	16	89%	9	90%	11	79%	8	62%

There has been a significant decrease in Social Care Stage 1 complaints closed within timescales for the last quarter.

5.5 Stage 2 complaints are completed within 20 working days and can be extended also.

Stage 2	Q4 2023/24		Q1 2024/25		Q2 2024/25		Q3 2024/25		Q4 2024/25	
Social Care	5	71%	1	100%	1	33%	0	0%	0	0%
Health	3	23%	7	39%	9	47%	13	45%	7	25%

5.6 This quarter has been difficult for both Health and Social Care to close complaints within timescales.

5.7 Feedback teams are working together and regularly reviewing open complaints to understand where improvements can be made in ensuring timescales can be met. However, due to the nature of our services, there will be complaints which cannot be completed within timescales due to their complexities.

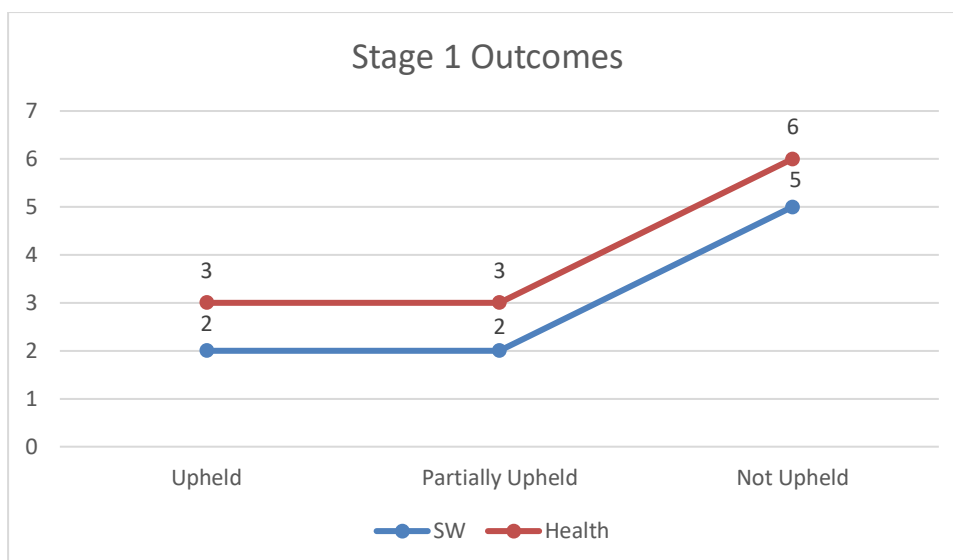
Regular communication with staff working on complaints, especially the overdue responses has been ongoing and are aware that where possible timeous responses should be sent.

There has also been discussion of the DHSCP complaints staff having access to Qlikview for easier access to complaints information and to improve complaints handling.

## 6 Complaint Outcomes

6.1 Partially upheld and upheld complaints receive planned service improvements logged against them by the allocated complaint investigator, and these must be completed within a set timeframe.

6.2 These planned service improvements can range from process improvements or re-design to team briefings regarding staff attitude and behaviour.



## 7 Planned Service Improvements

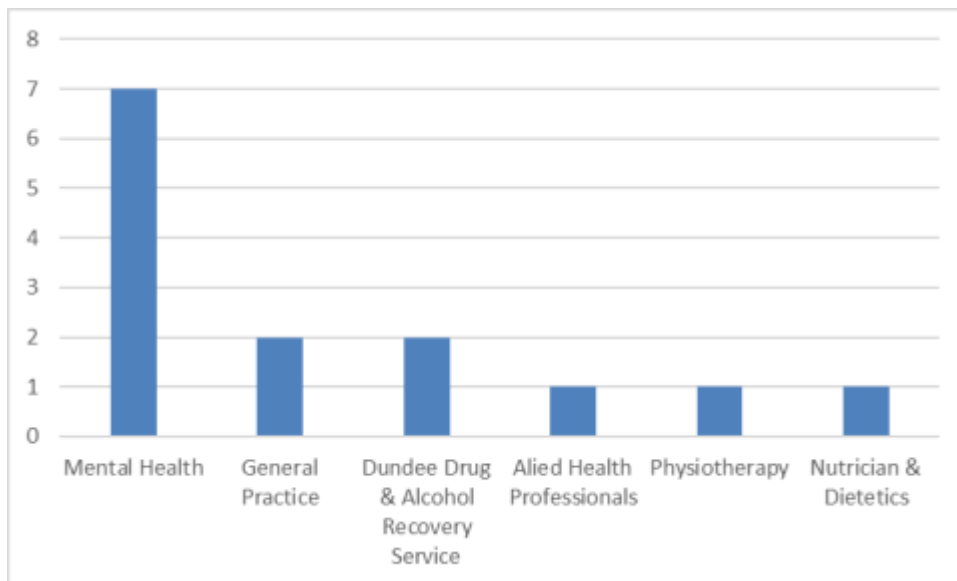
- 7.1 There were 28 partially upheld or upheld complaints for social care and health which have all identified a cause and have service improvements planned to address these. By putting these planned service improvements in place, the Partnership aims to minimise complaints of the same nature being received.
- 7.2 An example of this is complaints which were received regarding invoicing for college support, charges had never been discussed with the families involved due to lack of communication and process failures. A large volume of invoices were sent together to the affected families, some just before Christmas which caused considerable distress to the complainants.

As a result, processes have been put in place where staff are fully aware of the cost for this support and can provide information to families to make a more informed decision. New processes have also been introduced within Finance to ensure that invoices are sent in a timeous manner.

## 8 Open Complaints

	Total Open	20 days or less	21-39 days	40-99 days	100 days +	180 days +	Average Days
Social Care	Not available currently due to change to IT system						
Health	14	8	2	3	1	0	27

### Open Health Complaints by Service Area



8.1 Health open complaints are now being managed with weekly meetings taking place to discuss developments and issues with a small selection of staff across the service.

8.2 Seven of the open complaints currently sit within the Mental Health Service which by the nature of the service are more complex and can take longer to resolve.

8.3 Social Work complaints have moved to a new Dundee City Council IT system and at present we are unable to extract the open data in a concise manner to be able to provide reporting.

8.4 There is currently one complaint with the SPSO.

## 9 Compliments

9.1 No new compliments have been received. This will be developed further using Care Opinion.

## 10 IJB Complaints

10.1 No complaints about the Integration Joint Board have been received.

## 11 Care Opinion

11.1 Dundee Health and Social Care Partnership has subscribed to the Care Opinion platform and work is underway with a small team to develop and implement the system within all service areas across the partnership.

11.2 The new Dundee City Council IT system for complaint management, used to manage Social Work complaints, went live on 1<sup>st</sup> April, feedback is being provided to IT regarding the operation of the new system to inform further improvements to the system. Training has been provided to staff and short "How to" guides developed. As yet, reporting functions within the new IT system are not available.

## 12 POLICY IMPLICATIONS

12.1 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.

**13 RISK ASSESSMENT**

- 13.1 This report has not been subject to a risk assessment as it is provided for information and does not require a policy decision from the PAC.

**14 CONSULTATIONS**

The Chief Officer, Acting Head of Strategic Services and the Clerk were consulted in the preparation of this report.

**15 BACKGROUND PAPERS**

None

Christine Jones  
Acting Chief Finance Officer

DATE: 24 April 2025

Cheryl Russell  
Customer Care and Governance Officer

Clare Lewis-Robertson  
Lead Officer





**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 21 MAY 2025

**REPORT ON:** DHSCP STRATEGIC RISK REGISTER UPDATE

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC17-2025

## **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 entry of a new risk on Increase in National Insurance (See Section 6).
- 2.3 Note the extract from the Strategic Risk register attached at Appendix 1 to this report.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None

## **4.0 MAIN TEXT**

- 4.1 The Dundee HSCP Strategic Risk Register is available to Dundee City Council Risk and Assurance Board through the Ideagen Risk Management 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 There are currently six risks scoring at 20 or 25, which are High Risk Categories.
- 5.2 There are four risks which score at the maximum score of 25, these are: Staff Resource; Lack of Capital Investment in Health and Social Care Integrated Community Facilities (including Primary Care); Unable to Maintain IJB Spend; and Restrictions on Public Sector Funding.
- 5.3 Restrictions on Public Sector Funding remains as a score of 25. This is due to the scale of the cost pressure gap and public sector financial position.
- 5.4 The Unable to Maintain IJB Spend risk has remained at a score of 25 due to the challenging context in terms of financial pressures for the IJB.

- 5.5 The Staff Resource risk has remained at the highest score since 2021. The latest risk update highlights how staff resource impacts on the ability to progress the strategic plan actions. The implementation of the Safe Staffing Act is also demonstrating areas where staff resource is less than the standard. The impact of the half hour reduction of NHS workforce for Agenda for Change will also mean that across services available working week hours will reduce.
- 5.6 Lack of Capital Investment in Health and Social Care Integrated Community Facilities (including Primary Care) remains at the maximum of 25. The Scottish Government 2024/25 Capital Investment Resources available to LAs and NHS Boards has been severely restricted leading to minimal likelihood of resources being made available for community facilities.
- 5.7 The Primary Care Sustainability risk remains at a score of 20. The most recent update highlights the pressure on general practice due to increasing demand and complexity of health needs together with the increase in GP vacancies, and premises leasing.
- 5.8 Capacity of Leadership Team remains at a score of 16. This reflects the retirement of the Chief Officer. Control factors include response from partner bodies, review of team structure and sharing of management team duties.
- 5.9 Data Quality risk remains at a score of 16. The Data, Quality and Intelligence Team are working with operational staff to improve data quality. Forthcoming changes to IT systems include the move from Oracle to SQL for hosting Mosaic and the change from DCC IT system Citrix which will impact on reporting mechanisms. Quality, Data, and Intelligence Team are working with IT to improve reporting mechanisms and decide on most efficient and resilient reporting systems (e.g. Power BI, Crystal).
- 5.10 Increased Bureaucracy risk remains at a score of 16. This is due to the potential for additional bureaucracy through the Scottish Government Covid Enquiry and National Care Service development.
- 5.11 National Care Service risk remains at a score of 20 (Impact 4 x Likelihood 5). We are still not able to assess the impact of the National Care Service on the IJB's ability to carry out its Strategic Plan. The latest update highlights the withdrawal of Council Leaders support for the Scottish Government's revised National Care Service Bill.
- 5.12 The Viability of External providers risk remains at a score of 16 and the most recent update highlights the development of improved robust monitoring when risk is identified.
- 5.13 The Cost of Living Crisis risk remains at a score of 16. The latest update highlights the sub-analyses of Engage Dundee for a range of at risk groups.
- 5.14 Changes to IT Systems remains at a score of 16. The latest update highlights the risks caused by the implementation of O365 and the discrepancies between NHS and DCC implementation; the implementation of Morse and the lifespan of a software system used for prescribing in DDARS.

## **6.0 NEW RISKS**

- 6.1 New Strategic Risks around Increase in National Insurance, Prescribing Costs, and Fire Safety Referrals have been included in the Strategic Risk Register.

## **7.0 ARCHIVED RISKS**

- 7.1 No risks have been archived since the last report.

## **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 No risk assessment is necessary for this report.

**10.0 CONSULTATIONS**

10.1 The Chief Officer, Acting Head of Strategic Services and the Clerk were consulted in the preparation of this report.

**11.0 BACKGROUND PAPERS**

11.1 None

Christine Jones  
Acting Chief Finance Officer

DATE: 23 April 2025

Clare Lewis-Robertson  
Lead Officer (Strategic Planning and Business Support)

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Description	Lead Director/Owner	Current Assessment			Status	Date Last Reviewed
		L	C	Exp		
<b>Unable to maintain IJB Spend</b> IJB is unable to maintain spend within allocated resources which could lead to being unable to deliver on the Strategic & Commissioning Plan.  <b>Latest update</b> An update of the financial recovery plan for delegated health and social care services for 2024/25 was presented to the IJB on the 11.12.2024  <b>Control factors</b> <ul style="list-style-type: none"> <li>Financial monitoring systems</li> <li>Increase in reserves</li> <li>Management of vacancies and discretionary spend</li> <li>MSG and external audit recommendations</li> <li>Savings and Transformation Plan</li> <li>Financial Recovery Plan</li> </ul>	Dundee HSCP Chief Finance Officer	5	5	25	→	23.04.24
<b>Restrictions on Public Sector Funding</b> 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.  <b>Latest Update</b> Budget Outlook paper was presented to the IJB on the 11.12.24. Given the scale of the cost pressure gap and public sector financial position, the risk has been escalated to a score of 25  Control factors <ul style="list-style-type: none"> <li>Budgeting Arrangements</li> <li>MSG and external audit recommendations</li> <li>Savings and Transformation Plan</li> </ul> Financial Recovery Plan	Dundee HSCP Chief Finance Officer	5	5	25	→	23.04.24
<b>Staff Resource</b> 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	Dundee HSCP Chief Officer	5	5	25	→	23.04.24

<p>priorities, operational delivery to support delivery of effective integrated services. Corporate processes in partner bodies can lead to delays in recruitment. Market conditions can impact on ability to appoint suitable staff in a timely way. Impact on levels of staff absence impact on staff resource.</p> <p><b>Latest update</b></p> <p>Ability to progress strategic plan actions are impacted by staff resource available and proposed future budget reductions will exacerbate this.</p> <p>Implementation of safe staffing act is demonstrating the levels of staffing operationally.</p> <p>Impact of half hour reduction of NHS workforce for Agenda for Change will mean that across services available working week hours will reduce.</p> <p><b>Control factors</b></p> <ul style="list-style-type: none"> <li>• Additional focus on Absence Management</li> <li>• Development of new models of care</li> <li>• Organisational Development Strategy</li> <li>• Recruitment</li> <li>• Safe Staffing Act recording tools</li> <li>• Service Redesign</li> <li>• Workforce plan</li> <li>• Workforce wellbeing actions.</li> </ul>						
<p><b>Lack of Capital Investment in Community Facilities (including Primary Care)</b></p> <p>Restrictions in access to capital funding from the statutory partner bodies and Scottish Government to invest in existing and potential new developments to enhance community-based health and social care services.</p> <p><b>Latest update</b></p> <p>This continues to be an extreme risk. Scottish Government 2024/25 Capital Investment Resources available to LAs and NHS Boards has been severely restricted leading to minimal likelihood of resources being made available for community facilities</p> <p><b>Control factors</b></p>	<p>Dundee HSCP Chief Officer and Chief Finance Officer</p>	<p>5</p>	<p>5</p>	<p>25</p>	<p>→</p>	<p>23.04.24</p>

Development of IJB Property Strategy Joint working with Partner Bodies over alternative opportunities Reshaping non-acute care project						
<b>National Care Service</b> 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  <b>Latest update</b>  National Care Service (Scotland) Bill - draft Stage 2 amendments were posted in June 2024 with a 'Call for Views'. There is recognition by Scottish Government that work is needed to confirm which legislative approach would best deliver the intended changes. COSLA issued a statement on 27th September 2024 to advise that Council Leaders have withdrawn support for the Scottish Government's revised National Care Service Bill. It is currently anticipated that Integration Joint Boards will reform to become local Care Boards. The degree of uncertainty about future arrangements and timing for implementation of planned changes means there is a significant level of risk for IJB's	Dundee HSCP Chief Officer	4	5	20	→	23.04.24
<b>Primary Care Sustainability</b> 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.  <b>Latest update</b> <b>Sustainability of General Practice:</b> If there continues to be huge pressure on general practice due to increasing demand and complexity of health needs together with the increase in GP vacancies due to retirement and recruitment and retention issues then we will be unable to meet the health needs of the population. <b>Current Controls:</b> Implementation of MOU under GMS 2018. Programme of work around sustainability encompassing GP strategy and GP premises strategy. Improved access to other services within primary care that support general practice. Informing patients about those services. Informing Reception Teams on service availability and access, further developing care navigation across all practices. Monitoring position through sustainability survey. Planned Controls: There is further work to be done to understand critical components of this risk including premises, funding, other services and staff groups (e.g. ANPs, nurses).	Dundee HSCP Chief Officer	4	5	20	→	23.04.24

<p>If GP practices requests for lease assignation cannot be considered as a result of a lack of an agreed processes for practices, HSCPs and NHS Tayside regarding leases acquisition, including defining the necessary governance arrangements, then this will have a negative impact on GP partner recruitment and retention.</p> <p><b>Current Controls:</b> GP Premises Strategy developed. Process in place in Dundee HSCP to consider local requests in the context of the property strategy. RAG process defined. Planned Controls: Draft process developed. Draft paper for submission to ELT (proposed Nov 2024) to be agreed across all four parties for consideration and approval of lease acquisition</p>						
<p><b>National Insurance Increase</b></p> <p>The increase in National Insurance contributions poses a financial risk particularly to third sector organisations. These organisations which often operate on tight budgets and limited funding streams face additional financial strain. This could lead to reduced capacity to deliver essential services, weakening the partnership's ability to meet its strategic objectives and compromising care delivery to vulnerable populations.</p> <p>Control Factors are being developed</p>	Dundee HSCP Chief Officer and Chief Finance Officer	4	4	16	→	23.04.24
<p><b>Cost of Living Crisis</b></p> <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>Sub-analyses of Engage Dundee have been undertaken for a range of at-risk groups including carers and long-term sick and disabled. Findings have been fed into a range of SPGs to identify appropriate actions.</p> <p>Developments include a new mental health and wellbeing section on the NHST website linking people to a service directory, including money/benefits advice, and self-help materials.</p> <p>Public Health has led on the production of a mental health promotion leaflet, which is being co-produced with partners, communities and</p>	Dundee HSCP Chief Officer and Chief Finance Officer	4	4	16	→	23.04.24



<p>services users. This will be targeted at the digitally excluded, linking in with local community centres and foodbanks/ larders.</p> <p>A multi-agency Engine Room has been formed to develop interim indicators to link work at a local and service level to the city's strategic objective of reducing inequalities in health, and assess whether services are being provided in an equitable manner.</p> <p>The HSCP is involved in the city's Local Fairness Initiatives and Employability Pathfinder. Tests of change are being explored with GP practices in the North-East and East End to raise awareness of community supports.</p> <p>Control Factors</p> <ul style="list-style-type: none"> <li>Engage Dundee</li> <li>Fairness and Equality Workstreams</li> <li>Focus of Services identifying those most vulnerable</li> </ul>						
<p><b>Viability of External Providers</b></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> <ul style="list-style-type: none"> <li>* Financial expectations of third sector cannot be met</li> <li>* Increased cost of service provision</li> <li>* Additional burden on internal services</li> <li>* Quality of service reduces</li> </ul> <p>Latest update</p> <p>Contracts Team are currently looking at improved interface with contract/finance teams to ensure more robust monitoring when risk is identified - this part of internal audit recommendations.</p> <p><b>Control factors</b></p> <ul style="list-style-type: none"> <li>Consistent engagement with service providers</li> <li>Internal audit review to partnership's approach to viability of external providers</li> <li>Potential Local or Scottish Government Intervention</li> <li>Robust Contract Monitoring</li> <li>Co-ordination to provider services</li> </ul>	Dundee HSCP Chief Officer	4	4	16	→	23.04.24

<b>Escalation of Property Safety Issues</b> The Health and Social Care Partnership faces a significant strategic risk due to the due to the ability of the partner bodies to effectively repair and maintain critical health and social care infrastructure, crucial for the safe delivery of care and other essential support services  Latest update  Current areas of concern highlighted are at Kingsway Care Centre and RVH.  Control factors include Property Rationalisation programme and escalation of these issues by Chief Officer.	Dundee HSCP Chief Officer	4	4	16	→	23.04.24
<b>Capacity of Leadership Team</b> Capacity of management team  Latest update  Several factors have contributed to the increase in likelihood for this risk, including the retirement of the Chief Officer.  The 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.  Control factors <ul style="list-style-type: none"> <li>• Response from Partner bodies</li> <li>• Review of Senior Management Team Structure</li> <li>• Sharing of Management Team duties</li> </ul>	Dundee HSCP Chief Officer	4	4	16	→	23.04.24
<b>Data Quality</b> 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.  Latest Update  Strategy and Performance research team are working with operational staff to improve data quality.	Service Manager	4	4	16	→	23.04.24

<p>Forthcoming changes to IT systems include the move from Oracle to sql for hosting Mosaic and the change from DCC IT system Citrix which will impact on reporting mechanisms.</p> <p>Quality, Data and Intelligence team are working with IT to improve reporting mechanisms and decide on most efficient and resilient reporting systems (e.g. Power BI, Crystal).</p>						
<p><b>Increased Bureaucracy</b></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> <p><b>Control factors</b></p> <ul style="list-style-type: none"> <li>• Support and roles</li> <li>• Work with partner bodies to streamline report requirements for respective accountabilities</li> </ul>	Dundee HSCP Chief Officer	4	4	16	→	23.04.24
<p><b>Changes to IT Systems</b></p> <p>There are significant changes coming to IT systems across DHSCP. These include move from Citrix to AWS. There are also moves from hosting Mosaic, Case Management system from Oracle to sql and issues arising from changes to reporting. There are also difficulties in ensuring access to information on Sharepoint between DCC and NHST. Hybrid working is being affected by these challenges. Morse is being implemented in NHST.</p> <p>Latest Update</p> <p>Changes to IT Systems remain to cause challenges for DHSCP workforce. This includes differences in implementation of O365 across DCC and NHST.</p> <p>Implementation of Morse in NHST is also ongoing.</p> <p>The IT system used by DDARS for prescribing is coming to its end of life and another solution is yet to be identified.</p> <p>The company that owns Vision, used by NHS, is going into administration, and there is uncertainty around this.</p>	Dundee HSCP Chief Officer	4	4	16	→	23.04.24
<p><b>Information Governance</b></p> <p>Capacity and ability to comply with increasing number of Subject Access Requests in DCC leading to potential action from Information Commissioner</p>		3	4	12	→	23.04.24

<p>Latest Update</p> <p>A year-on-year increase in Subject Access Requests has meant that this is causing a significant impact on staff who undertake this task. In addition, changes to IT mean that manual redaction is no longer secure and must be undertaken by a specific software that only certain staff have access to. The move away from Sharefile to o365 file sharing has caused issues for securely sharing large amounts of electronic documents with external requesters. Risk that we will not comply with Data Protection rules and face action from Information Commission.</p> <p>Control factors</p> <ul style="list-style-type: none"> <li>• Posts identified in Strategy and Performance section to undertake these tasks. Recruitment processes to begin in next six months.</li> </ul>						
<p><b>Category One Responder</b></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>Risk to remain on register due to finalisation of list of available DHSCP senior staff to manage rest centres, and to include Category One Responder duties in the next revision of the IJB Standing Orders in 2025. It is anticipated that once these actions are completed this risk will be able to be deactivated.</p>	Head of Health and Community Care	2	4	8	→	23.04.24
<p><b>Employment Terms</b></p> <p>Differing employment terms could expose the partnership to equality claims and impact on staff morale.</p> <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>	Dundee HSCP Chief Officer	3	3	9	→	23.04.24
<p><b>Governance Arrangements being Established fail to Discharge Duties</b></p> <p>Clinical, Care &amp; Professional Governance arrangements being established fail to discharge the duties required.</p> <p>The IJB's Governance arrangements were assessed as weak/unsatisfactory.</p>	Dundee HSCP Chief Officer	2	4	8	→	23.04.24

<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, with a view to potentially archiving.</p> <p>Control factors</p> <ul style="list-style-type: none"> <li>• Development of IJB Member Governance development sessions</li> <li>• Implement Governance Action Plan</li> <li>• Review of processes established</li> </ul>						
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New Risks for entry

Prescribing Costs						
Fire Safety Referrals						

Archived

None						
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Risk Status	
↑	Increased level of risk exposure
→	Same level of risk exposure
↓	Reduction in level of risk exposure
x	Treated/Archived or Closed

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**REPORT TO:** PERFORMANCE AND AUDIT COMMITTEE – 21 MAY 2025

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

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC19-2025

## **1.0 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to provide the Performance and Audit Committee with an update on the progress of the actions set out in the Governance Action Plan.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the content of the report and the progress made against the actions within the Governance Action Plan (contained within appendix 1).

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None.

## **4.0 MAIN TEXT**

- 4.1 In November 2024, following the completion of an exercise to reprioritise outstanding recommendations within the Governance Action Plan (GAP), routine reporting the PAC recommenced (Article XI of the minute of the meeting of the Performance and Audit Committee held on 20 November 2024 refers). This included an overview of actions removed from the GAP following completion or because they had been abandoned.
- 4.2 Appendix 1 contains an overview report detailing the current status of the actions within the Governance Action Plan. Since January 2025, a further 4 actions have been completed, 4 additional actions have been added (Workforce Audit) and 23 remain ongoing.
- 4.3 Of the 23 ongoing actions there has been no further progress towards implementation for 13 actions since the last update was provided to PAC. This mainly reflects the prioritisation of resource to support the 2025/26 budget development process; however, some actions relate to actions that cannot be completed until the associated annual review or report activity is due (for example the annual review of the IJB Standing Orders). However, significant progress (25% or more) has been achieved in actions relating to: the reporting assurances to the IJB based on audit activity within the corporate bodies (Dundee City Council and NHS Tayside) and the planning of assurance reporting via an annual agenda tracker for both the IJB and the PAC; reporting against the strategic risk register and Governance Action Plan; and, changes to arrangements to monitor risks in relation to viability of third party providers.

## **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

Risk 1 Description	Lack of progress toward completion of actions within the Governance Action Plan may undermine the sustainability of governance arrangements and assurances within the IJB.
Risk Category	Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is an Moderate Risk Level)
Mitigating Actions (including timescales and resources )	<ul style="list-style-type: none"> <li>• All actions have now been uploaded to Ideagen system to support efficient and effective monitoring arrangements.</li> <li>• The process of updating the progress against each action currently being undertaken by officers across the Partnership.</li> <li>• Governance Action Plan updates are now being routinely reported to PAC.</li> <li>• A process is being established for new actions to be added to GAP, for example recommendations from audit reports.</li> </ul>
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk 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.

## 7.0 CONSULTATIONS

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

## 8.0 BACKGROUND PAPERS

8.1 None.

Christine Jones  
Acting Chief Finance Officer


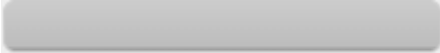

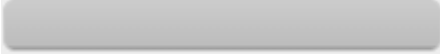
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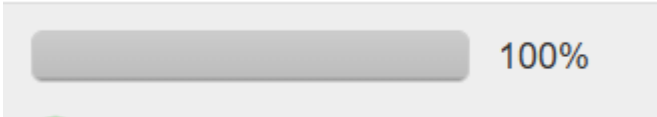
Clare Lewis-Robertson  
Lead Officer, Strategic Planning and Business Support



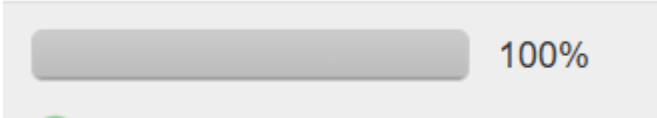
# IJB Outstanding Actions – Governance Action Plan

## Completed since last update


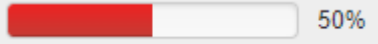
		Title and Description	Due Date	Ownership	Latest Update
1		<p>DHSCPGAPIA20211124-1.3</p> <p><b>Finance &amp; Performance Group</b></p> <p>The combined Finance &amp; Performance Group, when constituted, should consider both finance and performance in the context of the IJB’s strategic risks and both inform and be informed by the Strategic Commissioning Plan.</p> <div>  <span>100%</span> </div> <p><b>Completed since last update</b></p>	30 Jun 2022	Head of Service, Strategic Services	<p>02.04.25</p> <p>At this time there is no intention to re-establish the Finance and Performance Group. The Finance and Strategic Services Management Team meets on a monthly basis and includes an agenda that covers joint priorities and risks. This is a robust forum in which to take forward discussions whilst making best use of available resources.</p>
2		<p>DHSCPGAPIA20211124-1.4</p> <p><b>Process for analytical Reports</b></p> <p>Management should agree a process for what triggers deep dive/ analytical reports which should prioritise relevance to strategic IJB risks. Actions agreed should be monitored to ensure the desired effect is achieved.</p> <div>  <span>100%</span> </div>	31 Mar 2024	Head of Service, Strategic Services	<p>02.04.25</p> <p>Report tracker for IJB and PAC is now in place and closely monitored by the Senior Management Team, this includes identifying opportunities for the production and submission of deep dive analytical reports associated with specific strategic risks.</p>




		Completed since last update			
3	✓	<p>DHSCPGAPIA20230927-3.1</p> <p><b>Viability of External Providers - signing of contracts</b></p> <p>It is recommended that all contracts with care providers are signed by both parties as soon as possible after the contracting period starts if there is a change to the financial elements of the contract, or no later than the date which the contract commences where any other changes are made. To enable internal monitoring of this, the contracts register should be reviewed regularly to ensure contracts approaching renewal are suitably prepared and they can be signed in sufficient time for the new contract commencing</p>  <p>Completed since last update</p>	30 April 2024	Head of Service, Strategic Services	<p>02.04.25</p> <p>Funding letters for 2025/26 are in the process of being produced and issued following the IJB budget setting meeting. Contracts will be issued as quickly as possible after this, final legal advice is awaited on specific clauses.</p> <p>As previously noted it is not possible to have signed contracts in place by 01 April due to multiple external factors impacting the process. However the Senior Management Team is assured that the process has been improved and is as efficient as possible with the constraints placed upon the Partnership.</p>
4	✓	<p>DHSCPGAPIA20250129-3</p> <p><b>Workforce - terms of reference</b></p> <p>The Workforce Planning Group does not have a formal terms of reference, although its role and responsibilities have changed since the short life working group from which it developed was originally convened.</p> <p>Terms of Reference for the Workforce Planning Group should be prepared and agreed. This should include consideration of whether</p>	31 Jan 2025	<p>Head of Service, Strategic Services</p> <p>Head of Health and Community Care</p>	<p>02.04.2025</p> <p>Terms of Reference completed</p>





PAC19-2025

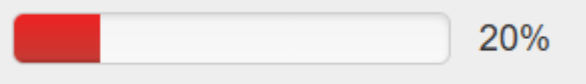



		<p>there are areas of overlap with the work of other management groups. If so, these should be similarly reflected in the terms of reference of those groups.</p>  <p><b>Completed since last update</b></p>			
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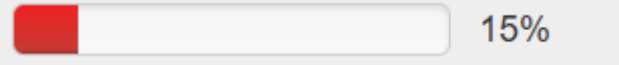



## In progress



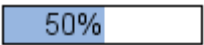
		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
5		<p>DHSCPGAPAIAR20190212</p> <p><b>Improved hosted services arrangements</b></p> <p>Development of improved Lead Authority Services arrangements around risk and performance management for lead authority services</p>  <p><b>No change in % achieved</b></p>	31 Oct 2020	<p>Chief Officer</p> <p>Chief Finance Officer</p>	<p>24.12.24</p> <p>Bi-monthly meetings in place to discuss key risks and strategic priorities. Financial summary of Lead Partner services included in monthly finance report to HSCP managers as well as finance report to IJB. Internal Audit of Lead Partner arrangements scheduled for 2025.</p>

6		<p>DHSCPGAPEA20201124</p> <p><b>Regular reporting against savings and transformation proposals</b></p> <p>Updates on the IJB's transformation programme and efficiency savings are not reported to the Board on a regular basis. The position on the achievement of savings proposals and transformation should be clearly and regularly reported to members.</p> <div data-bbox="360 592 736 635">  50%         </div> <p><b>No change in % achieved</b></p>	31 Aug 2021	<p>Chief Officer</p> <p>Chief Finance Officer</p> <p>Head of Service, Strategic Services</p>	<p>23.10.24</p> <p>Financial monitoring reports contain information regarding financial implications of savings and transformation. This will be further strengthened through the ongoing financial recovery plan and forthcoming 25/26 budget setting process. There will also be additional opportunities to enhance reporting as the Delivery Plan is implemented and reported through the Senior Management Team and Strategic Planning Advisory Group, with exception reports to the IJB.</p>
7		<p>DHSCPGAPEA20211124</p> <p><b>Reporting against risk management improvement actions and strategic risk register</b></p> <p>Further improvement actions remain to be progressed associated with the IJBs risk management arrangements, including reviewing the IJB's risk management policy and developing further an understanding of the IJBs risk appetite. The Board and PAC should continue to be updated on progress on the delivery against the remaining risk management improvement actions and updates to the Strategic Risk Register.</p>	31 Oct 2022	<p>Chief Officer</p> <p>Head of Service, Strategic Services</p>	<p>2.04.2025</p> <p>Further progress on risk appetite delayed by 2025/26 budget process. To be prioritised in April and May 2025.</p>





		 80%			
		<b>No change in % achieved</b>			
8		DHSCPGAPIA20210623-6  <b>Compliance from Partner Bodies</b>  There is currently no direct reporting to the IJB on its risk profile; nor direct, overt assurance on each of its strategic risks with risk monitoring occurring at the CCPG and the PAC receiving assurance on the overall system of risk management as above. Where controls sit within the partner bodies, the IJB receives only a general annual assurance through the year end processes. To further develop good governance arrangements, an IJB assurance plan could be implemented to ensure assurance on all risks is provided to the IJB, including where necessary assurances from partner organisation.  75% <b>25 % increase since last update</b>	31 Dec 2021	Chief Finance Officer	02.04.25  PAC and IJB report tracker now in place to ensure that relevant assurances are provided on core governance and strategic issues. This includes quarterly risk updates, as well as Clinical and Care Governance, performance, strategy, audit and finance. The tracker is reviewed and amended regularly by the Senior Management Team and in response to the action tracker from IJB and PAC meetings.
9		DHSCPGAPIA20211124-1.1  <b>Revision of Integration Scheme</b>  As set out in the Integration Scheme, 'a list of targets and measures, which relate to the non-integrated functions of the partners that will have to be taken into account by the	30 Jun 2022	Head of Service, Strategic Services	02.04.25 Information has been gathered regarding the approach taken to developing a performance framework for Perth & Kinross IJB. Links are also being made to developing work within


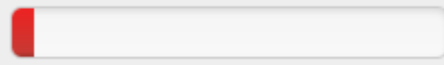

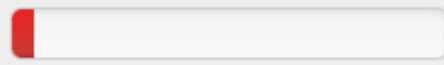

		<p>Integration Joint Board when preparing their Strategic Plan' should be included</p>  <p><b>10 % increase since last update</b></p>			NHS Tayside on their performance framework.
10		<p>DHSCPGAPIA20211124-1.2</p> <p><b>Enhanced Performance Reporting</b></p> <p>Further developments of the performance management arrangements should include the following: Assurance and performance reports should be related to specific risks and should contain an overt conclusion on whether the performance reports indicate that controls are operating effectively to mitigate the risk as intended.</p>  <p><b>15 % increase since last update</b></p>	30 Jun 2022	Head of Service, Strategic Services	<p>02.04.25</p> <p>Report tracker for IJB and PAC is now in place and closely monitored by the Senior Management Team, this includes identifying opportunities for the production and submission of deep diver analytical reports associated with specific strategic risks.</p>
11		<p>DHSCPGAPIA20211124-1.5</p> <p><b>Development of Strategic Plan Performance Measures – 2023/24</b></p> <p>The IJB should monitor the work of the ISPG to ensure that it develops the new SCP in such a way it embeds meaningful</p>	31 Mar 2024	Head of Service, Strategic Services	<p>02.04.25</p> <p>Information has been gathered regarding the approach taken to developing a performance framework for Perth &amp; Kinross IJB. Links are also being made to developing work within</p>



		<p>performance measures which can be reported regularly to allow a conclusion on whether the SCP is being implemented effectively and is delivering the required outcomes (not just inputs or outputs).</p>  <p><b>10% increase since last update</b></p>			NHS Tayside on their performance framework.
12		<p>DHSCPGAPIA20220622-2</p> <p><b>Consideration will need to be given to how the IJB will receive assurance and monitor progress against these actions.</b></p> <p>Having carried out the statutory review of the current strategic and commissioning plan, the Strategic Planning Advisory Group found that the vision and strategic priorities, as well as the overall format of the plan, remained fit for purpose but work was required to update the action lists associated with each priority. An addendum to the original plan was published which is supported by care group strategic planning / commissioning statements and transformation plans and reflects priorities arising from Covid19 remobilisation activity. These actions will be monitored by the Strategic Planning Advisory Group (SPAG).</p>  <p><b>5% increase since last update</b></p>	31 Dec 2022	Chief Finance Officer	<p>02.04.25</p> <p>Delivery Plan and reporting framework currently under review following 25/26 budget setting and in anticipation of statutory review of strategic commissioning framework to take place in 25/26.</p>
13		<p>DHSCPGAPIA20220622-4</p>	31 Dec 2022	Chief Finance Officer	<p>02.04.25</p> <p>Further progress on risk appetite delayed by 2025/26 budget process.</p>



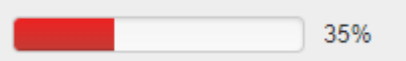

		<p><b>The IJB should receive relevant, reliable and sufficient assurances against its strategic risks especially high scoring ones (above the risk appetite to be established)</b></p>  <p><b>No change in % achieved</b></p>			To be prioritised in April and May 2025.
14		<p>DHSCPGAPIA20220622-5</p> <p><b>Clinical and care governance arrangements will feed into the formation of IJB directions</b></p> <p>A draft Directions Policy &amp; Procedure is being considered as an associated document with the revised Integration Scheme. We would reiterate our position that as part of any further developments in this area, consideration should be given as to how clinical and care governance arrangements will feed into the formation of IJB directions.</p>  <p><b>No change in % achieved</b></p>	31 Dec 2022	<p>Chief Officer</p> <p>Clinical Director</p>	<p>23.10.24</p> <p>IJB Directions policy has now been agreed and is being implemented. At the next review of that policy the interface with CCPG will be considered and relevant amendments recommend to the IJB.</p>









15		<p>DHSCPGAPIA20220622-7</p> <p><b>Overall assessment of progress in delivering the Risk Management Action Plan is included in the Governance Action plan (40% progress as at February 2022) but the individual actions are not reported to the PAC.</b></p> <p>Reporting should clearly set out progress against individual actions to allow for clear monitoring of the maturity assessment.</p> <div data-bbox="356 550 949 639">  50% </div> <p><b>40% increase since last update</b></p>	30 Nov 2022	Chief Finance Officer	<p>02.04.25</p> <p>Annual report on risk management arrangements is submitted to the IJB. Next report submitted for April 2025.</p>
16		<p>DHSCPGAPIA20220622-8</p> <p><b>CCPG Annual Report</b></p> <p>Dundee HSCP provides regular, high-quality assurance reports to the NHS Tayside Care Governance Committee as well as the PAC. An annual report for the year is planned for the June IJB. The report is comprehensive and well-written, but does not reference relevant strategic risk, or areas for development. There might be benefit in it being used to reflect on key concerns during the year and priorities for the coming year, as well as views on the relevant Strategic Risks.</p> <div data-bbox="356 1181 940 1262">  80% </div> <p><b>No change in % achieved</b></p>	30 June 2023	<p>Chief Officer</p> <p>Clinical Director</p>	<p>23.10.24</p> <p>Annual CCPG report is in place and provides a comprehensive retrospective overview of activities and concerns during the previous 12 months. It also reflects on impact in terms of the IJB's strategic risks.</p> <p>The 2025 report will be developed to also include forward looking content / priorities.</p>

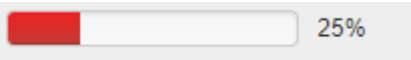

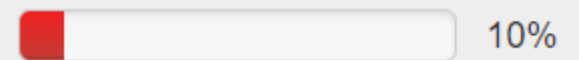

17		<p>DHSCPGAPIA20220720-1</p> <p><b>Cat 1 Responder -Definition of IJB Duties</b></p> <p>Category 1 responder resilience arrangements have not been fully and adequately incorporated into the IJBs governance structure. In addition to implementing the recommendation contained within the Internal Audit Annual Report 2020/21 (Action Point 3) relating to the PAC, it should be ensured that the duties of the IJB are fully defined.</p> <div data-bbox="356 587 898 671">  5% </div> <p><b>No change in % achieved</b></p>	31 Oct 2022	<p>Head of Service, Strategic Services</p> <p>Head of Health and Community Care</p>	<p>23.10.24</p> <p>This will be added to the next revision of the IJB Standing Orders in 2025.</p>
18		<p>DHSCPGAPIA20230130-1</p> <p><b>Sustainability of Primary Care - assurance from lead partner</b></p> <p>Angus IJB, as the lead partner for primary care, should provide assurance to Dundee IJB regarding progress against the audit recommendations and management actions arising from the Internal Audit of the Sustainability of Primary Care.</p> <div data-bbox="356 1121 898 1206">  5% </div> <p><b>No change in % achieved</b></p>	31 Mar 2023	Head of Health and Community Care	<p>23.10.24</p> <p>Assurance to be requested from Angus Chief Officer to inform the next Governance Action Plan update to Dundee IJB, due for submission in January 2025.</p>
19		DHSCPGAPIA20230621-1	31 Dec 2023	Chief Finance Officer	02.04.25

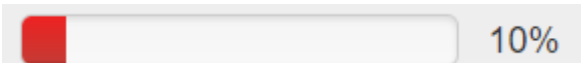

		<p><b>Sustainability - Delivering the IJB's strategic and commissioning priorities within the budget and resources that it has available will be a significant challenge.</b></p> <p>Delivering the IJB's strategic and commissioning priorities within the budget and resources that it has available will be a significant challenge. In these circumstances monitoring of the implementation of the SCF and of the development and then implementation of the supporting documents including the Annual Delivery Plan, Resource Framework, Workforce Plan and Performance Framework will be fundamental. Management should clearly set out how the IJB will receive assurance, including assurance over transformation. Reporting on implementation of Strategy and financial monitoring should have a clear focus on the success of transformational projects i.e. what has changed and how services are better delivered, with savings achieved, as a result of transformation.</p>  <p><b>25% increase since last update</b></p>			<p>Following completion of the 2025/26 budget processes the delivery plan is to be refreshed to reflect changes to financial pressures and risks. This will also be addressed via the statutory review of the strategic commissioning framework during 25/26.</p>
20		<p>DHSCPGAPIA20230621-2.1</p> <p><b>Consideration is given to how IJB members could be involved in the development and agreement of the organisation's risk profile.</b></p> <p>The Risk Management Strategy agreed in April 2021 states that the IJB Board is responsible for 'receipt, review and scrutiny of reports on strategic risks'. The latest risk update was provided to the May 2023 PAC meeting and noted that "target risk scores will be revisited following planned Risk Appetite sessions for the</p>	31 Dec 2023	Chief Finance Officer	<p>02.04.25</p> <p>Further progress on risk delayed by 2025/26 budget process. To be prioritised in April and May 2025.</p>

		<p>recent development work around risk appetite". We welcome this intention and note that further work will also be required to identify how the new risk appetite will affect Strategy, decision-making prioritisation and budget setting and organisational focus, the 'so what?' question, which will be fundamental to making risk appetite real.</p> <div>  </div> <p><b>No change in % achieved</b></p>			
21		<p>DHSCPGAPIA20230621-2.2</p> <p><b>Implementation of Risk Appetite</b></p> <p>To help implementation of the Risk Appetite to be agreed, we recommend that the IJB sets out clearly how:- risk appetite is to be taken into consideration as part of decision making· risk appetite affects monitoring and escalation processes for individual risks· Risk appetite is reflected in target risk scores and how the IJB will understand whether target is actually being achieved.</p> <div>  </div> <p><b>No change in % achieved</b></p>	31 Dec 2023	Chief Finance Officer	<p>02.04.25</p> <p>Further progress on risk appetite delayed by 2025/26 budget process. To be prioritised in April and May 2025.</p>
22		<p>DHSCPGAPIA20230927-1.1</p> <p><b>Viability of External Providers - Financial Monitoring Process</b></p>	31 Dec 2023	Head of Service, Strategic Services	<p>02.04.25</p> <p>Regular 6 monthly meeting now in place to consider risk register. Senior (Contracts) and Chief Finance Officer</p>

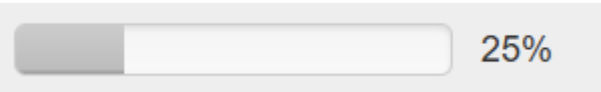

		<p>It is recommended that the Monitoring and Review Protocol is enhanced to include a clear escalation process in the event that financial sustainability of a Care Provider is deemed to be at risk. This should include thresholds for each of the ratios considered in the financial monitoring template which would trigger escalation for enhanced monitoring, or other appropriate action, to ensure a consistent approach is taken. To ensure sufficiently regular financial monitoring of annual accounts is conducted for each provider, a review should be performed at least annually, including ensuring that a copy of the Care Provider's recent annual accounts is held. Overall assurance against this risk should then be reported to a pertinent Committee, or the IJB itself, and could include KPI reporting relating to the financial sustainability ratios.</p>  <p><b>25% increase in % achieved</b></p>			<p>meeting to discuss and agree any follow up action including consideration of % of contract value against total expenditure - to allow for a deeper dive of the data.</p> <p>Annual report to PAC in inspection gradings to be reviewed for 2025 to also include overview of quality, operational and financial risks.</p>
23		<p>DHSCPGAPIA20230927-2.1</p> <p><b>Viability of External Providers - contract monitoring template</b></p> <p>It is recommended that a single standardised template is developed and implemented for quarterly monitoring to ensure an agreed minimum level of quality monitoring is undertaken in respect of performance, quality, staffing levels and financial information. The template should also contain a further section which can be tailored to include any metrics specific to the provider to enable tailored monitoring as needed, above the minimum expected monitoring activities. Any monitoring reports identified which lack sufficient documentation of the quality</p>	31 Dec2024	Head of Service, Strategic Services	<p>02.04.25</p> <p>All templates updated as required to ensure agreed data collated. Care at Home template reviewed and minimised to ensure fit for purpose and necessary data collected. Wording in model contract for social care re-enforces need to provide agreed monitoring data under terms and conditions. All templates considered by Lead Officer, Quality, Data and Intelligence</p>



		<p>assessment should be escalated and discussed with the Contracts Officer to ensure appropriate action is taken in conjunction with the provider. When providers are subject to external review (e.g. through the Care Inspectorate), these findings should be triangulated with previous internal quality assessments to review whether pertinent issues were picked up, and therefore if the quality of the internal assurances is sufficiently robust or requires further improvement.</p>  <p><b>15% increase since last update</b></p>			<p>and agreement that all versions used are fit for purpose for the specific care and support portfolios. Summary of Quality Accreditation exercise still to be considered, however, model contract and current clause around Quality Assurance been signed off by Legal - no amendments at this stage to wording in quality clause. Competing priorities around budget consultation/savings agenda have impacted on this task being completed, however, will be prioritised into new financial year.</p>
24		<p>DHSCPGAPIA20240131-1.1</p> <p><b>Operational Planning - Development of operational plans</b></p> <p>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.</p>  <p><b>No change in % achieved</b></p>	30 Sept 2024	<p>Chief Finance Officer</p> <p>Head of Service, Strategic Services</p>	<p>02.04.25</p> <p>Further progress on planned work has been delayed due to capacity required to support 2025/26 budget setting process. However, this will now inform the approach to and prioritisation of these tasks during the first quarter of 2025/26.</p>
25		<p>DHSCPGAPIA20240131-2.1</p> <p><b>Operational Planning - Review of Terms of Reference</b></p>	30 June 2024	Chief Finance Officer	02.04.25

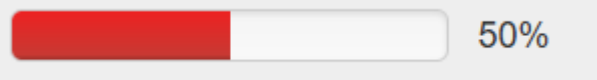

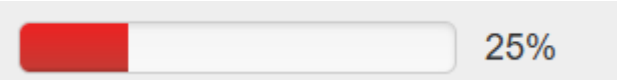
		<p>Terms of reference for governance and management groups and committees should specify the review period, generally annually, and Terms of Reference should be updated if necessary. This should, at a minimum, require that the remit of groups is reviewed each time the Strategic Commissioning Plan, or relevant strategic objectives, are updated.</p>  <p><b>No change in % achieved</b></p>		Head of Service, Strategic Services	Further progress on planned work has been delayed due to capacity required to support 2025/26 budget setting process. However, this will now inform the approach to and prioritisation of these tasks during the first quarter of 2025/26.
26		<p>DHSCPGAPIA20240131-3.1</p> <p><b>Operational Planning - project management arrangements</b></p> <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. 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>  <p><b>No change in % achieved</b></p>	30 June 2024	<p>Chief Finance Officer</p> <p>Head of Service, Strategic Services</p>	<p>02.04.25</p> <p>Further progress on planned work has been delayed due to capacity required to support 2025/26 budget setting process. However, this will now inform the approach to and prioritisation of these tasks during the first quarter of 2025/26.</p>
27		<p>DHSCPGAPIA20240131-4.1</p> <p><b>Operational Planning - alignment to strategic plan</b></p>	30 June 2024	Chief Finance Officer	02.04.25

		<p>The HSCP has committed to the development of a revised set of Strategic Plan performance measures throughout 2023/24. 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"> <li>• Align the objectives of their implementation plans to the performance measures identified for the Strategic Plan, where it makes sense to do so</li> <li>• Consider other workstreams within delivery plans that contribute to the same objectives, and the relative impact.</li> </ul> <p>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.</p> <div>  </div> <p><b>No change in % achieved</b></p>		Head of Service, Strategic Services	Further progress on planned work has been delayed due to capacity required to support 2025/26 budget setting process. However, this will now inform the approach to and prioritisation of these tasks during the first quarter of 2025/26.
28		<p>DHSCPGAPIA20250129-1</p> <p><b>Workforce - modelling future service demand and workforce requirements</b></p> <p>The HSCP has not yet developed an approach to modelling Service demand to a level of detail which supports effective planning for future workforce requirements. In the absence of an understanding of the way in which future workforce requirements are likely to develop, there is a risk that workforce planning interventions may not be applied in the areas of highest risk. While there are a number of actions related to</p>	30 Apr 2025	<p>Head of Service, Strategic Services</p> <p>Head of Health and Community Care</p> <p>Lead Officer, Quality Data</p>	<p>02.04.25</p> <p>The workforce plan is currently being reviewed and the prediction of future demand and workforce implications is being actively considered as part of this work. It is anticipated the revised workforce plan will be available by June 2025, however further work on prediction and modelling will continue after this date.</p>



		<p>understanding Service demand and modelling staff requirement reflected in the Workforce Planning action plan, these are expressed as open ended ambitions and, as a consequence, it is difficult to gain assurance over the extent to which progress has been made towards implementation.</p> <p>Audit Recommendation: The Workforce Planning subgroup should establish an approach to modelling future service demand and therefore workforce requirements which can be implemented within its currently available resources. This approach should be predicated on the basis of data already available and documented assumptions where data is not available. SMART Actions within the action plan should be refined such that they set out specific deliverables which can be used to update and refine the initial assessment of future service demand, ideally with expected timescales.</p> <div>  <p>25%</p> </div> <p><b>25% increase since last update</b></p>		and Intelligence	
29		<p>DHSCPGAPIA20250129-2</p> <p><b>Workforce - risk register development</b></p> <p>The Workforce Strategic Risk Register is not yet fully developed and currently does not support management in determining the most pressing workforce issues facing the HSCP, or in assessing the control framework in terms of the impact of the controls which are in place or the controls which would be required to mitigate risk to an acceptable degree. Register Scoring indicates</p>	31 Mar 2025	<p>Head of Service, Strategic Services</p> <p>Head of Health and Community Care</p>	<p>02.04.25</p> <p>Review of the workplace plan, including the associated risk register, is currently underway. A revised format for presenting risk information, aligned to the format utilised for the IJB, has been identified and content is currently being revised and populated.</p>

		<p>that the majority of identified workforce risks are unmitigated. Internal controls for all risks have not yet been identified.</p> <p>The Workforce Strategic Risk Register should be developed such that it provides at least: • Risk Scoring to a level of detail and consistency that allows management to distinguish the most severe risks from the those which are less critical. • An assessment of the internal controls which are already in place, and those which are not in place but would be required to reduce the level of risk to within tolerance. Ideally such an assessment would be based on an analysis which quantifies the impacts and likelihood of the risks identified, to ensure objective risk scoring. However, in the context of the HSCP's current resource constraints, it is likely that in the medium term this will require a number of assumptions to be made on the basis of management knowledge and experience. Where they are required, assumptions should be recorded so that their effect on the analysis is clear and can be updated if and when other information becomes available.</p> <div>  </div> <p><b>50% increase since last update</b></p>		Lead Officer, Strategic Planning and Business Support	
30		<p>DHSCPGAPIA20250129-4</p> <p><b>Workforce - workforce action plan</b></p> <p>The articulation of actions in the Workforce action plan is overly broad and not clearly linked to any approach to prioritisation. As a consequence, progress is difficult to assess, and the action</p>	31 Mar 2025	<p>Head of Service, Strategic Services</p> <p>Head of Health and</p>	<p>02.04.2025</p> <p>Review of the workplace plan, including the associated work plan, is currently underway. A revised format for presenting risk information, aligned to national guidance, has been identified and content is</p>

		<p>plan provides limited assurance that it addresses the areas in which management action can have the greatest impact.</p> <p>HSCP Management should refine the action plan with a focus on identifying specific deliverables and realistic timescales. This will likely involve breaking down some of the existing high level actions into a number of sub tasks. The elements of the action plan should reflect the required internal controls which are identified within the Workforce Strategic Risk Register. As this may result in a plan containing more actions than are realistically achievable, management should identify and pursue those actions which will deliver the maximum impact within the resource available, supported by the risk register scoring.</p>  <p><b>50% increase since last update</b></p>		Community Care	currently being revised and populated.
31		<p>DHSCPGAPIA20250129-5</p> <p><b>Workforce - workforce planning group reporting</b></p> <p>There is no clear and explicit link between the information which is formally reported to the Workforce Planning Group and relevant risks and controls. As such, the reporting does not provide assurance over the effectiveness of arrangements to mitigate workforce risks.</p> 	31 Mar 2025	<p>Head of Service, Strategic Services</p> <p>Head of Health and Community Care</p>	<p>02.04.25</p> <p>Initial conversations have been held and are informing the revision of the workforce plan, including the format and content of the risk register and work plan.</p>

PAC19-2025

		25% increase since last update			
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ITEM No ...11.....



**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 21 MAY 2025

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

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC20-2025

## **1.0 PURPOSE OF REPORT**

- 1.1 This paper provides the Performance and Audit Committee (PAC) with an update on progress of the 2024/25 internal audit plan. 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 PAC:




- 2.1 Notes the work undertaken on the 2024/25 plan.
- 2.2 Note that the Annual Internal Audit Plan for 2025/26 will be presented to the September 2025 PAC meeting.
- 2.3 Consider the changes arising from the new Global Internal Audit Standards (GIAS) and the implications for the Internal Audit Service and the PAC.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None.

## **4.0 MAIN TEXT**

- 4.1 The GIAS require that the Chief Internal Auditor reports periodically to the PAC on activity and performance relative to the approved annual plan. We have previously set out that audit work is planned to allow the Chief Internal Auditor to provide the necessary assurances prior to the signing of the accounts.
- 4.2 The PAC approved the 2024/25 Internal Audit Plan at the September 2024 meeting. Internal audit work undertaken in 2024/25 is set out in Appendix 1.
- 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 controls relevant to them, 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. The following reports are considered relevant and are summarised here for information. It should be noted that the respective Audit and Risk/ Scrutiny Committees of the commissioning bodies are responsible for scrutiny of implementation of actions.

4.6 The External Quality Assessment of Internal Audit's compliance with the Public Sector Internal Audit Standards (PSIAS) final report was issued on 4 March 2025 and shared with the FTF Partnership Board on 5 March 2024.

#### **Internal Audit Standards**

4.7 The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Integration Joint Board (IJB) to comply with the accounts and audit regulations and legislation under section 106 of the Local Government (Scotland) Act 1973. A professional and objective internal audit service arrangement was established in accordance with recognised, applicable Internal Audit Standards, in order to comply with article 7 of the Local Authority Accounts (Scotland) Regulations 2014.

4.8 The Integrated Resources Advisory Group also issued guidance which set out the IJB's responsibility to establish adequate and proportionate internal audit arrangements for risk management, governance and control of delegated resources. The guidance further advised that IJBs should make appropriate and proportionate arrangements for the consideration of the audit provision.

4.9 From 1 April 2025, PSIAS was replaced by the GIAS supported by an 'Application Note - Global Internal Audit Standards in the UK Public Sector'. The Application Note *"provides a framework for the practice of internal audit in the UK public sector when taken together with the Global Internal Audit Standards (GIAS) issued by the Institute of Internal Auditors (IIA). It sets out interpretations and requirements which need to be applied to the GIAS requirements, in order that these form a suitable basis for internal audit practice in the UK public sector."*

4.10 Within the Local Government context application of GIAS is also supported by the CIPFA 'Code of Practice for the Governance of Internal Audit in Local Government' (The Code). The Code addresses the responsibilities of senior management and the Audit Committee towards Internal Audit to ensure that Internal Audit services delivered have the necessary authority, support and oversight of the organisation. The Code provides a link between the recommended practices in GIAS and established governance arrangements of local government bodies and reflects the legislation and practices of local government bodies.

4.11 GIAS consists of 5 domains which are supported by 15 principles:

- Purpose of Internal Auditing
- Ethics and Professionalism (principles 1-5)
- Governing the Internal Audit Function (principles 6-8)
- Managing the Internal Audit Function (principles 9-12)
- Performing Internal Audit Services (principles 13-15).

4.12 The main changes under GIAS include:

- a new Purpose Statement
- a requirement for internal auditors to demonstrate 'professional scepticism'
- clearer roles and responsibilities for senior management and the Audit Committee
- development and approval of an Internal Audit Mandate and Charter
- development and implementation of an Audit Strategy
- oversight of wider assurance sources
- development of skills and technology within the function to ensure delivery of an effective internal audit service
- a requirement to report where recommendations are not agreed
- a requirement for formal review processes.

4.13 Internal audit teams are not expected to demonstrate full conformance with GIAS on 1 April 2025 but must work in accordance with the new standards from this date, and by doing so will build up conformance to GIAS during 2025/26. While much of the day-to-day internal audit practice of undertaking audit engagements will not change, it is recognised that time will be needed to make the transition to GIAS. Nationally, internal audit functions are reviewing current audit processes and an improvement plan to ensure GIAS compliance is being developed.

4.14 The role of the Audit Committee is set out in some detail in GIAS Domain III "Governing the Internal Audit Function". Whilst many of these are already in place, the main elements emphasised in GIAS are to:

- provide the mandate setting out the authority, role and responsibilities under which the Internal Audit service operates.
- review and approve the Internal Audit Charter as reflecting the Audit Committee's expectations of the Internal Audit service that will be delivered to the IJB.
- meet with the Chief Internal Auditor on a periodic basis.
- 'champion' and demonstrate support for Internal Audit
- review the governance, management and reporting arrangements of the Internal Audit service.
- assist with setting audit priorities.
- review and approve arrangements for the external assessment of Internal Audit.

4.15 The Chief Internal Auditor is progressing the GIAS development work and a further update will be provided to the Audit Committee in due course.

#### **NHS Tayside reports:**

<b>Report Description</b>	<b>Assurance</b>	<b>Key findings</b>
T26/25 Savings Governance	Reasonable	The parameters within the health sector in which the board is operating impact on the available saving options and the financial sustainability risk and measures. Existing organisational structures, performance requirements, reduced capital spend, and age and state of the estate are all factors that limit NHS Tayside's ability to make required savings. However, similar to many Health Boards, the savings challenge remains significant

		<p>and the recommendations within this report aim to support the Board's savings and financial sustainability arrangements.</p> <p>Whilst NHS Tayside is not on target to achieve its full 2024/25 savings target, our assessment is that NHS Tayside formulated a comprehensive, risk-assessed plan and put in place a system of control, management, and governance; with areas for improvement identified in this report.</p> <p>There is a clear link between corporate priorities and savings workstreams based on the ADP approach.</p> <p>Whilst there is a focus on long term financial sustainability and recurring savings, this would be enhanced through a lessons-learned approach.</p> <p>Pace and urgency of the approach to financial recovery could be enhanced. The Sustainability &amp; Recovery Group (SRG) was formed in September 2024 with limited output to date and a Financial Recovery Action Plan is not yet in place.</p> <p>We have recommended a staff communications strategy to create buy in and ownership as well as generate any additional saving proposals.</p> <p>Our interviews with officers during audit fieldwork confirmed that NHS Tayside makes good use of data available through the Business Unit and benchmarking data provided through the Discovery system nationally, to identify areas of focus for the savings workstreams. Effective use of data should be further explored to analyse productivity and value and enhance allocative efficiency.</p> <p>There are inconsistencies in how the individual savings workstreams are managed operationally and monitored at governance level, and savings workstream governance arrangements require standardisation.</p> <p>Reporting on the Financial Plan and the challenge in delivering it is generally open and transparent. We have recommended enhancements in clarity of terminology and quantifying risks.</p> <p>Audit Scotland, in their 'NHS in Scotland 2023' report published in February 2024 stated that 'Investing in preventative measures and implementing service reforms will help to ensure services are sustainable in the future'. This view has also been reported by Public Health Scotland as outlined in the January 2023 discussion paper 'Public health approach to prevention and the role of NHSScotland' which stated that 'there is a growing body of economic evidence that supports the case for investing in public health interventions and prevention.'</p> <p>Reflecting on the Audit Scotland and Public Health Scotland conclusions, public health measures including prevention should be a key area of focus to ensure services are sustainable in the future. Public Health actions are therefore of the utmost criticality, alongside the need to be financial sustainability, and should be prominent in Strategy development.</p>
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**Dundee City Council reports:**

<b>Report Description</b>	<b>Assurance</b>	<b>Key findings</b>
Corporate and Corporate Services – Financial Forecasting	Substantial Assurance	<p>The Council's processes for the preparation and reporting of forecast outturns were found to be generally well-designed.</p> <p>The Revenue Budget Control Manual is in the process of being reviewed at the time of the audit. We noted a number of instances of non-compliance with these processes at the Service area level for example, the Revenue Monitoring templates had not always been submitted in a timely manner, actual spend information from the general ledger used for forecasting in the monitoring reports submitted by the Services is often taken before the month-end close has been done, and the Service areas' explanations for key assumptions and any changes to projections were found to be inadequate in some instances. There is therefore an increased risk that some reported figures are not as accurate and up to date as they could be which may hinder the monitoring and reporting process.</p> <p>At the corporate level, we found that the information regularly reported by the Corporate Finance team to the Council Leadership Team and the City Governance Committee included detail of the assumptions underpinning budgets and forecast outturns, as well as generally sufficient information on other aspects of the Council's financial performance. We have made recommendations predominantly at the Service area level, in relation to the improvements required in financial forecasting. If implemented, these will enhance the controls over this area.</p>
Corporate Services – Corporate Finance – Purchase to Pay	Substantial Assurance	<p>Purchase to pay processes are generally sound, with the majority of expected controls integrated into the operation of purchasing systems. We found that controls could be strengthened by better defining the scope of permitted exceptions to core purchasing processes, and by reinforcing understanding of the purpose of key controls among operational staff with responsibility for purchasing.</p>

**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 Acting 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.

Christine Jones  
Acting Chief Finance Officer

**Date:** 28 April 2025

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
<b>2024/25</b>								
<b>D01-25</b>	Audit Planning	Audit Risk Assessment & Operational Planning.	Complete 	✓	✓	✓	✓	<b>N/A</b>
<b>D02-25</b>	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at PAC.	Ongoing/ May 2025 	✓	✓	✓	✓	<b>N/A</b>
<b>D03-25</b>	Internal Control Evaluation	Holistic assessment of the internal control environment in preparation for production of the 2024/25 Annual Report.  Follow up of previously agreed governance actions including Internal Audit recommendations.	May 2025 	✓	✓	✓		
<b>D04-25</b>	Annual Report 2024/25	Chief Internal Auditor's annual assurance statement to the IJB with fieldwork to support this.	September 2025 (IJB meeting June 2025) 	✓	✓			

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
<b>D05-25</b>	Lead Partner Services	Lead Partner Governance and Assurance arrangements Scope to review status of information sharing related to finance / financial outlook / risks / clinical and care governance / activity and strategic planning (Scope still to be finalised)	May 2025 September 2025 	✓				

PERFORMANCE AND AUDIT COMMITTEE – ATTENDANCES - JANUARY 2025 TO DECEMBER 2025

COMMITTEE MEMBERS - (* - DENOTES VOTING MEMBER – APPOINTED FROM INTEGRATION JOINT BOARD)					
<u>Organisation</u>	<u>Member</u>	<u>Meeting Dates 2024</u>			
		31/01	22/5	25/9	20/11
NHS Tayside (Non Executive Member)	Bob Benson *	✓			
Dundee City Council (Elected Member)	Siobhan Tolland *	✓			
Dundee City Council (Elected Member)	Dorothy McHugh *	✓			
NHS Tayside (Non Executive Member)	David Cheape *	✓			
Chief Social Work Officer	Glyn Lloyd	✓			
Acting Chief Officer	Dave Berry	✓			
Acting Chief Finance Officer	Christine Jones	A			
NHS Tayside (Registered Medical Practitioner – not providing primary medical services)	Sanjay Pillai	A			
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	A			
Carers' Representative	Martyn Sloan	✓			
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).

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