



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

City Chambers  
DUNDEE  
DD1 3BY

14th May, 2024

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

Dear Sir or Madam

### **PERFORMANCE AND AUDIT COMMITTEE**

I would like to invite you to attend a meeting of the above Committee which is to be held remotely on Wednesday, 22nd May, 2024 at 10.00am.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at [committee.services@dundeecity.gov.uk](mailto:committee.services@dundeecity.gov.uk) by no later than 12 noon on Monday, 20th May, 2024.

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

Yours faithfully

VICKY IRONS

Chief Officer

### **AGENDA**

- 1 APOLOGIES FOR ABSENCE**
- 2 DECLARATION OF INTEREST**

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

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

#### **(a) MINUTE - Page 1**

The minute of previous meeting of the Committee held on 31st January, 2023 is attached for approval.

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

The Action Tracker (PAC19-2024) for meetings of the Performance and Audit Committee is attached for noting and updating accordingly.

### **4 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023-24 QUARTER 3 - Page 13**

(Report No PAC15-2024 by the Chief Finance Officer, copy attached).

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

(Report No PAC16-2024 by the Clinical Director, copy attached).

### **6 QUARTERLY COMPLAINTS AND FEEDBACK REPORT – 3RD QUARTER 2023/24 - Page 65**

(Report No PAC14-2024 by the Chief Finance Officer, copy attached).

### **7 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE - Page 71**

(Report No PAC18-2024 by the Chief Finance Officer, copy attached).

### **8 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP FINANCE AND STRATEGIC SERVICES CAPACITY - Page 85**

(Report No PAC13-2024 by the Chief Finance Officer, copy attached).

### **9 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT - Page 89**

(Report No PAC20-2024 by the Chief Finance Officer, copy attached).

### **10 GOVERNANCE ACTION PLAN UPDATE (PAC17-2024)**

The Performance and Audit Committee was advised at its meeting in January 2024 that the mapping work to develop revised reporting of outstanding Governance Actions previously reported through the Governance Action Plan was complete and that the next stage of the process would be to enhance and refine the recording of these actions on the Ideagen system (previously known as Pentana). This would show a clear link between the source of the required action (Internal Audit Review, External Audit Recommendations, Annual Governance Statement reviews etc), progress made and actions being taken. The plan was to provide a comprehensive revised report to the May meeting of the PAC.

Since then, the focus of the service has been diverted to prepare for significant changes in the IT infrastructure provided by Dundee City Council which will be implemented sooner than originally anticipated. This has diverted the identified resources to carry out the annual governance statement work away from this work and therefore the full migration of the outstanding actions for monitoring purposes has not been able to be achieved to date. This instead will be presented to the September meeting of the PAC for consideration.

The Committee is asked to note this position.

**11 ATTENDANCE LIST - Page 97**

(A copy of the Attendance Return (PAC21-2023) for meetings of the Performance and Audit Committee held over 2024 is attached for information and record purposes).

**12 DATE OF NEXT MEETING**

The next meeting of the Committee will be held remotely on Wednesday 25th September, 2024 at 10.00am.

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**PERFORMANCE AND AUDIT COMMITTEE**  
**CONTACT LIST**

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

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

<b>Role</b>	<b>Recipient</b>
Elected Member (Chair)	Councillor Ken Lynn *
Elected Member	Councillor Dorothy McHugh *
NHS Non Executive Member	Beth Hamilton *
NHS Non Executive Member	David Cheape *
Chief Officer	Vicky Irons
Chief Finance Officer	Dave Berry
Registered medical practitioner employed by the Health Board and not providing primary medical services	Vacant
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>Organisation</b>	<b>Recipient</b>
Dundee City Council (Chief Executive)	Greg Colgan
Elected Member – Proxy	Councillor Lynne Short
Elected Member – Proxy	Councillor Roisin Smith
Elected Member – Proxy	Bailie Helen Wright
Dundee City Council (Executive Director of Corporate Services)	Robert Emmott
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
NHS Tayside (Chief Executive)	Grant Archibald
NHS Non Executive Member – Proxy	Jenny Alexander
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Elaine Holmes
Dundee City Council (Members' Support)	Sharron Wright
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership	Kathryn Sharp
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (Communications rep)	Anna Michie
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
NHS (PA to Tony Gaskin)	Carolyn Martin
Audit Scotland (Audit Manager)	Richard Smith
Dundee Health and Social Care Partnership	Christine Jones
Dundee City Council (Communications rep)	Katie Alexander
Dundee City Council (Communications rep)	Mike Boyle
Dundee City Council (Communications rep)	Lewis Thomson
Dundee Health and Social Care Partnership	Jenny Hill
Dundee Health and Social Care Partnership	Lynsey Webster

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



At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 31st January 2024.

Present:-

<u>Members</u>	<u>Role</u>
Donald McPHERSON (Chair)	Nominated by Health Board (Non Executive Member)
Lynne SHORT	Nominated by Dundee City Council (Elected Member)
Dorothy McHUGH	Nominated by Dundee City Council (Elected Member)
Dave BERRY	Chief Finance Officer
Jocelyn LYALL	Chief Internal Auditor
Diane MCCULLOCH	Chief Social Work Officer
Martyn SLOAN	Person providing unpaid care in the area of the local authority

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

Linda GRAHAM	Health and Social Care Partnership
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Kathryn SHARP	Health and Social Care Partnership
Lynsey WEBSTER	Health and Social Care Partnership

Donald McPherson, Chairperson, in the Chair.

The Chairperson noted that this would be Diane's last meeting as she was retiring in April and recorded thanks on behalf of the Performance and Audit Committee for the support she had provided.

The Chief Finance Officer also noted that it would be Donald's last meeting and recorded thanks for the contribution and support he had provided to the PAC.

## **I APOLOGIES FOR ABSENCE**

There were apologies for absence submitted on behalf of:-

Dr James COTTON	Registered Practitioner not providing primary medical care services
Vicky IRONS	Chief Officer
Ken LYNN	Nominated by Dundee City Council (Elected Member)
Raymond MARSHALL	Staff Partnership Representative
Sam RIDDELL	Nominated by Health Board (Non Executive Member)

## **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 22nd November, 2023 was submitted and approved.

(b) ACTION TRACKER

There was submitted the Action Tracker, PAC11-2024, for meetings of the Performance and Audit Committee for noting and updating accordingly.

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

Following questions and answers the Committee further agreed:-

- (i) that action 1 (falls data in relation to the North East) would be closed off as it would be dealt with as part of the Falls Strategy report to the February IJB meeting; and
- (ii) that in relation to action 6 (review of emergency admission rates), that a short briefing note would be provided in the first instance, with the subject being included in a future development session too.

**IV REVISED PAC TERMS OF REFERENCE**

There was submitted Report No PAC2-2024 by the Chief Finance Officer informing members of the Committee of the revised Terms of Reference for Dundee Integration Joint Board's Performance and Audit Committee following approval by the Integration Joint Board at its meeting of the 13th December, 2023.

The Committee agreed to note the revised Terms of Reference for the Performance and Audit Committee approved by the Integration Joint Board as attached as Appendix 1 to the report.

Following questions and answers the Committee further agreed:-

- (i) that the need to undertake an annual evaluation and develop a formal training programme, that were highlighted by the external auditors as areas of improvement, should be added to the Action Tracker.

**V DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023/2024 QUARTER 2**

There was submitted Report No PAC4-2024 by the Chief Finance Officer updating the Performance and Audit Committee on 2023/2024 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:-

- (i) that, in relation to a query about the drop in percentage of care services graded good or better, the Inspection Grading Analysis report that had been previously submitted to the PAC would be re-issued;
- (ii) 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; and
- (iii) that, in relation to a query about the sudden spike in the number of people waiting for a social care assessment in June 2023, it was likely due to a change in the reporting to the Scottish Government but that this would be checked with colleagues and reported back.

## **VI DRUG AND ALCOHOL SERVICES INDICATORS – 2023/2024 QUARTER 2**

There was submitted Report No PAC3-2024 by the Chief Finance Officer updating the Performance and Audit Committee on the performance of Drug and Alcohol Services.

The Committee agreed:-

- (i) to note the data presented in the report, including the improvements in key indicators relating to access to drug treatment services during 2023/2024 (section 6 and appendix 1); and
- (ii) to note the range of ongoing improvement activity (section 7).

Following questions and answers the Committee further agreed:-

- (iii) to note that MAT Standards benchmarking information was being collated by 12th April, 2024 and would contain much more detail about Standards 6 – 10; and
- (iv) to note that the next Drug and Alcohol Services Indicators report would come to the PAC in around 6 months, after the MAT Standards report had been received.

## **VII MENTAL HEALTH SERVICES INDICATORS – 2023/2024 QUARTER 2**

There was submitted Report No PAC5-2024 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 (section 6 and appendix 1);
- (ii) to comment on any further areas for development in the content and presentation of the report; and
- (iii) to note the operational and strategic supporting narrative in the context of the trends in performance and activity (section 7).

Following questions and answers the Committee further agreed:-

- (iv) to note that the reference to the Kings Fund review at paragraph 5.7 related to a national, not local, review.

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

There was submitted Report No PAC7-2024 by the Clinical Director providing assurance to Committee on the business of Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group.

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

The Committee agreed:-

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

Following questions and answers the Committee further agreed:-

- (iii) that consideration would be given to adding an additional column to show the direction of travel in the table on page 105.

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

There was submitted Report No PAC9-2024 by the Chief Finance Officer updating the Performance and Audit Committee in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership.

The Committee agreed:-

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

Following questions and answers the Committee further agreed:-

- (iv) to note, that in relation to query about reducing the score on the risk regarding the National Care Service, as the risk was about the future of the IJB as an organisation it would remain as a high risk meantime; and
- (v) to note, that in relation to a query about whether the risk score should be increased for the risk about restrictions on public sector funding, that the risk score would be reviewed at the appropriate time and may shift for financial year 2024/2025.

## **X DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CARE OPINION ROLL-OUT – PAC8-2024**

It was reported that the purpose of the Agenda Note was to provide an overview of the implementation of Care Opinion across the Dundee Health and Social Care Partnership, focusing on: Contract Signing; Service Mapping; Training Sessions; Initial service selection for roll out; Public Communication and Accessibility; and use as a Performance feedback tool.

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

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

Selection of Initial Services - the first wave of services set to use Care Opinion would comprise of those that had prior experience with the platform through the NHS. Leveraging their familiarity would expedite the integration process and encourage initial success stories that could motivate other services to adopt the system. Several teams had expressed a keen interest in using Care Opinion for their feedback.

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

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

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

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

The Committee noted the position.

## **XI GOVERNANCE ACTION PLAN UPDATE – PAC12-2024**

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

The Committee noted the position.

**XII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT REPORT – OPERATIONAL PLANNING**

There was submitted Report No PAC6-2024 by the Chief Finance Officer presenting the findings of the Internal Audit Review of Operational Planning 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 Operational Planning as set out in Appendix 1 to the report; and
- (ii) 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.

**XIII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT**

There was submitted Report No PAC1-2024 by the Chief Finance Officer providing an update on progress against the one remaining review from the 2022/2023 Internal Audit Plan as well as work relating to 2023/2024. The report also included internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs were considered relevant for assurance purposes to Dundee IJB.

Following questions and answers the Committee further agreed:-

- (i) to note that a summary would be provided to the next meeting on NHS Tayside's Internal Control Evaluation.

**XIV ATTENDANCE LIST**

There was submitted Agenda Note PAC10-2024 providing attendance returns for meetings of the Performance and Audit Committee held over 2023.

The Committee agreed to note the position as outlined.

**XV DATE OF NEXT MEETING**

The Committee agreed to note that the next meeting of the Committee would take place remotely on Wednesday 22nd May, 2024 at 10.00am.

Donald MCPHERSON, Chairperson.

ITEM No ...3(b).....
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**PERFORMANCE AND AUDIT COMMITTEE – ACTION TRACKER – 22<sup>nd</sup> MAY 2024      PAC19-2024**

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
1	28/09/22	III(b)(iii)	ACTION TRACKER	that consideration would be given by the Management Team to noting the briefing notes, that were issued inbetween PAC meetings, at the next available meeting of the PAC.	Chief Officer	(December 2022)  February 2024	In progress – Discussions held with Head of Legal and Democratic Services of Dundee City Council as advisor to the IJB/PAC
2	27/09/23	V	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2022/2023 – QUARTER 4	that, at the request of the Chair, a report from the Falls Strategy Group would be presented to a future Integration Joint Board meeting.	Matthew Kendall	Feb 2024	Complete – IJB report DJB3-2024 (in Feb 2024)
3	27/09/23	VII	DISCHARGE MANAGEMENT PERFORMANCE – UPDATE ON COMPLEX AND STANDARD DELAYS	that consideration would be given to building in information from the weekly local oversight report into future reports to the PAC.	Lead Officer, Strategic Services	May 2024	Discussions are taking place with Locality Manager regarding the optimal reporting of discharge management data and operational narrative to ensure this information is presented coherently, utilising the most current data to

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
							<p>support operational narrative.</p> <p>Once this has been worked through, it will enable a recommendation as to whether this information would be best incorporated into the quarterly performance report or as a stand alone 6 monthly report.</p>
4	27/09/23	VIII	CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/OLDER PEOPLE AND OTHER ADULT SERVICES 2022/2023	that consideration would be given to arranging a presentation from the Care Inspectorate to a future Integration Joint Board meeting	Chief Finance Officer/Head of Service	<p>(November 2023)</p> <p>June 2024</p>	<p>Focus agreed by PAC members as the grading process, an overview of gradings across the country and how Dundee compares and the Care Inspectorate's powers. The session would also cover the internal processes that were used by the Health and Social Care Partnership.</p> <p>To be include in planned programme of</p>

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
							development sessions for IJB member commencing in June 2024.
5	27/09/23	IX	REVIEW OF EMERGENCY ADMISSION RATES	that a summary report would be brought to a future meeting explaining why the issue mattered to the PAC, what the data tells us and what needs done in response.	Lead Officer, Strategic Services	(April 2024)  June 2024	Development session to be offered to PAC members regarding unscheduled care data, analysis and improvement. This will form part of the planned programme of development sessions for IJB members commencing in June 2024.  A short briefing note has been provided in the meantime.
6	22/11/23	III(b)	ACTION TRACKER	that the Chief Finance Officer would provide an overview of progress with the staffing restructure and the additional capacity that could be available.	Chief Finance Officer	March 2024	Report regarding capacity within Finance and Strategic Services submitted to PAC for meeting of 22 May 2024.

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
7	22/11/23	V	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023-2024 QUARTER 1	that, in relation to a query from Councillor McHugh about why there was disparity in delayed discharge performance across LCPPs, Kathryn would consider with Lynsey Webster if further analysis was required.	Service Manager, Strategic Planning, Health Improvement and Commissioning	September 2024	This will be considered during production of next unscheduled care report due for submission following Q4 2023/24.
8	31/01/24	IV	REVISED PAC TERMS OF REFERENCE	annual evaluation to be carried out.	Chief Finance Officer	Jan 2025	Updated ToR approved by IJB December 2023 – to be next reviewed December 2024
9	31/01/24	IV	REVISED PAC TERMS OF REFERENCE	formal training programme to be developed.	Chief Finance Officer	June 2024	Programme of development sessions for IJB members will commence from June 2024.
10	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	Initial analysis has identified that although the rate of increase is high in west end for rate of emergency admissions, rate of emergency bed days and rate of bed days lost to code 9 delayed discharges, the actual rate was lowest in



No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
							<p>West End for admissions and bed days and one of the lowest rates for code 9 delayed discharges.</p> <p>For rates of hospital admissions due to a fall and standard delayed discharges and readmissions, the rate of increase was high and also the rate compared with other LCPPs is also high. It is recommended that a further analysis should be conducted, concentrating on these measures.</p>
11	31/01/24	V	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023/2024 QUARTER 2	that, in relation to a query about the sudden spike in the number of people waiting for a social care assessment in June 2023, it was likely due to a change in the reporting to the Scottish Government but that this would be checked with colleagues and reported back.	Lead Officer, Strategic Services	June 2023  September 2024	Identified that a change in methodology occurred from January 2024 so this does not explain the spike during June 2023. Investigation

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
							regarding this is still underway.
12	31/01/24	VIII	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT	that consideration would be given to adding an additional column to show the direction of travel in the table on page 105.	Head of Service	September 2024	Amendment to reporting to be considered by CCPG and reported back to September 2024 meeting



**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 22 MAY 2024

**REPORT ON:** DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023-24 QUARTER 3

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC15-2024

## **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to update the Performance and Audit Committee on 2023-24 Quarter 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. From Q1 2023-24, quarterly performance reports use the 2018/19 baseline year for all indicators.

## 5.0 QUARTER 3 PERFORMANCE 2023-24 – KEY ANALYTICAL MESSAGES

5.1 Key analytical messages for the Quarter 3 2023-24 period are:

- Significant variation by Local Community Planning Partnership (LCPP) is still apparent, with poorest performance for many of the National Indicators in the most deprived LCPPs.
- Performance is poorer than the 2018-19 baseline for rate of emergency admissions 18+, rate of hospital admissions due to a fall 65+, emergency admission numbers from A+E 18+, emergency admissions as a rate of all A+E attendances 18+, 28 day readmissions rate, % care services graded good, and rate of standard bed days lost to delayed discharges 75+.
- The performance for number of A+E attendances 18+, rate of emergency bed days and rate of complex bed days lost to delayed discharges 75+ was lower than the 2018-19 baseline which is an improvement for each indicator.
- Rate of emergency bed days per 100,000 18+ population decreased by 3.2% when compared with the 2018-19 baseline, which is an improvement. 5 LCPPs saw a decrease in rate of emergency bed days (Coldside -9.9%, East End -0.6%, North East -18%, Strathmartine -14.8% and West End -6.3%).
- Rate of emergency admissions per 100,000 18+ population increased by 13.2% compared with the 2018-19 baseline and there was an increase across every LCPP. This is deterioration in performance.
- Rate of emergency readmission within 28 days of any admission increased by 7.1% between 2018-19 baseline and Q3 2023-24. There was a decrease in 1 LCPP (East End by 7%) and Maryfield was the same in Q3 23-24 as 2018-19.
- Rate of hospital admissions due to a fall increased by 16% between 2018-19 baseline and Q3 2023-24. There was a decrease in 1 LCPP (Coldside by 15%) and Strathmartine was the same in Q3 23-24 as 2018-19.
- 90.3% of the last 6 months of life was spent at home or in a community setting; this is higher than the 2018-19 baseline of 89.1% (improvement). Although performance across Scotland is similar, Dundee is best out of the 8 family group partnerships and is 2nd out of the 3 Tayside partnerships.
- % care services graded 'good' (4) or better in Care Inspectorate inspections has deteriorated since the 2018-19 baseline from 86.2% in 2018-19 to 75.2% in 22/23. Report PAC27-2023 Article VIII of the minute of meeting of this Committee of 27<sup>th</sup> September 2023 refers provided a detailed analysis of gradings awarded in 2022-23.
- Rate of bed days lost to standard delayed discharge for people aged 75+ is 57% more than the 2018-19 baseline and performance deteriorated across all but 1 LCPPs (there was a reduction in North East by 18% which is an improvement). At Q3 the LCPP with the highest rate was Coldside (609 bed days lost per 1,000 people aged 75+) and the LCPP with the lowest rate was North East (207 bed days lost per 1,000 people aged 75+).
- Rate of bed days lost to complex (code 9) delayed discharge for people aged 75+ decreased by 3% between the 2018-19 baseline and Q3 2023-24, which is an improvement. There were increases across 4 of the 8 LCPPs. Increases ranged from 12% in Maryfield to 314% in East End.

- 5.2 Public Health Scotland publishes a report on the number of people who are waiting for 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 reflect improved definitions and therefore caution should be taken when comparing with figures prior to this date.

In Dundee, as at 25 March 2024:

- 0 people waited in hospital and 150 people waited in the community for a social care assessment. 0 people have waited in hospital each week since 17 October 2022.
- 20 people were assessed and waiting for a care at home package in hospital (314 hours yet to be provided).
- 25 people were assessed and waiting for a care at home package in the community (110 hours yet to be provided).
- For those already in receipt of a care at home package 110 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:** 17 April 2024

Lynsey Webster  
Senior Officer, Strategy and Performance

Shahida Naeem  
Senior Officer, Strategy and Performance

Lisa Traynor  
Strategy and Performance Assistant

## APPENDIX 1 – Performance Summary

Table 1: Performance in Dundee's LCPPs - % change in Q3 2023-24 against baseline year 2018/19



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+13.2%	+12.1%	+4.1%	+7.0%	+11.4%	+21.6%	+14%	+19.9%	+15.8%
Emer Bed Days rate per 100,000 18+	-3.2%	+8.8%	-0.6%	-9.9%	-18%	-14.8%	+4.8%	-6.3%	+3.5%
28 Day Readmissions rate per 1,000 Admissions 18+	+7.1%	+11%	-7%	+16%	+7%	+1%	0%	+20%	+18%
Hospital admissions due to falls rate per 1,000 65+	+16%	+84%	+16%	-15%	+43%	0%	+39%	+3%	+3%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	+57%	+1%	+42%	+190%	-18%	+17%	+50%	+48%	+127%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-3%	-48%	+314%	-80%	-51%	+19%	+12%	+213%	-100%

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

Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q3 2023-24 compared to Dundee



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	14,316	16,954	17,516	15,848	13,877	16,089	12,156	10,763	12,523
Emer Bed days rate per 100,000 18+	123,900	144,090	148,503	160,790	106,433	137,647	98,839	87,033	114,955
28 Day Readmissions rate per 1,000 Admissions 18+	150	157	153	149	138	155	149	159	140
Hospital admissions due to falls rate per 1,000 65+	35	46	38	34	27	30	36	41	32
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	435	456	437	609	207	264	394	488	465
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	89	75	352	43	43	107	159	47	0

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.

\*There have been no code 9 bed days lost for The Ferry between Jan to Dec 2023. Prior to this there were code 9 bed days lost in The Ferry in Oct and Dec 2022.

Key:  Improved/Better  Stayed the same  Declined/Worse



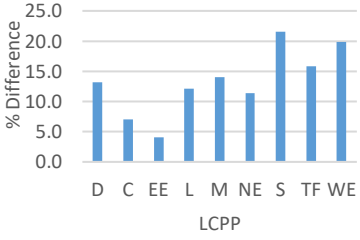
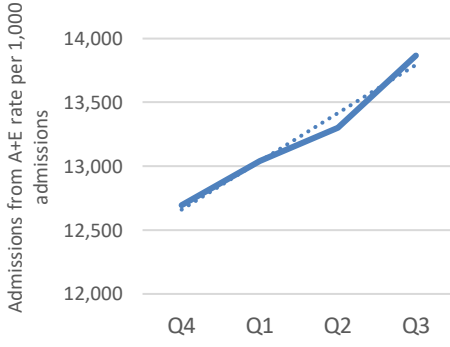
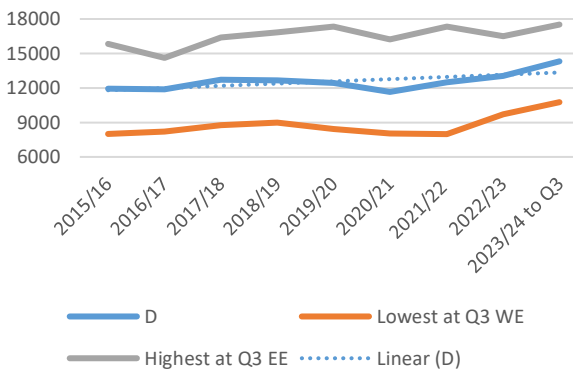
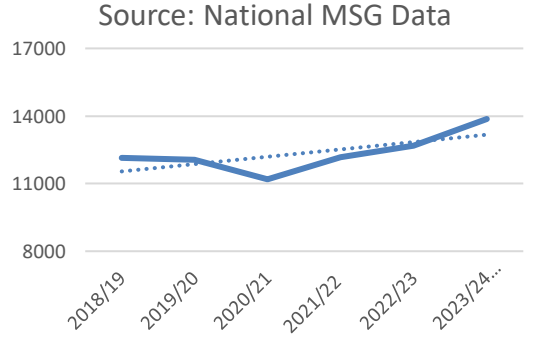
**Table 3: Performance in Dundee’s LCPPs - LCPP Performance in Q3 2023-24 compared to Dundee**

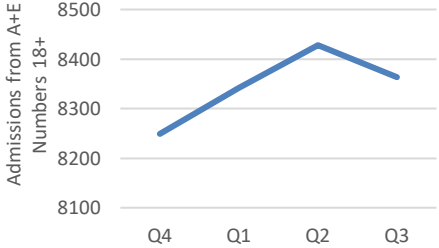
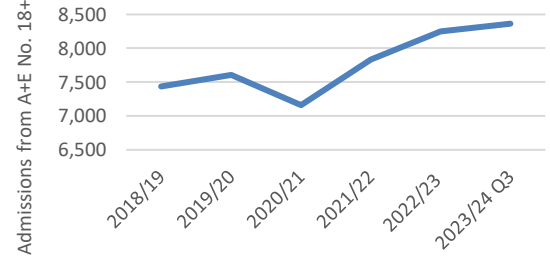
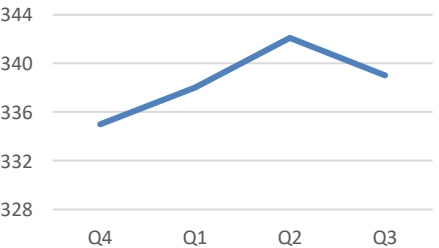
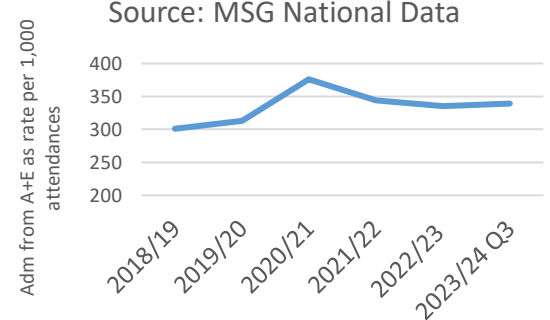
Dundee = D	East End = EE	Coldside = C	West End = WE
Strathmartine = S	North East = NE	Lochee = L	The Ferry = TF

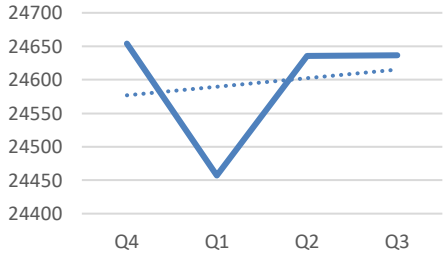
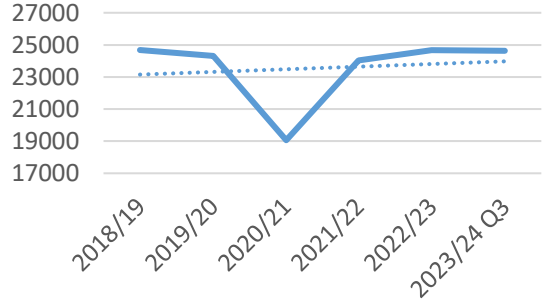
Please note that indicators 1-9 are reported from a biennial national survey – therefore short-term trends are not available. Longitudinal trends are also not available due to changes in survey methodology since 2015/16.

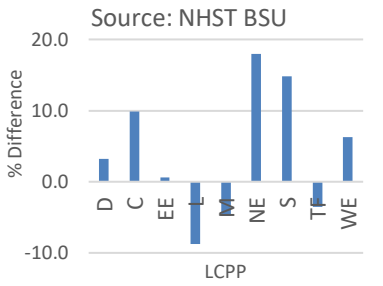
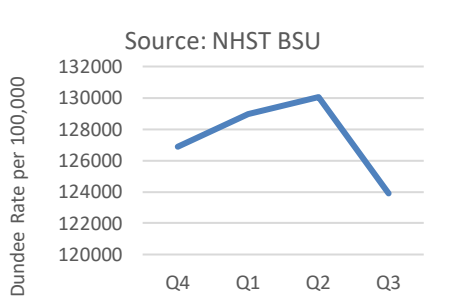
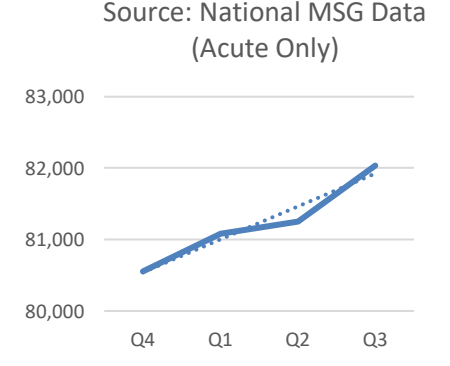
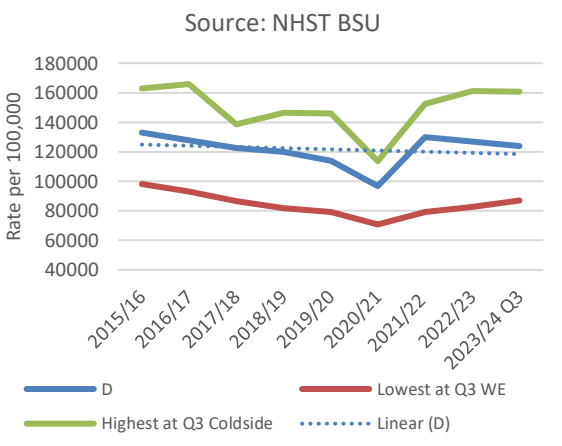
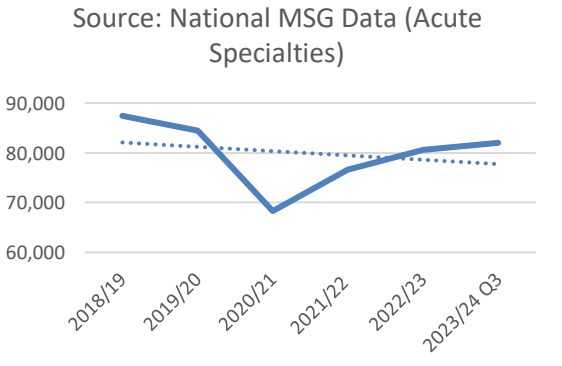
National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
1.% of adults able to look after their health very well or quite well*	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

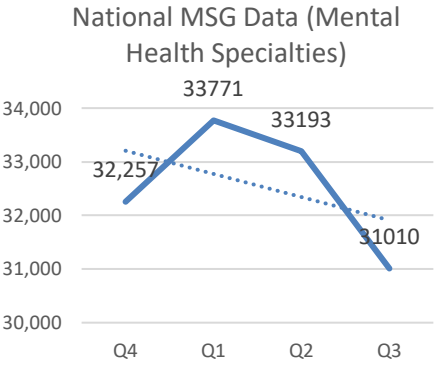
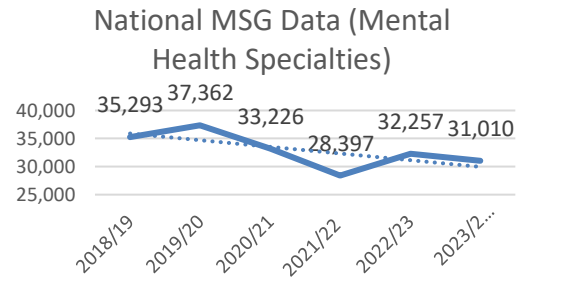
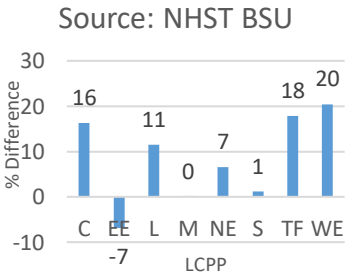
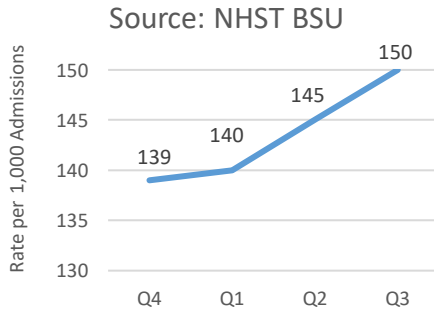
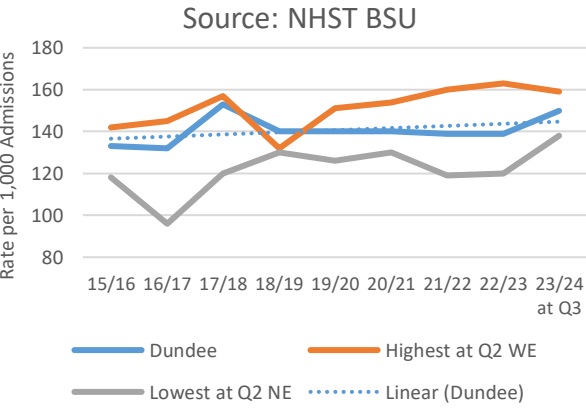
National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																					
7.% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life*				29th	8 <sup>th</sup> (72%)	3rd																					
8.% of carers who feel supported to continue in their caring role*				26th	7 <sup>th</sup> (27%)	3rd																					
9.% of adults supported at home who agreed they felt safe*				20th	7 <sup>th</sup> (77%)	3rd																					
10. % staff who say they would recommend their workplace as a good place to work	Not Available Nationally	Not Available Nationally	Not Available Nationally																								
11. Premature mortality rate per 100,000 persons	6% more in 2021 than 2016 (deterioration)	Not Available	<p>Source: PHS</p>  <table border="1"> <caption>Premature Mortality Rate per 100,000 Persons (2016-2021)</caption> <thead> <tr> <th>Year</th> <th>Dundee City</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>580</td> <td>450</td> </tr> <tr> <td>2017</td> <td>540</td> <td>420</td> </tr> <tr> <td>2018</td> <td>540</td> <td>420</td> </tr> <tr> <td>2019</td> <td>540</td> <td>420</td> </tr> <tr> <td>2020</td> <td>600</td> <td>480</td> </tr> <tr> <td>2021</td> <td>600</td> <td>480</td> </tr> </tbody> </table> <p>2021 is latest available published data</p>	Year	Dundee City	Scotland	2016	580	450	2017	540	420	2018	540	420	2019	540	420	2020	600	480	2021	600	480	29th	7 <sup>th</sup>	3rd
Year	Dundee City	Scotland																									
2016	580	450																									
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National Indicator	Difference From 18/19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<p><b>12. Emer Admissions rate per 100,000 18+</b></p>	<p>Source: NHST BSU</p>  <p>There was an increase in the emergency admissions rate by 13.2% between 2018-19 and Q3 23-24. This equates to an increase of 1,918 emergency admissions (deterioration). (source: NHST BSU)</p>	<p>Source: MSG National Data</p>  <p>Increasing trend over the last 4 quarters</p>	<p>Source: NHST BSU</p>  <p>Note - Linear (D) is the trendline for Dundee</p> <p>Source: National MSG Data</p> 	24th	4th	3rd

National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Emergency Admissions Numbers from A&E (MSG)	923 more emergency admissions from A+E in Q3 23/24 than 2018/19.	<p>Source: MSG National Data</p>  <p>A decrease from last quarter</p>	<p>Source: MSG National Data</p>  <p>Increase since 2020/21</p>	NA as number and not rate	NA as number and not rate	NA as number and not rate
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances (MSG)	Rate is 38(13%) higher at Q3 2023/24 than 2018/19.	<p>Source : MSG National Data</p>  <p>A decrease from last quarter</p>	<p>Source: MSG National Data</p>  <p>Stable trend since 2021/22, despite emergency admissions numbers from A+E increasing. This is because the number of A+E attendances also increased albeit at a slower rate.</p>	Not Avail	Not Avail	Not Avail

National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Accident & Emergency Attendances (MSG)	43 less A+E attendances in Q3 2023/24 than 2018/19 (improvement)	<p>Source: MSG National Data</p>  <p>No change in attendances between Q2 and Q3</p>	<p>Source: MSG National Data</p> 	NA as number and not rate	NA as number and not rate	NA as number and not rate

National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<p>13. Emer Bed days rate per 100,000 18+</p>	<p>Source: NHST BSU</p>  <p>There was a decrease in the emergency bed days rate by 3.2% between 2018-19 and Q3 23-24. This equates to an decrease of 3,727 emergency bed days (improvement). (source: NHST BSU)</p>	<p>Source: NHST BSU</p>  <p>The rate increased consistently between Q4 and Q2 with a significant decrease in Q3. *TrakCare data cleansing has taken place which has contributed to the Q3 decrease</p> <p>Source: National MSG Data (Acute Only)</p> 	<p>Source: NHST BSU</p>  <p>Source: National MSG Data (Acute Specialties)</p> 	10th	1st	2nd

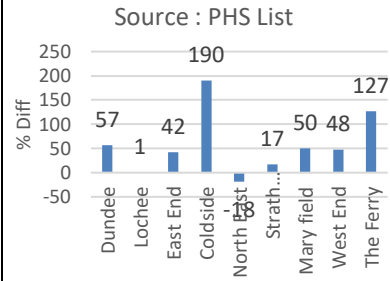
	<p>4,283 (12%) less mental health bed days in Q3 2023-24 than 2018-19 (improvement) (source: MSG)</p>	<p>National MSG Data (Mental Health Specialties)</p>  <p>A decrease in the rate of mental health emergency bed days since Q1 (improvement)</p>	<p>National MSG Data (Mental Health Specialties)</p>  <p>An overall decrease in the rate of mental health emergency bed days since 2018/19 (improvement)</p>			
<p><b>National Indicator</b></p>	<p><b>Difference From 18-19 Baseline</b></p>	<p><b>Dundee Short Term Trend (last 4 quarters)</b></p>	<p><b>Long Term Trend</b></p>	<p><b>Scotland Position</b> 1= best, 32 = worst</p>	<p><b>Family Group Position</b> 1= best, 8 = worst</p>	<p><b>Tayside Group Position</b> 1= best, 3 = worst</p>
<p><b>14. Readmissions rate per 1,000 Admissions 18+</b></p>	<p>Source: NHST BSU</p>  <p>The rate is 7% higher at Q3 2023-24 than 2018-19. This equates to 108 readmissions. The actual number of readmissions (numerator) increased by 633 readmissions between 2018-19 and Q3 2023-24</p>	<p>Source: NHST BSU</p>  <p>Increase in the rate over the last 4 quarters. (deterioration)</p>	<p>Source: NHST BSU</p> 	<p>30<sup>th</sup></p>	<p>8<sup>th</sup></p>	<p>3<sup>rd</sup></p>

National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<p><b>15. % of last 6 months of life spent at home or in a community setting</b></p>	<p>Up from 88.8% in 2017/18 to 90.3% in 2022 (improvement)</p>	<p>Not Available</p>		<p>9th</p>	<p>1st</p>	<p>2nd</p>
<p><b>16. Hospital admissions due to falls rate per 1,000 65+</b></p>	<p>Source: NHST BSU</p> <p>The rate of admissions is 16% higher in Q3 23-24 than the 2018-19 baseline. This equates to an increase of 137 falls related hospital admissions. The greatest increase (deterioration) in the number of falls was in Lochee with an 84% increase (71 fall related admissions) (deterioration).</p>	<p>Source: NHST BSU</p> <p>Increase in the rate over the last 3 quarters</p>	<p>Source: NHST BSU</p>	<p>31st</p>	<p>8th</p>	<p>3rd</p>

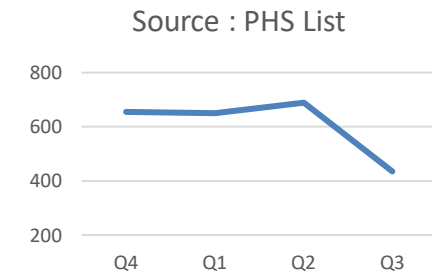


National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																								
<b>17. % care services graded 'good' (4) or better in Care Inspectorate inspections</b>	Dropped from 84.5% in 2017/18 to 75.2% in 2022/23 (deterioration)	Not Available	<p>Source: Public Health Scotland</p> <table border="1"> <caption>Estimated data for Indicator 17</caption> <thead> <tr> <th>Year</th> <th>Dundee City (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr> <td>2016/17</td> <td>85.5</td> <td>84.5</td> </tr> <tr> <td>2017/18</td> <td>85.0</td> <td>85.0</td> </tr> <tr> <td>2018/19</td> <td>86.0</td> <td>82.0</td> </tr> <tr> <td>2019/20</td> <td>80.0</td> <td>81.0</td> </tr> <tr> <td>2020/21</td> <td>80.0</td> <td>82.0</td> </tr> <tr> <td>2021/22</td> <td>74.0</td> <td>75.0</td> </tr> <tr> <td>2022/23</td> <td>75.2</td> <td>75.2</td> </tr> </tbody> </table>	Year	Dundee City (%)	Scotland (%)	2016/17	85.5	84.5	2017/18	85.0	85.0	2018/19	86.0	82.0	2019/20	80.0	81.0	2020/21	80.0	82.0	2021/22	74.0	75.0	2022/23	75.2	75.2	21st	7th	1st
Year	Dundee City (%)	Scotland (%)																												
2016/17	85.5	84.5																												
2017/18	85.0	85.0																												
2018/19	86.0	82.0																												
2019/20	80.0	81.0																												
2020/21	80.0	82.0																												
2021/22	74.0	75.0																												
2022/23	75.2	75.2																												
<b>18. % adults with intensive care needs receiving care at home</b>	6.5% (130 people) more in 2022 than 2017 (improvement) (note calendar year)	Not Available	<p>Source: Public Health Scotland</p> <table border="1"> <caption>Estimated data for Indicator 18</caption> <thead> <tr> <th>Year</th> <th>Dundee City (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>54.0</td> <td>61.5</td> </tr> <tr> <td>2017</td> <td>54.5</td> <td>61.0</td> </tr> <tr> <td>2018</td> <td>59.0</td> <td>62.0</td> </tr> <tr> <td>2019</td> <td>58.0</td> <td>63.0</td> </tr> <tr> <td>2020</td> <td>59.5</td> <td>63.0</td> </tr> <tr> <td>2021</td> <td>63.0</td> <td>64.5</td> </tr> <tr> <td>2022</td> <td>60.5</td> <td>63.5</td> </tr> </tbody> </table>	Year	Dundee City (%)	Scotland (%)	2016	54.0	61.5	2017	54.5	61.0	2018	59.0	62.0	2019	58.0	63.0	2020	59.5	63.0	2021	63.0	64.5	2022	60.5	63.5	28th	8th	2nd
Year	Dundee City (%)	Scotland (%)																												
2016	54.0	61.5																												
2017	54.5	61.0																												
2018	59.0	62.0																												
2019	58.0	63.0																												
2020	59.5	63.0																												
2021	63.0	64.5																												
2022	60.5	63.5																												

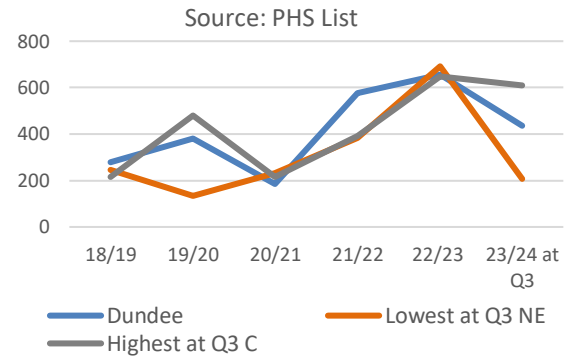
**19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)**



57% increase (deterioration) since 2018/19.



Improving trend in the last quarter

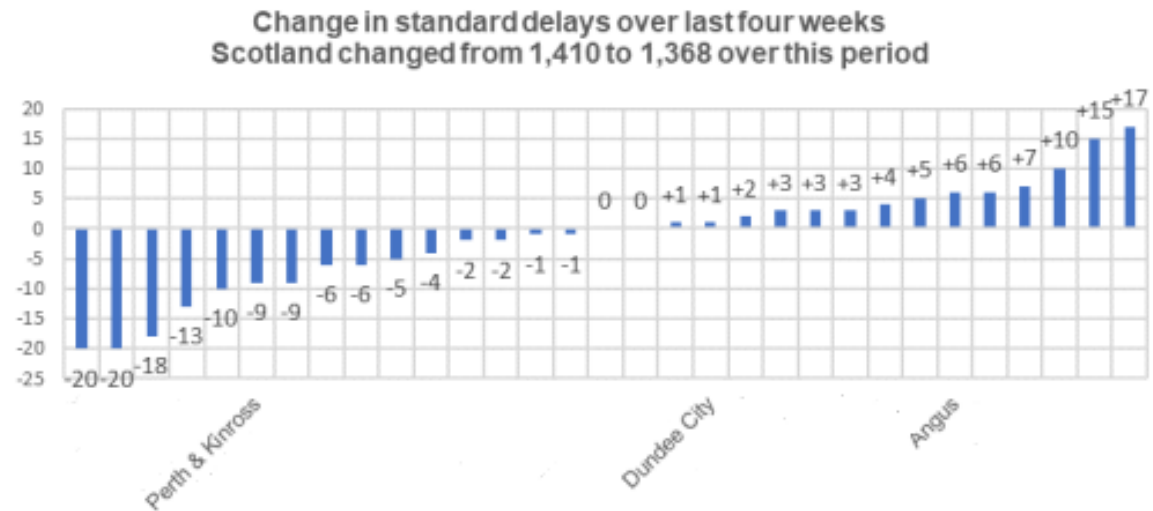
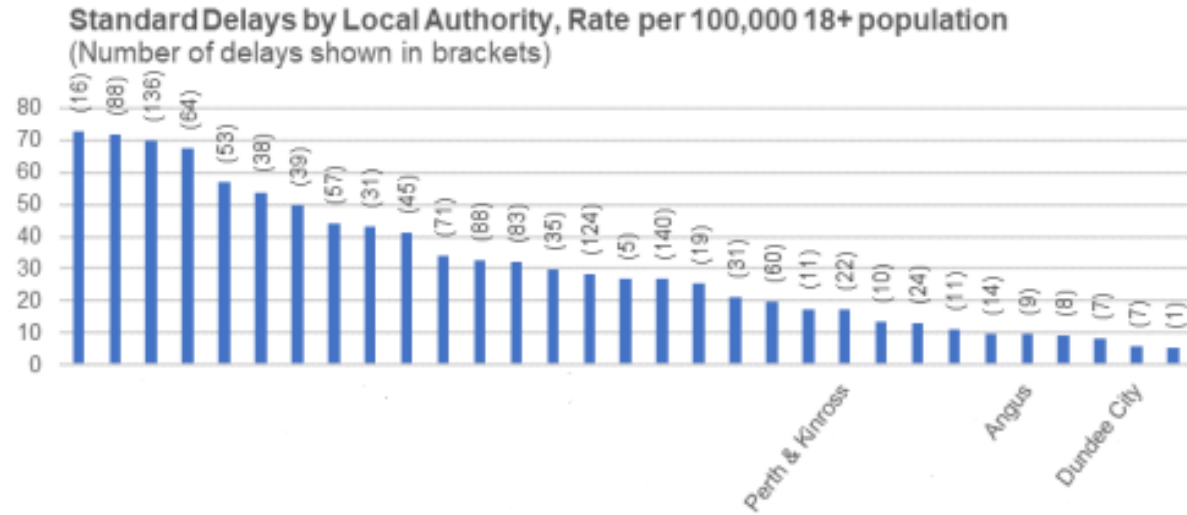


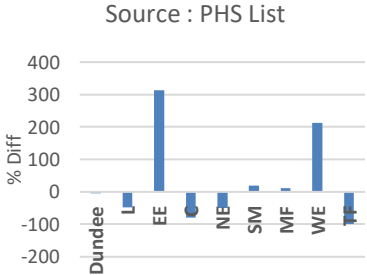
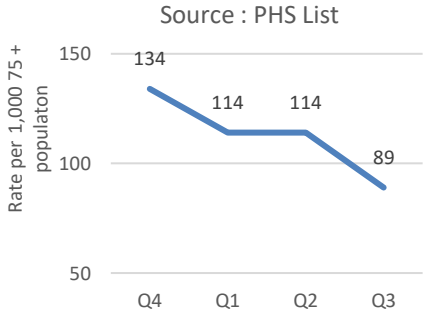
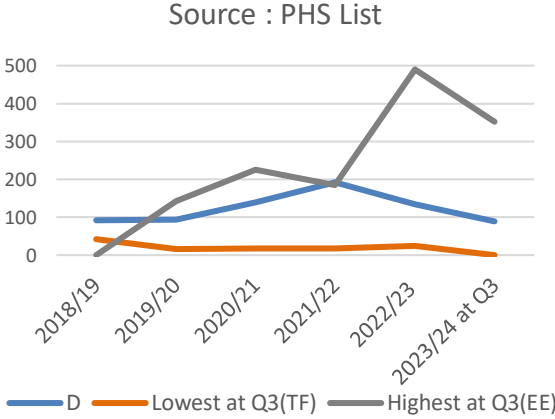
NA

NA

NA

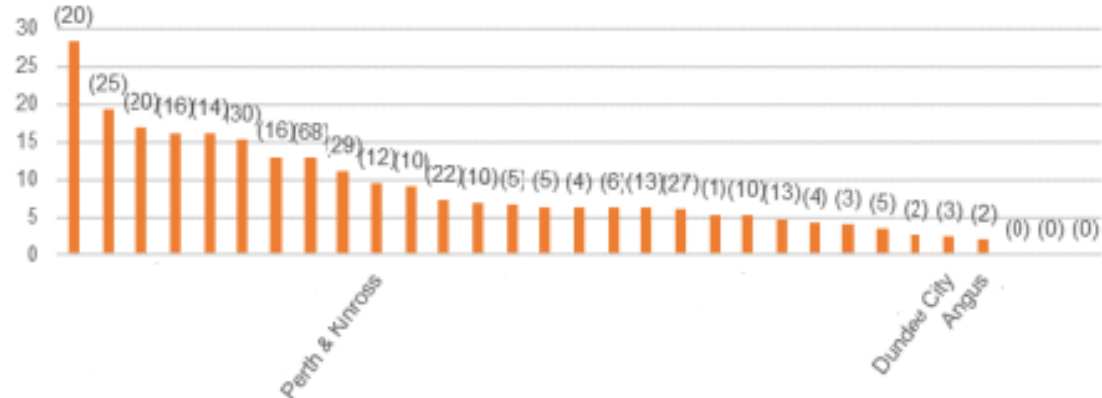
Standard Delays by Local Authority at 18 March 2024 (most recent at time of report production)



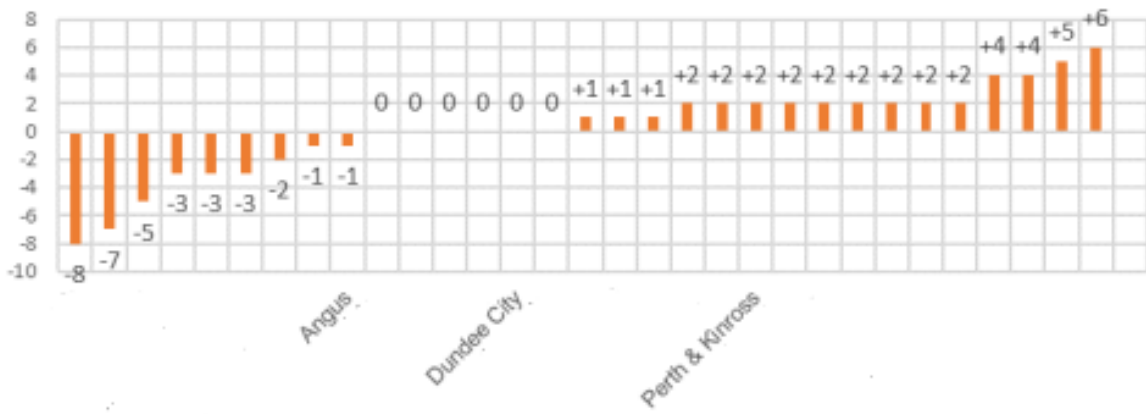
National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<p><b>19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)</b></p>	<p>Source : PHS List</p>  <p>Overall 3% decrease (improvement) since 2018-19 and decrease (improvement) in 4 LCPPs, these were Lochee, Coldside, North East and The Ferry.</p>	<p>Source : PHS List</p>  <p>Improvement since Q4</p>	<p>Source : PHS List</p> 	<p>NA</p>	<p>NA</p>	<p>NA</p>

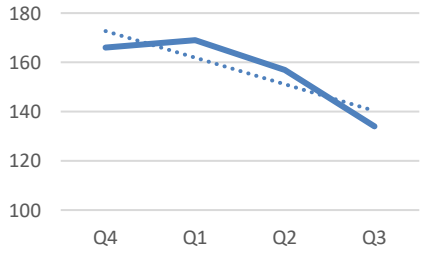
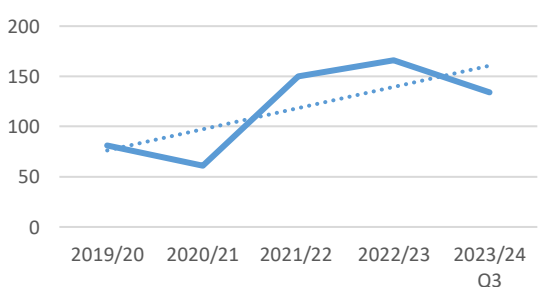
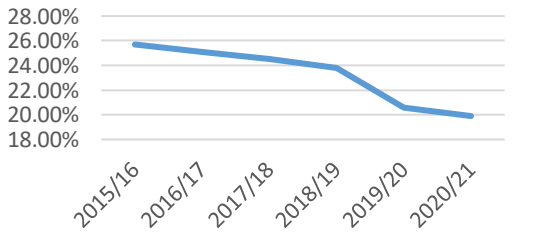
Adults with Incapacity (AWI) Delays by Local Authority at 18 March 2024 (most recent at time of report production)

AWI Delays by Local Authority, Rate per 100,000 18+ population  
(Number of delays shown in brackets)



Change in AWI delays over last four weeks  
Scotland changed from 390 to 395 over this period



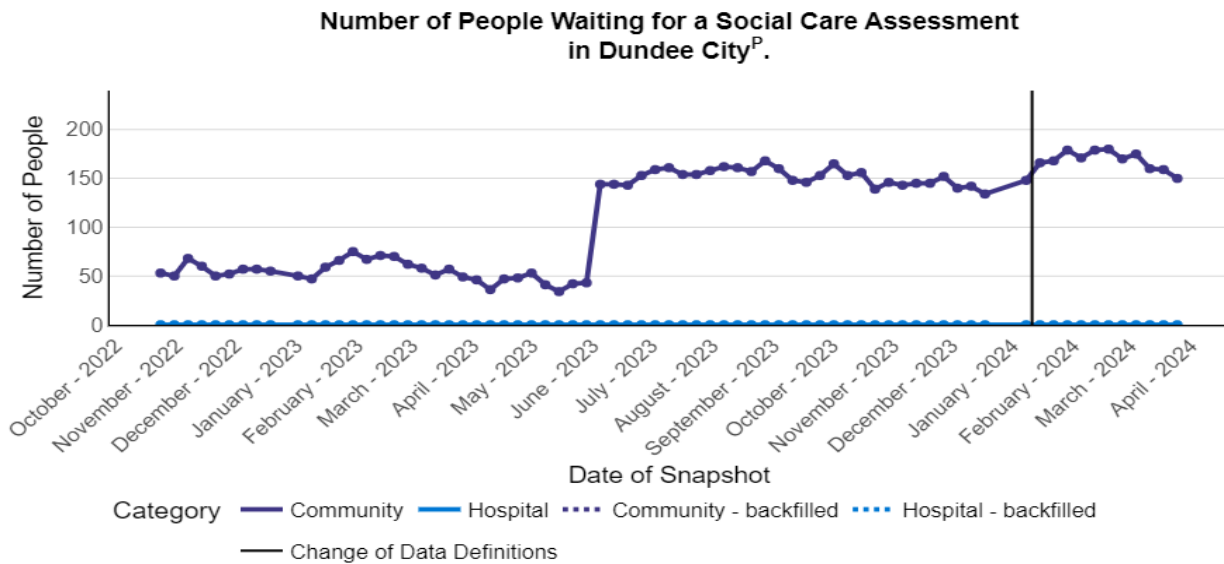
National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<b>Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)</b>	Bed days have almost doubled since 2019-20 (2018-19 data not provided by PHS). This is a deterioration. In 2019-20 there were 9,861 bed days lost and this increased to 16,236 at Q3 2023-24.	<p>Source: MSG National Data</p>  <p>Reduction (improvement) since Q1.</p>	<p>Source: MSG National Data</p>  <p>Overall increase since 2019-20, although decrease over the last 3 quarters.</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>	5.8% less in 2020/21* than 2015/16 (improvement)  *latest data available	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 service to be delivered.

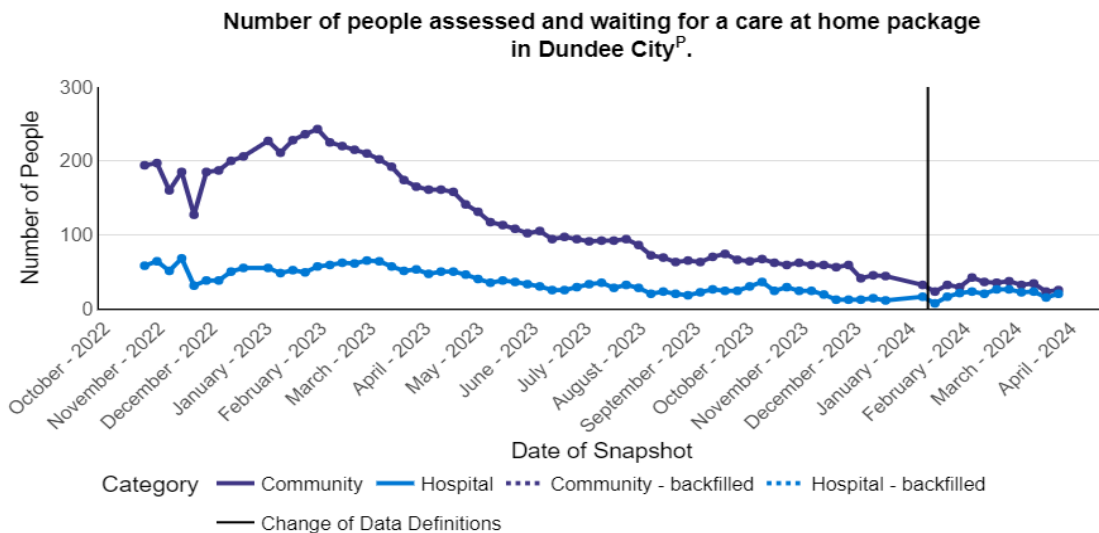
The data items submitted from 15 January 2024 onwards reflect improved definitions and therefore comparability of figures before this date should be done with caution.

**Chart 1**



**In Dundee as at 25<sup>th</sup> March 2024:**

- 0 people waited in hospital and 150 people waited in the community for a social care assessment.
- 0 people have waited in hospital each week since 17 October 2022.

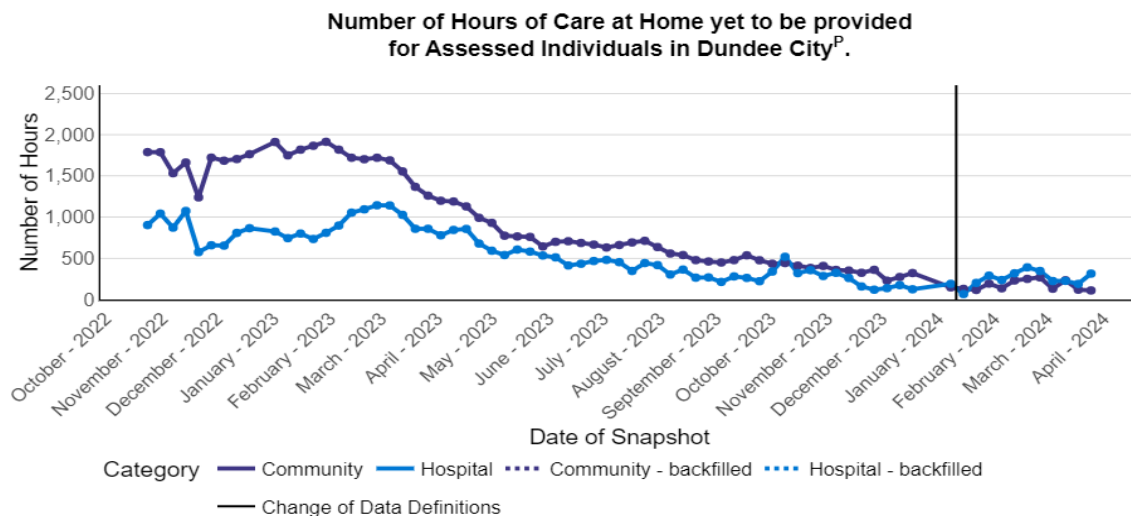


**Chart 2**

**In Dundee as at 25<sup>th</sup> March 2024:**

- 20 people were assessed and were waiting in hospital for a care at home package.
- 25 people were assessed and were waiting in the community for a care at home package.

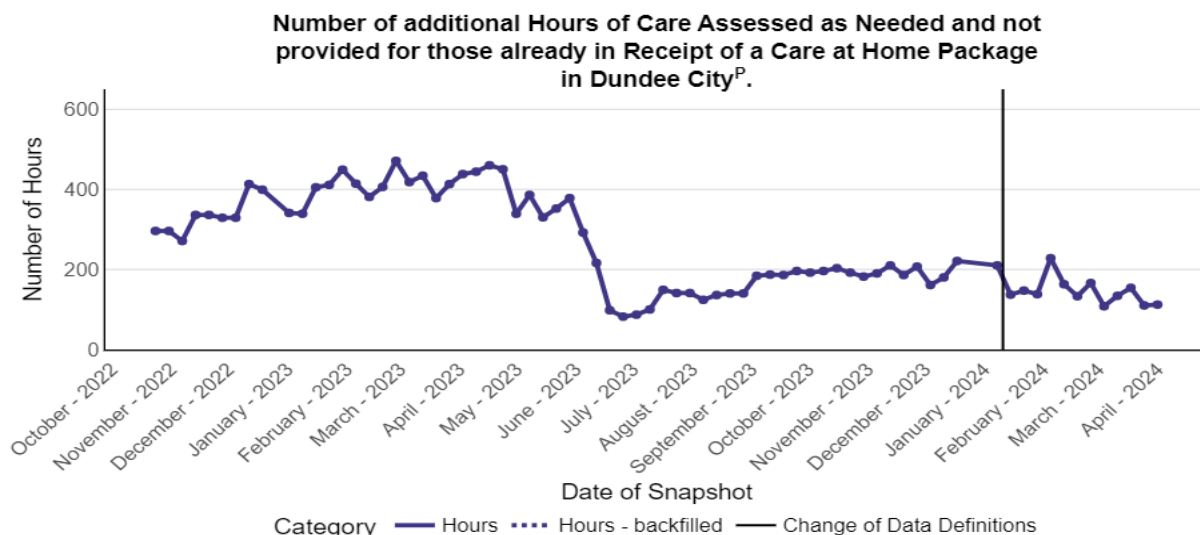
Chart 3



**In Dundee as at 25<sup>th</sup> March 2024:**

- 20 people were assessed and waiting for a care at home package in hospital (314 hours yet to be provided).
- 25 people were assessed and waiting for a care at home package in the community (110 hours yet to be provided).

Chart 4



**In Dundee as at 25<sup>th</sup> March 2024:**

- For those already in receipt of a care at home package 110 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. From quarter 1 2020/21 the NHS Tayside Business Unit has been providing breakdowns of covid and non covid admission reasons for emergency admissions and emergency bed days.

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

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<sup>1</sup> Rolling data is used so that quarterly data can be compared with financial years. This means that data for Quarter 3 shows the previous 12 months of data including the current quarter. Therefore, Quarter 3 data includes data from 1 January 2023 – 31 December 2023.

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**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 22 MAY 2024

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

**REPORT BY:** CLINICAL DIRECTOR

**REPORT NO:** PAC16-2024

## 1.0 PURPOSE OF REPORT

1.1 This is presented to the Care Governance 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 January 2024.

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 ASSESSMENT

#### 4.1 Clinical and Care Risk Management

a.1 Increasing patient demand in excess of resources – Dundee Drug and Alcohol Recovery Service (DDARS)

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				Please include data from previous <b>four</b> reporting periods															
				6/4/23			3/8/23			5/12/23			16/2/24						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
233	5	3	15	5	5	25	5	5	25	5	5	25	3	5	15	3	4	12	↓

L = Likelihood C = Consequence RER = Risk Exposure Rating

Negative media reporting increasing reputational, clinical and safeguarding risk –DDARS

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				Please include data from previous <b>four</b> reporting periods															
				6/4/23			3/8/23			5/12/23			16/2/24						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
683	5	5	25	5	5	25	5	5	25	5	5	25	4	3	12	3	2	6	↓

L = Likelihood C = Consequence RER = Risk Exposure Rating

Insufficient number of DDARS staff with prescribing competencies

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				Please include data from previous <b>four</b> reporting periods															
				6/4/23			3/8/23			5/12/23			16/2/24						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
612	5	5	25	4	4	16	4	4	16	4	4	16	3	5	15	3	4	12	↓

L = Likelihood C = Consequence RER = Risk Exposure Rating

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

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				Please include data from previous <b>four</b> reporting periods															

				6/4/23			3/8/23			5/12/23			16/2/24						
	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	4	12	→

L = Likelihood C = Consequence RER = Risk Exposure Rating

- a.2 Four of the top 5 risks sit with the Dundee Drug and Alcohol Recovery Service (DDARS). There are ongoing service pressures due to staff turnover that affect all of the key risks identified. There is however some reduction in risks due to factors of staff completing training and recruitment of five staff who have worked in the service before which means they will be fully operational at an earlier stage and they have returned because of the supportive environment in the service which may help to reduce turnover.
- a.3 Risk 233 had shown a current risk score in excess of the inherent risk score since April 2023. This was primarily due to ongoing challenges relating to recruitment and retention into the DDARS service. This is starting to ease as noted above.

Recruitment into the service is becoming more positive and posts have not required to be advertised more than once for recent recruitment. There appears to be a growing positive reputation around this service with a number of staff now reapplying to work in this area and citing the positive support they received during previous employment as a driver. This has resulted in 5 staff returning in last few weeks.

Nursing staffing is showing an improving picture for recruitment and retention at the time of writing this report. This will be closely monitored as this has been highly variable over the past 18 months. The current position for medical staffing is one consultant in post, two locum consultants and there are two vacant posts. It is planned to advertise for two consultants in next few months. The locum consultants have been trained in DATIX and LAERS and we have therefore increased our capacity to try and catch up with reviews.

The current impact on the ability to provide mental health assessments has reduced along with, pressure related to the requirements for same day prescribing, along with increased availability for support for nursing staff, urgent and batch prescription signing, mentorship for non medical prescribers and advanced nurse practitioners and support and supervision for medical trainees, GPs with special interest and the specialty doctor.

There are now seven specialist nurses employed with prescribing competencies, with seven trainees in the service, three undergoing the study pathway and four recently-employed staff due to commence studies. There are two ANP's in post who can prescribe and a further ANP in Training.

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 Recruitment challenges in Paediatric Team – Nutrition &amp; Dietetic Service

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)			
				Please include data from previous <i>four</i> reporting periods																		
				6/4/22			3/8/23			5/12/23			16/2/24									
L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER					
1283	4	3	12	-	-	-	3	3	9	5	4	20	4	4	16	2	2	4	↓			

L = Likelihood C = Consequence RER = Risk Exposure Rating

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

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

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

#### Workforce Risks

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

#### Primary Care (PC) Sustainability Risk – Strategic Risk 353

- b.2 This risk recognises that a failure to maintain sustainable Primary Care Services in localities and across Tayside will result in a failure to meet both the National Clinical Strategy and the existing Tayside Primary Care Strategy, and importantly has a negative impact on both patients and staff. This results in patients being unable to access Primary Care Services across the geographical location and a failure to provide continuity of service because the impact on staff, especially GPs recruitment and retention, is also impacted negatively.

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

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

The impact of this risk is the same within Dundee as the rest of Tayside. There remains a high number of practices with vacancies for GPs. A sustainability survey was undertaken with practices across Tayside in 2023 which gave some detailed information on workforce and general information on other issues impacting on a practice's sustainability. The first survey has provided a baseline and the second Tayside wide survey was issued in January 2024. Analysis of the responses will be undertaken over the first quarter of 2024/25. The ownership, or lease, of premises is also a critical barrier for potential new GPs and there has been limited progress regionally and nationally for this. There are financial implications from this which are not yet clear.

Local actions and controls have been, and continue to be, developed and reviewed. However the increasing demand for GP and the wider Primary Care team is such that any improvement or shift of clinical workload has been offset by that demand. Dundee is therefore in a position of having had three practices closing in a three year period. Numerous practices have had periods with closed lists and being unable to accept new registrations.

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

Work to develop an increasing advanced practice workforce in primary care has had positive foundations built with the regional work and local resource has been agreed for practice based staff to progress this at a local level. Only one application for funding from a practice has been received to date and the reasons for this need to be explored further.

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

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

#### Treated/Archived Risks

- b.3* Treated/Archived Risks are those that have all planned/proposed control in place, and the risk has been mitigated to the lowest possible level.

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

#### Closed Risks

- b.4* Closed Risks are risks that have been replaced or superseded and are therefore no longer required to be managed.

There have been two risks closed within the time period.

### 4.2 **Clinical & Care Governance Arrangements**

- b.5* The arrangements for clinical, care & professional governance (CCPG) in the Dundee HSCP are outlined in Appendix 1: Dundee HSCP Governance Structure.

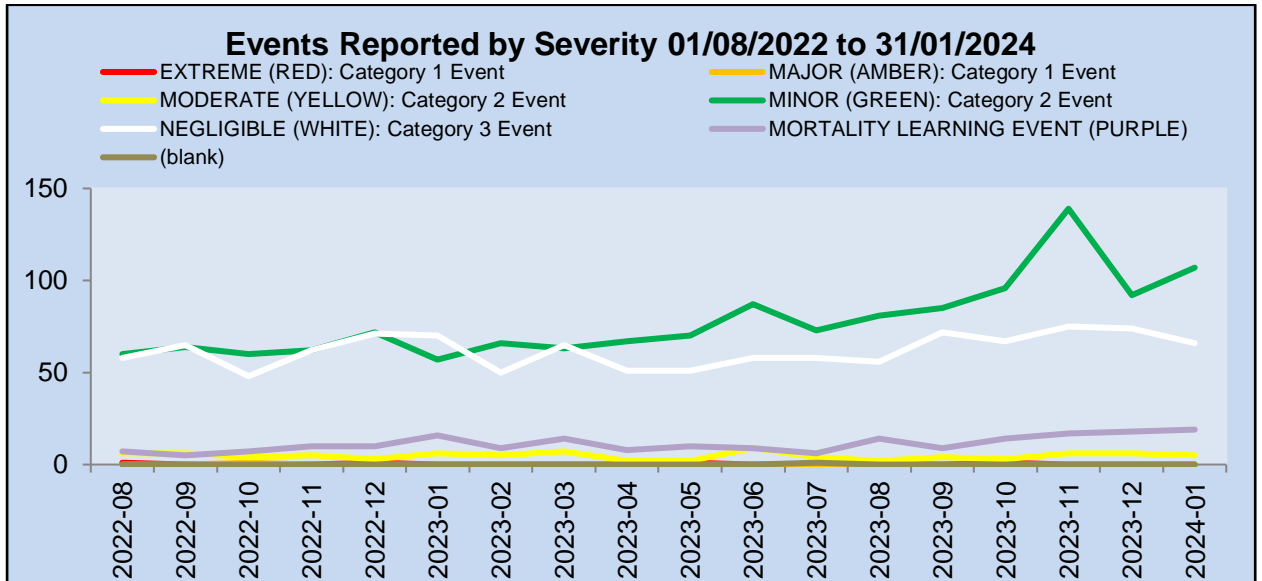
During this reporting period exception reports were presented to the CCPG Group from the following services:

- Nutrition and Dietetics
- Acute and Urgent Care
- Care Homes
- Community Services
- Inpatient and Day Care
- Health Inequalities
- Psychological Therapies
- Psychiatry of Old Age
- Primary Care
- Mental Health and Learning Disabilities

### 4.3 **Adverse Event Management**

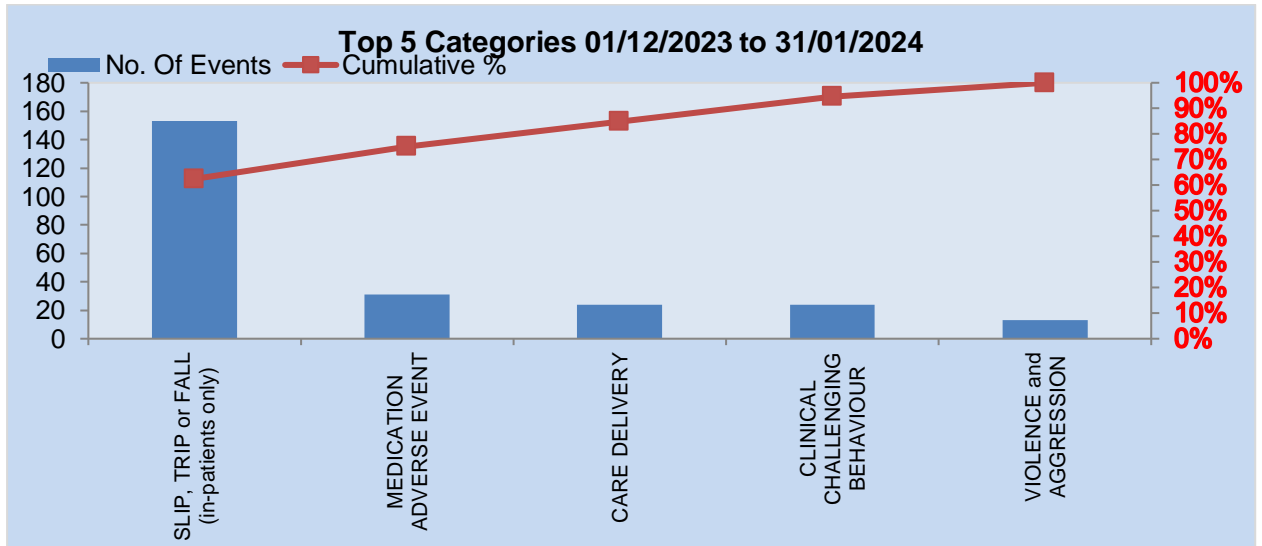
- c.1* The following graph shows the impact of the reported adverse events by month over the past 18 months. There were 387 adverse events reported in this time period (01/12/2023-

31/01/2024). There is a reduction in negligible and minor events with a small rise in mortality learning events, the majority of these are reported through expected death categories. (19 of 36 reported adverse events).



The ratio of events with harm to events with no harm is 1 to 3.5. This shows a slight decrease in position from the previous report (0.1).

c.2 The following graph shows the Top Five Categories reported between 01/12/2023 and 31/01/2024.

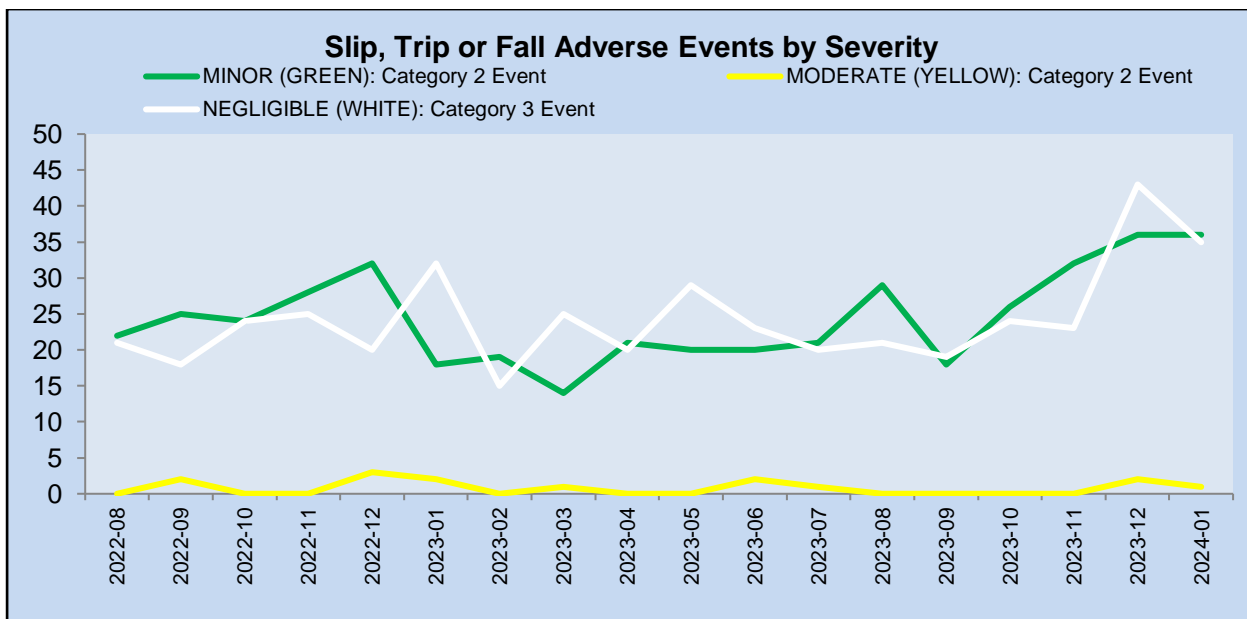


These categories account for 245 of the 387 events (67%) reported within the time period.

Slips, Trips and Falls

c.3 There were 153 events reported between 01/12/2023 and 31/01/2024. The following table shows slips, trips and falls by severity over the past 18 months:





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



c.5 The above two graphs show a significant increase in in-patient 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.

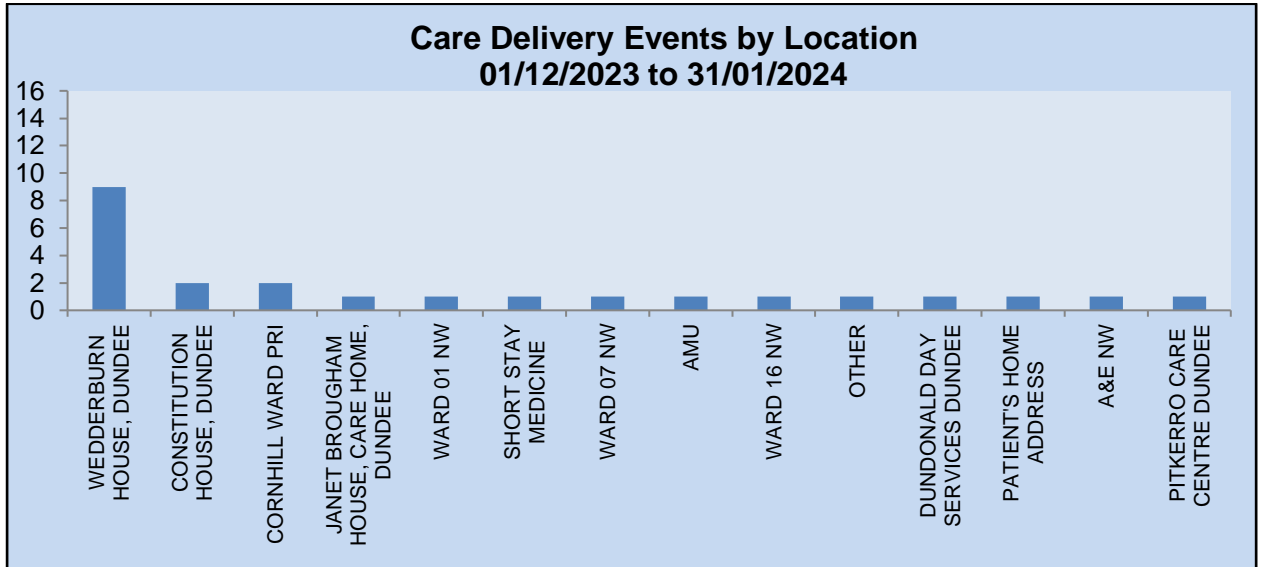
Medication Adverse Events

c.6 There were 31 events reported between 01/12/2023 and 31/01/2024. This is the same number of the last reporting period. Within this there were 16 separate subcategories reported across 13 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 (9) with the most commonly occurring subcategory being controlled drug incident (7), all reported through a different clinical team.

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

Care Delivery

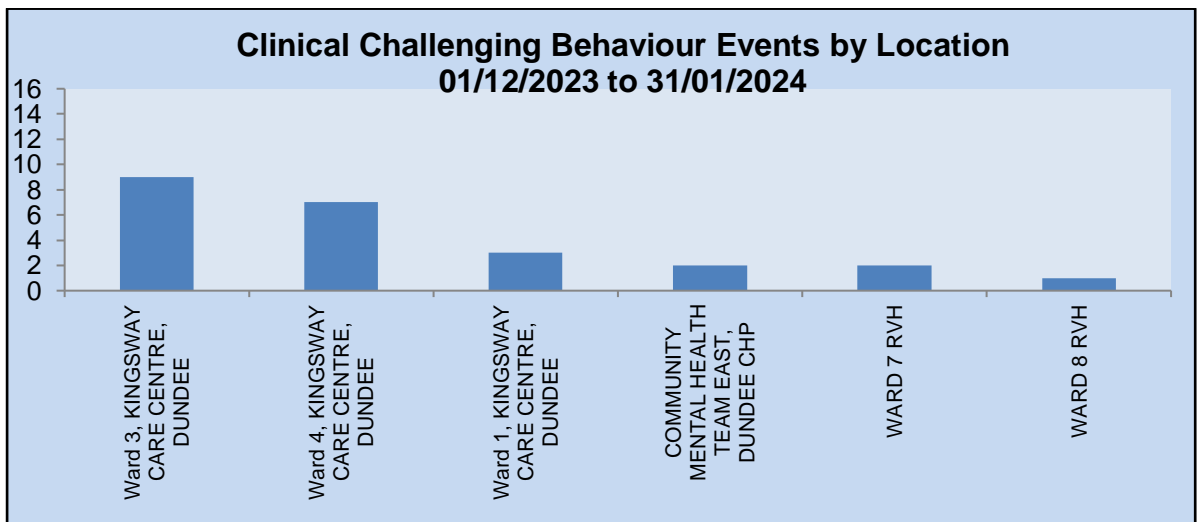
c.7 There were 24 events reported between 01/12/2023 and 31/01/2024. The chart below shows the care delivery events by location.



The high number of incidents reported this period were primarily due to administration errors. They all occurred within one clinic from Wedderburn House and were all recorded as near misses. The team are reviewing systems and processes to identify the root cause of these events.

Clinical Challenging Behaviour

c.8 There were 24 events reported between 01/12/2023 and 31/01/2024. The chart below shows the clinical challenging behaviour adverse events by location.



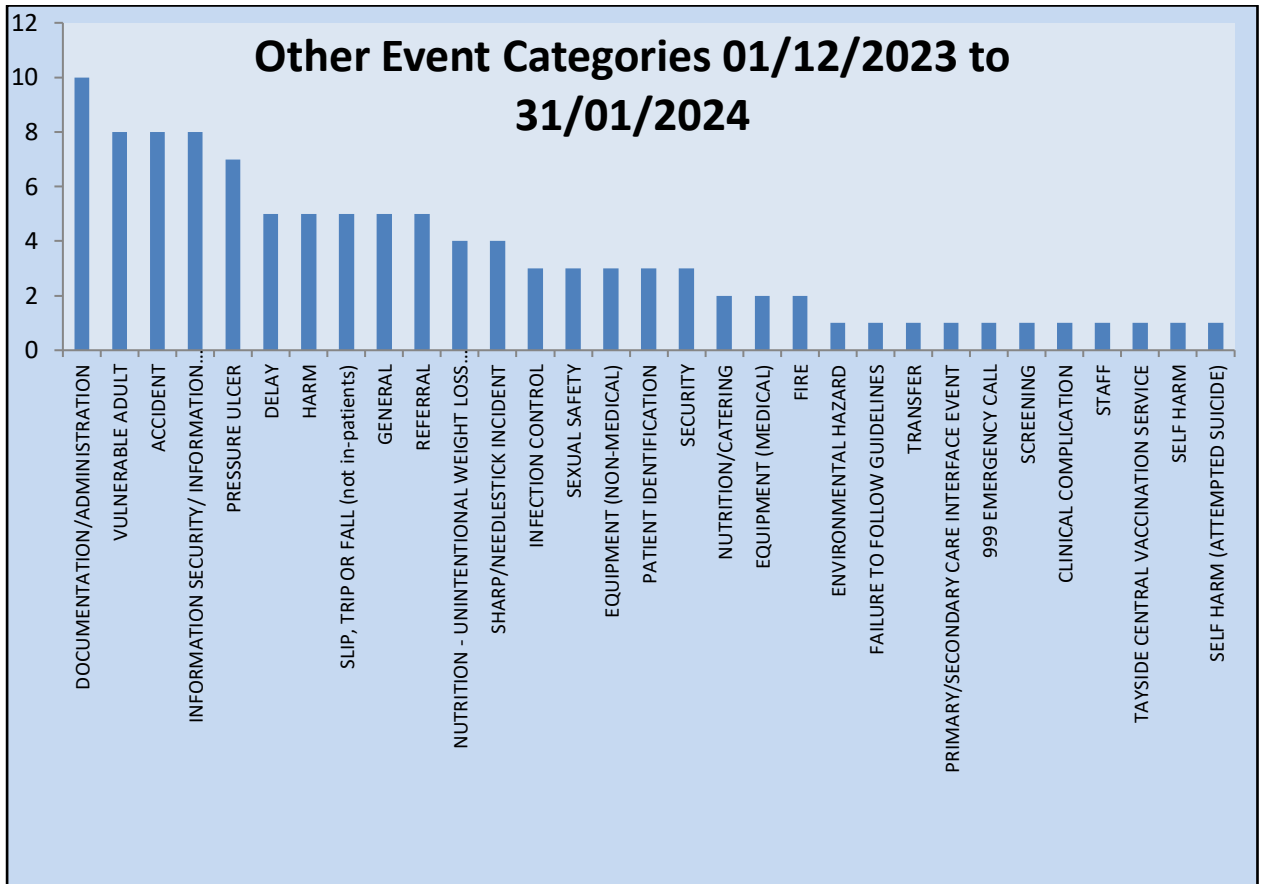
The majority of these events occur in our Psychiatry of Old Age services. There is very positive evidence of these incidents being well managed with staff being well supported too. In the last reporting period there were 46 events reported.

Violence and Aggression

c.9 There were 13 events reported in this reporting period with the numbers of violence and aggression incidents reducing as reporting continues to be more accurate between violence and aggression and clinical challenging behaviour. No service area reported more than five violence and aggression incidents (Community Mental Health) in this period with the 13 events covering five different service areas across six subcategories, including physical or verbal aggressive behaviour by patients and/or others.

Other Event Categories

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



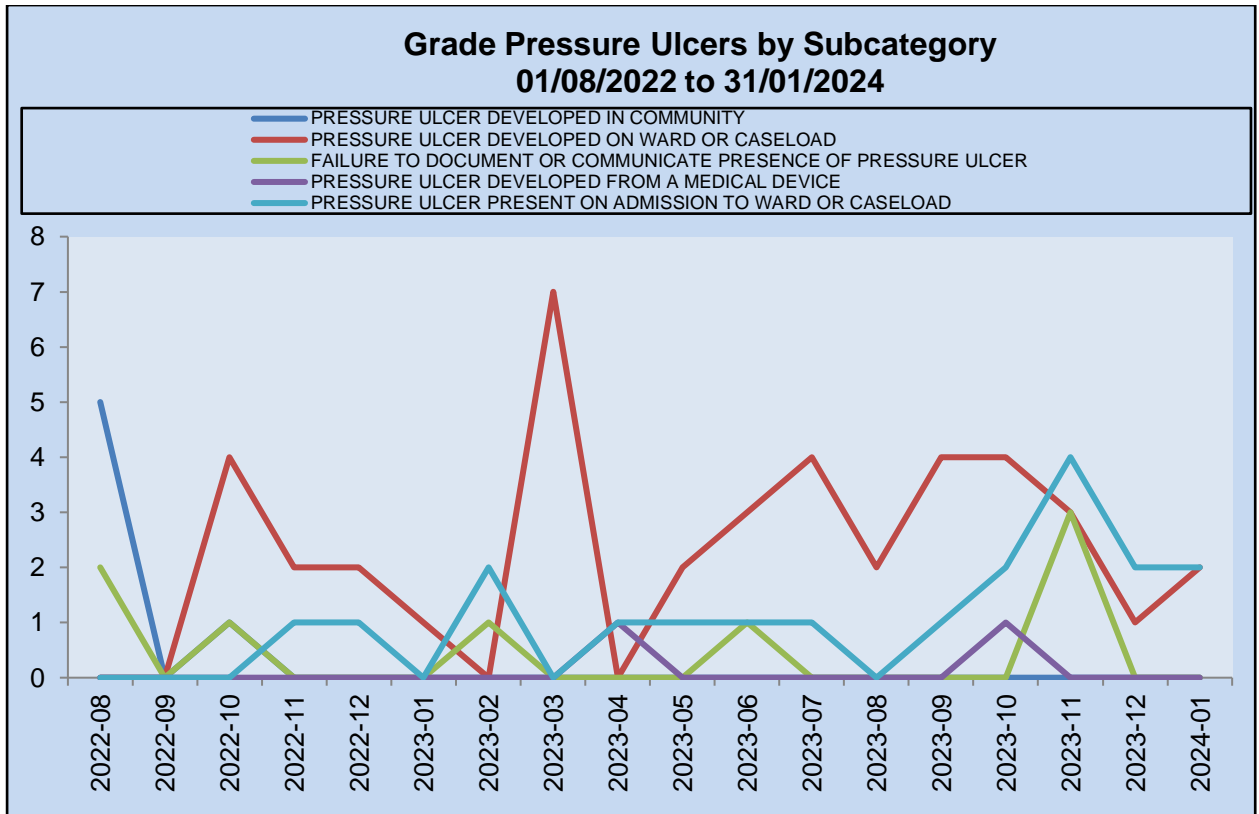
While the numbers remain low there is a slow increase in the number of vulnerable adult adverse events. This may, in part, be due to raised awareness due to the current adult support and protection inspection and training that has been conducted across the HSCP. Visibility of these incidents and the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

Significant Adverse Event Reviews

c.11 There are currently two active Significant Adverse Event Reviews in Dundee HSCP. One of these is now ready to be signed off. Once complete, a learning summary will be shared with the committee.

Pressure Ulcers & Falls

c.12 There have been seven pressure ulcer events reported between 01/12/2023 and 31/01/2024. 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 as a result of patients and families not wishing to follow 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.

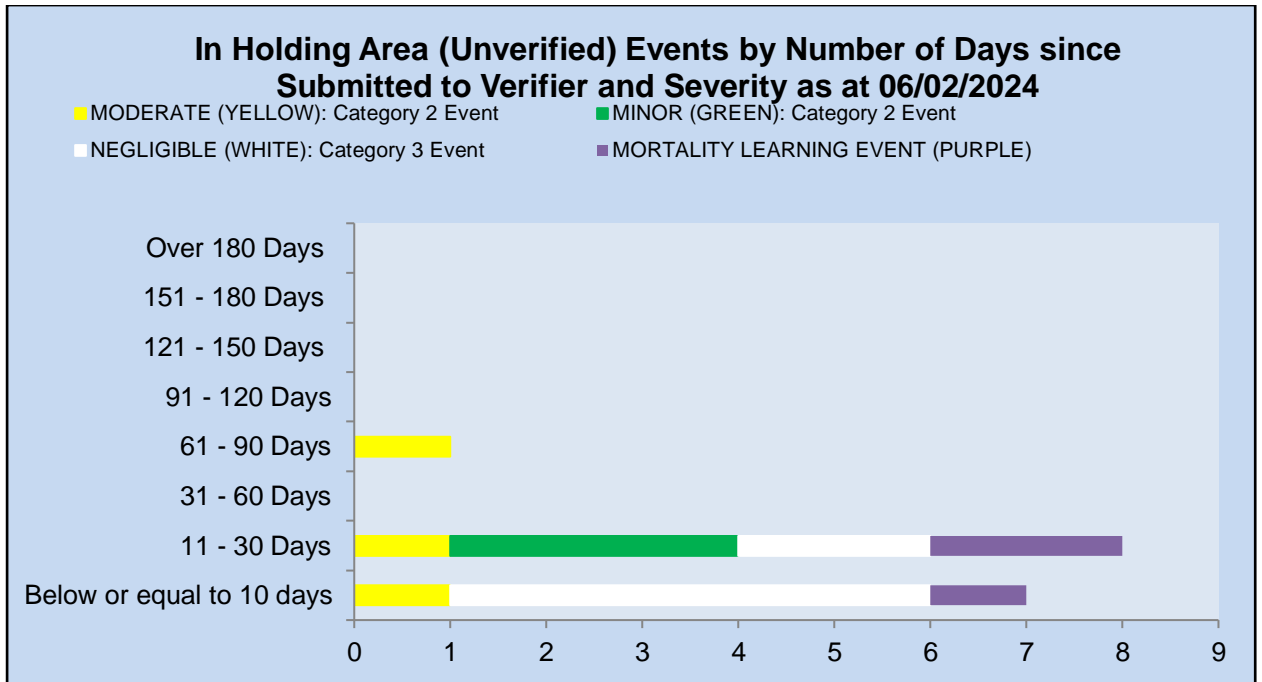
Where pressure ulcers are noted on admission to a caseload or ward work investigations are commenced to ensure all preventative steps have been taken, with all relevant services collaborating.

Adverse events management – systems and processes

c.13 Overdue Unverified Events

At the time of data extraction, there were 16 unverified events. Of these unverified events, all 16 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.

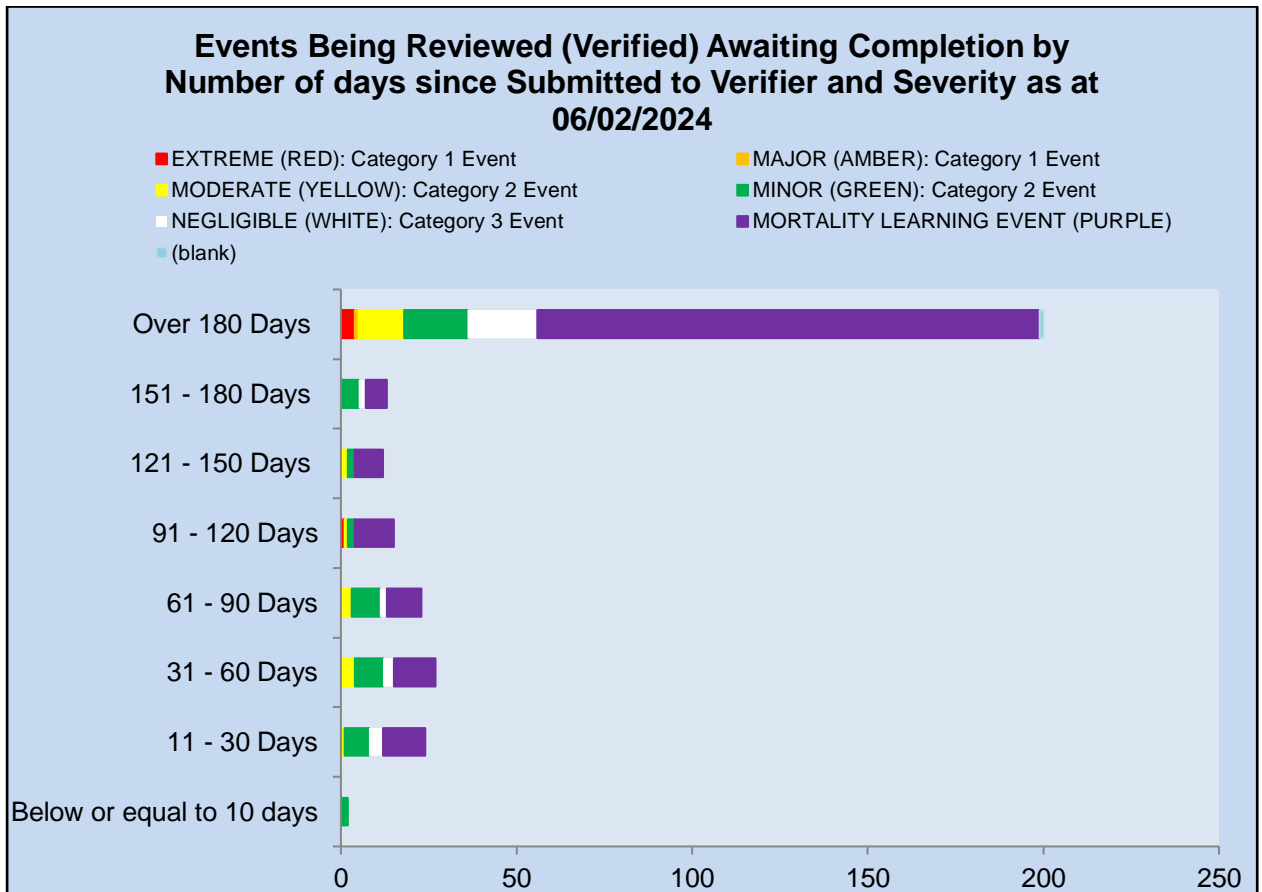


The Dundee HSCP Governance Huddle meets weekly and will review unverified adverse events and provide prompts to managers to take action for outstanding events. If an adverse event might need immediate action, the huddle will escalate to other members of the team for action and review.

c.14 Overdue Verified Events

There are 316 (295 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.15 The table below shows the number of overdue events by the year and department.

Department	2019	2020	2021	2022	2023	2024	Total*	Change**
Community Mental Health Services	3	5	8	28	42	4	<b>90 (81)</b>	↑
Central (DDARS)	0	0	2	14	20	3	<b>39 (36)</b>	↑
Community Learning Disabilities - Dundee HSCP	0	1	2	22	9	3	<b>37 (34)</b>	↑
East (DDARS)	0	1	9	3	9	3	<b>25 (29)</b>	↓
West (DDARS)	2	1	3	5	10	1	<b>22 (25)</b>	↓
Primary Care (DDARS)	0	0	1	8	8	0	<b>17 (19)</b>	↓
Psychiatry of Old Age - Older People Services (Dundee)	0	0	0	1	10	1	<b>12 (14)</b>	↓
MFE (Medicine for the Elderly) - Older People Services (Dundee)	0	0	0	0	10	2	<b>12 (4)</b>	↑
Other - Mental Health (Dundee)	0	0	3	5	3	1	<b>12 (11)</b>	↑
Other (DDARS)	0	0	0	0	7	1	<b>8</b>	↓
General Practice - Dundee HSCP	0	0	1	2	5	0	<b>8</b>	↓
Allied Health Professions (Dundee HSCP)	0	0	0	1	5	0	<b>6</b>	↔
Specialist Community Nursing (Dundee HSCP)	0	0	0	0	2	2	<b>4</b>	↔
Brain Injury Rehabilitation	0	0	0	0	4	0	<b>4</b>	↓
Palliative Medicine	0	0	0	0	3	1	<b>4</b>	↑
Nutrition and Dietetics (Dundee HSCP)	0	0	0	0	3	0	<b>3</b>	↔
Area Psychological Therapy Service - Mental Health (Dundee)	0	0	1	0	1	0	<b>2</b>	↔
Adult Psychotherapy Service - Mental Health (Dundee)	0	0	0	1	1	0	<b>2</b>	↔
Adults and Older People	0	0	0	0	0	2	<b>2</b>	↑
(Risk Only) System-Wide Mental Health Risk - Dundee HSCP	0	0	0	0	0	1	<b>1</b>	↑
Sources of Support	0	0	0	0	1	0	<b>1</b>	↔
District Nursing (Dundee HSCP)	0	0	0	0	0	1	<b>1</b>	↓
Health (DDARS)	0	1	0	0	0	0	<b>1</b>	↓
Working Health Services	0	0	0	0	1	0	<b>1</b>	↑
Other - Specialist Palliative Care	0	0	0	0	1	0	<b>1</b>	↓
CMHT - Social Work – DHSCP	0	0	0	0	1	0	<b>1</b>	↑
<b>Total</b>	<b>5</b>	<b>9</b>	<b>30</b>	<b>90</b>	<b>156</b>	<b>26</b>	<b>316 (310)</b>	<b>↑</b>

\* Figures in brackets relate to the January 2024 report

\*\* Since January 2024 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 include: 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.

The total number of overdue events has increased although we can see in the table below that some progress has been made on reducing some of the historical adverse events for 2020, 2021 and 2022.

Event Severity	2019	2020	2021	2022	2023	2024
EXTREME (RED): Category 1 Event	0(0)	1(1)	1(1)	1(1)	2(5)	0(0)
MAJOR (AMBER): Category 1 Event	0(0)	0(1)	0(0)	1(1)	0(1)	0(0)
MODERATE (YELLOW): Category 2 Event	0(0)	0(1)	1(1)	4(5)	17(16)	2(0)
MINOR (GREEN): Category 2 Event	0(0)	0(1)	2(3)	9(10)	31(39)	10(0)
NEGLIGIBLE (WHITE): Category 3 Event	0(0)	1(1)	4(9)	10(12)	13(18)	3(0)
MORTALITY LEARNING EVENT (PURPLE)	5(5)	7(7)	22(23)	65(68)	92(79)	11(0)
(blank)	0(0)	0(0)	0(0)	0(0)	1(1)	0(0)
<b>Total</b>	<b>5</b>	<b>9</b>	<b>30</b>	<b>90</b>	<b>156</b>	<b>26</b>

#### 4.4 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 22/02/2024

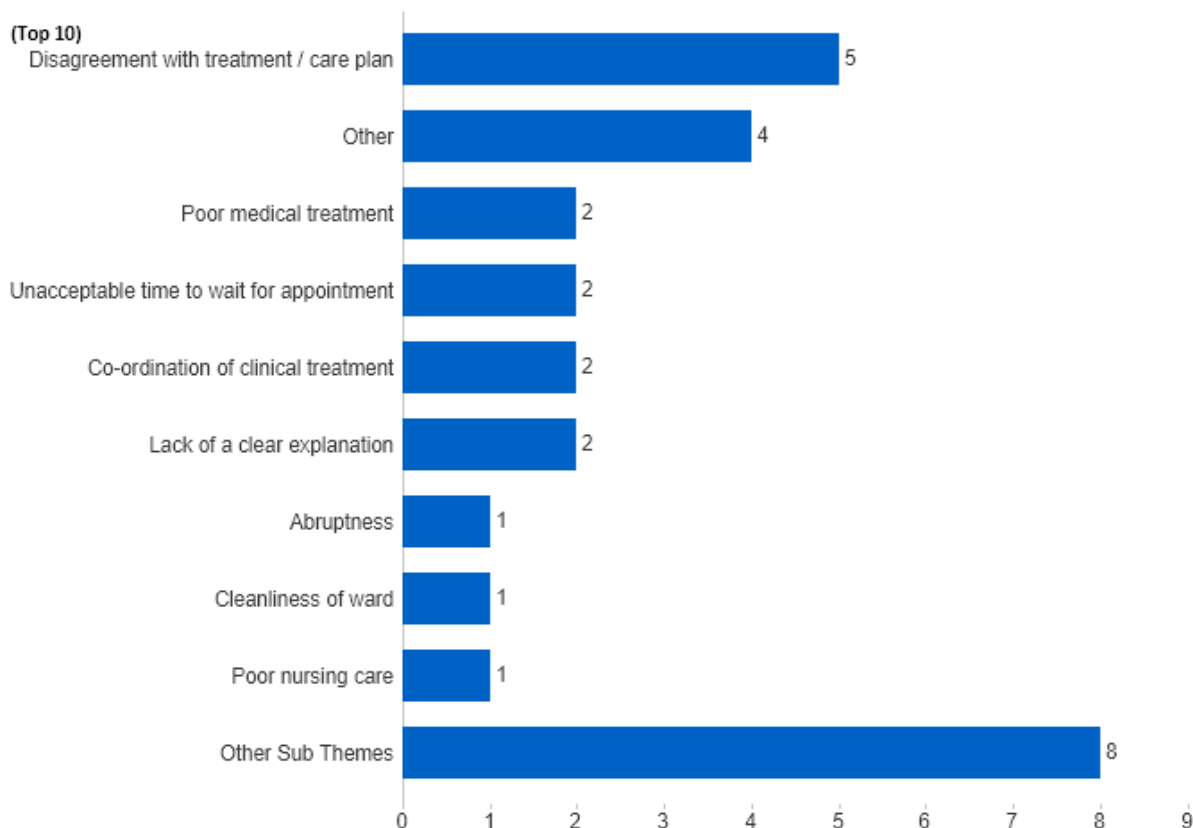
No. of Open Cases – 11							
Clinical Care Group/Department	Days_Band	0-5 Days	6-10 Days	11-15 Days	>20 Days	>40 Days	Total
Mental Health (Dundee)		-	-	1	1	2	4
General Practice – Dundee		1	2	-	-	-	3
Older People Services (Dundee)		-	-	-	2	-	2
Dundee Drug and Alcohol Recovery Service		-	1	-	-	-	1
CBIR		-	1	-	-	-	1
<b>Total</b>		<b>1</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>11</b>

Complaints management continues to perform well across the partnership. There are two complex complaints currently with the mental health team that moved over the 40 day time period (longest at 47 days). Ongoing collaboration with the Patient Experience Team to continue to improve this position will remain in place.



## Key Themes

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



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

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

## Learning from Complaints

d.3 Community Nursing have reviewed and updated their procedure for failed visits in the community following an incident where a patient receiving daily visits for medication administration did not answer their door. A new protocol and decision tool have been developed to enhance patient safety and improve understanding of roles and responsibilities in relation to communication and escalation.

## Scottish Public Services Ombudsman Reports

d.4 There are currently no cases with the ombudsman.

## External Reports & Inspections

d.5 Kingsway Care Centre

During the course of 2023 Kingsway Care Centre (KCC) had Mental Welfare Commission inspections in all 3 wards. All were generally very positive with very few recommendations. Action plans have been completed for all recommendations and most are complete. Outstanding actions relate to the garden spaces within KCC grounds, and this has been highlighted to the Estates department. The Phase 2 anti-ligature programme of works being led by NHS Tayside is underway, and it is planned that four rooms in Ward 4 will be completed by August 2024 and the remaining rooms by June 2025.

All KCC wards also had a '15 Steps' independent visit carried out in December and again these were very positive, with suggestions and recommendations being taken forward by Senior Charge Nurses.

In January 2024 Health Improvement Scotland (HIS) undertook an Infection Prevention and Control visit. The team felt the visit was extremely positive and minor recommendations were made. The majority of concerns related to the fabric of the building. These have been highlighted as risks already and plans are underway from Estates to remedy some of the issues.

### Adult Support & Protection

*d.6* The final report of the Joint Inspection of Adult Support and Protection in the Dundee Partnership was published by the Care Inspectorate and their scrutiny partners (HMICS and HIS) on 19 December 2023. The joint inspection focused on two quality indicators: key adult support and protection processes, and leadership for adult support and protection. For both indicators the Dundee Partnership was evaluated as Effective (on a 3-point progress statement scale: 'important areas of weakness', 'effective' and 'very effective'). This grading means that the Dundee Partnership is 'effective with areas for improvement. There are clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweigh areas for improvement.'

*d.7* In addition to these overall gradings, the joint inspection team identified six areas of strength and six areas for improvement. Overall the inspection report reflects positively on: assessment of concerns against the threshold for adult protection intervention; information sharing; the quality of initial inquiries and case conferences; the quality and impact of services and support to adults at risk; arrangements for carrying out Large-Scale Investigations (LSI); collaborative working, including with the third sector; learning and development activity for Council Officers; clear strategic vision and comprehensive improvement plans, including for learning and development; value placed on lived experience by strategic leaders; and, the partnership's approach to early intervention, prevention and trauma informed practice. The six key areas for improvement identified via the joint inspection were:

- The partnership needed to improve the consistent application and quality of investigations, chronology and risk assessment templates.
- Adult support and protection guidance and procedures should be updated as a matter of priority.
- Quality assurance, self-evaluation and audit activities were embedded but to varying degrees, particularly across social work services. These captured areas for improvement but the approaches were inconsistent. Greater cohesion and strategic oversight were needed to ensure they necessary change and improvement.
- The partnership's adult support and protection Lead Officer and support team should ensure they remain sighted on the quality of practice and prioritise the necessary improvements, including adherence to guidance, under its new public protection arrangements.
- The pace of strategic change and improvement needed accelerated. The partnership was aware through joint inspection in 2017 that improvement was required across key areas of practice and strategic leadership. Their own activity had reached similar conclusions, but progress was limited in key areas.
- The partnership should ensure that strategic planning and implementation of new initiatives across key processes and strategic leadership are well resourced, sustainable and impact assessed.

*d.8* The areas of strength and for improvement identified by the joint inspection team were very closely aligned to those identified by the Dundee Partnership within their position statement (submitted as part of the inspection evidence gathering stage).

The Dundee Partnership submitted an improvement plan addressing these six areas for improvement on 7 February 2024. The content of the improvement plan submitted to the Care Inspectorate has been fully incorporated into the Adult Support and Protection Committee Delivery Plan. Wider feedback and findings within the inspection report have also been considered and amendments made where needed. The Health and Social Care Partnership

has a Protecting People Oversight Group with a distinct workplan which addresses single agency improvement priorities.

Progress in relation to addressing improvement areas arising from the inspection will be monitored through the Adult Support and Protection Committee and Chief Officers Group.

#### 4.5 **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 demand, activity and 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 East 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 impacting on ability to reduce waiting list due to staff absorbing caseloads where individuals are absent or there are vacant posts. The focus is on safe and effective care of existing patients. Consultant cover remains steady.

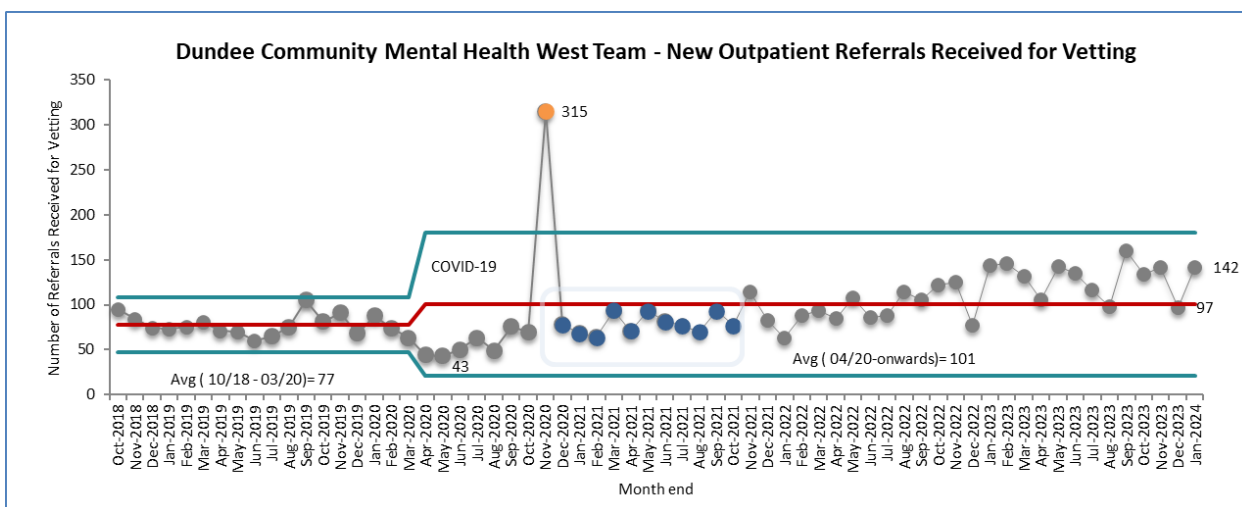
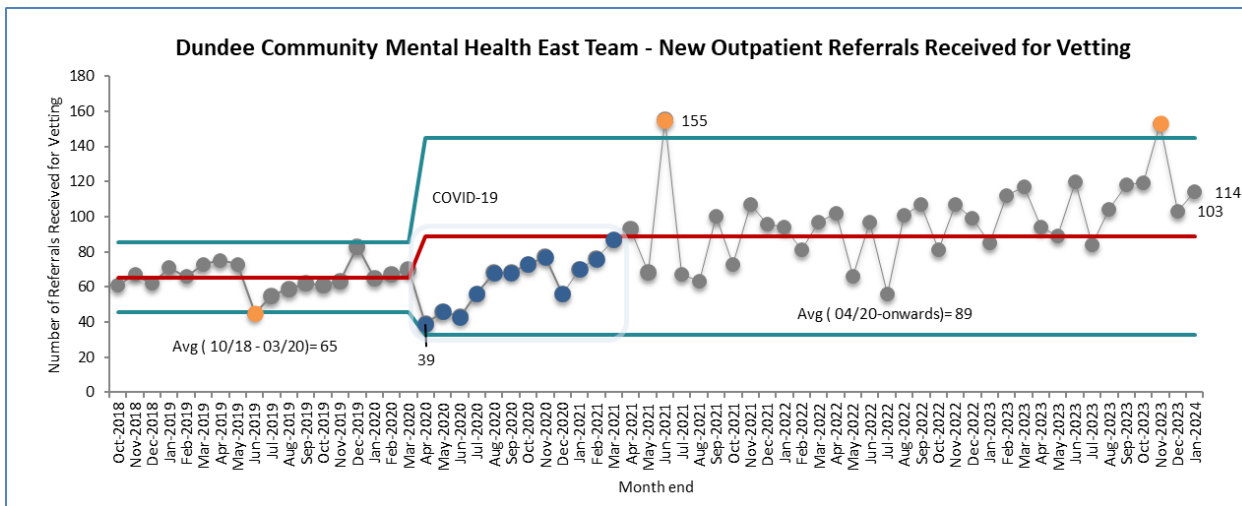
Financial challenges have impacted on ability to recruit to vacant posts however detailed planning is underway to ensure risk-based approach in place to support recruitment decisions.

East Team continue to offer NearMe as a platform to engage with service users.

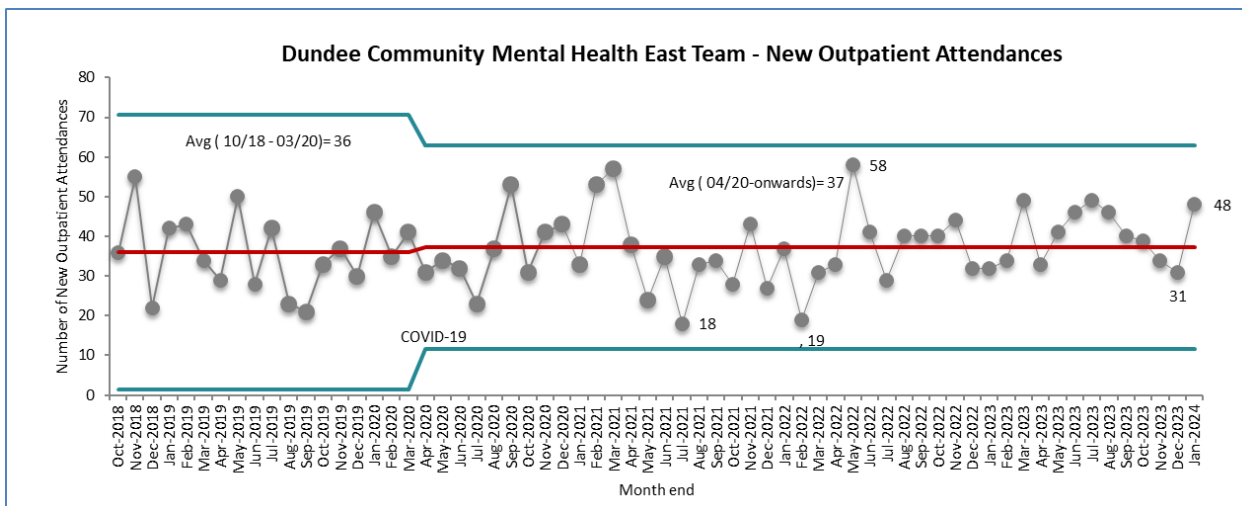
CMHT West waiting list continues in an upward trend and may be linked with the allocation of GP practices aligned to each CMHT. West have a higher number of practices aligned to their service and demographically there are a higher number of students registered in a practice in the West. West continue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

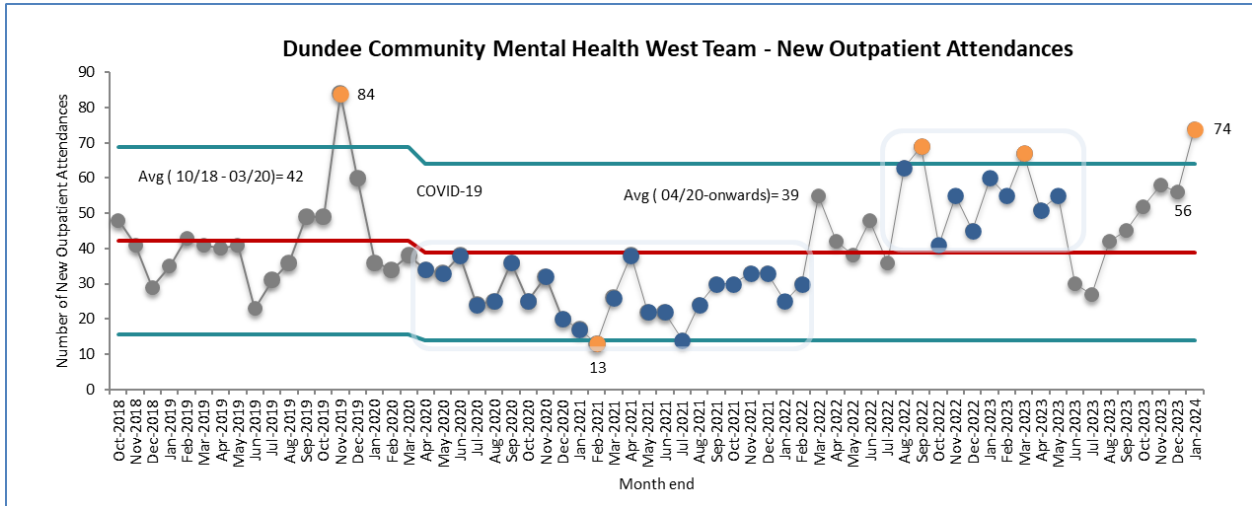
A third Locum Consultant is to commence on 3 May 2024 and discussions around an additional consultant to offer remote sessions are ongoing.

- e.3 Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:

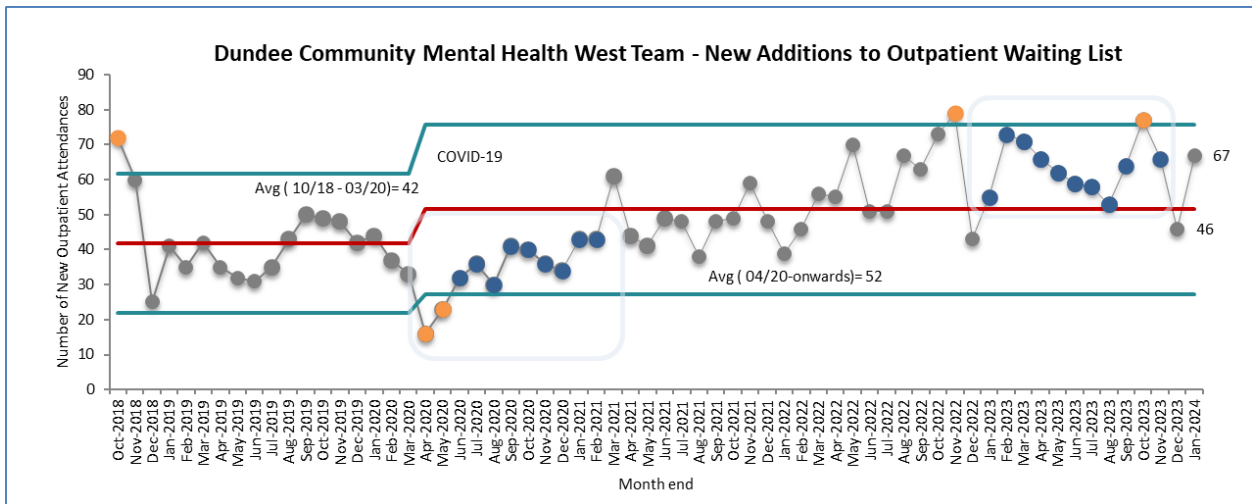
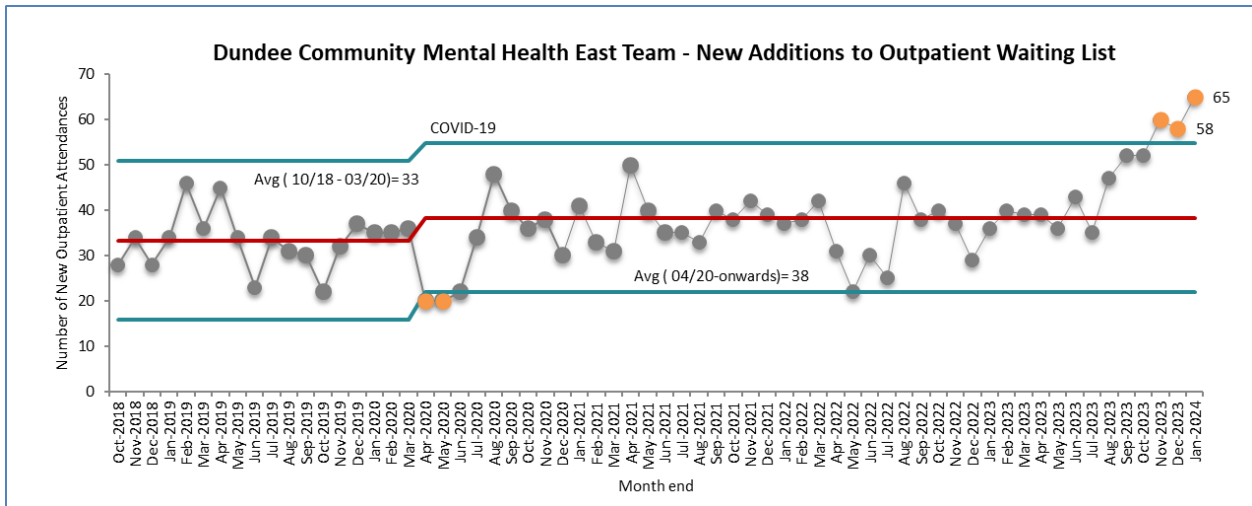


e.4 Volume of new outpatient attendances, excluding did not attends, grouped by attendance month:

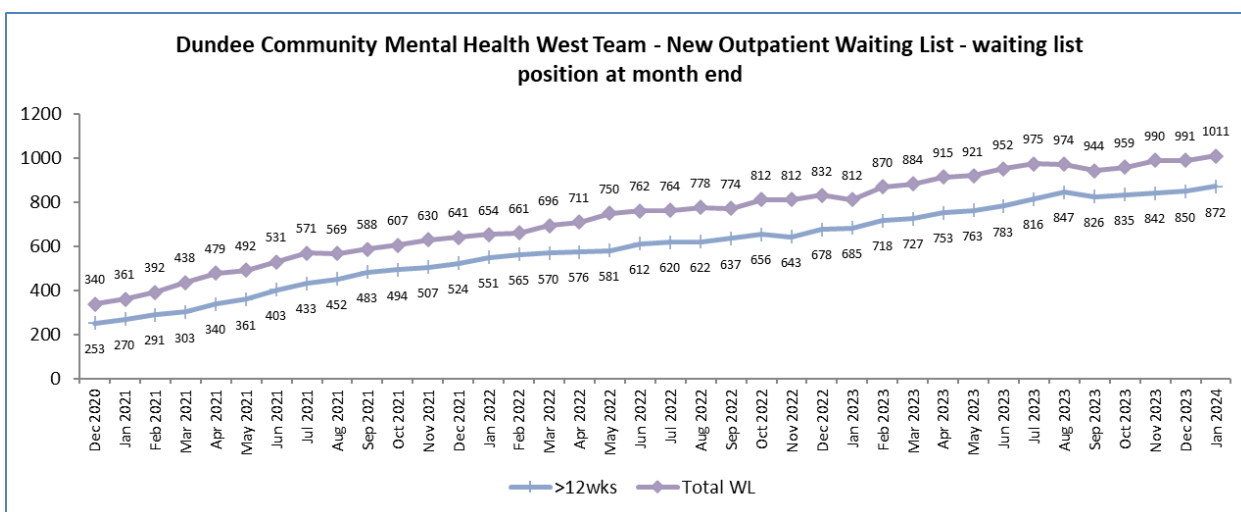
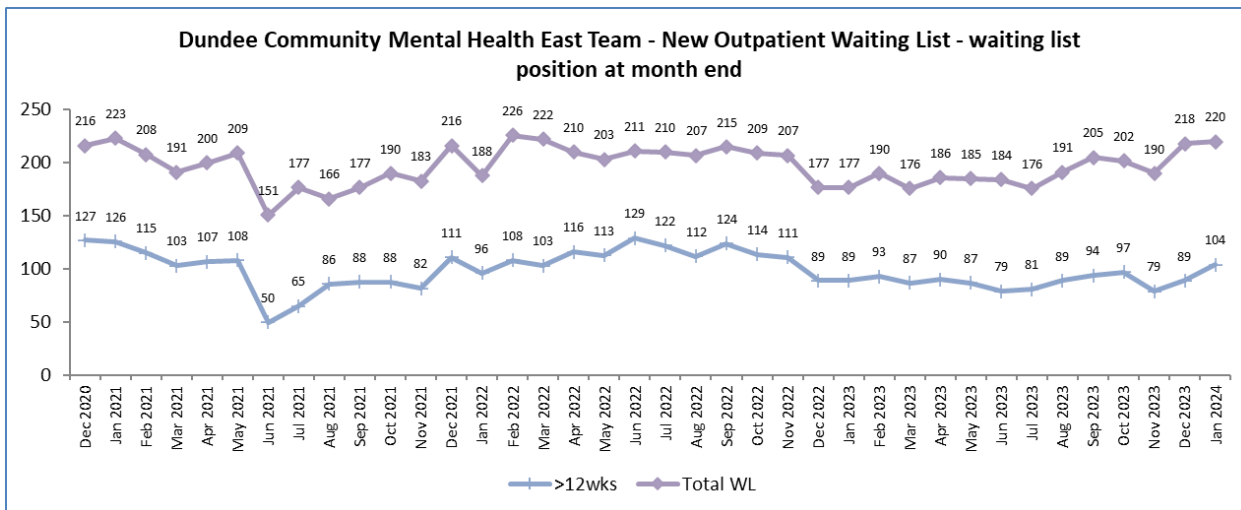




e.5 Volume of referrals added to the waiting list for a new appointment, grouped by referral month:

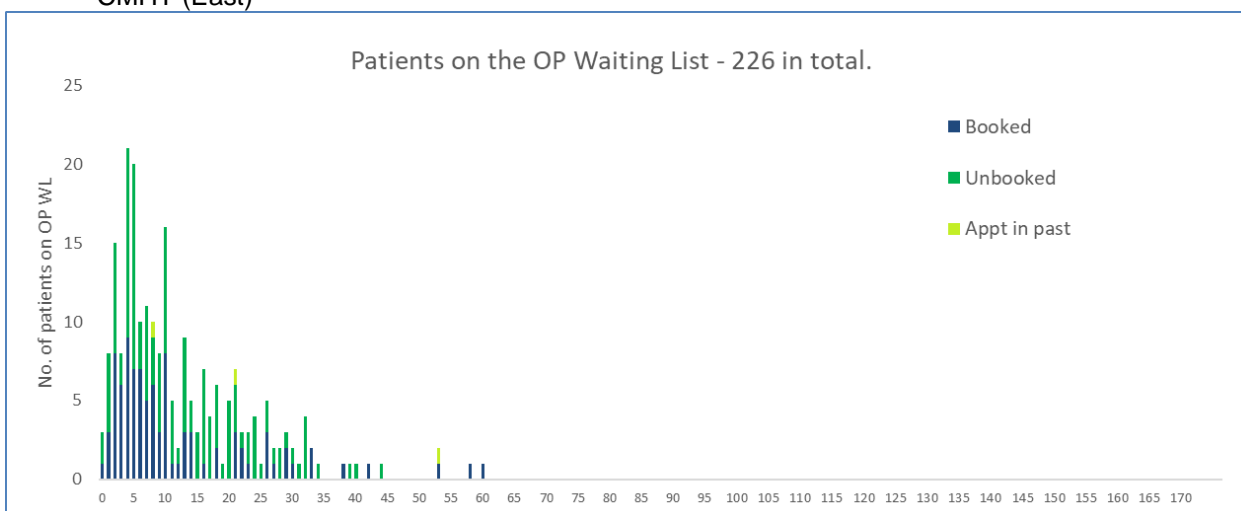


e.6 Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:

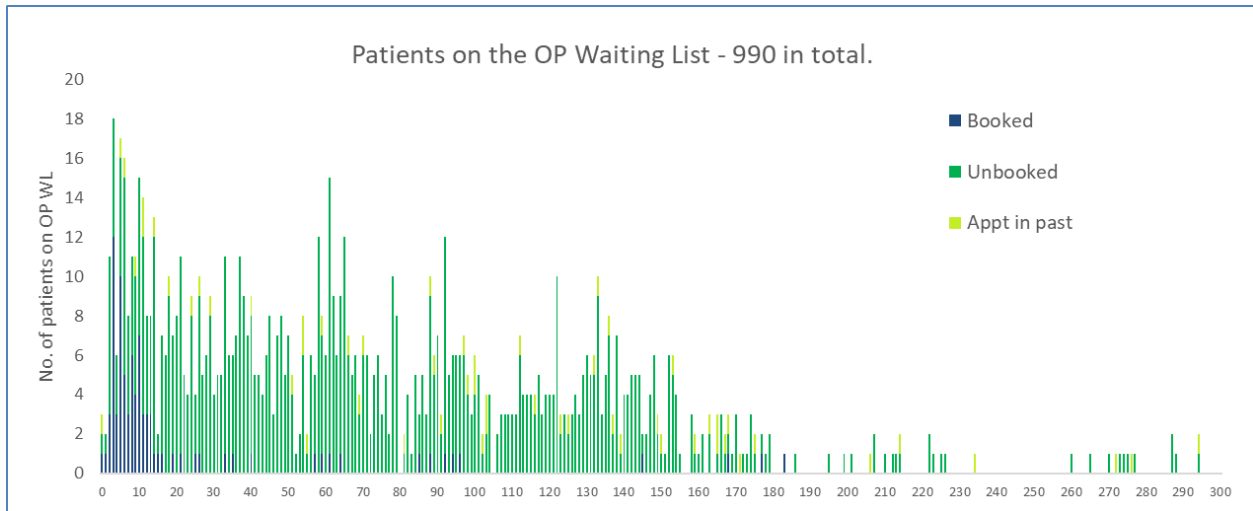


e.7 Snapshot waiting list distribution by weeks waiting at a point in time (05/01/2024) – Waiting List Type – True WL

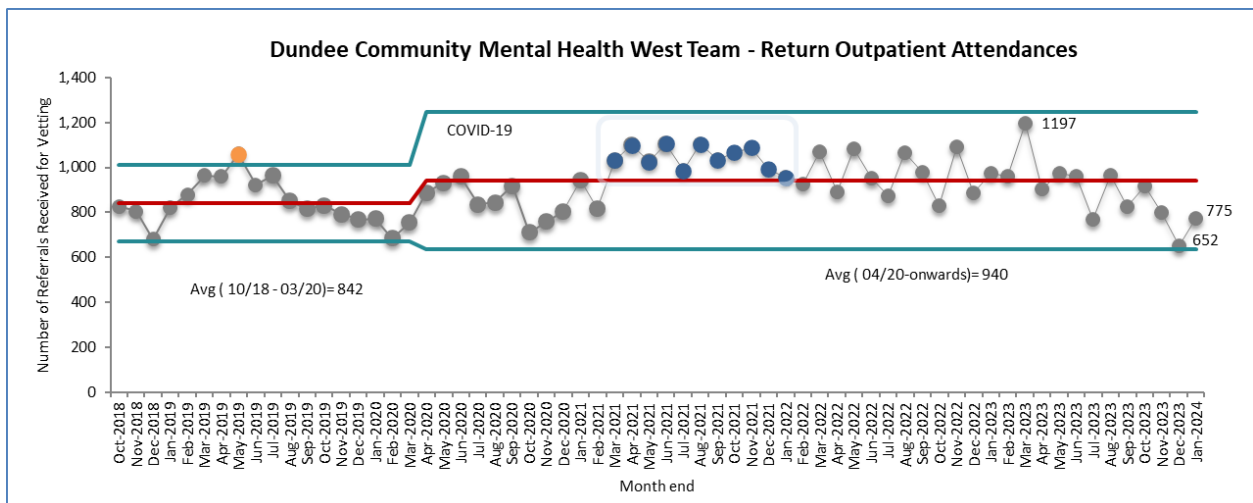
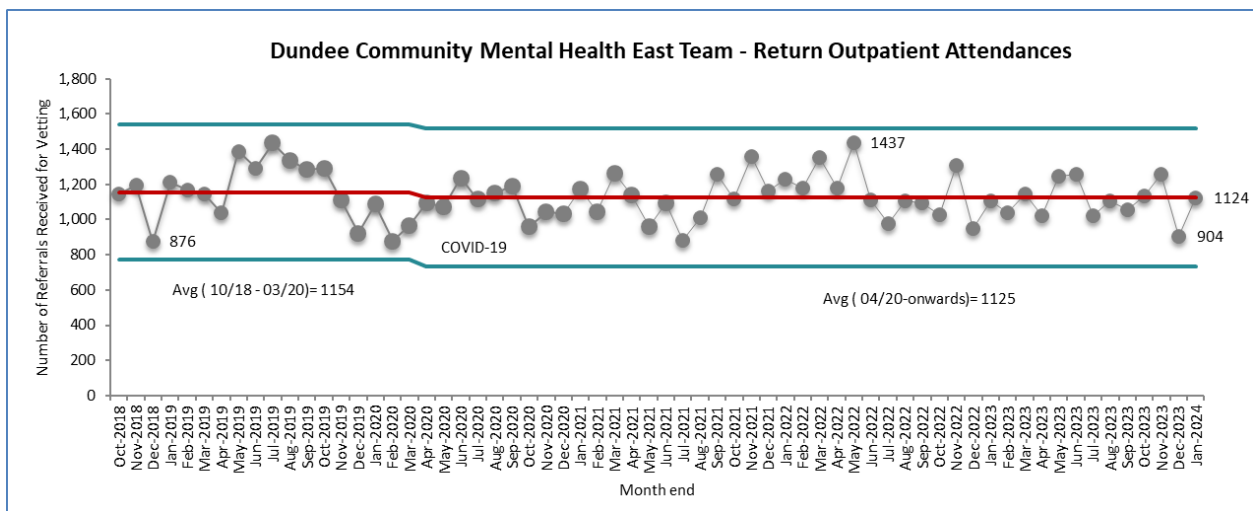
CMHT (East)



CMHT (West)



e.8 Volume of return outpatient attendances, excluding did not attends, grouped by attendance month:



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

<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.

## 7.0 CONSULTATIONS

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

## 8.0 BACKGROUND PAPERS

8.1 Appendix 1: Dundee HSCP Governance Structure





Dr David Shaw  
Clinical Director

DATE: 24 April 2024

Jenny Hill  
Head of Health and Community Care

Matthew Kendall  
Allied Health Professions Lead



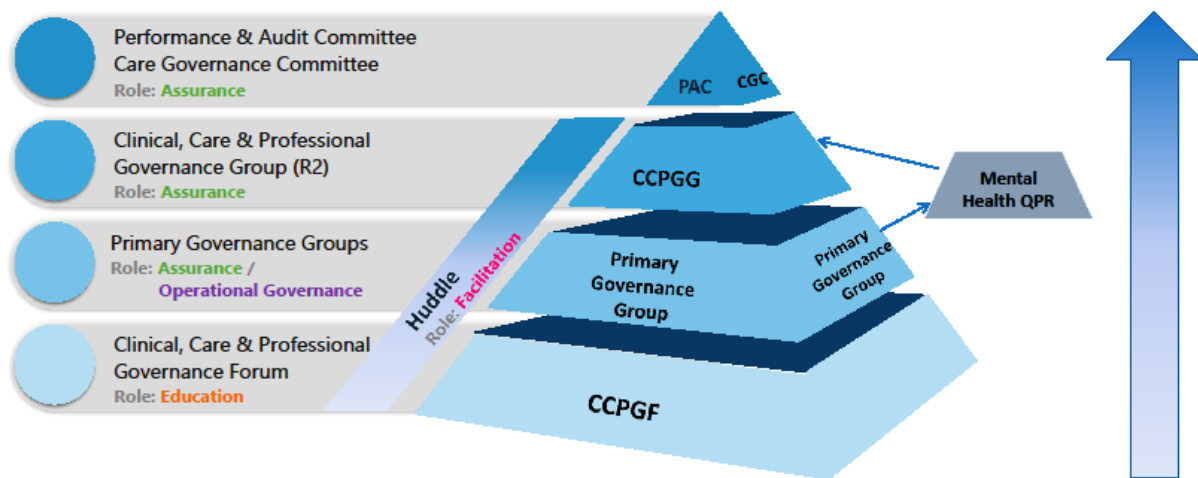
Level of Assurance		System Adequacy	Controls	✓
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously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

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## Dundee HSCP Governance Structure

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

### DHSCP Clinical, Care & Professional Governance



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

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

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

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

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

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

### Primary Governance Groups (PGG)

There are currently nine PGGs:

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

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

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

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

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

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

### Governance Huddle

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

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

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

#### Clinical, Care and Professional Governance Forum

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

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



**REPORT TO:** PERFORMANCE AND AUDIT COMMITTEE – 22 MAY 2024

**REPORT ON:** QUARTERLY COMPLAINTS AND FEEDBACK REPORT – 3<sup>rd</sup> QUARTER 2023/24

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC14-2024

## 1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to summarise the complaints and feedback performance for the Health and Social Care Partnership (HSCP) in the third quarter of 2023/24. 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 Notes the complaints handling performance for health and social work complaints set out within this report.
- 2.2 Notes 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 work ongoing to implement using Care Opinion as a feedback tool for all services in the Health and Social Care Partnership.

## 3.0 FINANCIAL IMPLICATIONS

None

## 4.0 COMPLAINTS

- 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 missing data or different Recordings.

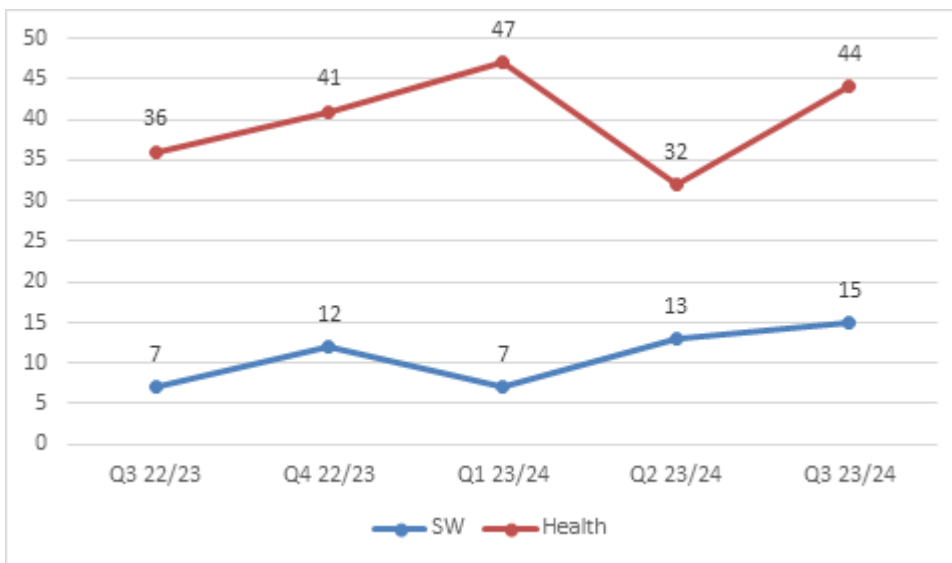
4.5 Whilst the SPSO mandatory complaint reporting categories only apply to non-NHS complaints as a Health and Social Care Partnership we have always felt it important to provide a cohesive complaint report so we can compare like for like. Therefore, we have included NHS complaints in the same category of reporting. However, we have experienced difficulties in gaining timeous access to the NHS complaint data.

**5 Complaints Received**

5.1 In the third quarter of 2023/24 a total of 15 complaints were received about social work or social care services.

5.2 Health received 44 complaints for Q3 within in the Dundee Health and Social Care Partnership.

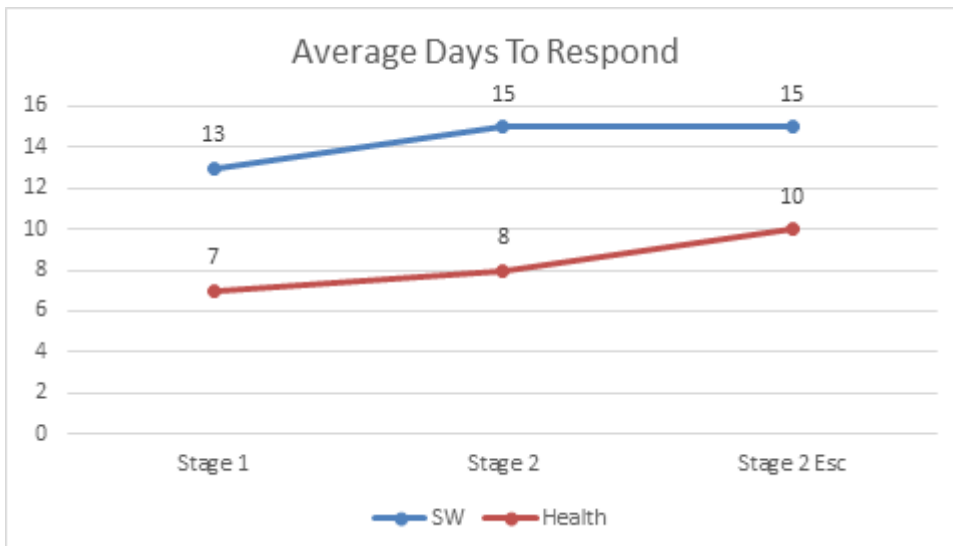
**5.3 Number of complaints received quarterly**



**5.4 Graph 1 Number of Complaints Received Quarterly**

5.5 Graph 1 shows that both Social Work and Social Care Services and Health Services have seen a slight increase in complaints received.

**5.6 Average Days To Respond**



**Graph 2 Average number of days to respond**



- 5.7 Graph 2 shows the average number of days to complete and respond to complaints at each stage. The average time has remained relatively stable.

## 6 Complaints Stages – Closed within Timescale

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

Stage 1	Q1		Q2		Q3		Q4	
Social Care	4	100%	8	67%	6	50%		
Health	19	69%	9	75%	10	59%		

Table 1 Stage 1 Complaints closed within timescales

- 6.2 Table 1 shows that there has been a decrease in the number of Stage 1 complaints closed within timescales since the last quarter.

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

Stage 2	Q1		Q2		Q3		Q4	
Social Care	2	67%	13	54%	4	80%		
Health	3	60%	6	100%	12	60%		

Table 2 Stage 2 Complaints closed within timescales

- 6.4 Table 2 shows that there was an improvement in the number of social care complaints closed within timescales and reduction in the amount of health complaints closed within timescales.

- 6.5 Stage 2 escalated complaints are those which are escalated from stage 1 to stage 2 after being logged and possibly responded to.

Stage 2 Esc	Q1		Q2		Q3		Q4	
Social Care	0	-	2	100%	0	-		
Health	0	-	4	80%	4	67%		

Table 3 Stage 2 Escalated Complaints closed within timescales

- 6.6 In Quarter 3 there were no Social Care Stage 2 Escalated complaints and four Stage 2 Escalated Health Complaints.

## 7 Complaint Outcomes

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

	Upheld		Partially Upheld		Not Upheld	
	SW	Health	SW	Health	SW	Health
Stage 1	2	3	1	5	4	9
Stage 2	1	1	0	7	3	13
Stage 2 Escalated	0	0	0	1	0	1

Table 4 Complaint Outcomes

- 7.2 Table 4 shows the breakdown of complaint outcomes by stage. The majority of complaints are not upheld.

- 7.3 If a complainant remains dissatisfied with the outcome of the Stage 2 complaint response they can approach the Scottish Public Services Ombudsman.

- 7.4 In Quarter 3 one complainant approached the SPSO with their complaint. The SPSO's decision was not to investigate the complaint.

## 8 Planned Service Improvements

- 8.1 There were 4 partially upheld or upheld complaints for social care which have all identified a cause and have service improvements planned to address these. By putting these planned service improvements in place, we look to minimise complaints of the same nature being received.
- 8.2 A good example of this is a complaint which was received regarding incorrect medication. A message was sent out to all Home Care and Housing with care staff across the city reminding them of the importance of checking the name at every prompt and when putting new venalinks in place when they come in from the pharmacy to a service user. This was discussed at Team meeting with Home Care and Housing with Care Organisers for immediate action.

## 9 Open Complaints

	Total Open	20 days or less	21-39 days	40-99 days	100 days +	180 days +	Average Days
SW	4	2	0	2	0	0	32
Health	13	11	0	2	0	0	12

Table 5 Numbers of Open Complaints

- 9.1 Open Health complaints are managed with fortnightly meetings taking place to discuss developments and issues with a small selection of staff across the service.
- 9.2 Six of the open complaints currently sit within the Mental Health Service which by the nature of the service can be more complex and can take longer to resolve.
- 9.3 The longest open complaint within Health sits with CBIR and is a stage 2 complaint. This has been drafted and has gone out for proof reading. The longest open complaint with social care is a stage 2 and is with the Mental Health Service.

## 10 Compliments

- 10.1 Services also receive compliments from patients and service users, alongside complaints. Below are a selection of compliments received in the third quarter.
- 10.2 **January 2024:** I am writing this email to express my gratitude for the excellent work and kind manner that your social worker has shown to me and my dad. My mother has Alzheimer's and the social worker has been diligent in working to get some help for my dad as he tries to manage my mum in their own home. She has also been very kind to me as I have spoken to her on the phone. I would like her superiors to know what an asset she is to your team. Thank you.
- 10.3 **January 2024:** After suffering with pain in both legs for over 18 months (when walking, sitting or trying to sleep at night), a physio at Kings Cross has resolved my problem! I had spent months going to and from doctor appointments, having blood tests, being referred to Neurology, and going through MRI scans on my back, brain, neck and torso. This was an incredibly scary time, but despite all the tests, no-one seemed to have any possible diagnosis to give me. When I was referred to MSK Physio at Kings Cross, I wasn't feeling very optimistic. The physio spent time looking at all my test results and checked the movement and strength in my legs; he then told me he believed I had bursitis in my hips. I have been doing the exercises that he prescribed and although it has taken a little time, my legs are now pain-free for much of the time. The difference in my physical, and mental health is immense and I am very grateful for their expertise and sound advice.
- 10.4 **February 2024:** Please can you convey an enormous thank you to a district nurse for Dundee West, based at Westgate medical centre. She very kindly sourced pads for my mum despite

difficult circumstances. This has changed my mum's night time experience completely and for the better. My mum is 82 with multiple long term conditions and these things matter a lot for her.

## **11 IJB Complaints**

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

## **12 Care Opinion**

12.1 Dundee Health and Social Care Partnership has subscribed to the Care Opinion platform and work is underway with a small team to develop our service area prior to staff training.

12.2 We are already receiving stories from patients and service users on Care Opinion and the majority of these have been positive about our services.

12.3 We have received positive stories about Physiotherapy, and Angus Adult Psychological Therapies Service.

12.4 We plan to fully use Care Opinion for feedback and quality assurance processes.

## **13 POLICY IMPLICATIONS**

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

## **14 RISK ASSESSMENT**

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.

## **15 CONSULTATIONS**

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

## **16 BACKGROUND PAPERS**

None

Christine Jones  
Acting Chief Finance Officer

DATE: 10 May 2024

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

Cheryl Russell  
Customer Care and Governance Officer

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**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE - 22 MAY 2024  
**REPORT ON:** DHSCP STRATEGIC RISK REGISTER UPDATE  
**REPORT BY:** CHIEF FINANCE OFFICER  
**REPORT NO:** PAC18-2024

## **1.0 PURPOSE OF REPORT**

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

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the content of this Strategic Risk Register Update report.
- 2.2 Note the extract from the Strategic Risk register attached at Appendix 1 to this report.

## **3.0 FINANCIAL IMPLICATIONS**

3.1 None

## **4.0 MAIN TEXT**

- 4.1 The Dundee HSCP Strategic Risk Register is regularly presented to the NHS Tayside Strategic Risk Management Group and is available to Dundee City Council Risk and Assurance Board through the 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 has been a significant increase in scores for several risks since the last Strategic Risk Report update. There are currently six risks scoring at 20 or 25, which are High Risk Categories.
- 5.2 There are two risks which score at the maximum score of 25 are Staff Resource and Lack of Capital Investment in H&SC Integrated Community Facilities (including Primary Care).
- 5.3 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.

- 5.4 Lack of Capital Investment in H&SC Integrated Community Facilities (including Primary Care) has increased to a 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.
- 5.5 The two financial risks: Restrictions on Public Spending; and Unable to Maintain IJB Spend remain at the same level of 20. Control factors continue to be updated.
- 5.6 The Primary Care Sustainability risk remains at a score of 20. The most recent update highlights closures of medical practices and Scottish Government funding
- 5.7 Capacity of Leadership Team has increased to a score of 16. This reflects the planned retirement of a Head of Health and Community Care and Chief Social Work Officer. Control factors include response from partner bodies, review of team structure and sharing of management team duties.
- 5.8 Data Quality risk has increased to a score of 16. The Strategy and Performance 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).
- 5.9 Increased Bureaucracy risk has increased to a score of 16. This is due to the potential for additional bureaucracy through the Scottish Government Covid Enquiry and National Care Service development.
- 5.10 National Care Service risk has decreased to 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.
- 5.11 A new risk of Changes to IT Systems has been developed due to multiple changes across IT Systems in both Dundee City Council and NHS Tayside, and the challenges these pose to integrated working.
- 5.12 The Viability of External providers risk remains at a score of 16 and the most recent update highlights the difficulties external providers face in staff recruitment and increasing reliance on agency staff.
- 5.13 Two risks have been archived. These are Staff Resource is insufficient to address Planned Performance Management improvements and Impact of Covid 19.
- 5.14 The risk Staff resource is insufficient to address planned performance management improvements in addition to core reporting requirements and business critical work has been archived. This is because we have absorbed elements of the risk into the Staff Resource and Data Quality Risks. However, the restructure of the Quality, Data and Intelligence team has identified several new posts, and these will be recruited to over the next six to twelve months.
- 5.15 The Impact of Covid 19 Risk has been deactivated because the risks associated with legacy of Covid have been captured in other risks.

## **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**

- 7.1 No risk assessment is necessary for this report.

## **8.0 CONSULTATIONS**

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

## **9.0 BACKGROUND PAPERS**

9.1 None

Kathryn Sharp  
Acting Head of Service, Strategic Planning, Health Improvement and  
Commissioning

DATE: 24 April 2024

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		
<p><b>Staff Resource</b></p> <p>The volume of staff resource required to develop effective integrated arrangements while continuing to undertake existing roles / responsibilities / workload of key individuals may impact on organisational priorities, operational delivery to support delivery of effective integrated services. 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.</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>	Dundee HSCP Chief Officer	5	5	25	→	22.04.24
<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>	Dundee HSCP Chief Officer and Chief Finance Officer	5	5	25	↑	22.04.24

<p><b>Latest update</b> Scot Gov 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> Development of IJB Property Strategy Joint working with Partner Bodies over alternative opportunities Reshaping non-acute care project</p>						
<p><b>National Care Service</b></p> <p>The recent legislation published on the establishment of the National Care Service sets out plans to introduce Local Care Boards with the abolition of Integration Joint Boards</p> <p><b>Latest update</b> Our ability to assess the impact of the National Care Service is not fully known.</p>	Dundee HSCP Chief Officer	4	5	20	↓	24/04/2024
<p><b>Primary Care Sustainability</b></p> <p>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.</p> <p><b>Latest update</b> The recent closure of Invergowrie, Ryehill and Park Avenue Medical Practices has meant that the Primary Care Risk remains high. Progress around development of Primary Care Improvement Plan has been impacted by the Scottish Government's changed stance on funding through instructing IJB's to utilise primary care improvement funding reserves before drawing down Scottish Government funding. The Capital Planning for 2027 means that planning for leases will be challenging.</p>	Dundee HSCP Chief Officer	4	5	20	→	24/04/2024
<p><b>Restrictions on Public Sector Funding</b></p>	Dundee HSCP Chief Finance Officer	5	4	20	→	22.04.24

<p>Continuing restrictions on public sector funding will impact on Local Authority and NHS budget settlements in the medium term impacting on the ability to provide sufficient funding required to support services delivered by the IJB. This could lead to the IJB failing to meet its aims within anticipated timescales as set out in its Strategic and Commissioning Plan.</p> <p><b>Latest Update</b></p> <p>Scot Gov medium term financial strategy published in May 2023, this highlights a significant gap in Scottish funding over the next 4 financial years. We await the May 24 publication, however national scot gov to NHS and LA's highlight the deteriorating position and ongoing challenges.</p> <p>Mitigating factors - include the development of the IJB's financial 5 year framework and transformation programme alongside strategic investment of IJB's reserves.</p> <p>Control factors</p> <ul style="list-style-type: none"> <li>• Budgeting Arrangements</li> <li>• MSG and external audit recommendations</li> <li>• Savings and Transformation Plan</li> </ul>						
<p><b>Unable to maintain IJB Spend</b></p> <p>IJB is unable to maintain spend within allocated resources which could lead to being unable to deliver on the Strategic &amp; Commissioning Plan.</p> <p><b>Latest update</b></p> <p>The latest financial projection for the IJB's delegated budget shows a deteriorating financial position from the planned position which may result in financial recovery action being required should this position not stabilise. The budgetary outlook for 2024/25, and future years, in relation to public sector funding will provide further challenges to being able to balance the IJB's budget. Increase demographic and service demands continue to increase pressures.</p> <p>Control factors</p> <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> </ul>	Dundee HSCP Chief Finance Officer	5	4	20	→	22.04.24

<p><b>Dundee Drug and Alcohol Recovery Service</b></p> <p>Several risks for the Drug and Alcohol Recovery Service (formerly Integrated Substance Misuse Service) escalated from the Operational Risk Register. These include:</p> <ul style="list-style-type: none"> <li>• Insufficient numbers of staff in integrated substance misuse service with prescribing competencies.</li> <li>• Increasing Patient demand in excess of resources</li> <li>• Current funding insufficient to undertake the service redesign of the integrated substance misuse service</li> <li>• COVID-19 Maintaining Safe Substance Misuse Service</li> <li>• Nursing Workforce</li> </ul> <p><b>Latest Update</b></p> <p>There has been a reduction in risk that is evidenced by the progress made in Dundee on the MAT standards .Feedback from the Mat standards implementation team (MIST)</p> <p>Dundee (in fact Tayside) was on monthly reporting to support early steps of progress against the background of a need to reduce risk and improve</p> <p>A vital role in the progress is also feedback we have had from the people that use our services. This dialogue with those who have lived experience and those who care for them is at an early stage, but this will be a primary driving force throughout all the work we are doing to improve and reduce risk of harm from drug and/or alcohol use</p> <p>There continue to be improvements that are required due to the level of drug death being higher than anyone would hope or expect. Figures show there has been some reduction but it's too early to confirm that has been due to steps we have taken so far. It is hoped that by sustaining the progress on MAT standards 1-5 and now starting major work on Standards 6-10 we will continue to see progress and a downward trend of risk and drug deaths.</p>	Dundee HSCP Chief Officer	4	4	16	→	22.04.24
<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>	Dundee HSCP Chief Officer and Chief Finance Officer	4	4	16	→	22.04.24

<p>The increased cost of living and inflation will impact on service users and staff, in addition to the economic consequences on availability of financial resources. This is likely to have a significant impact on population health</p> <p>Actions reflected in the HSCP's delivery plan to implement the priorities in the IJB's strategic plan will take cognisance of this impact.</p> <p>The work being undertaken by Engage Dundee continues to inform DHSCP and will aid efforts to tackle inequalities and support residents to cope in the current financial climate</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> <p>* Financial expectations of third sector cannot be met</p> <p>* Increased cost of service provision</p> <p>* Additional burden on internal services</p> <p>* Quality of service reduces</p> <p>Latest update</p> <p>IJB continues to support the external care providers through its budget process.</p> <p>External providers facing staff recruitment challenges with increased use of agency staff.</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	→	22.04.24

<p><b>Mental Health Services</b></p> <p>There are system wide risks in the Mental Health Service. These include workforce and demand issues.</p> <p>Latest update</p> <p>Tayside Mental Health Strategy continues to make progress, developments such as the Community Wellbeing Centre will enhance community supports for people with mental health issues.</p> <p>Control factors</p> <ul style="list-style-type: none"> <li>• Development of Tayside Mental Health Strategy</li> <li>• Opening of Hope Point Community Wellbeing Centre</li> </ul>	Dundee HSCP Chief Officer	4	4	16	→	22.04.24
<p><b>Escalation of Property Safety Issues</b></p> <p>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</p> <p>Latest update</p> <p>Current areas of concern highlighted are at Kingsway Care Centre, RVH and DCC Records Store.</p> <p>Control factors include Property Rationalisation programme and escalation of these issues by Chief Officer.</p>	Dundee HSCP Chief Officer	4	4	16	→	22.04.24
<p><b>Capacity of Leadership Team</b></p> <p>Capacity of management team</p> <p>Latest update</p> <p>Several factors have contributed to the increase in likelihood for this risk, including the planned retirement of a Head of Health and Community Care and Chief Social Work Officer.</p> <p>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 introduction of the NCS develop over the coming period. The implementation of the new Leadership structure on a permanent basis will consolidate and provide clarity to roles.</p> <p>Control factors</p> <ul style="list-style-type: none"> <li>• Response from Partner bodies</li> <li>• Review of Senior Management Team Structure</li> </ul>	Dundee HSCP Chief Officer	4	4	16	↑	24/04/2024

<ul style="list-style-type: none"> <li>Sharing of Management Team duties</li> </ul>						
<p><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.</p> <p>Latest Update</p> <p>Strategy and Performance research team are working with operational staff to improve data quality.</p> <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>	Senior Manager	4	4	16	↑	24/04/2024
<p><b>Increased Bureaucracy</b> 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 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	↑	22.04.24
<p><b>Changes to IT Systems</b> 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 Short timescales for implementation of change from Citrix is</p>	Dundee HSCP Chief Officer	4	4	16	↑	22/04/2024

<p><b>Implementation of Safe Staffing</b></p> <p>Risk is around management teams capacity to ensure staff awareness and utilise appropriate recording systems.</p> <p>Latest Update</p> <p>Control factors being developed to ensure: Safe level recording in real time; Gap Mitigation; Escalation systems; Identification of Chronic Issues.</p>	<p>Dundee HSCP Head Of Health and Community Care</p>	<p>3</p>	<p>4</p>	<p>12</p>	<p>→</p>	<p>22.04.24</p>
<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>	<p>Dundee HSCP Chief Officer</p>	<p>3</p>	<p>3</p>	<p>9</p>	<p>→</p>	<p>22.04.24</p>
<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>A report will be taken to the IJB in June 2024 on Category One Responder arrangements.</p>	<p>Dundee HSCP Chief Officer</p>	<p>2</p>	<p>4</p>	<p>8</p>	<p>→</p>	<p>22.04.24</p>
<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> <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>Dundee HSCP Chief Officer</p>	<p>2</p>	<p>4</p>	<p>8</p>	<p>→</p>	<p>24/04/2024</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

<p><b>Information Governance</b></p>							
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Archived

<p><b>Staff resource is insufficient to address planned performance management improvements in addition to core reporting requirements and business critical work.</b> Pressures still remain, however restructure and enhancement to service planned for over coming months. Service restructure has identified several new posts and these will be recruited to over the next 6- 12 months. This risk has been archived and absorbed into Staff Resource risk and Data Quality Risk.</p>	<p>Dundee HSCP Service Manger</p>						<p>24/04/2024</p>
<p><b>Impact of Covid 19</b> Coronavirus related pressure on resources (financial / workforce) will have a 'tail', resulting in ongoing medium / longer term pressure on the HSCP and by association on the council/ NHST and patients, service users and carers  Risks associated with legacy of Covid have been absorbed into other risks.</p>	<p>Dundee HSCP Chief Officer</p>						<p>24/04/2024</p>

<p><b>Risk Status</b></p>	
	<p>Increased level of risk exposure</p>
	<p>Same level of risk exposure</p>

↓	Reduction in level of risk exposure
x	Treated/Archived or Closed



**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 22 MAY 2024

**REPORT ON:** DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP FINANCE AND STRATEGIC SERVICES CAPACITY

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC13-2024

## **1.0 PURPOSE OF REPORT**

- 1.1 This paper presents the Performance and Audit Committee with an overview of the progress made within Dundee Health and Social Care Partnership's Finance and Strategic Services to enhance service capacity to meet the increasing demands on the service.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the content of the report including the challenges that Finance and Strategic Services have faced due to a lack of capacity and the steps taken to remedy this through a new structure attached at Appendix 1 to this report.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None.

## **4.0 MAIN TEXT**

- 4.1 At its meeting of the 22<sup>nd</sup> November 2023, PAC members noted a number of outstanding actions on the Action Tracker had been delayed or de-prioritised as a result of staff capacity issues within the service. The Committee was advised that a staffing restructure was underway and that as a result, further capacity to deliver priorities would be released. The Chief Finance Officer was subsequently asked to provide the PAC with an overview of progress.
- 4.2 The resources available to the Health and Social Care Partnership to support strategic planning, business support and data and information functions are largely a historical legacy from the arrangements pre-integration from the previous Dundee City Council Social Work Department. One post was provided for from the previous Dundee Community Health Partnership from NHS Tayside. The level of resource was transferred to the IJB's delegated budget in 2016.
- 4.3 As the health and social care integration arrangements have developed over the last 8 years there has been an increased focus on the need for performance information and strategic direction and support. The increased complexity of the IJB and HSCP's governance arrangements, requiring regular assurances and reporting to be provided to statutory partners, the IJB and PAC and increasingly, the Scottish Government has driven this demand.
- 4.4 As a result of the increased demand with no change in staffing resource, the service has had to continually reprioritise its focus to the point where statutory work (eg information returns) has had to take precedence over all other tasks, which are then delayed or not able to be progressed. The Head of Finance and Strategic Services and the Service Manager, Strategic services

commenced a review of the service and available resources and have developed a new structure alongside the team, which will provide the right capacity in the right place to meet the current and future core needs of the service, with no additional requirement for funding. The new structure is attached as Appendix 1 for reference.

- 4.5 While the review was underway, a small number of posts became vacant and have been held to support the new structure and to ensure all current staff members have a role to play in the new structure. The changes have also enabled wider career progression opportunities for staff, providing team leader roles and re-prioritised roles, with additional posts where deemed necessary. This approach has been taking in collaboration with the existing staff group, and has ensured the best use of their considerable knowledge, skills and experience across a range of strategic and business support functions.
- 4.6 The structure is in the process of being implemented with the successful internal recruitment to the new positions of Lead Officer, Strategic Planning & Business Support and Lead Officer, Quality, Data and Intelligence and the matching of remaining Senior Officer to revised Senior Officer roles. Recruitment to a range of new/reconfigured integrated posts forms the next stage of the process which will take place over the next six months.
- 4.7 The increased capacity in terms of management and wider support will greatly enhance the services resilience and ability to lead, support and respond to new challenges the IJB and HSCP will face over the coming years, including service transformation, the implementation of the National Care Service and further in advances in digital developments.

## **5.0 POLICY IMPLICATIONS**

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

## **6.0 RISK ASSESSMENT**

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

## **7.0 CONSULTATIONS**

- 7.1 The Chief Officer 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:** 24/04/2024

# DHSCP Service Structure

Vicky Irons  
Chief Officer

Dave Berry  
Chief Finance Officer / Head of Service  
Finance and Strategic Services

Christine Jones  
Partnership Finance  
Manager

Sammi Pendrich  
Senior Accountant

Integrated Accountant  
Integrated Accountant  
Integrated Accountant

Admin Assistant

Senior Clerical  
Senior Clerical  
Clerical Assistant  
Clerical Assistant  
Clerical Assistant

Accountant

Lynsey Webster  
Lead Officer  
Quality, Data and  
Intelligence

Senior Officer  
Data and Intelligence

**PROPOSED NEW ROLE**  
Data and Intelligence Officer  
(Carers / Personalisation)

**PROPOSED NEW ROLE**  
Data and Intelligence Officer

**PROPOSED NEW ROLE**  
Graduate Trainee, Data and  
Intelligence

**PROPOSED NEW ROLE**  
Data and Intelligence Assistant

Senior Officer, Information

Senior Officer, Quality and  
Governance

**PROPOSED NEW ROLE**  
Quality Assurance Officer

Principal Analyst  
Public Health Scotland

Senior Analyst  
Public Health Scotland

Clare Lewis-Robertson  
Lead Officer  
Strategic Planning and  
Business Support

Senior Officer  
Strategic Planning

**PROPOSED NEW ROLE**  
Strategic Planning Officer

**PROPOSED NEW ROLE**  
Strategic Planning Officer

**PROPOSED NEW ROLE**  
Planning Assistant /  
Integration Co-ordinator

**PROPOSED NEW ROLE**  
Business Support Officer

**PROPOSED NEW ROLE**  
Information Governance  
Officer

**PROPOSED NEW ROLE**  
Business Support Officer

**VACANT**  
Records Manager

Clerical Assistant  
Clerical Assistant  
Clerical Assistant

IT / Business Systems  
Officer  
Dundee City Council

Kathryn Sharp  
Service Manager  
Strategic Services

Laura Menzies  
Senior Officer  
Social Care Contracts

Contracts Officer

Contracts Officer

Contracts Officer

Contracts Officer

Contracts Officer

Contracts Assistant  
(Carers / Personalisation)

Contracts Assistant

Contracts Officer  
(Children and Families)

Contracts Officer  
(Whole Family Wellbeing)

Jordan Grant  
Executive Assistant

Melanie Hyatt  
Lead Officer  
Protecting People

Development Officer,  
Protecting People

Development Worker,  
Protecting People  
Communication and Events  
Assistant

**Team interface to:**

Graduate Trainee Prevention  
(DVVA)

Authentic Voice Project  
Manager  
(DVVA)

Sheila Allan  
Community Health Inequalities Manager  
Dundee City Council

Vered Hopkins  
Lead Officer  
Protecting People

Senior Officer  
Community Justice and Safety

Business Co-ordinator,  
Protecting People

Admin Assistant

Senior Clerical

Sophie Gwyther  
Lead Officer  
Protecting People

Suicide Prevention  
Co-ordinator

**Team interface to:**  
Gendered Services Project  
Manager (DVVA)

Trauma Development Worker  
(WRASAC)

Equally Safe Learning and  
Development Worker  
(WRASAC / DCC)

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**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 22 MAY 2024

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

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC20-2024

**1.0 PURPOSE OF REPORT**

1.1 This paper provides the Performance and Audit Committee (PAC) with an update on progress against the 2023/24 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 Performance & Audit Committee (PAC):

2.1 Notes the progress against the 2023/24 internal audit plan.

**3.0 FINANCIAL IMPLICATIONS**



3.1 None.

**4.0 MAIN TEXT**

4.1 The Public Sector Internal Audit Standards (PSIAS) require that the Chief Internal Auditor reports periodically to the Audit Committee (the PAC in the case of Dundee City IJB) on activity and performance relative to the approved annual plan. We have previously set out that audit work is planned so as to allow the Chief Internal Auditor to provide the necessary assurances prior to the signing of the accounts.

4.2 The PAC approved the 2023/24 Internal Audit Plan at the September 2023 meeting Article XIII of the minute of meeting of 27<sup>th</sup> September 2023 refers and progress is set out in Appendix 1. All audit reviews are now in progress.

4.3 Working with our partners in Dundee City Council, we are committed to ensuring that internal audit assignments are reported to the target PAC. The progress of each audit has been risk assessed and a RAG rating added showing an assessment using the following definitions:

Risk Assessment		Definition
Green		<b>On track or complete</b>
Amber		<b>In progress with minor delay</b>

Red		<b>Not on track (reason to be provided)</b>
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- 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 Committees of the commissioning bodies are responsible for scrutiny of implementation of actions.

**NHS Tayside reports:**

Report Description	Assurance	Key findings
T08/24 Internal Control Evaluation	Reasonable Assurance	<p>The Internal Control Evaluation (ICE) is undertaken each year by Internal Audit to provide assurance on the overall systems of internal control that support the achievement of the Board's objectives.</p> <p>This review provides early warning of any significant issues that may affect the Governance Statement.</p> <p>This report provided Reasonable Assurance that governance arrangements are sufficient, either in design or in execution, to control and direct the organisation to ensure delivery of sound strategic objectives.</p> <p>The ICE reported the significant financial challenge for NHS Tayside and its IJB partners, and the unprecedented 2024/25 financial challenges will require NHS Tayside and the IJBs to fully work together in partnership. Collaborative governance, which is a key feature of the Blueprint for Good Governance, requires a clear understanding of where responsibilities lie and requires trust and willingness from all parties to work together, with the right culture in place to support all those involved. When health and social care systems come under pressure, there is a risk that collaborative governance is not achieved. Partners need to work together to ensure that they deliver on the integration agenda and must ensure they are clear on their responsibilities in line with the Integration Schemes, and that they fulfil their roles accordingly in the true spirit of integration. Consideration may also need to be given to any implications of the delayed implementation of the National Care Service.</p> <p>NHS Tayside management agreed actions in relation to:</p> <ul style="list-style-type: none"> <li>• Application of the Best Value Framework.</li> <li>• Further development of assurance reporting to the Care Governance Committee.</li> </ul>



		<ul style="list-style-type: none"> <li>• Enhancement of the Waiting Times risk assurance report to reflect person-centred aspects.</li> <li>• Inclusion of risks relating to the successful implementation of the Mental Health and Learning Disability Whole System Programme in the risk registers for each of the three IJBs and NHS Tayside.</li> <li>• Review the 'Procedure for External Inspections / Visits to NHS Tayside by Regulatory and Other External Bodies'.</li> <li>• Replication of the overarching Key Performance Indicator charts currently presented to the Care Governance Committee within assurance reports for acute services, Mental Health services and Health &amp; Social Care Partnerships.</li> <li>• Revisiting the current format and content of existing dashboard reporting to the Staff Governance Committee, including 'Limited Assurance' reports.</li> </ul>
T25/23 Whistleblowing	Reasonable Assurance	<p>Internal audit concluded that:</p> <ul style="list-style-type: none"> <li>• Robust assurance on the operation of the Whistleblowing process is provided to the Staff Governance Committee supported by reliable and efficient evidence.</li> <li>• Learning, changes or improvements to services or procedures are implemented following Whistleblowing concerns.</li> <li>• Key Performance Indicators required by the Standards are regularly reported through governance structures, and performance is acceptable with remedial action taken where required.</li> </ul> <p>We welcomed NHS Tayside's emphasis on improvement in this important area, however given the wider sector challenges associated with whistleblowing processes, it is vital that NHS Tayside continue to further embed its whistleblowing arrangements and culture. We emphasised the need to maintain progress.</p>

#### Dundee City Council reports:

No applicable reports at this time

#### Other Tayside IJB reports:

No applicable reports at this time

### 5.0 POLICY IMPLICATIONS

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

### 6.0 RISK ASSESSMENT

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

**7.0 CONSULTATIONS**





7.1 The Chief 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:** 26/04/2024

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
2023/24								
D01-24	Audit Planning	Audit Risk Assessment & Operational Planning.	Complete 	✓	✓	✓	✓	N/A
D02-24	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at PAC.	Ongoing/ May 2024 	✓	✓	✓	✓	N/A
D03-24	Annual Internal Audit Report (2022/23)	CIA annual assurance statement to the IJB and fieldwork to support this.	June 2023 (IJB) 	✓	✓	✓	✓	N/A
D04-24	Governance & Assurance	*Additional work supporting improvements in AFU/GAP has been completed by Internal Audit. Remaining parts of the action point 1 from internal audit report D06/21 – Governance Action Plan, are to be taken forward by IJB officers and conclusion of this action point will complete work on this audit.	September 2023 May 2024 September 2024* 	✓	✓	✓		

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
		<p>The PAC Agenda for 22 April 2024 provides an update in that mapping work to develop revised reporting of outstanding Governance Actions previously reported through the Governance Action Plan was complete and that the next stage of the process would be to enhance and refine the recording of these actions to demonstrate a clear link between the source of the required action (Internal Audit Review, External Audit Recommendations, Annual Governance Statement reviews etc), progress made and actions being taken. The plan was to provide a comprehensive revised report to the May meeting of the PAC.</p> <p>Preparation for significant changes in the IT infrastructure provided by Dundee City Council has diverted resources and full migration of the outstanding actions for monitoring purposes has not been able to be achieved to date and will be presented to the September meeting of the PAC for consideration.</p>						
D05-24	Internal Control Evaluation	<p>Holistic assessment of the internal control environment in preparation for production of 2023/24 Annual Internal Audit Report.</p> <p>Follow-up of previous agreed governance actions including Internal Audit recommendations.</p> <p><u>Update Position</u></p>	<p>May 2024 Dundee IJB meeting June 2024</p> 	✓	✓	✓		

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
		Fieldwork is largely complete but there have been delays in obtaining some information from officers. The draft report will be issued by the May 2024 PAC and the final report will be presented to the June 2024 IJB meeting.						
D06-24	Workforce	<p>Related risk: Staff Resource</p> <p>Scope: coherent, co-ordinated, adequate and effective approach to managing significant workforce risks. Strategic &amp; operational responses across the totality of the workforce, including contracted services and 3rd sector.</p> <p><u>Update Position</u></p> <p>IJB officers are currently reviewing the description and mitigations for the relevant risks. This has delayed client approval of the audit scope and subsequent commencement of audit fieldwork. The scope has still to agreed with the Acting Chief Officer.</p>	<p>February 2024</p> <p>September 2024*</p> 	✓	✓			

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**PERFORMANCE AND AUDIT COMMITTEE – ATTENDANCES - JANUARY 2024 TO DECEMBER 2024**

<b>COMMITTEE MEMBERS - (* - DENOTES VOTING MEMBER – APPOINTED FROM INTEGRATION JOINT BOARD)</b>					
<u>Organisation</u>	<u>Member</u>	<u>Meeting Dates 2023</u>			
		31/01	22/5	25/9	20/11
Dundee City Council (Elected Member)	Ken Lynn **	A/S			
Dundee City Council (Elected Member)	Dorothy McHugh *	✓			
NHS Tayside (Non Executive Member)	Sam Riddell *	✓			
NHS Tayside (Non Executive Member)	Donald McPherson*	✓			
Chief Officer	Vicky Irons	A			
Chief Finance Officer	Dave Berry	✓			
NHS Tayside (Registered Medical Practitioner – not providing primary medical services)	James Cotton	A			
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓			
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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