



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

City Chambers
DUNDEE
DD1 3BY

18th May, 2021

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, 26th May, 2021 at 10.00am.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434228 or by email at committee.services@dundeecity.gov.uk by no later than 12 noon on Monday, 24th May, 2021.

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

Yours faithfully

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 - Page 1

The minute of previous meeting of the Committee held on 3rd February, 2021 is attached for approval.

4 MEMBERSHIP - VOTING MEMBER

Reference is made to Article V of the minute of meeting of the Integration Joint Board held on 24th February, 2021, wherein it was noted that Councillor Lynne Short had replaced Councillor Roisin Smith as a voting member on the Integration Joint Board. The Committee is asked to note that the Integration Joint Board agreed to appoint Councillor Lynne Short to the vacant position on the Committee.

5 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2020/21 QUARTER 3 SUMMARY - Page 7

(Report No PAC10-2021 by the Chief Finance Officer, copy attached).

6 DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX AND STANDARD DELAYS - Page 19

(Report No PAC11-2021 by the Chief Finance Officer, copy attached).

7 LOCAL GOVERNMENT BENCHMARKING FRAMEWORK – 2019/2020 PERFORMANCE - Page 25

(Report No PAC12-2021 by the Chief Finance Officer, copy attached).

8 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT - Page 41

(Report No PAC13-2021 by the Clinical Director, copy attached).

9 AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2020/2021 - Page 69

(Report No PAC14-2021 by the Chief Finance Officer, copy attached).

10 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT - Page 87

(Report No PAC15-2021 by the Chief Finance Officer, copy attached).

11 INTERNAL AUDIT ANNUAL PLAN 2021/2022 - Page 95

(Report No PAC16-2021 by the Chief Finance Officer, copy attached).

12 GOVERNANCE ACTION PLAN PROGRESS REPORT - Page 99

(Report No PAC17-2021 by the Chief Finance Officer, copy attached).

13 ATTENDANCE LIST - Page 111

(A copy of the Attendance Return (PAC18-2021) for meetings of the Performance and Audit Committee held over 2021 is attached for information and record purposes).

14 DATE OF NEXT MEETING

The next meeting of the Committee will be held remotely on Wednesday, 29th September, 2021 at 10.00 am (unless otherwise advised by the Chief Officer).

PERFORMANCE AND AUDIT COMMITTEE
PUBLIC DISTRIBUTION LIST

(a) DISTRIBUTION – PERFORMANCE AND AUDIT COMMITTEE

(* - DENOTES VOTING MEMBER)

<u>Role</u>	<u>Recipient</u>
NHS Non Executive Member (Chair)	Trudy McLeay *
Elected Member	Councillor Lynne Short *
Elected Member	Bailie Helen Wright *
NHS Non Executive Member	Donald McPherson*
Chief Officer	Vicky Irons
Chief Finance Officer	Dave Berry
Registered medical practitioner employed by the Health Board and not providing primary medical services	James Cotton
Chief Social Work Officer	Diane McCulloch
Chief Internal Auditor	Tony Gaskin
Staff Partnership Representative	Raymond Marshall
Person providing unpaid care in the area of the local authority	Martyn Sloan

(b) DISTRIBUTION – FOR INFORMATION ONLY

<u>Organisation</u>	<u>Recipient</u>
Dundee City Council (Chief Executive)	Greg Colgan
Elected Member – Proxy	Depute Lord Provost Bill Campbell
Elected Member – Proxy	Councillor Steven Rome
Elected Member – Proxy	Councillor Margaret Richardson
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	Norman Pratt
NHS Tayside (Director of Finance)	Stuart Llyall
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee City Council (Members' Support)	Sharron Wright
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership	Kathryn Sharp
NHS Tayside (Communications rep)	Jane Duncan
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
NHS (PA to Tony Gaskin)	Carolyn Martin
Audit Scotland (Audit Manager)	Anne Marie Machan
Dundee City Council (Secretary to Dave Berry)	Pauline Harris
NHS Tayside (PA to James Cotton)	Jodi Lyon

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At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 3rd February, 2021.

Present:-

<u>Members</u>	<u>Role</u>
Trudy MCLEAY (Chairperson)	Nominated by Dundee City Council (Elected Member)
Roisin SMITH	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Donald MCPHERSON	Nominated by Health Board (Non Executive Member)
Dave BERRY	Chief Finance Officer
Tony GASKIN	Chief Internal Auditor
Vicky IRONS	Chief Officer
Diane MCCULLOCH	Chief Social Work Officer
Martyn SLOAN	Carer Representative

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

Christine JONES	Health and Social Care Partnership
Matthew KENDALL	Health and Social Care Partnership
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Anne Marie MACHAN	Audit Scotland
Brian GILLESPIE	Audit Scotland
Kathryn SHARP	Health and Social Care Partnership
Lynsey WEBSTER	Health and Social Care Partnership
Sheila WEIR	Health and Social Care Partnership

Trudy MCLEAY, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

James COTTON	Registered Medical Practitioner employed by the Health Board and not providing primary medical services
Raymond MARSHALL	Staff Partnership Representative

II DECLARATION OF INTEREST

No declarations of interest were made.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of the Committee held on 24th November, 2020 was submitted and approved.

IV DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2020/2021 QUARTER 2 SUMMARY

There was submitted Report No PAC1-2021 by the Chief Finance Officer updating the Performance and Audit Committee on the 2020/2021 Quarter 2 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators.

The Performance and Audit Committee:-

- (i) noted the content of the summary report;
- (ii) noted the performance of Dundee Health and Social Care Partnership, at both Dundee and locality levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 of the report; and
- (iii) noted the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 2) of the report.

Following questions and answers the Performance and Audit Committee further agreed:-

- (iv) to note that Kathryn Sharp would arrange for previous reports on analysis of Discharge Rates from Hospital setting in Dundee to be re-issued to the membership for their reference and to provide them with assurance that people were being discharged from hospital appropriately in light of the re-admission rates to hospital which were highlighted in the report;
- (v) to note as advised by Dr Mathew Kendall that the Partnership were working closely with a range of services in relation to online exercise classes for the over 65 age group to help improve their fitness levels which may help curb the rise in the number of elderly people injuring themselves after a fall and that the Royal Voluntary Service had produced a DVD and an online media clip via You Tube and that work had been undertaken in the community to provide access to laptops and Tablets in this respect;
- (vi) to note as indicated by Dr Mathew Kendall that data on injury resulting from falls and conditions relating to that continued to be collected by hospitals;
- (vii) to note as indicated by Bailie Wright that it may be useful to publish details of Dundee Voluntary Action exercise groups on the Partnership website; and
- (viii) to note as advised by Kathryn Sharp that the performance figures in relation to Maryfield, North East and Coldside Wards would be looked at further in the Discharge Management report for submission to next meeting of the Committee with particular focus on the position in the North East Ward to establish if anything can be learned for the benefit of other areas.

V HEALTH AND CARE EXPERIENCE SURVEY 2019/2020 ANALYSIS

There was submitted Report No PAC2-2021 by the Chief Finance Officer updating the Performance and Audit Committee on the responses from the 2019/2020 Health and Care Experience Survey, which was used to provide measurement for National Health and Wellbeing Indicators 1 to 9.

The Performance and Audit Committee:-

- (i) noted the changes to the methodology used to filter responses and report against the National Health and Wellbeing Indicators as outlined in section 5 of the report;
- (ii) noted the performance of Dundee Health and Social Care Partnership against the Scottish average and 8 Local Government Benchmarking Framework (LGBF) family group partnerships as outlined in section 6 and Appendix 1 of the report; and
- (iii) noted that the survey results would be further considered as part of the ongoing revision of the Partnership's Strategic Needs Assessment and by the Operational Management Team with a view to identifying any further actions required to supplement ongoing improvement activity as outlined in section 7 of the report.

Following questions and answers the Performance and Audit Committee further agreed:-

- (iv) to note that as indicated by Lynsey Webster that the Partnership were performing better than the Scottish average.

VI GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC3-2021 by the Chief Finance Officer providing the Performance and Audit Committee with an update on the progress of the actions set out in the Governance Action Plan.

The Performance and Audit Committee noted the content of the report and the progress made in relation to the actions set out in the Governance Action Plan as outlined in Appendix 1 and supplemented in Appendices 2 and 3 of the report.

Following questions and answers the Performance and Audit Committee further agreed:-

- (i) to note as indicated by Donald McPherson that there would be benefit to carry out an exercise with Internal Audit on overarching themes and to establish works that needed to be undertaken and to outline realistic completion dates for those works;
- (ii) to note as indicated by Tony Gaskin that the Risk profile had changed due to the current health pandemic and the need to re-examine actions as a result of this; and
- (iii) to note that Dave Berry would give consideration to whether or not a shortlife Working Group be established to look at Risk areas as suggested by Trudy McLeay.

VII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC4-2021 by the Chief Finance Officer providing the Performance and Audit Committee with a progress update in relation to the current Internal Audit Plan.

The Performance and Audit Committee noted the continuing delivery of the audit plan and related reviews as outlined in the report.

VIII INTERNAL AUDIT REVIEW – FINANCE

There was submitted Report No PAC5-2021 by the Chief Finance Officer presenting the Performance and Audit Committee with the findings of the Internal Audit Review of Finance.

The Performance and Audit Committee:-

- (i) noted the content of the report and the findings of the Internal Audit Review of Finance as in Appendix 1 of the report;
- (ii) noted and agreed the action plan associated with the report as the management response to the findings; and
- (iii) instructed the Chief Finance Officer to report progress in delivering the actions set out in the action plan through the Governance Action Plan presented to each Performance and Audit Committee meeting.

Following questions and answers the Performance and Audit Committee further agreed:-

- (iv) to note that Dave Berry and the Clerk were in discussion in relation to the Audit recommendation on the recording of action points from meetings.

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

There was submitted Report No PAC6-2021 by the Clinical Director to provide the Performance and Audit Committee with 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.

The Performance and Audit Committee:-

- (i) noted the Exception Report for the Dundee Health & Social Care Partnership Clinical, Care & Professional Governance Group as detailed in Section 4 of the report; and
- (ii) noted that this report was being presented for assurance and the Committee noted that the level of assurance provided was Moderate.

Following questions and answers the Performance and Audit Committee further agreed:-

- (iii) to note that Dr Mathew Kendall would further liaise with NHS Tayside on the content of the Risk Management section of the report in relation to the recording of inherent risk; and
- (iv) to note as indicated by Tony Gaskin that it may be worthwhile to examine the role of the Committee in relation to Integration Joint Board Strategic Risks.

X QUARTERLY COMPLAINTS PERFORMANCE – 2ND QUARTER 2020/2021

There was submitted Report No PAC7-2021 by the Chief Finance Officer summarising the complaints performance for the Health and Social Care Partnership (HSCP) in the second quarter of 2020/2021. The complaints included complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

The Performance and Audit Committee:

- (i) noted the content of the report;
- (i) noted the complaints handling performance for health and social work complaints set out within the report; and
- (iii) noted the work which had been undertaken to address outstanding complaints within the Health and Social Care Partnership and to improve complaints handling, monitoring and reporting as outlined in sections 4.6 and 4.13 of the report.

XI DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE

There was submitted Report No PAC8-2021 by the Chief Finance Officer providing the Performance and Audit Committee with an update report in relation to Dundee Health and Social Care Partnership's Strategic Risk Register and strategic risk management activities in the Partnership.

The Performance and Audit Committee:-

- (i) noted the work ongoing around risk management across Dundee Health and Social Care Partnership and partner organisations; and
- (ii) noted the updated risks around Finance, EU UK Transition and Governance arrangements.

XII MEETINGS OF THE PERFORMANCE AND AUDIT COMMITTEE - ATTENDANCE LIST

There was submitted a copy of the Attendance Return PAC9-2021 for meetings of the Performance and Audit Committee held over 2020.

The Performance and Audit Committee noted the position as outlined.

XIII PROGRAMME OF MEETINGS – PERFORMANCE AND AUDIT COMMITTEE – 2021

The Committee noted that the programme of meetings for the Performance and Audit Committee over the remainder of 2021 would be as follows:-

- Wednesday 24th March 2021 – 10.00am
- Wednesday 26th May 2021 – 10.00am
- Wednesday 29th September 2021 – 10.00am
- Wednesday 24th November 2021 – 10.00am

XIV DATE OF NEXT MEETING

The Committee noted that the next meeting of the Performance and Audit Committee would be held on Wednesday, 24th March, 2021 at 10.00 am (unless otherwise advised by the Chief Officer).

Trudy MCLEAY, Chairperson.

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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 26 MAY 2021

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2020-21 QUARTER 3 SUMMARY

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC10-2021

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2020-21 Quarter 3 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators.

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.
- 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 2).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

- 4.1 The Performance and Audit Committee approved a revised approach to quarterly performance reporting; with summary reports being provided quarterly to track progress towards measurement used in the Annual Report. A full report was provided in Q1 to allow the Performance and Audit Committee to understand and scrutinise early information about the impact of the COVID-19 pandemic on key areas of performance. Summary reports have been provided since Q2 2020/21.
- 4.2 The Quarter 3 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) Appendix 1 provides a summary of performance. 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.

- 4.3 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). A summary of the published results from the 2019-20 survey is provided in Appendix 1 (Table 1). 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.
- 4.4 Appendix 1 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. Detail is provided in Appendix 2. Please note that we are currently unable to provide analysis for balance of care and end of life as data is not provided by Public Health Scotland for these service areas. 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).
- 4.5 This report should be assessed with regard to the demographic and socio economic context of Dundee; high rates of deprivation, an ageing population, frailty and age associated conditions being diagnosed earlier in life than in more affluent Partnerships and deprivation associated mental health illnesses and substance misuse problems.
- 4.6 The impact of the COVID-19 pandemic on the health and social care needs of the population, how we deliver supports and services, on health inequalities and on the health and wellbeing of our workforce and of unpaid carers has been substantial and wide ranging. Information about the direct impact of the pandemic is shaping and influencing how services are provided. The priority given to reducing demand on unscheduled care temporarily shifted as Health and Social Care Partnerships adapted processes, procedures and pathways in order to prevent spread of the virus and to maximise hospital capacity to treat COVID-19 patients safely and effectively. This adds a level of complexity to the indicators monitored since 2015/16 to measure how Partnerships are performing towards 'shifting the balance of care'. This report presents indicators for all admission reasons and non-COVID admission reasons separately where this is possible and relevant in order to allow scrutiny of performance towards the national indicators for people not diagnosed with COVID-19. All indicators where processes and pathways were affected by the pandemic should be treated with caution and viewed alongside whole system pathways and processes when scrutinising performance.

5.0 DATA SOURCES USED FOR MEASURING PERFORMANCE

- 5.1 National data is provided to all partnerships, by Public Health Scotland. This data shows rolling¹ monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously Public Health Scotland were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+. (Please refer to Appendix 1, Table 2).
- 5.2 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 timely 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. (Please refer to Appendix 1, Tables 3 and 4.)

¹ 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 2020 to 31 December 2020.

- 5.3 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.

6.0 QUARTER 3 PERFORMANCE 2020-21

- 6.1 Rolling data from January 2020 to December 2020 demonstrates that all indicators that make-up the Measuring Performance under Integration suite, with the exception of emergency admissions as a rate per 1000 of all A&E attendances and number of bed days lost to delayed discharges (Code 9), have improved between Q2 2020/21 and Q3 2020/21. Although the number of bed days lost to delayed discharges (Code 9) did not improve between Q2 and Q3, there was still a 44.69% improvement compared with the 2015/16 baseline. Please refer to Table 2 in Appendix 1.
- 6.2 Tables 3 and 4 in Appendix 1 summarise performance against the National Health and Wellbeing Indicators at both Dundee and LCPP level using rolling local data from January 2020 to December 2020.
- 6.2.1 Between the baseline year (2015/16) and 2020/21 Quarter 3 there has been **improved** performance in: rate of bed days lost to delayed discharge for people aged 75+ (for both Standard and Complex delays), emergency admission rate for people aged 18+ and emergency bed day rate for people aged 18+. In the same period there has been a **deterioration** in performance in: readmissions rate for people of all ages; and the rate of hospital admissions as a result of a fall for people aged 65+. This is the same pattern of performance as reported in 2020/21 Quarter 2 (Article IV of the minute of the Dundee Performance and Audit Committee held 3 February 2021 refers) and there are therefore no exceptions to report to PAC.
- 6.2.2 Between the baseline year 2015/16 and 2020/21 Quarter 3 there was an improvement in the rate of bed days lost to complex delayed discharges for people aged 75+ across all LCPPS except Maryfield (6.4% increase) and Lochee (4.3% increase). There was a 67% improvement in Dundee and the LCPP rates ranged from a 97% improvement in Strathmartine to a 6.4% deterioration in Maryfield.
- 6.2.3 Between the baseline year 2015/16 and 2020/21 Quarter 3 there was an improvement in the rate of bed days lost to standard delayed discharges for people aged 75+ across all LCPPs. There was a 53% improvement in Dundee and improvements ranged from 31% in Lochee and 80% in Strathmartine.
- 6.2.4 Emergency bed day rates since 2015/16 have decreased by 24.8% for Dundee, which is an improvement. Every LCPP showed an improvement in 2020/21 Quarter 3 compared with 2015/16 and improvements ranged from 17.4% in Strathmartine to 36.6% in East End. Improvements are even better when COVID admission reasons were excluded – 27.1% improvement in Dundee, ranging from 20.2% improvement in Strathmartine to 38.6% improvement in East End.
- 6.2.5 Emergency admission rates have decreased by 0.9% for Dundee since 2015/16, which is an improvement however there were increases in West End (0.2%), Lochee (0.6%), Strathmartine (0.7%), East End (4.2%) and Maryfield (7%). Performance ranged from an increase in Maryfield (+7%) to a decrease in The Ferry (-10.1%).

When excluding COVID admission reasons performance is better and shows a 3.1% decrease since 2015/16, which is an improvement, however there were increases in East End (1.0%) and Maryfield (4.6%) which is a deterioration. Performance ranged from an increase in Maryfield (+4.6%) to a decrease in The Ferry (-11.6%).

6.2.6 The rate of readmissions in Dundee has increased by 24.3% since 2015/16. The rate increased (deteriorated) in ALL LCPPs and ranged from an increase of 2.6% in North East to an increase of 40.4% in Coldside.

6.2.7 The rate of hospital admissions as a result of a fall for people aged 65+ in Dundee has increased by 24.0% since 2015/16, which is a deterioration. The rate increased in all LCPP areas, except for North East where there was a decrease of 1.8%. The increases ranged from 8.0% in Strathmartine to 59.3% in The Ferry.

7.0 POLICY IMPLICATIONS

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

8.0 RISK ASSESSMENT

Risk 1 Description	The risk of not improving performance against national indicators could affect outcomes for individuals and their carers and spend associated with poor performance.
Risk Category	Financial, Governance, Political
Inherent Risk Level	15 – Extreme Risk (L=3 (possible), I=5 (extreme))
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Continue to develop a reporting framework which identifies performance against national and local indicators. - Continue to report data quarterly to the PAC to highlight areas of poor performance. - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.
Residual Risk Level	9 – High Risk (L=3(possible), I=3 (moderate))
Planned Risk Level	6 – Moderate Risk (L=2(unlikely), I=3(moderate))
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

9.0 CONSULTATIONS

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

10.0 BACKGROUND PAPERS

10.1 None.

Dave Berry
Chief Finance Officer

DATE: 01 April 2021

Lynsey Webster
Senior Officer, Strategy and Performance

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APPENDIX 1 – Performance Summary
Table 1 – National Health and Wellbeing Indicators 1-9

	Scotland	Dundee	North Lanarkshire	Glasgow	North Ayrshire	Inverclyde	West Dunbartonshire	East Ayrshire	Western Isles
1. Percentage of adults able to look after their health very well or quite well	93%	92% (joint 2 nd best)	90%	90%	92%	90%	91%	92%	94%
2. Percentage of adults supported at home who agreed that they are supported to live as independently as possible	81%	79% (2 nd poorest)	78%	82%	84%	91%	80%	86%	81%
3. Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	75%	73% (3 rd poorest)	71%	76%	75%	82%	83%	79%	70%
4. Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	74%	72% (2 nd poorest)	70%	75%	76%	82%	77%	84%	80%
5. Percentage of adults receiving any care or support who rate it as excellent or good	80%	75% (poorest)	78%	79%	77%	85%	83%	80%	86%
6. Percentage of people with positive experience of care at their GP practice	79%	79% (4 th best)	68%	83%	73%	78%	81%	70%	87%
7. Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	80%	77% (2 nd poorest)	76%	79%	79%	83%	82%	87%	86%
8. Percentage of carers who feel supported to continue in their caring role	34%	35% (3 rd poorest)	33%	36%	31%	39%	37%	36%	39%
9. Percentage of adults supported at home who agreed they felt safe	83%	82% (joint 3 rd poorest)	80%	82%	85%	90%	79%	89%	86%

Source: Scottish Government, Health and Care Experience Survey 2019/20

Key Points



1. Best performing Family Group is highlighted in red and poorest is highlighted in red.
2. Dundee's performance was poorer than the Scottish average in 7 out of the 9 indicators, the same for one indicator and better for one indicator.
3. The methodology was changed by Scottish Government on how the responses included in these results are filtered, therefore it is not accurate to compare longitudinally. This is because the question which allow the Scottish Government to ascertain which respondents receive care / support from the Health and Social Care Partnerships was changed and the interpretation of these questions is subjective and varies per respondent.

Table 2 : Measuring Performance under Integration Summary

Integration Indicator (Annual 18+)	15-16 Baseline	20-21 Q1 Actual Data	20-21 Q2 Actual Data	20-21 Q3 Actual Data	Actual % Difference from 15-16 Baseline			Direction of travel from Q2 to Q3
					2020/21 Q1	2020/21 Q2	2020/21 Q3	
Emergency Admission Rate per 100,000 Dundee Population	11,643	11,651	11,535	11,478	↑0.07	↓0.92	↓1.41	Better
Emergency Admission Numbers	14,127	14,203	14,062	13,993	↑0.54	↓0.46	↓0.95	Better
Emergency Admissions Numbers from A&E	6,483	7,160	7,136	6,922	↑10.44	↑10.12	↑6.77	Better
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances	277	322	335	344	↑16.44	↑21.08	↑24.37	Worse
Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population	100,284	76,190	73,042	69,210	↓24.02	↓27.17	↓31.00	Better
Emergency Bed Days Numbers for Acute Specialties	121,683	92,881	89,043	84,372	↓23.67	↓26.82	↓30.66	Better
Emergency Bed Days Numbers for Mental Health Specialties	44,552	32,630	32,195	22,554	↓26.76	↓27.74	↓49.38	Better
Accident & Emergency Attendances	23,437	22,230	21,315	20,121	↓5.15	↓9.04	↓14.15	Better
Number of Bed Days Lost to Delayed Discharges per 1,000 Population (All Reasons)	124	68	64	59	↓45.50	↓48.51	↓52.83	Better
Number of Bed Days Lost to Delayed Discharges (All Reasons)	15,050	9,861	7,785	7,133	↓34.48	↓48.27	↓52.60	Better
Number of Bed Days Lost to Delayed	6,668	3,707	3,422	3,688	↓44.41	↓48.68	↓44.69	Better

Discharges (Code 9)								
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Source PHS: PHS MSG Indicators

Key:  Improved/Better than previous quarter  Declined/Worse than previous quarter

Key Points:

Published MSG data has been used to measure performance therefore there may be a discrepancy when comparing with the local performance data. Note late submissions of data may result in % differences reported varying from one quarter to another.

Table 3: Performance in Dundee's LCPPs - % change in Q3 2020-21 against baseline year 2015/16



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+ (Covid and Non Covid)	-0.9%	+0.6%	+4.2%	-5.1%	-2.5%	+0.7%	+7.0%	+0.2%	-10.1%
Emer Admissions rate per 100,000 18+ (Non Covid Only)	-3.1%	-1.6%	+1.0%	-7.0%	-4.9%	-1.2%	+4.6%	-1.8%	-11.6%
Emer Bed Days rate per 100,000 18+ (Covid and Non Covid)	-24.8%	-23.9%	-36.6%	-24.8%	-19.9%	-17.4%	-21.3%	-24.4%	-25.4%
Emer Bed Days rate per 100,000 18+ (Non Covid Only)	-27.1%	-25.7%	-38.6%	-26.9%	-22.0%	-20.2%	-24.0%	-26.4%	-28.1%
Readmissions rate per 1,000 Admissions All	+24.3%	+31.7%	+18.7%	+40.4%	+2.6%	+24.1%	+11.7%	+30.9%	+34.1
Hospital admissions due to falls rate per 1,000 65+	+24.0%	+19.1%	+26.3%	+6.8%	-1.8%	+8.0%	+37.8%	+28.5%	+59.3%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-52.5%	-31.1%	-73.8%	-45.9%	-61.1%	-80.2%	-36.4%	-44.8%	-37.3%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-67.0%	+4.3%	-87.3%	-71.0%	-76.9%	-97.4%	+6.4%	-42.3%	-57.5%

Table 4: Performance in Dundee's LCPPs - LCPP Performance in Q3 2020-21 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+ (Covid and Non Covid)	11,825	13,838	16,485	13,008	11,340	13,189	10,604	8,012	9,912
Emer Admissions rate per 100,000 18+ (Non Covid Only)	11,564	13,533	15,976	12,748	11,060	12,940	10,369	7,853	9,739
Emer Bed days rate per 100,000 18+ (Covid and Non Covid)	99,961	123,394	115,607	122,503	90,267	102,306	83,914	74,176	94,271
Emer Bed days rate per 100,000 18+ (Non Covid Only)	96,976	120,455	111,941	119,072	87,861	98,899	81,093	72,261	90,798
Readmissions rate per 1,000 Admissions All*	138	137	147	161	113	144	136	135	132
Hospital admissions due to falls rate per 1,000 65+	30.9	31.7	34.6	31.9	20.2	27.2	32.0	35.4	32.3
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	390	532	308	539	479	180	483	496	222
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	97	171	66	129	176	11	172	125	18

Source: NHS Tayside data

*covid admission reasons not available

Key: Improved/Better Stayed the same Declined/Worse

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REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 26 MAY 2021

REPORT ON: DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX AND STANDARD DELAYS

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC11-2021

1.0 PURPOSE OF REPORT

1.1 To provide an update to the Performance and Audit Committee on Discharge Management performance in Dundee in relation to delays.

2.0 RECOMMENDATIONS

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

2.1 Note the current position in relation to complex delays as outlined in section 5, and in relation to standard delays as outlined in section 6.

2.2 Note the improvement actions planned to respond to areas of pressure as outlined in section 7.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Background to Discharge Management

4.1.1 A delayed discharge is a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date (Information Services Division Delayed Discharges Definitions and Data Recording Manual).

4.1.2 The focus on effective discharge management is reflected through the National Health and Wellbeing Outcomes and associated indicators. There are two indicators that relate directly to effective discharge management:

- National Indicator 19: Number of days people spend in hospital when they are ready to be discharged; and,
- National Indicator 22: Percentage of people who are discharged from hospital within 72 hours of being ready.

4.1.3 Within Dundee a Home and Hospital Transitions Group, chaired by the Head of Health and Community Care, oversees performance and improvement actions in relation to Discharge Management. The Group aims to ensure that citizens of Dundee are supported at home, but when people do have to go to hospital they are only there as long as they need to be.

- 4.1.4 Further improvement actions are discussed and agreed through the Tayside Unscheduled Care Board, chaired jointly by the Head of Health and Community Care for Dundee Health and Social Care Partnership and the Associate Medical Director for Medicine for the Elderly.
- 4.1.5 On a weekly basis, an update is provided to the Dundee Health and Social Care Partnership Chief Officer, the NHS Tayside Chief Operating Officer and key Home and Hospital Transitions Group members on the delay position. This information is used to maintain an ongoing focus on enabling patients to be discharged from hospital when they are ready as well as to inform improvements.

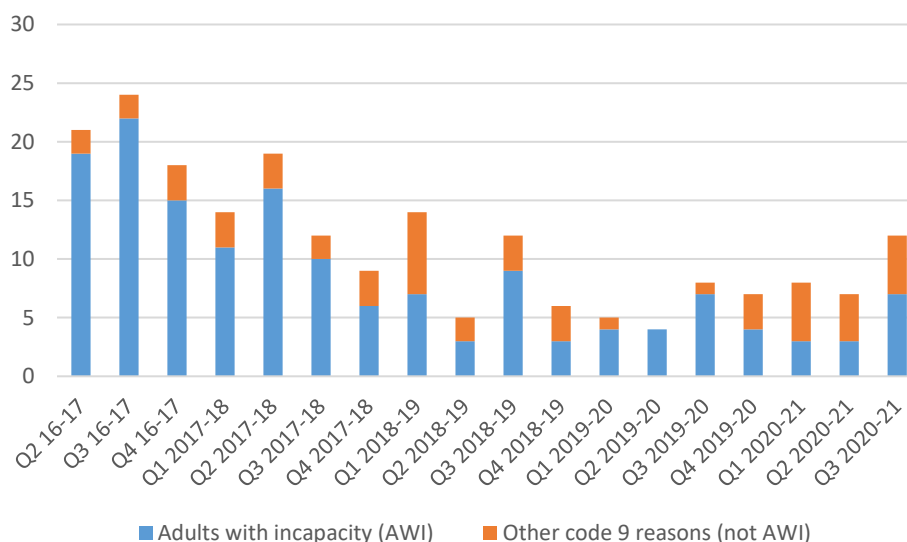
5.0 CURRENT PERFORMANCE IN RELATION TO COMPLEX DELAYS

5.1 Complex Delays - Current Situation

- 5.1.1 Complex delays can be split into two main age groupings, and specific approaches to improvement have been adopted for each age group.

The position in relation to the 75+ group is detailed in Chart 1 below:

Chart 1: Number of Complex Delayed Discharges Split by Reason for Delay Age 75+



Source: PHS Delayed Discharge Census

Chart 1 highlights the improvement in performance which has taken place in relation to code 9 complex delays for the 75+ group since 2016/17. In part, this reflects the success of the 'Discharge to Assess' model which promotes discharge prior to major assessment decisions being made. The aim of this is to reduce the number of patients moving directly to a care home from hospital, and therefore reduces the demand for guardianship applications under the Adults with Incapacity legislation.

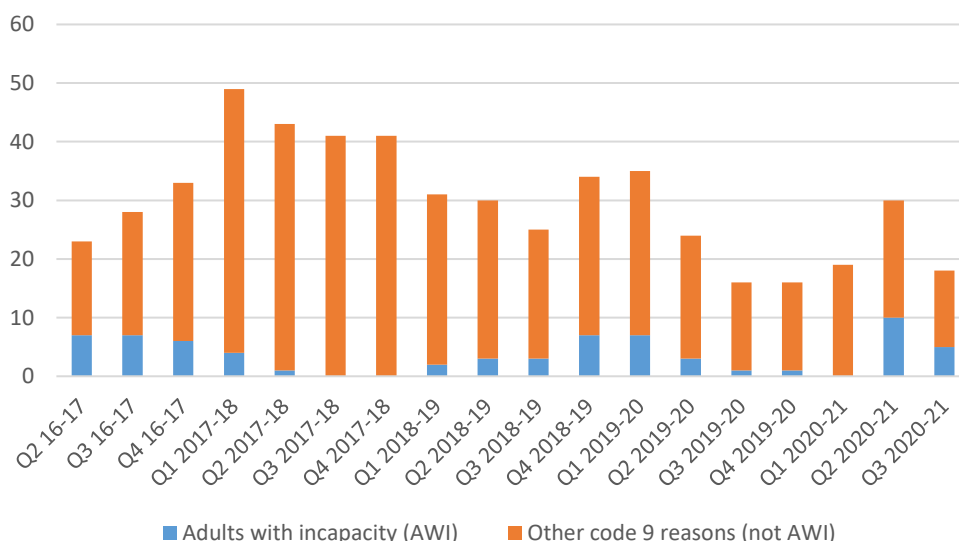
As previously reported, there has been investment in an additional Mental Health Officer post established within the Integrated Discharge Hub specifically focussed on increasing clinicians' awareness of and confidence in the legislation, as well as driving the Adults with Incapacity process when necessary to reduce the bed days lost for each individual. The positive impact of this post is reflected in Chart 1, specifically since Quarter 3 2018/19 when delays as a result of Adults with Incapacity reduced significantly. This post is currently vacant and it has not been possible to recruit which perhaps has contributed to the slight increase in guardianship delays throughout the past year. Societal fears regarding the impact of care home admission during the COVID pandemic have undoubtedly also increased the numbers of patients requiring guardianship orders to facilitate discharge.

There is a growing number of older adults whose needs cannot be accommodated within the current local care home resource and for whom more complex discharge planning is required.

There are plans to remodel local authority care home provision which will ensure older people with the most complex needs receive appropriate care and support, however progression of this has been delayed due to COVID.

- 5.1.2 Chart 2 outlines the position for the 18-74 age group. Again, a programme of long-term improvement work between the Partnership and Neighbourhood Services which was planned to release further housing stock throughout the second half of 2019/20, has been further delayed due to COVID. This plan remains in place and will provide accommodation for the majority of these younger adults with complex needs as building restrictions ease.

Chart 2: Number of Complex Delayed Discharges Split by Reason for Delay Age 18-74



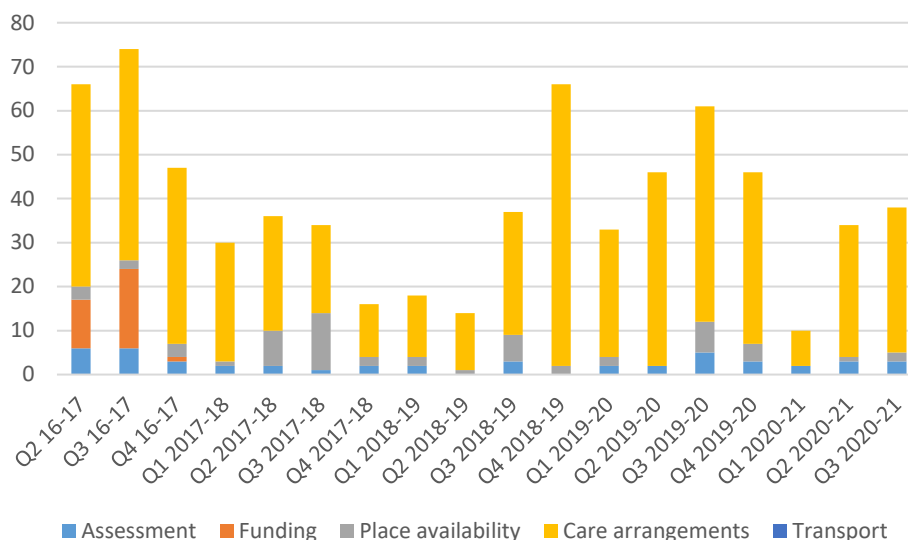
Source: PHS Delayed Discharge Census

6.0 CURRENT PERFORMANCE IN RELATION TO STANDARD DELAYS

- 6.1 Although Dundee continues to perform well in relation to the 2015/16 benchmark, and has been amongst the top performing Partnerships in Scotland throughout this winter, there is a deteriorating picture regarding standard delays. During 2017/18, the introduction of the 'Discharge to Assess' model enabled the majority of patients to be discharged on their Planned Date of Discharge as the assessment of their needs could be undertaken in a community setting.
- 6.2 The greater accuracy of this community-based assessment has enabled more patients to remain in their own homes on a long-term basis and demonstrated a reduction in the need for care home placements. However, this has also resulted in an increased requirement for social care services and supports.

- 6.3 Chart 3 shows the deteriorating position in relation to standard delays and demonstrates that standard delays are now almost exclusively attributable to the non-availability of social care.

Chart 3: Standard Delayed Discharges by Principal Reason for Delay



- 6.4 In order to address this, there is a need for a further improvement in discharge pathways which maximise the resources available and promote better outcomes for patients. These measures are outlined in section 7.

7.0 IMPROVEMENT ACTIONS IDENTIFIED TO ADDRESS INCREASE IN STANDARD DELAYS

- 7.1 Since the last report, a locality modelling programme has commenced to ensure best use of existing staff resource across the Partnership. This will create multi-professional teams based within geographical localities, thereby reducing duplication and maximising efficiencies. This will support workforce remodelling and create staff resource to undertake social care review function more robustly. A barrier to this is the increasing vacancy levels within both care management and community nursing teams.
- 7.2 The Home First strategic programme is now underway. This aims to reduce barriers between urgent care services in the community and create a whole systems pathway for frail older people which ensures they can receive care and treatment in community settings wherever possible. This will support reduction in hospital admission, and will expand the Dundee Enhanced Community Support Acute model into a Hospital at Home service. This pathway will be focussed on community rehabilitation in order to promote independence and has replaced the previous 28 bedded Intermediate Care Unit which was closed in March 2020.
- 7.3 The implementation of the Eligibility Criteria for social care is now complete and staff across the Partnership have been briefed. This will provide a clearer framework for allocation of social care resource with the aim being to only provide this service to people with a critical or substantial need. In tandem with the developing community rehabilitation focus through the development of the Independent Living Review Team, as well as stronger links with the Third Sector, this is designed to reduce reliance on traditional social care services over time.
- 7.4 Winter Pressures monies were used to expand the existing 'Discharge to Assess' model over the winter. The success of this model has provided evidence that earlier discharge from hospital and minimal moves whilst an inpatient, creates better outcomes particularly for frail, older adults. Now that this approach is fully embedded, the next stage of development is to target inpatient rehabilitation alongside this resource within the acute hospital to ensure patients can return home safely on their Planned Date of Discharge. Whilst this may slightly increase the length of stay within acute, the aim is to reduce whole system length of stay while improving outcomes for individuals. The Acute Medicine for the Elderly Unit continues to support good quality frailty assessment and early discharge for frail older adults, and the Home First project is now focussed on developing a similar model in the community.

- 7.5 Following a delay due to COVID, the 8 bedded unit within Turriff House has now been opened as a 'step down' alternative to inpatient psychiatric rehabilitation for older people.
- 7.6 Advanced practice models are now being developed to support the community hospital and urgent care services in the community. This will complement the Primary Care Improvement Plan, specifically in relation to the proposal to develop urgent care around the existing GP cluster model.
- 7.7 The Care Home Team continues to undertake development work with local care homes as a means of preventing admission to hospital when appropriate and a further Nurse Consultant post is in the process of recruitment to support this.
- 7.8 Frailty assessment is now fully embedded within the Surgical and Orthopaedic inpatient pathways which is contributing to reduced length of stay, however will initially impact on demand for services to support discharge.
- 7.9 Ongoing development work on the stroke pathway for both younger and older adults has just commenced with the aim of reducing length of stay for this patient population over the next six-month period.

8.0 SUMMARY

- 8.1 Progress has been made in Dundee in relation to enabling people to be discharged when they are ready but we also recognise that further realignment is now required within social care and rehabilitation services to support the increased demand in community settings. The completed, ongoing and proposed actions summarised in section 7 are targeted at ensuring the whole system is better equipped to manage the increasing demand for community-based support. Whilst there continues to be improvement opportunities as noted in section 7, it is important to note that Dundee's increasingly frail, older population will have limited rehabilitation ability and therefore, long term investment in support services will be necessary in order to continue to achieve positive outcomes.

9.0 POLICY IMPLICATIONS

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

10.0 RISK ASSESSMENT

Risk 1 Description	Every unnecessary day in hospital increases the risk of an adverse outcome for the individual, drives up the demand for institutional care and reduces the level of investment that is available for community support.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Weekly review of all delays. - Action plan and monitoring at the Home and Hospital Transition Group. - Range of improvement actions underway to reduce risk of delays.
Residual Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Planned Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Approval recommendation	It is recommended that the PAC accept the risk levels with the expectation that the mitigating actions are taken forward.

11.0 CONSULTATIONS

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

12.0 BACKGROUND PAPERS

12.1 None.

Dave Berry
Chief Finance Officer

DATE: 08 April 2021

Lynne Morman
Integrated Manager

Lynsey Webster
Senior Officer



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 26 MAY 2021

REPORT ON: LOCAL GOVERNMENT BENCHMARKING FRAMEWORK – 2019/20 PERFORMANCE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC12-2021

1.0 PURPOSE OF REPORT

1.1 To inform the Performance and Audit Committee of the performance of Dundee Health and Social Care Partnership against the health and social care indicators in the Local Government Benchmarking Framework (LGBF), for the financial year 2019/2020.

2.0 RECOMMENDATIONS

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

- 2.1 Note the performance detailed in this report and in Appendix 1.
- 2.2 Approve the proposed targets for future rank set out in Table 1, Appendix 1 and described in section 4.6.
- 2.3 Note that LGBF performance information will be published on the Dundee City Council website.
- 2.4 Instructs the Chief Officer to work with partners, including Dundee City Council and Audit Scotland, to consider the value of the Health and Social Care Partnership's continued participation in the LGBF arrangements for adult social care.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Improvement Service has recently published 2019/20 Government Benchmarking Framework (LGBF) performance data for all 32 local authorities in Scotland. This is now in its ninth year and provides trend-based insights as well as comparisons with performance in other local authorities. Prior to the COVID-19 pandemic the Improvement Service had recognised the need to develop a replacement set of indicators for adult social care that better reflect modern approaches to service delivery, including integration, and move away from a focus on cost-based measures. Temporary amendments were made to the adult social care indicators, including the addition of the perception measures from the national Health and Care Experience Survey, pending further detailed work with stakeholders to devise a replacement suite of indicators. This work was also to take into account feedback regarding this significant time lag associated with publication of LGBF data, as well as the fact that many of the indicators in the current suite are routinely reported and benchmarked without a significant time lag through other mechanisms, such as quarterly and annual performance reports produced by Health and Social Care Partnerships. Due to the pandemic this work has not progressed and, as yet, there is no clear timescale for its completion.

4.2 Family Groups of local authorities with similar levels of deprivation and urban density have been created to assist with benchmarking. Dundee's family group includes Glasgow City, North Lanarkshire, West Dunbartonshire, North Ayrshire, East Ayrshire, Inverclyde and the Western Isles. The Adult Social Care functions within the benchmarking framework are delegated to the Integration Joint Board and data from the framework forms part of the evidence to show the extent to which the integration of health and social care has improved services. In 2 of the 11 indicators The Partnership performed better than the family group average in 2019/20.

4.3 Appendix 1 details the performance of the Dundee Health and Social Care Partnership against the indicators in the 'adult social care' category of the LGBF. Within each category Dundee performance is compared to the performance of family group partnerships.

In addition to detailing performance against each of the eleven indicators in the social care category and benchmarking against other family group partnerships, planned improvement actions have been detailed for eight indicators where performance is not in the top half of the family group.

4.4 In November 2020 the PAC approved targets for performance based on family group rank (Article X of the minute of the meeting of the Dundee PAC held on 22 September 2020 refers). In 2019/20 one indicator met the target (SDS direct payment spend), two exceeded the target (homecare costs and residential care costs) and four did not meet the target. Of the four indicators that did not meet the target three were within one ranking of the target (personal care at home, readmissions and bed days lost to delayed discharge). Targets were not set for the 4 indicators reported from the biennial Health and Care Experience Survey.

4.5 Benchmarking and longitudinal analysis are both analytical methods which inform continuous improvement. Longitudinal analysis revealed that over the nine-year period to March 2020 performance has been maintained or improved for 4 out of 7 of the adult social care indicators. Four of the indicators are taken from the results of the Health and Care Experience Survey; results for these indicators cannot be compared longitudinally as the methodology for filtering respondents was changed by the Scottish Government between the 2017/18 and 2019/20 surveys. The Scottish Government has advised that comparing the results of the 2017/18 and 2019/20 surveys is not accurate and should not be done.

4.6 An assessment has been made of current performance, planned future investment, resources and service delivery models, and the range of targets already agreed by the Integration Joint Board in the service delivery areas covered by the LGBF indicators (such as the Health and Social Care Partnership scorecard within the Council's Corporate Plan). The final column in table 1, appendix 1 sets out proposed targets for all indicators taking into account these factors.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against LGBF indicators could affect outcomes for individuals and their carers and not make the best use of resources.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Continue to develop a reporting framework which identifies performance against LGBF targets. - Continue to report data annually to the PAC to highlight areas of poor performance. - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as Self-Directed Support spend.

	- Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval Recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

DATE: 5 April 2021

Lynsey Webster
Senior Officer
Health & Social Care Partnership

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ADULT SOCIAL CARE

Snap Shot Profile

The Health and Social Care Partnership provides a broad range of services for a wide variety of needs and people in different situations, in some cases commissioned from the third and independent sector. Services can include helping people to live independently in their own home, hospital to home transition and other community support.

Most people wish to stay at home wherever practicable. Sometimes, however, they may need residential care for short periods or for a longer-term. The Partnership can also arrange nursing care, if necessary.

For 2019/20 the adult health and social care category consisted of 11 indicators, covering unit cost and performance data. A summary of our 2019/20 data alongside family group and Scottish average has been provided below.

Table 1: Summary of Social Care Performance 2019/20

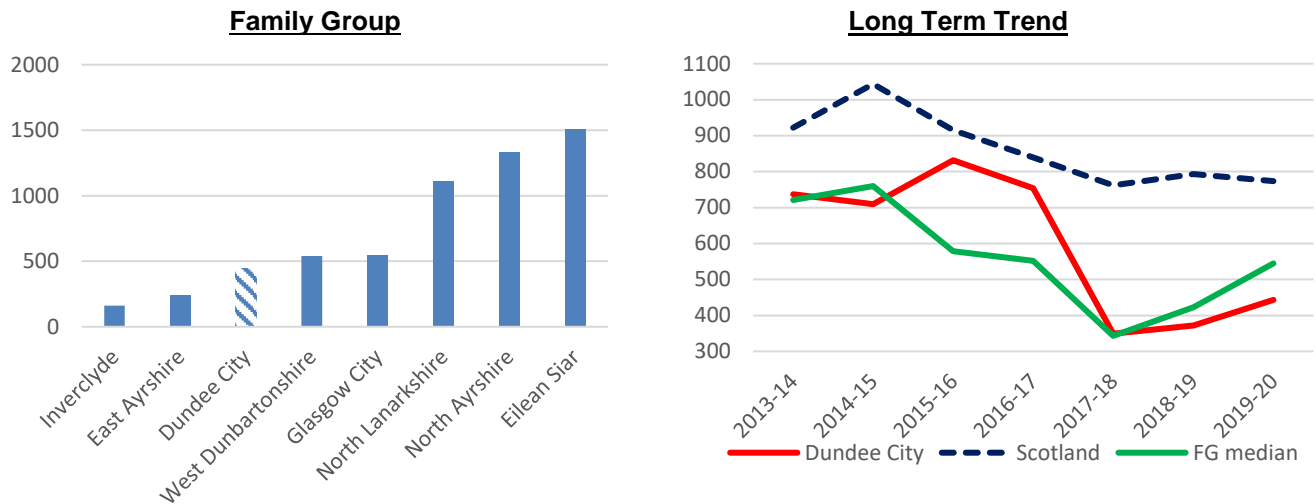
Indicator	2017/18 Data	2018/19 Data	2019/20 Data	2019/20 Target	2019/20 Target Group	Group Rank (out of 8)	Group Average	Scottish Average	Proposed Target 2020/21 – Future Rank (out of 8)	Proposed Target 2020/21 (based on 2019/20 data)
Homecare cost per hour aged 65 and over	£21.24	£27.12	£27.06	£27.36	4	3	£33.84	£26.13	3	£27.06
SDS (Direct Payments) spend on adults 18+ as a % of total social work spend	1.09%	2.43%	4.96%	3.2%	4	4	9.17%	8.99%	3	5.05%
% of people aged 65 or over with long term care needs receiving personal care at home	59.32%	56.18%	57.07%	57.2%	7	8	65.28%	61.65%	7	62%
Residential costs per week per resident for people aged 65 or over	£479	£475	£476	£475	6	5	£458	£401	5	£476
Rate of readmission to hospital within 28 days per 1,000 discharges	126.7	128.70	127.23	118	7	8	106.78	104.69	8	127.23
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	82.3	85.29	76.87	89	1	6	80.83	81.83	4	79.37%

Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)	349.2	372.18	443.27	332	2	3	735.25	773.78	2	240.15
*% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	84.9	N/A	76.58	N/A	N/A	7	81.07	80.03	4	81.54 (21/22)
*Percentage of adults supported at home who agree that they are supported to live as independently as possible	83.8	N/A	78.83	N/A	N/A	7	82.40	80.78	4	82.00 (21/22)
*Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	77.9	N/A	73.04	N/A	N/A	6	76.0	75.43	4	75.54 (21/22)
*Percentage of carers who feel supported to continue in their caring role	38.3	N/A	34.57	N/A	N/A	6	35.57	34.23	4	35.84 (21/22)

*Data available biennially from the Health and Care Experience Survey

OUR PERFORMANCE HIGHLIGHTS

Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)



Dundee was the 3rd best performing partnership in the family group. The past seven years data shows an overall downward trend for delayed discharge, which is an improvement, however there has been a slight upward trend since 2017-18 although to a lesser extent than the upward trend for the family group median. As the above chart shows, Dundee has always performed better than Scotland (blue dotted line).

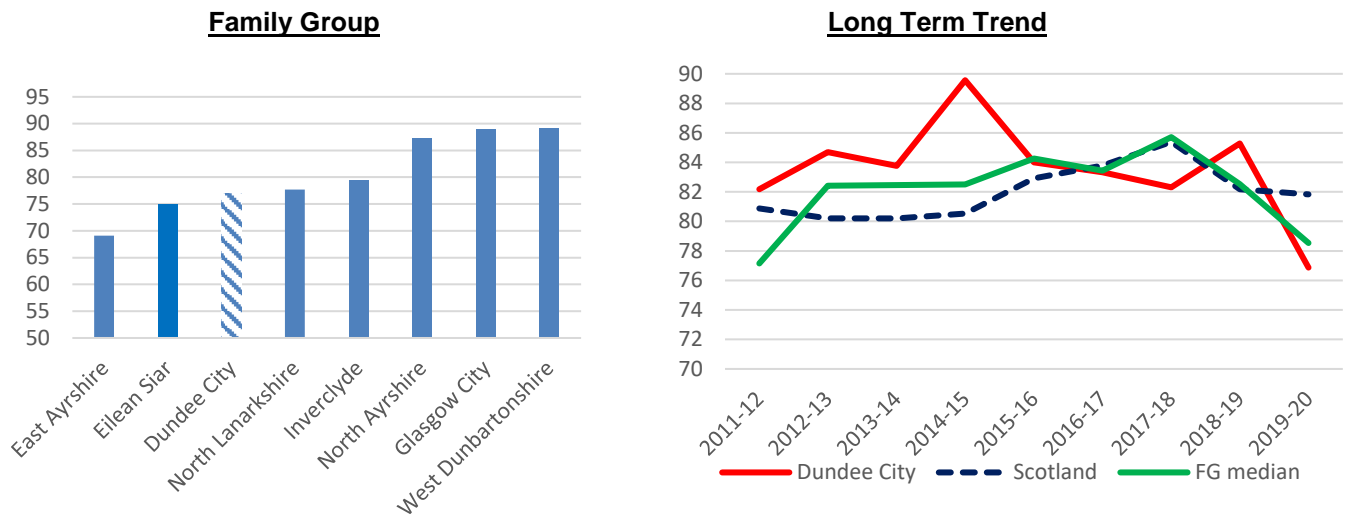
The number of days people spend in hospital when they are ready to be discharged has reduced by 66% since 2013/14, which is an improvement.

The PAC receives 6 monthly analytical reports to monitor standard and code 9 delays. Also, on a weekly basis, an update is provided to the Dundee Health and Social Care Partnership Chief Officer, the NHS Tayside Chief Operating Officer and key Home and Hospital Transitions Group members on delay position. This information is used to maintain an ongoing focus on enabling patients to be discharged from hospital when they are ready as well as to inform improvements.

A number of developments have been planned to ensure that performance remains high. These include the remodelling of local authority care home provision and a programme of long-term improvement work between the partnership and neighbourhood services to release further housing stock. Further improvements have been planned in discharge pathways, to maximise the resources available and promote better outcomes for patients. This includes a locality modelling programme, the Home First strategic programme, further expansion of the Discharge to Assess model to target inpatient rehabilitation alongside this resource within the acute hospital to ensure patients can return home safely on their planned date of discharge, advanced practice models within GP practices for urgent care, the introduction of frailty assessment within the surgical and orthopaedic inpatient pathway and development work on the stroke pathway.

AREAS FOR IMPROVEMENT

Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections



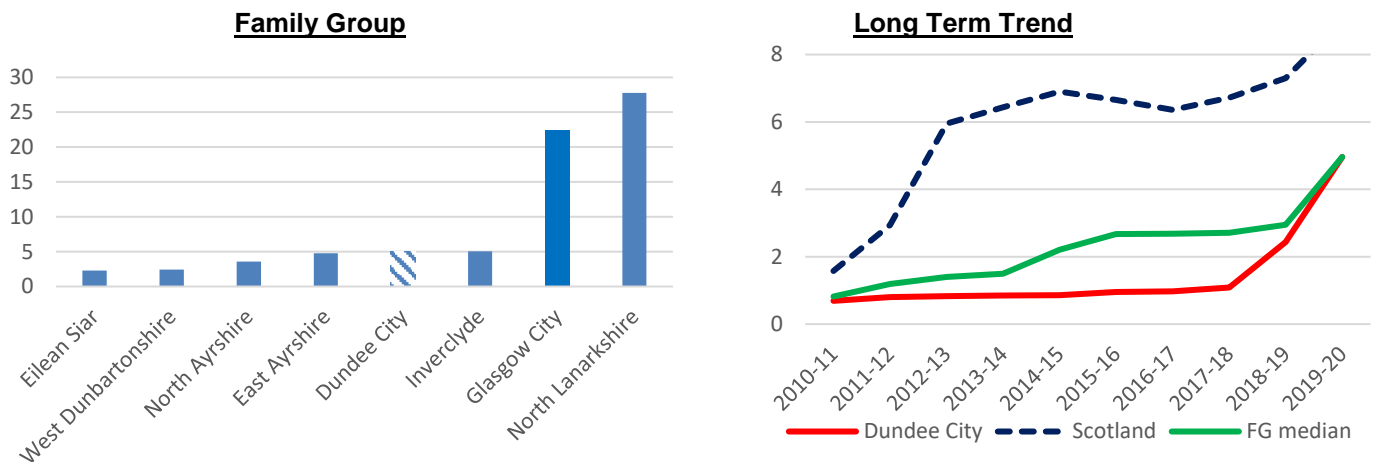
Dundee is the third poorest performing partnership within the family group and performed worse than the family group and Scottish average. Except for 2017/18 and 2019/20, Dundee performance was better or similar to the family group median.

In 2019/20, 75 services for adults registered with the Care Inspectorate in Dundee were inspected. 22 of these inspections were combined inspections where both the Housing Support and Support Services were inspected together. Of the services that were inspected, 79% received no requirements for improvement. None of the inspected services received an enforcement notice. 100% of services provided directly by the Partnership and 77% of all services in Dundee which were subject to a Care Inspectorate inspection during 2019/20 received grades of 'good', 'very good' or 'excellent'

Within Care Homes services there continues to be a joint commitment to continuous improvement and a proactive approach to improving and sustaining quality which involves the care home providers, the Care Inspectorate and representatives of Dundee Health and Social Care Partnership. This is particularly evident when significant concerns arise. There have been many benefits of such an approach e.g. effective sharing of information, shared agreement about improvement activity required and monitoring until concerns have been adequately addressed. The Care Home Team continues to support, monitor and review residents' care needs. The team continues to work closely with colleagues in primary care in developing advanced clinical skills to support GPs by providing comprehensive nursing assessments to assist with increasing clinical demand and in 2019/20 the Care Home Team has moved to a link worker role whereby the Review Officer, Registered General Nurse and Registered Mental Health Nurses are aligned to specific care homes within Dundee. This is to ensure better collaboration and joined up working between the link workers; with the Advance Nurse Practitioner's (ANP) within the team (and Primary Care); the resident, family and care home staff.

Within Adult Services, there have been many initiatives which are intended to contribute to improvements in gradings. These include the Housing First Dundee Initiative to provide tenure with wrap around support and Housing with Care Step Down accommodation to support safe discharge from hospital. Where services do not receive good gradings, performance is discussed and monitored at contract monitoring meetings.

Self-Directed Support Spend On Adults 18+ as a % of Total Social Work Spend



Self Directed Support allows people to choose how their support needs will be met. This indicator calculates the cost of Direct Payment (Option One) spend on adults as a proportion of the total 'social work' spend on adults (aged 18+).

This indicator is important because it allows the Partnership to monitor Direct Payments as a proportion of total adult social care expenditure, both over time and in comparison with other Partnerships. Dundee has historically had a low uptake of Direct Payments. Under the Social Care (Self-Directed Support) (Scotland) Act 2013, Direct Payments is one of four options that since 1 April 2014 local authorities have had a duty to offer eligible people who are assessed as requiring social care.

Dundee ranks 4th out of the eight family group partnerships, which is a significant improvement from 2018/19 when it was 7th. Within this family group, Glasgow perform particularly well due to their role in piloting this approach and in the last year North Lanarkshire has increased from 2.64% to 27.76% which has increased the family group mean. When assessing the average (mean) spend, six of the family groups have a similar % spend on SDS Option One to Dundee. Dundee performance has improved since 2017/18 with the amount spent on SDS Option One doubling in each of the two years. Dundee rank within the 32 partnerships has also improved from 17th during 2019/20, compared with 30th during 2018/19.

The Partnership has introduced a dedicated Self Directed Support team to support service users to make the right choice and decisions for themselves. The team is continuously exploring new and service user friendly approaches to ensure meaningful personal outcomes for service users, improving implementation and increasing choice.

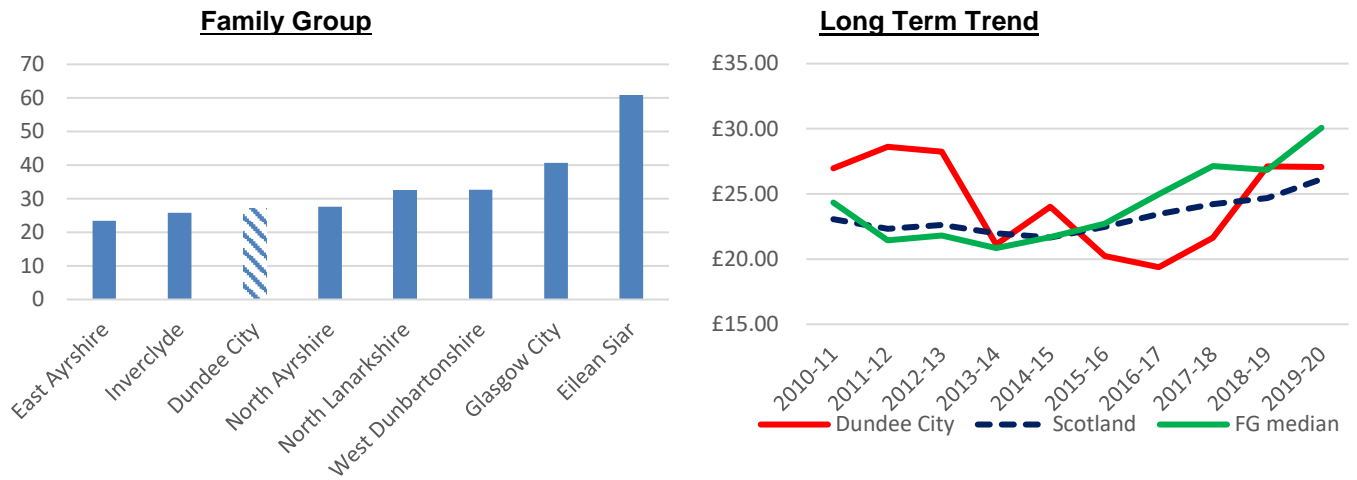
The pandemic crisis has highlighted areas of improvement and the learnings from these will be included moving forward into the development action plan. We continue to work from the SDS development and action plan derived from the Scottish Government Implementation plan and guidance, 2018 to 2021, learning from the pandemic has been added to this. A report is being developed for senior management on what SDS support needs to look like moving forward to ensure we continue with qualitative and sustainable SDS plan of delivery.

How we communicate has been key and various methods have been deployed to key crucial messages out to our Dundee citizens, an example is a no-reply email which was set up so we can share more information with personal assistants and those awarded an Option 1. Information has been displayed on various websites, working with our partners has strengthened links and joint working and this will be continued in enhancing SDS information moving forward.

We have adopted technology in how we support staff around SDS development and delivery by using MS Teams meetings as an alternative to hold additional SDS training information as well as questions and answer sessions with the aim to continue providing support to front line staff working with SDS.

The Partnership's operational assessment system is being reviewed and revised to include personalisation and SDS practice values and principles at the heart of our assessment process while working in a good conversation and enablement model. Closer working across children's and adult services has resulted in reviewing how we can improve the transition experience of young people moving from children's services to adult services and the experience of this for their families and guardians. SDS Scotland and the Alliance have been commissioned to review SDS delivery and a set of 12 new standards have been developed that have recently been approved by COSLA, these standards have been developed through service user and partnership feedback of lived experience of the delivery of care, experience of assessments and suggestions of this can be improved.

Older Persons (over 65) Home Care Costs Per Hour



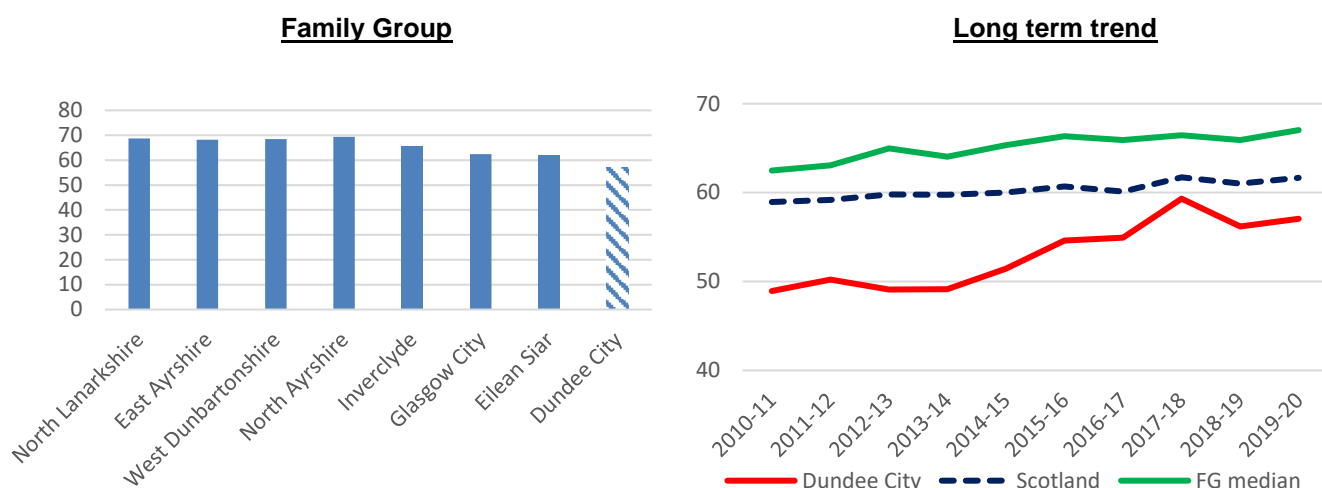
From 2016/17 to 2018/2019 there was an increase in the older people home care cost per hour, however during 2019/20 the cost reduced from £30 to £26, which represents a 13% reduction. Dundee ranks third lowest within the family group.

The number of home care hours provided increased slightly from 773,240 in 2018/19 to 807,791 in 2019/20 (4% increase) although the long-term trend shows an overall decrease.

On 24 January 2018 the IJB agreed the recommendation of the Review of Homecare Services to ensure work patterns reflect the needs of service users and create efficiencies in the service. Recommendations were implemented during 2020.

A mixed contract solution was implemented, with staff retained on 30-hour, double shift contracts (7am start) or 25-hour double shift contract (7.30 am start) or 23 hour, single shifts (7am start). This improved service model has increased the level of staff/service user contact time by up to 1,118 hours per week including travel time. The 30-hour contracts includes the banking of up to 5 hours per week that are aggregated and used periodically throughout the year to offset absences.

% of people aged 65 or over with long term care needs receiving personal care at home



Dundee provides the lowest % of personal care within the family group and the % is also lower than both the Scottish average and the family group median.

This indicator sits within a service which provides personal care as part of a whole system, multi-disciplinary service model of home and community based care which is also preventative, rehabilitative and flexible by providing step up and step down care and support. Examples of services which wrap around the personal care service include the development of nurse led clinics in bone health, continence, nutrition, the development of a frailty screening model in the community and the development of community based models for people with a range of long term conditions. When an eligible person requires personal care, it is paramount that they receive this when they require this and services are there to provide both step up and step down care, for example Hospital at Home and ambulatory care. It is also paramount that if the person becomes rehabilitated that the level of service is reduced to promote and sustain independence. We will continue to monitor and review service provision based on need and rehabilitation, with the awareness that providing rehabilitative services can have a negative impact on the performance towards this indicator despite having a positive impact on personal outcomes.

Residential costs per week per resident for people aged 65 or over

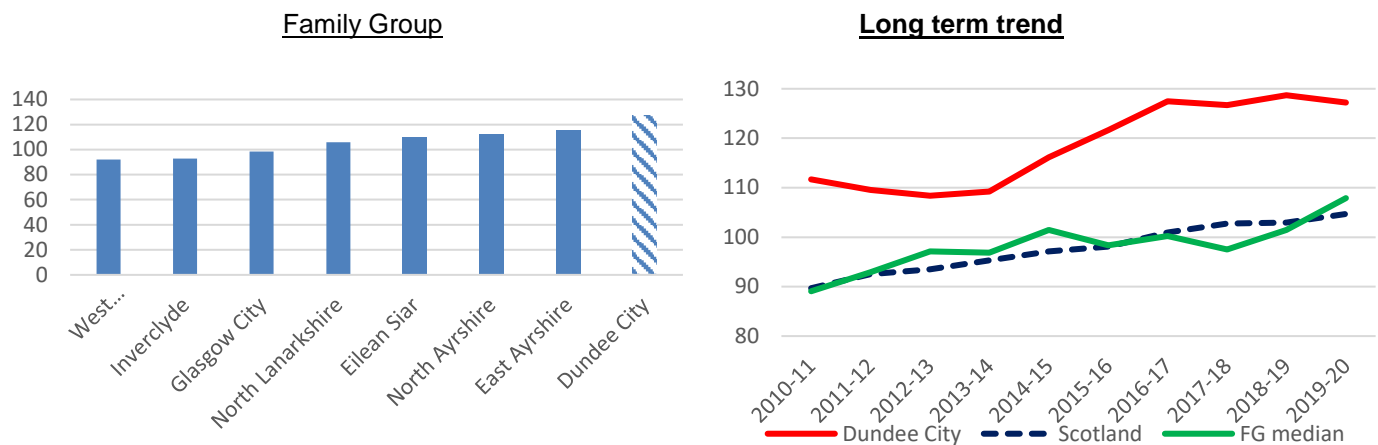


The average weekly cost for a care home place in Dundee, for people aged 65+ was £476 in 2019/20 which is only £1 more than in 2018/19.

Dundee ranks 5th within the family group and the range within the group is from £341 to £623 per week. There are a range of factors which impact on this particular benchmark and need to be taken into consideration in assessing relative performance across the country. The cost of residential care for each local authority area includes a combination of Health and Social Care Partnership operated care homes and private and voluntary sector run care homes. The relative spend in each area is influenced by the balance of usage the Partnership has of each type of home. The fees paid to private and voluntary sector run care homes are set nationally through the National Care Home Contract and are therefore standardised across the country. Generally, the cost of running in-house care homes is more expensive than private and voluntary sector provision. Dundee's in-house care homes are smaller in size, providing a more homely setting for residents however do not benefit from economies of scale and therefore cost more. Dundee still has a higher proportion of in-house care homes compared to Glasgow and Ayrshire Partnerships. Furthermore, the benchmark costs are net of residents financial contributions to the cost of their care. Dundee generally has fewer self-funders than other areas therefore receives less charging income, increasing the net expenditure position of the sector locally.

The cost of providing Partnership operated care homes continues to be reviewed to ensure best value is achieved. This includes reviewing staffing structures and managing absence levels to reduce the level of additional hours, or in some instances, the use of agency workers to ensure shifts are covered to the required levels. A new flexi team is in development to maximise consistency for residents, reduce high agency costs and reduce stress related absences.

Rate of readmission to hospital within 28 days per 1,000 discharges



Dundee is the poorest performing partnership in the family group and in Scotland. Dundee has always had a high rate of re-admission to hospital within 28 days.

In 2019/20, Dundee was one of two family group partnerships where performance actually improved slightly compared with 2018/19. Performance in the remaining 5 family group partnerships deteriorated. Dundee performance improved by 1.14%, whereas the family group median deteriorated by 6.34%.

The data shows that the number of re-admissions has shown very little change between 2018/19 and 2019/20 (+13 admissions).

Data shows that NHS Tayside records higher levels of follow-up contact with patients following a hospital admission as outpatient appointments, rather than day cases, compared to other NHS Boards across Scotland. The methodology for the national indicator for readmissions includes day cases within its denominator and therefore a low day case rate increases the resultant readmission rate. When recording practices for day case rates are taken into account Dundee's performance against the national readmissions indicator is similar to the Scottish rate. It is therefore apparent that a significant proportion of 'poor performance' against the national indicator for readmissions relates to data recording practices rather than other factors.

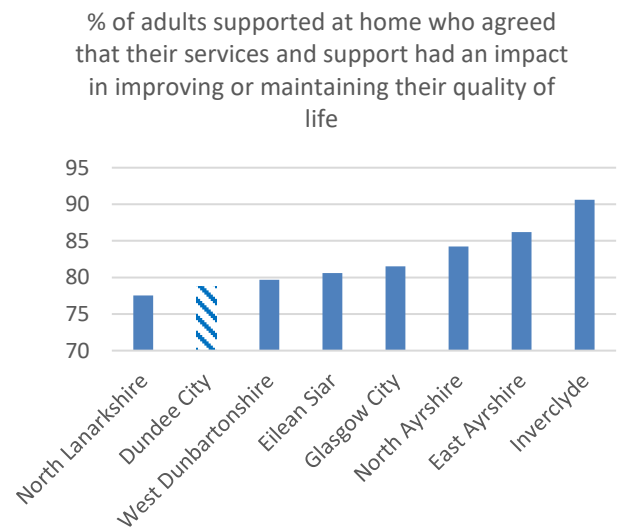
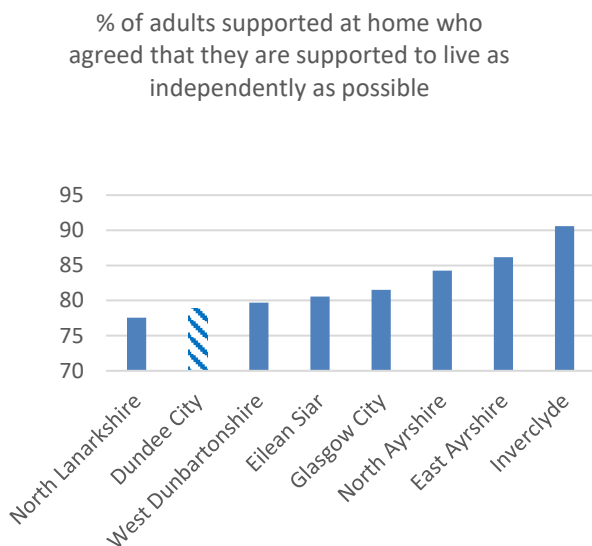
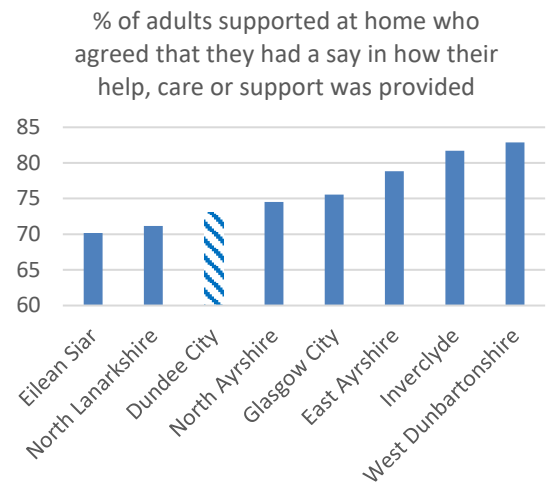
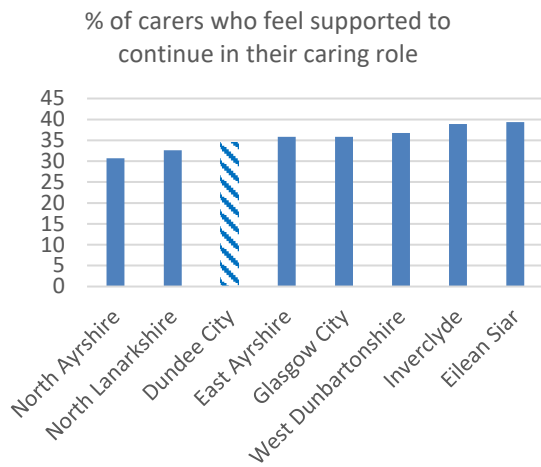
The Tayside Unscheduled Care Board recognised this performance position across Tayside and there has been a focus on better understanding of the readmissions data and identifying any current practice which might impact on this.

The Unscheduled Care Board will continue to explore the available data to identify and respond to areas where improvements can be made. Within the Health and Social Care Partnership our intention is to look closer at the variation across localities to determine if there are further local initiatives which would support individuals and reduce variation. This will include an age standardised analysis across LCPPs.

Performance against this indicator is monitored in the quarterly PAC performance reports under the Core National Indicators and MSG Measuring Performance Under Integration suites. Performance is measured at LCPP level and analysed longitudinally, focusing on direction of travel from the previous quarter and the 15/16 baseline year.

The 3 Tayside Health and Social Care Partnerships are preparing a letter to the Scottish Government to explain why the national methodology does not fit with the Tayside service delivery model and request a review of the methodology.

The following indicators are reported from the biennial Health and Care Experience Survey disseminated and reported by the Scottish Government.



Results for these indicators cannot be compared longitudinally as the methodology for filtering respondents was changed by the Scottish Government between the 2017/18 and 2019/20 surveys. The Scottish Government has advised that comparing the results of the 2017/18 and 2019/20 surveys is not accurate and should not be done.

Dundee performed in the bottom half of the family group for all four indicators and the target set for the next reporting period in 2022/23 is for Dundee to perform in the top half of the family group. Based on the 2019/20 data the difference between Dundee’s position and the 4th best performing partnership is minimal (between 1 and 2%).

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ITEM No ...8.....



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 26 MAY 2021

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

REPORT BY: CLINICAL DIRECTOR

REPORT NO: PAC13-2021

1.0 PURPOSE OF REPORT

1.1 This is presented to the Committee for:

- **Assurance**

This report relates to:

- Government policy/directive
- Legal requirement

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

This report is being brought to the Committee to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL (1998) 75. The Performance and Audit Committee is being asked to provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is from 1 December 2020 to 31 January 2021.

2.0 RECOMMENDATIONS

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

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

2.2 This report is being presented for:

- **Assurance**

As lead Officer for Dundee Health & Social Care Partnership (DHSCP) I would suggest that the level of assurance provided is: Moderate.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Situation

- 4.1.1 This report is being brought to the Committee to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone Framework in accordance with the Partnership integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL (1998) 75. The Performance and Audit Committee is being asked to provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is from 1 December 2020 to 31 January 2021.

As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate.

4.2 Background

- 4.2.1 The role of the Dundee Health & Social Care Partnership Governance group is to provide assurance to the Dundee Integration Joint Board, NHS Tayside Board (through the Care Governance Committee) and Dundee Council, that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within Dundee Health and Social Care Partnership.
- 4.2.2 The Getting It Right For Everyone Framework has been agreed by all three Health & Social Care Partnerships and the recent refresh of the document was endorsed at Care Governance Committee. To ensure consistency of approach between Local Authorities, Tayside NHS Board and the IJBs for the three Health & Social Care Partnerships, quality assurance is assessed against an agreed, prioritised common data set for each of the governance domains as detailed below. A Getting It Right For Everyone Steering Group has been established and continues to meet, with representatives from each of the three Partnerships and part of its remit is to support additional common assurance measures and this template.
- 4.2.3 The six domains continue to evolve over time and must be adaptable and responsive to the changes in legislation and external support and monitoring. The domains reflect the principles set out in the Health and Social Care Standards, My support, My life; Scottish Government, 2018 and the Quality of Care Approach, Healthcare Improvement Scotland and Care Inspectorate, September 2018. The domains are:

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

- 4.2.4 There is a clinical governance strategic risk for NHS Tayside Clinical Governance Risk 16. The current risk exposure rating of this risk considers the Clinical and Care Governance reporting arrangements within the Partnerships and reflects the complexity in moving towards integrated Clinical and Care Governance arrangements within each of the HSCPs. The Interim Evaluation of Internal Control Framework Report No T09/20 identifies the need for greater consistency in reporting of performance and quality by the HSCPs.

4.3 Assessment

4.3.1 Clinical and Care Risk Management

4.3.1.1 Risk management across Dundee HSCP continues to be recorded across both a Health (service risks) and Local Authority (strategic risks) system. While this in itself does not prevent appropriate risk management processes being undertaken it does increase the required administration to link together risks and ensure visibility and connections between strategic and service risks. There are ongoing discussions to determine the most effective route forwards for risk management systems.

4.3.1.2 Top 5 Risks in Dundee HSCP

Title of Risk	Adequacy	Inherent Risk Score (without controls)	Current Risk Score (with current controls in place)
721 - Current funding insufficient to undertake the service redesign of the integrated substance misuse service	Inadequate - No evidence to support the effectiveness of controls	20	20
612 - Insufficient numbers of staff in integrated substance misuse service with prescribing competencies	Incomplete – Controls are appropriately designed but these are not consistently applied	25	25
233 - Increasing Patient demand in excess of resources	Incomplete - Controls are appropriately designed but these are not consistently applied	15	25
839 - COVID-19 Maintaining Safe Substance Misuse Service	Incomplete - Controls are appropriately designed but these are not consistently applied	12	15
729 -Nursing Workforce	Inadequate – No evidence to support the effectiveness of controls	15	12

4.3.1.3 Risk 721: Risk that current funding would be insufficient to undertake redesign of the integrated substance misuse service.

The current risk rating is 20. Since the launch of the Drug Commission report in August 2019, ISMS has recruited five additional band 5 nurse posts, 3 new posts and 2 posts to replace previous fixed term positions. There is also a long term vacancy for a locality manager to lead strategic financial planning. Controls available to Integrated Substance Misuse Service (ISMS) have been applied and the risk exposure remains 20, which contributes to the risk ratings for Datix risks 612, 233, 839 and 458.

4.3.1.4 Risk 621: Insufficient numbers of ISMS staff with prescribing competencies.

The controls available to ISMS have been applied and the risk exposure remains 25. Proposed controls include the relevant Dundee Partnership Action Plan for Change actions and the implementation of national Medication Assisted Treatment standards, which have been added as Datix risk actions to enable DHSCP and NHST to monitor the consequences of these planned controls. The risk exposure with the planned/proposed controls remains 25 as the controls do not yet address the prescribing capacity issues for those established on opiate substitution treatment with multiple complex needs, the population with the highest fatality risk.

4.3.1.5 Risk 233: Increased patient demand in excess of resources.

Despite applying controls the risk rating has increased from 15 to 25. Proposed controls include the relevant Dundee Partnership Action Plan for Change actions and the implementation of national Medication Assisted Treatment standards, which have been added as Datix risk actions to enable DHSCP and NHST to monitor the consequences of these planned controls. The risk exposure of the planned/proposed controls remains 25 as the controls do not address the nurse key working capacity issues and the service continues to hold 240 cases that do not have a named nurse allocated to their care.

4.3.1.6 Risk 839: COVID-19 Maintaining safe substance use services.

Integrated Substance Misuse Service has rapidly adapted service provision to continue to deliver person-centred care during the COVID pandemic, working in partnership with other agencies. We have maintained provision of opiate substitution treatment and alcohol detox, despite a 50% increase in alcohol referrals compared to a similar period in 2019. The risk rating remains 15 as staffing levels can fluctuate and clinical activity has increased.

4.3.1.7 Risk 729: Nursing Workforce.

The nursing workforce continues to be under significant pressure across a number of teams. Risk 729 relates specifically to the in patient team in the Medicine for the Elderly wards, a number of other nursing teams also have risks recorded.

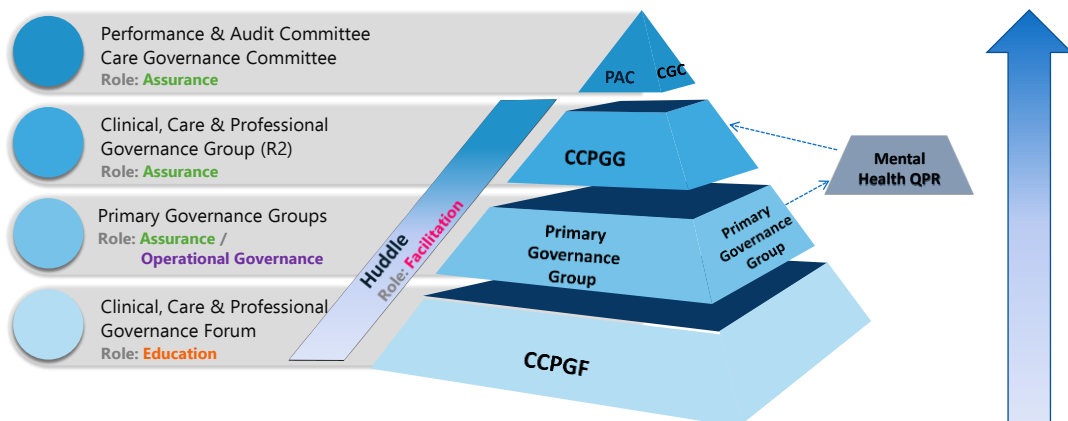
The teams are working flexibly to ensure safe care is delivered using colleagues from across the Partnership to support where able. There is added strain in the system due to the requirement to support the COVID testing centre and the vaccination programme.

As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate.

4.3.2 Clinical & Care Governance Arrangements

4.3.2.1 Dundee HSCP has established processes for Clinical, Care and Professional Governance in order to ensure processes and scrutiny are of a level which can provide the required assurance. A number of elements of governance are working well across the Partnership with the development of the Primary Governance Groups becoming established and feeding in an enhanced quality of assurance to the CCPG Group. The diagram below shows the structure for Clinical, Care & Professional Governance within the Dundee Health and Social Care Partnership.

DHSCP Clinical, Care & Professional Governance



4.3.2.2 The CCPG Group meets every two months and receives information as outlined in the table below. Operational managers present an exception report to each CCPG Group highlighting challenges, issues and exceptional pieces of work. An annual performance framework requests that each service present a comprehensive annual report on all aspects of clinical, care and professional governance.

Governance Reporting Table

	Primary Governance Group	CCPG Group	Care Governance Committee
Scorecard	Full	Exceptions (from scorecard)	Persistent Exception (Three Reports) Exceptions affecting multiple teams Level of Risk (High)
Datix Themes/Action Taken	All Service Reported and themed	Exceptions (Individual/Themes)	Persistent Exception Top 5 Reported Categories
Red Events	All for service	All	Overview – themes/numbers
LAER/SAER/SCR	All reported and learning shared	High Level Summary	Exceptions Organisational Learning Organisational Risk
Complaints (and SPSO)	All – learning shared	Report highlighting numbers/service areas/themes	SPSO Numbers Organisational Learning Achievement of Standards
Risks	All for service	High Level Report with assurance statement Persistent long term risks Transient risks	Top 5 Risks and associated mitigation for these risks
Inspection Reports	Action Plan Produced per team (where applicable)	Action Plan Produced per team (where applicable)	Overview Statement
Standards/Legislation/Guidelines	New Standards Reported	Agenda items prioritised when required	Organisational Impact

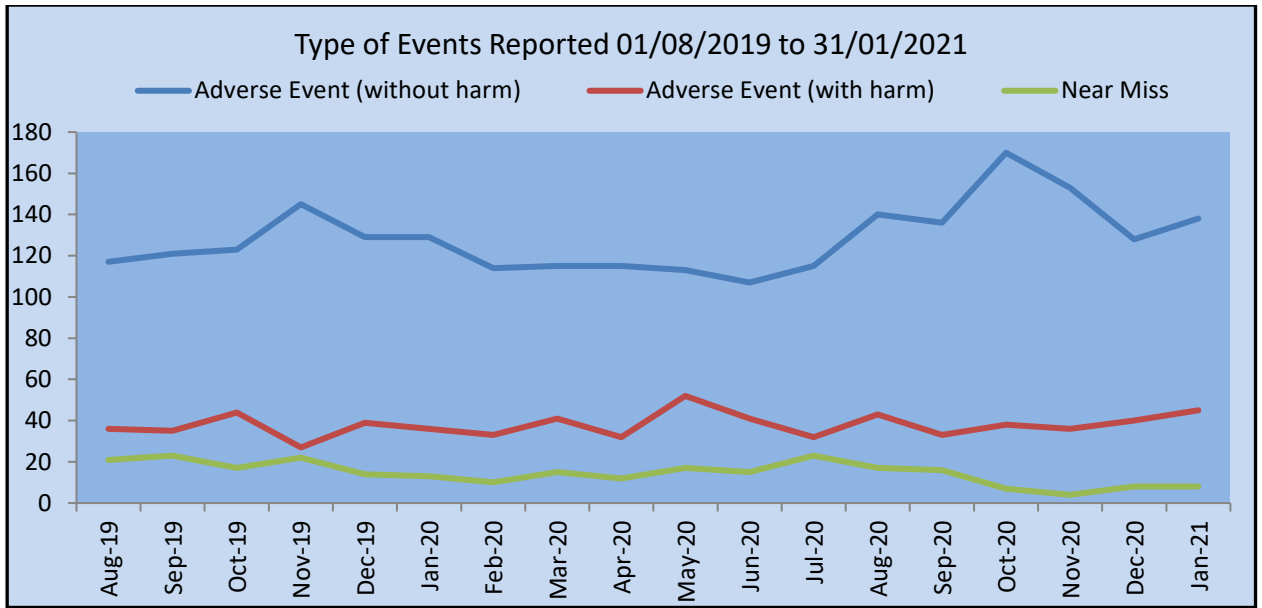
The CCPG Forum has changed its format and is now a forum specifically for sharing of good practice and learning in relation to challenges and provides support and development to managers and lead governance staff across the Partnership. October's forum reviewed exception reports from services and had focussed discussion on a number of operational challenges. The group then had an interaction session on the Datix Risk Management system via MS Teams.

As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate.

4.3.3 Adverse Event Management

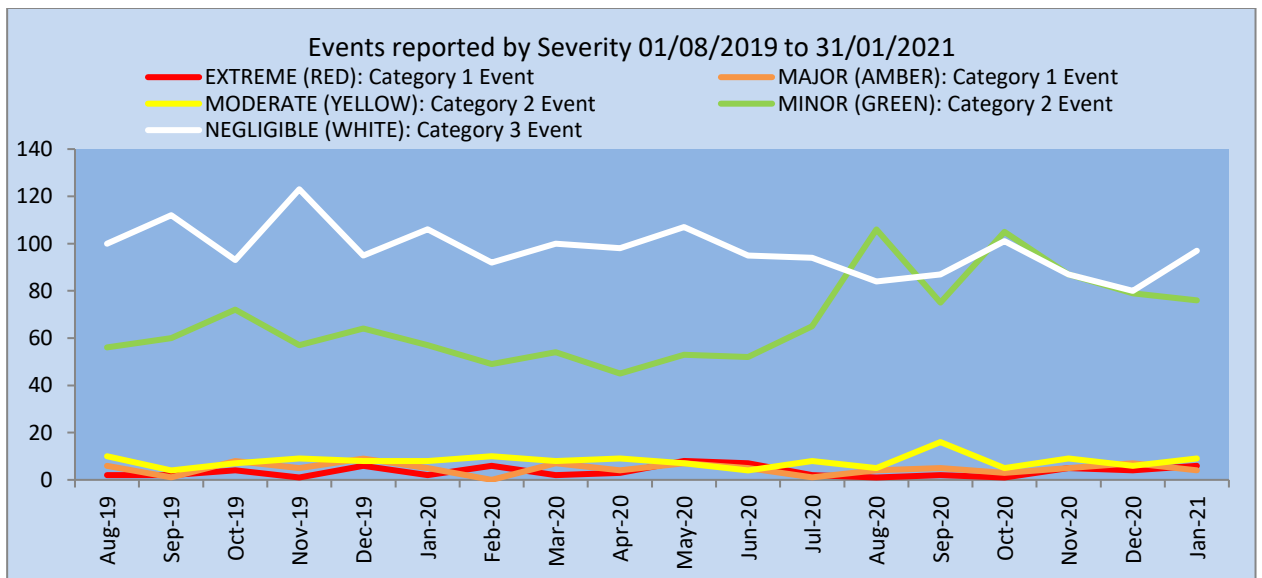
4.3.3.1 The chart below shows the type of events reported through the NHS Tayside Adverse Event Management System (Datix) between 01/08/2019 and 30/01/2021.

There was a total of 368 events reported within the time period, 1 December 2020 to 31 January 2021. The ratio of harm to no harm is 1:3.



This chart shows a reduction in adverse events during this reporting period, although there is a small increase in adverse events with harm.

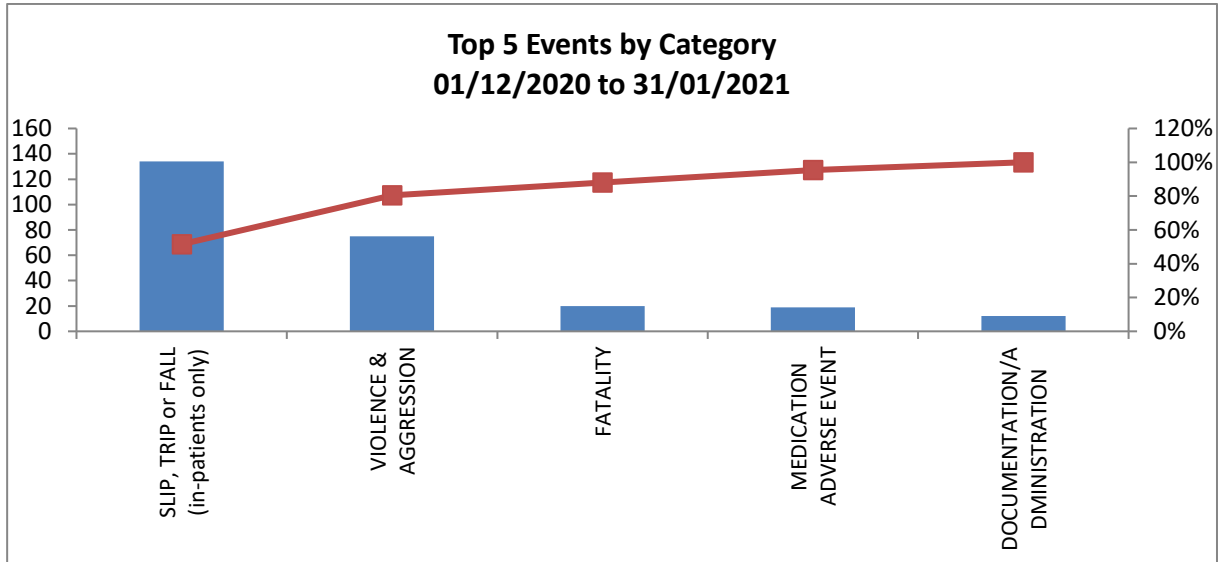
4.3.3.2 The following graph shows the adverse events reported by impact from 01.08.2019 to 31.01.2021.



There continues to be low numbers of extreme and major adverse events reported across the Partnership.

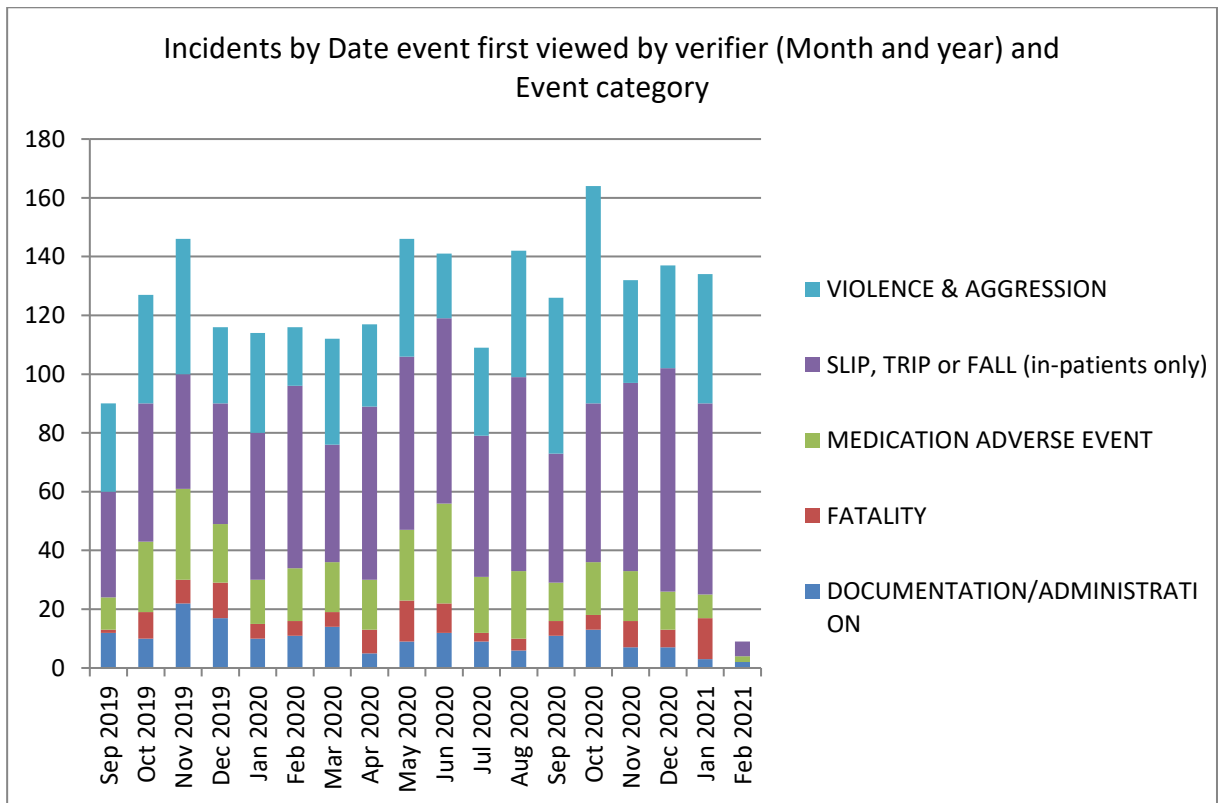
4.3.3.3 Top 5 Categories of Adverse Events

The following graph shows the top five categories reported between 01.12.2020 and 31.01.2021 by service. The top five categories are slip, trip or fall (inpatients only) (134 events); violence & aggression (75 events); fatality (20 events); medication adverse event (19 events); and documentation administration (12 events).



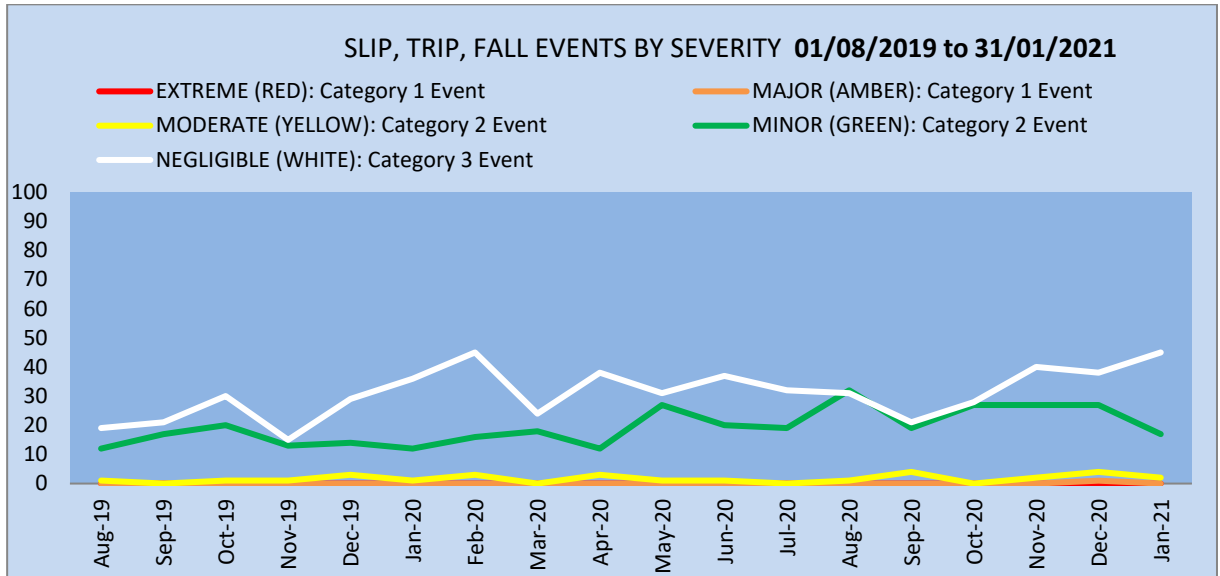
These five categories account for 260 of the 368 events reported (71%) within the time period.

4.3.3.4 The table below outlines the top five events reported over the past 18 months.

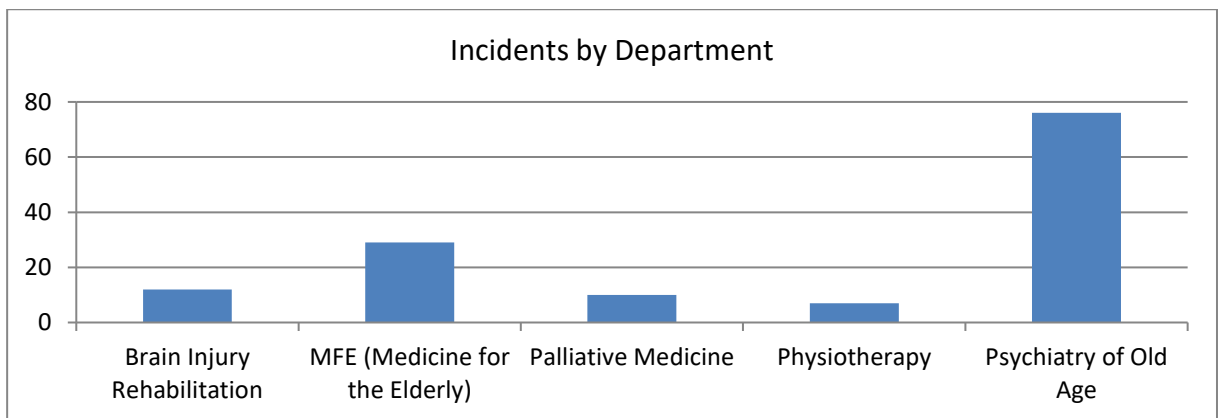


4.3.3.5 Slip, Trip or Fall (Inpatients) Events

There were 134 events reported within the time period.



4.3.3.6 The following graph shows the events by reporting department. Further analysis of the slip, trip or fall (inpatient) events reported by Psychiatry of Old Age shows that 55 events (71%) were reported by Ward 3, 19 events (25%) by Ward 4 and three events (4%) by Ward 1. Review of these events identifies that a number of these events are involving a small number of individuals.

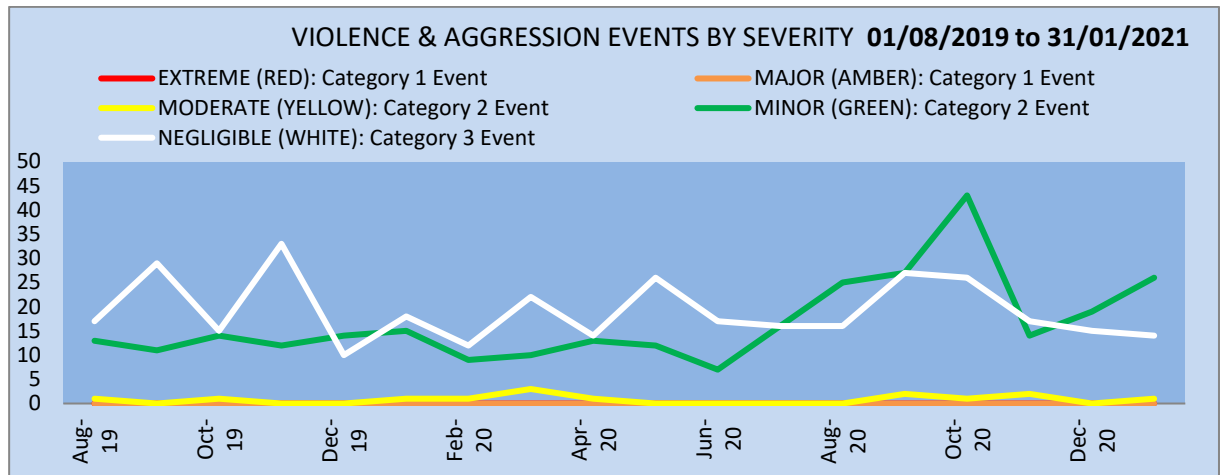


Seven incidents have been reported as ‘adverse event with harm’. On review the records do not indicate any harm meeting the national definition of harm for inpatient falls. The records will be reviewed, to either update them with details of the harm sustained or to amend the type of event to ‘adverse event without harm’.

Ongoing review, feedback and education regarding accurate reporting of adverse events will continue via the clinical governance team and the Partnership governance huddle.

4.3.3.7 Violence & Aggression Events

There were 75 events reported within the time period.



4.3.3.8 71 of the 75 reported events were reported within Older Peoples Services. These mainly related to physical aggression by a patient (67 events).

	ISMS	Mental Health	Older People Services	Specialist Palliative Care	Total
AGGRESSIVE BEHAVIOUR BY A PATIENT - PHYSICAL	0	0	67	0	67
AGGRESSIVE BEHAVIOUR BY A PATIENT - VERBAL	1	1	3	0	5
AGGRESSIVE BEHAVIOUR BY A VISITOR - VERBAL	0	0	0	1	1
FROM AGITATION/CONFUSION	0	0	1	0	1
RACIST INCIDENT - AGGRESSIVE BEHAVIOUR - VERBAL	1	0	0	0	1
Total	2	1	71	1	75

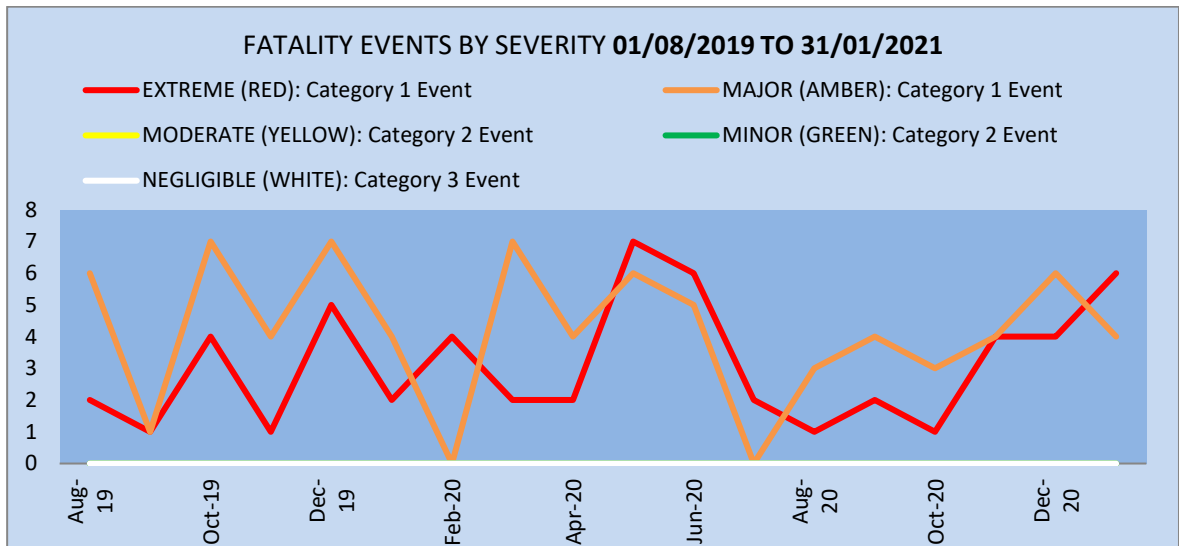
4.3.3.9 The majority of the events reported from Older Peoples Services are reported by Ward 3, Kingsway Care Centre. As has been reported in previous reports many of these events are involving a small number of individuals.

	Ward 1, KINGSWAY CARE CENTRE	Ward 3, KINGSWAY CARE CENTRE	WARD 4 RVH	Ward 4, KINGSWAY CARE CENTRE	OTHER NW	Total
AGGRESSIVE BEHAVIOUR BY A PATIENT - PHYSICAL	3	46	1	16	1	67
AGGRESSIVE BEHAVIOUR BY A PATIENT - VERBAL	0	2	0	1	0	3
FROM AGITATION/CONFUSION	0	1	0	0	0	1
Total	3	49	1	17	1	71

4.3.3.10 Supportive measures continue across the teams reporting high levels of violence and aggression in terms of reviewing harm to patients and staff, ensuring training is in place and is up to date and making sure the teams have access to health and wellbeing support should this be required.

4.3.3.11 Fatality Events

There were 20 fatality events reported within the time period.



4.3.3.12 The following table shows the subcategory of fatality by the reporting service. It is noted that half of the deaths were suspected drugs-related deaths reported by the Integrated Substance Misuse Service.

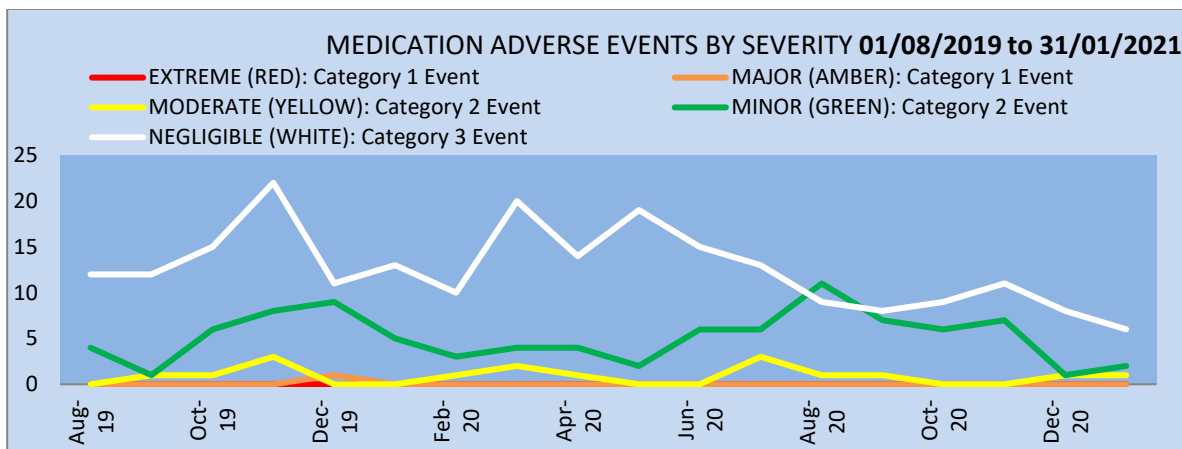
Information from these incidents is reviewed in the drug death review group to establish any key themes. The group will review access to the service, assignment of key workers and engagement with the service.

Early indications from the Tayside Multi Agency Suicide Review Group suggest there is an increase in the overall suicide rate during COVID which may impact on the total number of Mental Health and/or substance misuse rates.

	Community Learning Disabilities Nursing	Integrated Substance Misuse Service	Mental Health	Total
EXPECTED DEATH	1	3	0	4
SUICIDE (SUSPECTED)	0	0	1	1
SUSPECTED DRUG-RELATED DEATH	0	10	0	10
UNEXPECTED/TRAUMA RELATED DEATH	0	2	3	5
Total	1	15	4	20

4.3.3.13 Medication Adverse Events

There were 19 medication events reported within the time period.

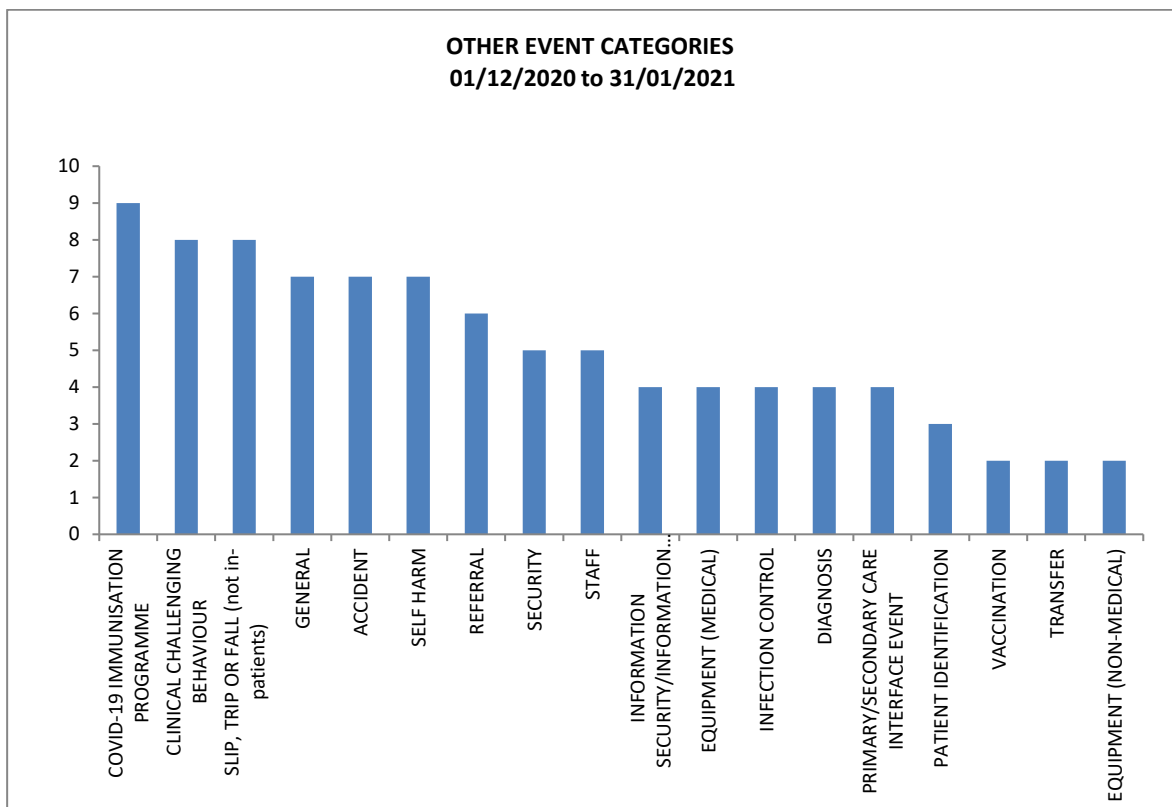
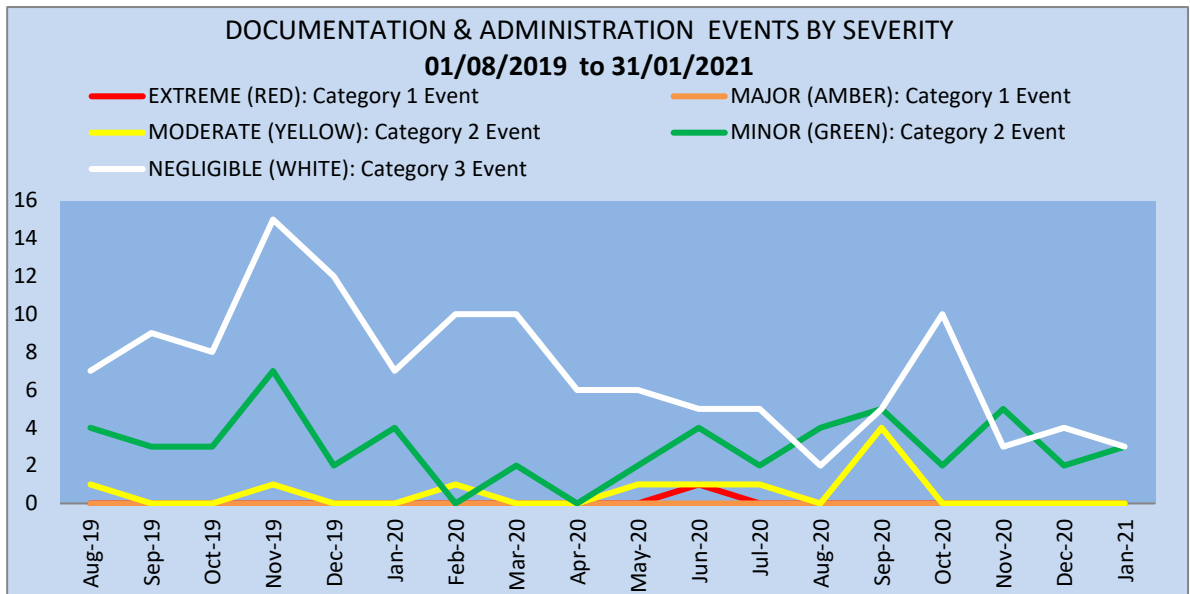


	Adverse Event (without harm)	Near Miss	Total
Community Nursing	5	1	6
Community Mental Health Services	1	0	1
Integrated Substance Misuse Service	3	1	4
MFE (Medicine for the Elderly)	3	0	3
Palliative Medicine	1	0	1
Psychiatry of Old Age	3	0	3
Tayside Sexual and Reproductive Health	1	0	1
Total	17	2	19

Medication adverse events are spread out over a number of different clinical teams, that is to say there is no particular theme or area of concern within one team. This, however, is closely monitored and any emerging areas of concern are discussed at the CCPG Group.

4.3.3.14 Documentation & Administration Events

There were 12 documentation and administration events reported within the time period. These included documentation error, missing medical records, breach of confidentiality and failed communications.



4.3.3.15 COVID-19 Immunisation Programme

This is a new category in Datix set up to specifically capture any issues relating to the immunisation programme. Nine adverse events have been reported under Dundee HSCP. It has been agreed with the programme team that they will verify and manage all the events reported under this category. There are also two events reported under Vaccination that relate to the immunisation programme. These have been re-categorised. All of these events are currently overdue for verification, and support has been offered to the programme team to assist them to manage these events. It is noted that this is also an issue within the other two Tayside HSCPs.

4.3.3.16 Infection Control

Four infection control events were reported within the time period. Three of these were relating to E-coli Bacteraemia onset 48 hours after admission; two were reported by Specialist Palliative Care and one by Medicine for the Elderly.

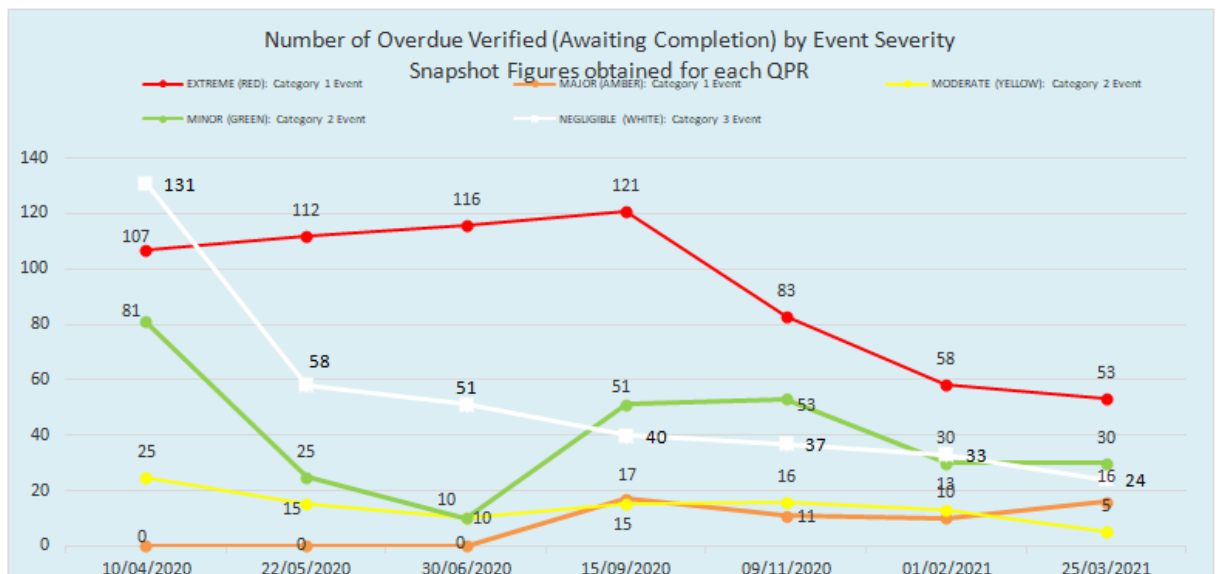
4.3.3.17 Information Security / Information Governance

There were four events reported under this category within the time period. Two of these were reported as breaches of confidentiality (both reported by Nutrition and Dietetics Service), and two as information security loss (one reported by Community Nursing and one reported by Area Psychological Therapy Service).

4.3.3.18 Primary/Secondary Interface Event / Referral / Vulnerable Adult

There were four primary/secondary interface events reported within the time period, all under the subcategory 'poor/inappropriate hospital discharge'. There were three similar events reported under 'referral' and one reported under 'vulnerable adult'. Seven of the eight events were in relation to discharges from different wards in Ninewells Hospital. There was one event relating to a discharge from Carseview.

4.3.3.19 Overdue Adverse Events

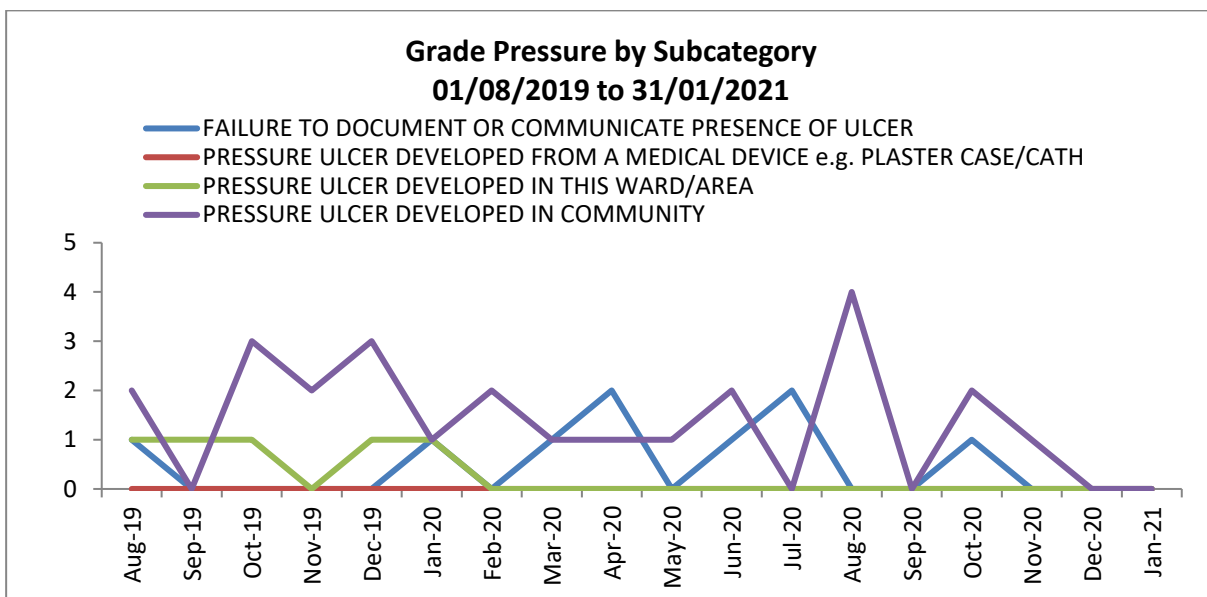


This table shows a significant improvement in the number of overdue verified adverse events. It is recognised that the figures remain high and further work is required to continue with the demonstrated improvement. Additional staff have been recruited to support this work and training continues to ensure growing capacity to further reduce and maintain the positive work seen over the past three months.

As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate.

4.3.4 Pressure Ulcers

4.3.4.1 Pressure Ulcer data has been highlighted to include within the HSCP report to the Care Governance Committee. There were no pressure ulcers reported within the time period.



4.3.4.2 Pressure Ulcer numbers remain low (zero this reporting period) across the Partnership. Reviews are completed in relation to all pressure ulcers that are recorded and from these assurance is provided that all preventable steps are taken in relation to pressure ulcer care.

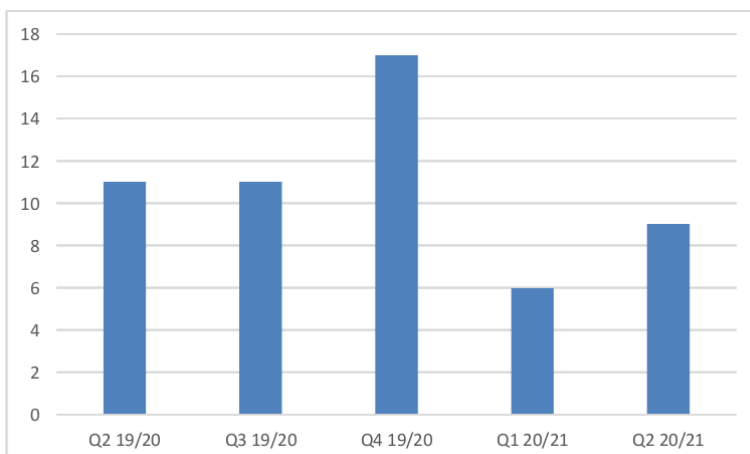
As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate

4.3.5 Complaints

The management of complaints within Dundee HSCP continues across two different systems. The HSCP Complaints team continue to review how they report complaints to see how best to report as a combined HSCP report.

4.3.5.1 Social Work Complaints

In the second quarter of 2020/21, a total of nine complaints were received about social work or social care services in the Dundee Health and Social Care Partnership. This is higher than last quarter but still lower than this time last year. This chart shows the number of Social Work complaints received quarterly.



The graph shows that there has been a slight increase in complaints received within Q2 compared to Q1.

4.3.5.2 Social Work complaints by reason for concern

Complaints about a delay in responding to enquiries and requests have dropped from seven to zero this quarter which is excellent considering we were working within a pandemic at home.

The numbers of social work complaints, while having a slight increase this quarter, are still relatively small. The complaints received regard several services and suggest no themes or patterns of dissatisfaction with services at this time.

4.3.5.3 Social Work Complaints Stages and Outcomes

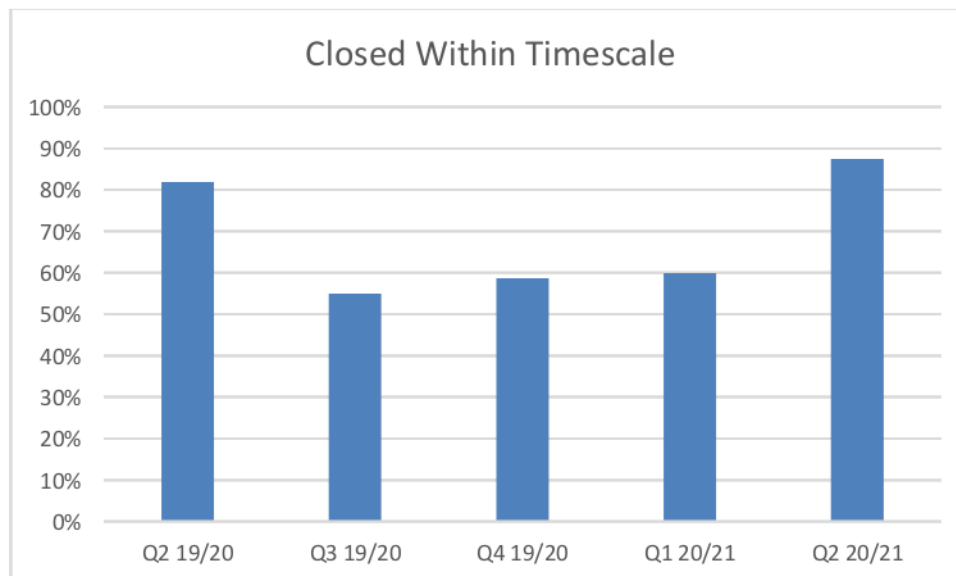
Three complaints received were handled at a frontline resolution stage, compared to five last quarter, and this quarter we received six complaints at stage 2 investigation from the beginning, compared to one last quarter. Of these, one stage 2 complaint is still open and under investigation, none were upheld, three were partially upheld with planned service improvements, a further two were not upheld and three were recorded as duplicate complaints.

Frontline Resolution	3
Investigation (Escalated from Frontline)	0
Investigation	6
Joint with NHS	0

4.3.5.4 Social Work Complaints Resolved Within Timescales

Seven of the Social Work complaints received by the Partnership were able to be resolved within the target dates. One missed the deadline minimally and the final one is currently still under investigation.

Chart: % of Social Work Complaints resolved within timescales



The graph shows that there has been a sharp increase in the number of complaints that are resolved within timescales. The Customer Care and Governance Officer is ensuring that delays are kept to a minimum and processes are correctly followed. Meetings with Investigating Officers have unfortunately been delayed due to the pandemic.

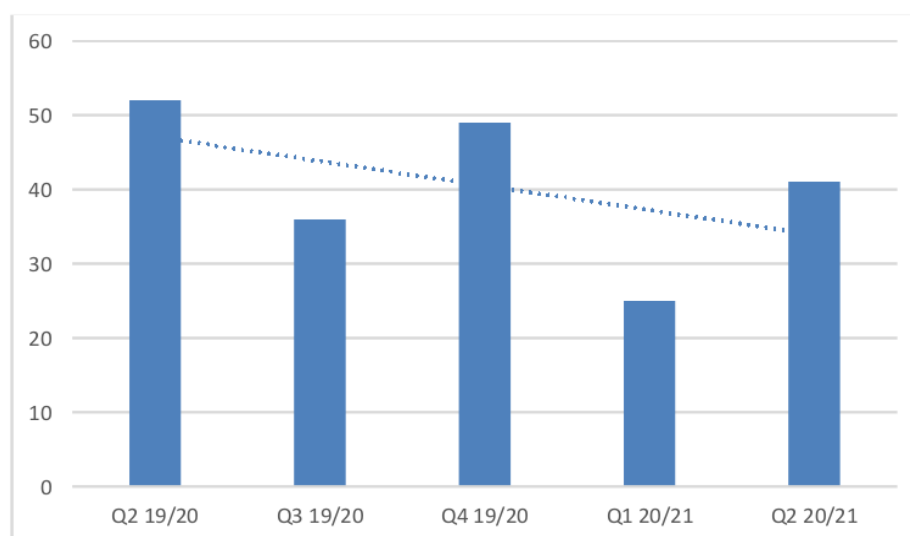
4.3.5.5 Planned Service Improvements

The three partially upheld complaints have all identified a cause and have service improvements planned to address these.

No complaints were referred to the Scottish Public Service Ombudsman.

4.3.5.6 NHS Complaints

In the second quarter of 2020/21 a total of 41 complaints were received about Dundee Health and Social Care Partnership health services compared to only 25 in Q1. These are complaints which have been coded against DHSCP. There may be other complaints where DHSCP have contributed to a joint response. This chart shows the number of NHS complaints received.



The graph shows that during quarter two there has been a sharp increase in complaints received, bringing us back up to a more anticipated level.

4.3.5.7 NHS Complaints by Theme

The top three themes were once again, for the fourth quarter running, Attitude and Behaviour; Clinical Treatment and Communication (Oral).

The top three sub themes for this quarter were Disagreement with treatment/care plan, Staff Attitude and Lack of support.

4.3.5.8 NHS Complaints Stages

Eleven complaints were handled at a frontline resolution stage compared to 20 last quarter. Of these complaints, four were upheld, three were partially upheld and two were not upheld.

This quarter saw six complaints handled as Stage 2 Escalated complaints compared to none last quarter. Of these complaints, one was partially upheld and 2 were not upheld.

24 complaints were handled as a Stage 2 complaints from the start compared to only five in quarter one. This quarter seven were partially upheld and two were not upheld.

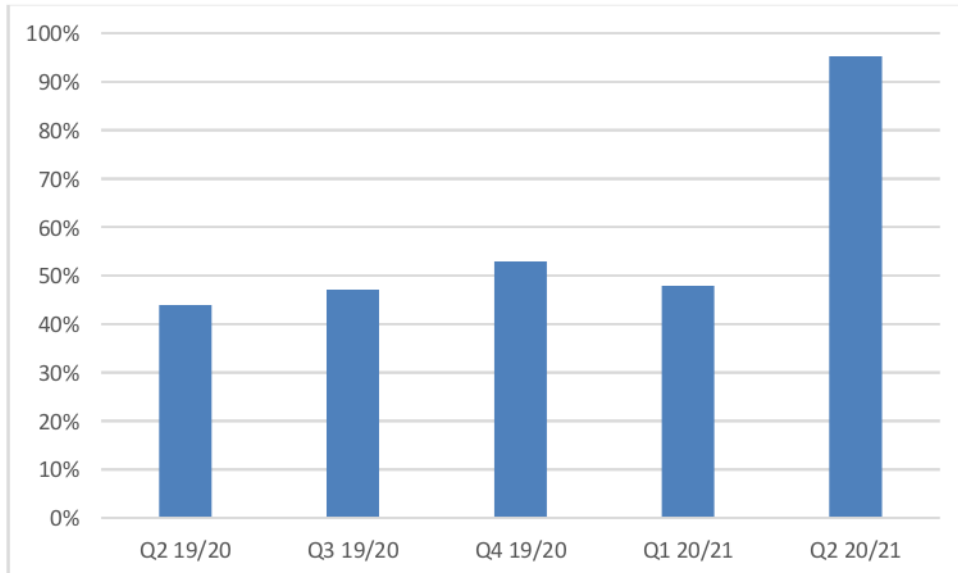
78% of Frontline resolution complaints were either upheld or partially upheld compare to 57% last quarter. 78% of stage 2 non escalated complaints were upheld or partially upheld compared to 71% last quarter. Stage 2 escalated complaints had 33% either upheld or partially upheld.

Frontline Resolution	11
Investigation (Escalated from Frontline)	6
Investigation	24

4.3.5.9 Closed NHS Complaints Resolved within Timescales

21 complaints were closed within the first quarter regardless of when they were received, and 95% (20) of these were closed within timescales. This is an increase from the previous quarter.

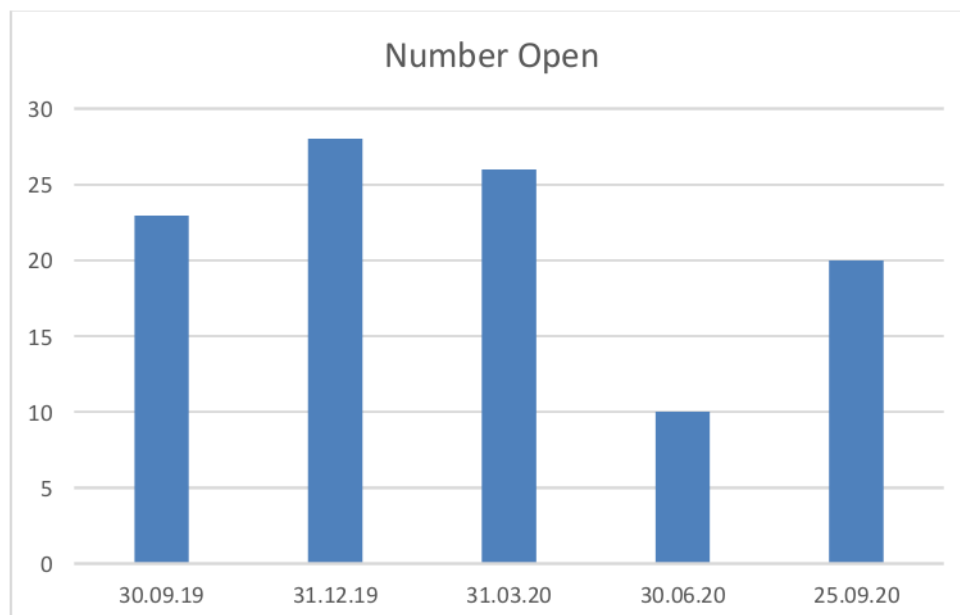
Chart: % of closed NHS complaints closed within timescales



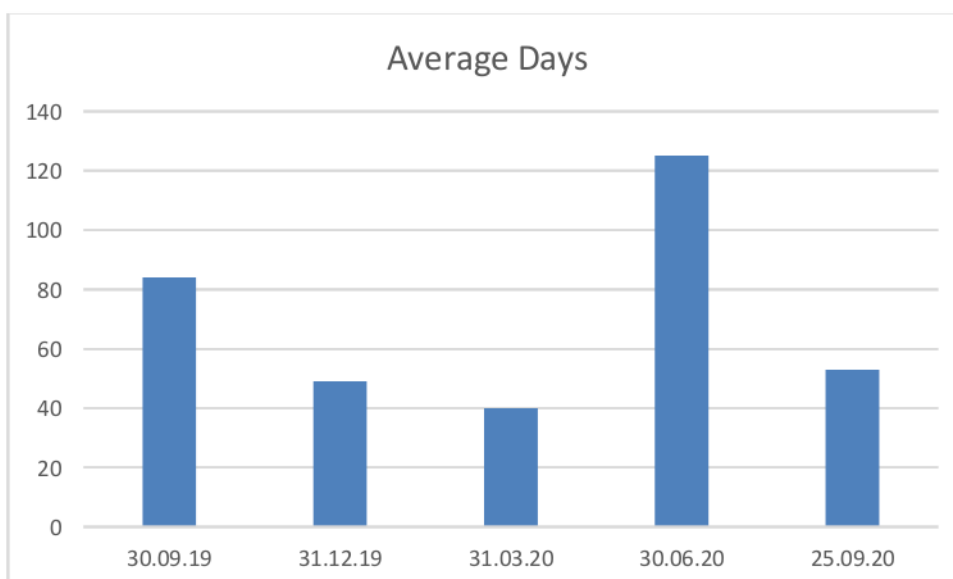
Of the complaints closed this quarter, there has been a substantial increase in those closed within their timeframes.

4.3.5.10 Outstanding NHS Complaints

The graph below shows that there has been a decrease in the amount of NHS complaints that are overdue in the past year and with new staff working on the complaints, this should continue into next quarter. This chart shows a snapshot of the number of open overdue NHS complaints at a given date.



Snapshot of average length in working days of overdue NHS complaints at a given date



The above graph shows that the average length of overdue complaints has decreased to a manageable level. This shows the work ongoing to complete the backlog of overdue complaints.

Discussions are still taking place with NHS Tayside to identify how we can improve our complaint response times. However, our plan to trial a more robust and effective complaints system has been put on hold due to the current pandemic.

Table of NHS Current Open Complaints – February 2021

No. of Open Cases - 19									
Speciality	Days_Band	Total	0-4 Days	5-9 Days	10-14 Days	15-20 Days	21-25 Days	26 - 30 Days	40+ Days
Total		19	1	2	1	2	1	1	11
General Practice		2	-	-	-	1	-	-	1
MISSING		1	-	-	-	-	-	1	-
MFE (Medicine for the Elderly)		3	-	-	-	-	-	-	3
Adult Psychotherapy Service		3	1	-	-	1	-	-	1
Adults and Older People		2	-	2	-	-	-	-	-
Eating Disorder Service		1	-	-	-	-	-	-	1
Community Mental Health Services		7	-	-	1	-	1	-	5

As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate

4.3.6 External Reports & Inspections

4.3.6.1 Healthcare Improvement Scotland Inspection for the Royal Victoria Site in July was in relation to Care of Older People:

The recommendations were in relation to:

- Documentation of reassessment of MUST and oral health on transfer
- MUST screening assessment tool is completed in full
- Ensure oral hygiene assessment is completed
- Develop person-centred care planning

- Review documentation to ensure person centred care plan can be recorded
- Review SKIN bundle to ensure documentation captures key elements of pressure ulcer prevention, monitoring and management
- All staff must ensure appropriate hand hygiene practice
- Ensure environment is effectively monitored and maintained to ensure infection prevention and control practice

4.3.6.2 There have been 17 actions identified and incorporated into the action plan. 10 actions are now complete. Timeframes have been adjusted to allow time for development and subsequent audit of documentation to be undertaken in relation to outstanding actions. COVID-19 has also impacted on achievement of some actions. All actions should be complete by May 2021.

4.3.6.3 The work in relation to MUST is being led by the Nutrition and Dietetic Service, which is hosted in Dundee Health and Social Care Partnership in close collaboration with nursing colleagues. Key pieces of work to improve performance in relation to MUST include:

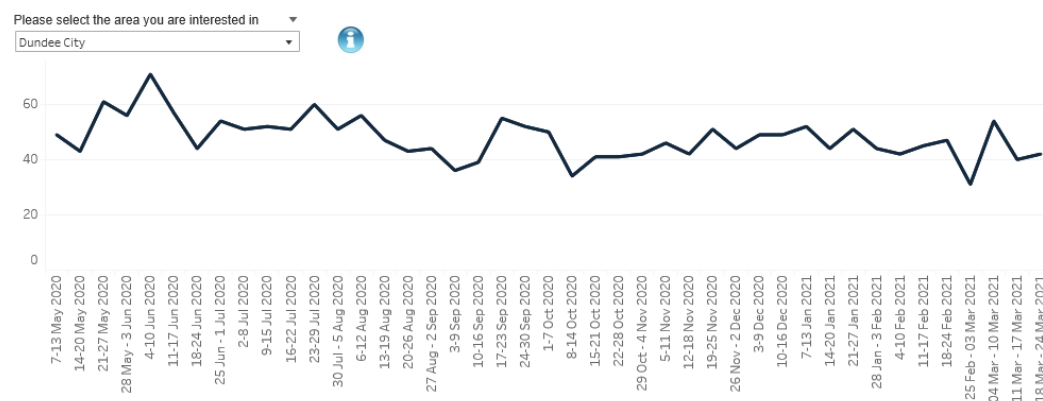
- Review and update of online training for MUST (LearnPro)
- Review the role of nutrition link nurses to better support the nutrition care pathways
- Development of a suite of online digital education tools to support MUST, dietetic pathways, nutritional care for hospitalised patients and food, fluid and nutritional care policy
- Review of snacks available at ward level to support a food first approach to nutrition

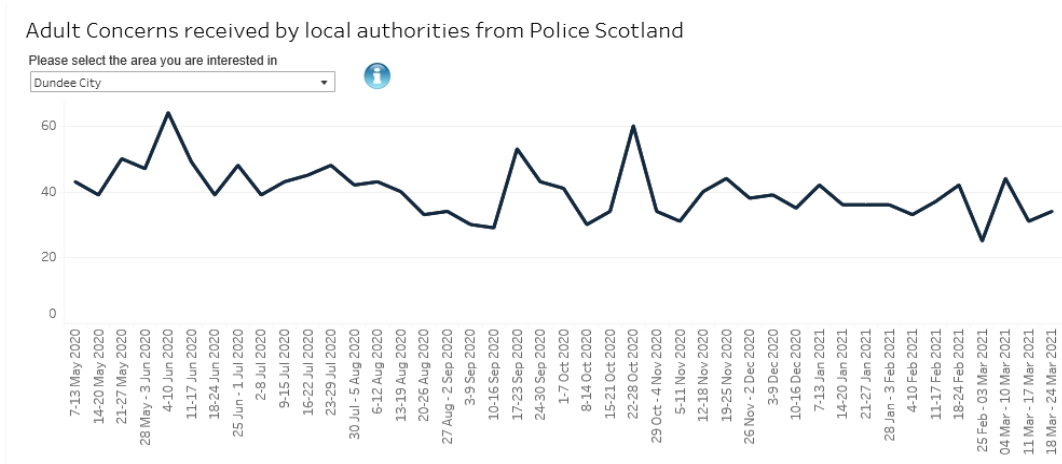
As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate

4.3.7 Adult Support & Protection

4.3.7.1 The following tables provide information relating to the trend activity carried out under Adult Support and Protection Legislation. There was a significant reduction in the numbers of concerns raised across all protection matters during the first four months of the pandemic. As lockdown eased there was an increase in referrals with numbers rising above that of pre-COVID. It should be noted that despite the increase, the numbers of cases progressing from concern to formal action remained within the normal parameters. These numbers are now returning to pre-COVID rates.

Number of Adult Protection Referrals





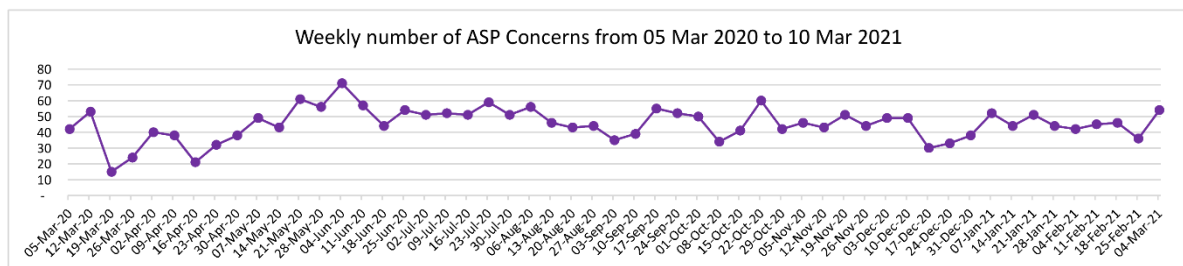
4.3.7.2 Police Scotland remains the highest referring agency. Information shows that referrals are often for welfare concerns and these are screened and, a duty to enquire progressed and actioned in the appropriate way. As a result, a low rate of original concerns progress to an Adult Support and Protection investigation. See table below.

Weekly number of ASP Concerns from 05 Mar 2020 to 10 Mar 2021

Notes:
 Week runs from Thursday to following Wednesday
 All ASP concerns have a duty to inquire unless the individual is already within the ASP workflow
 All ASP worksteps are taken from date started on Mosaic
 NFA = No Further ASP Action or step is in progress

Total number of open ASP Core Group/ Protection Plan	16
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Thu - Wed commencing	ASP Concern	Onwards	NFA	ASP Duty to Inquire	Onwards	NFA /In Progress	ASP Investigation	ASP Case Conference	ASP Review Case Conference	ASP Core Group/ Protection Plan Meetings
10-Dec-20	49	45	4	48	8	40	1	1	2	-
17-Dec-20	30	23	7	32	2	30	4	3	-	2
24-Dec-20	33	28	5	25	2	23	-	-	-	-
31-Dec-20	38	30	8	27	-	27	-	-	1	-
07-Jan-21	52	41	11	38	3	35	-	-	2	-
14-Jan-21	44	34	9	35	9	26	1	2	3	-
21-Jan-21	51	44	7	37	3	34	1	-	2	-
28-Jan-21	44	39	5	54	8	46	2	1	2	1
04-Feb-21	42	39	3	42	2	40	2	4	2	-
11-Feb-21	45	34	11	32	5	27	-	-	1	1
18-Feb-21	46	40	6	38	2	36	1	-	3	-
25-Feb-21	36	30	6	26	-	26	-	-	-	-
04-Mar-21	54	19	33	17	7	10	-	1	1	2



4.3.7.3 The following table provides an indication of the types of concern raised through referrals for the period (Thursday-Wednesday commencing 4 March 2021). During the pandemic, regular reporting has been submitted nationally showing the impact and actions taken to ensure protection matters continue to be addressed. This report is also considered at the relevant protection committees including the Dundee Adult Support Protection Committee and the Dundee Chief Officers Group.

Breakdown of Principle Type of Concern

Thu - Wed commencing: 04-Mar-21

Welfare Concerns - Older People	9
Welfare Concerns - Adults	17
Suicide Ideation	7
Financial Harm	2
Physical harm	4
Actual self harm	3
Fire safety risk	1
Sexual harm	1
Domestic abuse	-
Self neglect	-
Threat of self harm	3
Suicide Attempt	-
Harassment	1
Discrimination	-
Emotional/Psychological harm	1
Neglect by carer	-
Exploitation	4
Forced marriage issues	-
Other	-
Step in Progress	1
Total	54

Breakdown of Reasons for NFA at Duty to Inquire

Existing support services have been informed of the concern and will manage appropriately (Least restrictive approach)	4
Conduct appropriate follow-up for community care needs (Social Work)	2
NFA Required - Inappropriate Referral to ASP	2
Advice and information given and signposted to appropriate services /support	-
The adult is currently admitted to hospital for mental health assessment / treatment	-
The adult has been admitted to hospital for medical treatment. Reported to the appropriate Social Work Team	1
After initial inquiry by a Designated Council Officer the adult declined support	1
Other	-
Concern to be passed onto GP for information and support	-
Risks remain and a Multi Agency Risk Management Meeting will be arranged	1
Council Officer has inquired and appropriate safeguards have been put in place prior to investigation	1
Adult Lives out with Dundee Area - Concern passed to Appropriate Local Authority	-
Support needs have been identified and will be referred to an agreed integrated H&SCP agency	-
Step in Progress	5
Total	17

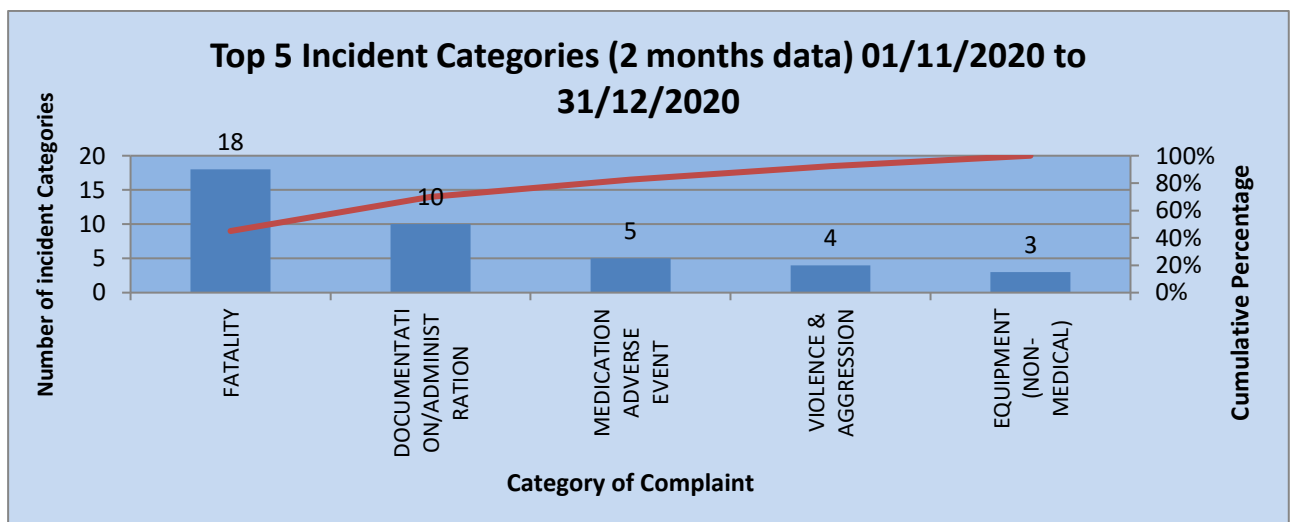
Breakdown of reasons for NFA at Concern

ASP DTI not required	26
ASP Step Already in Place	6
(Pilot) ASP Step Already in Place	1

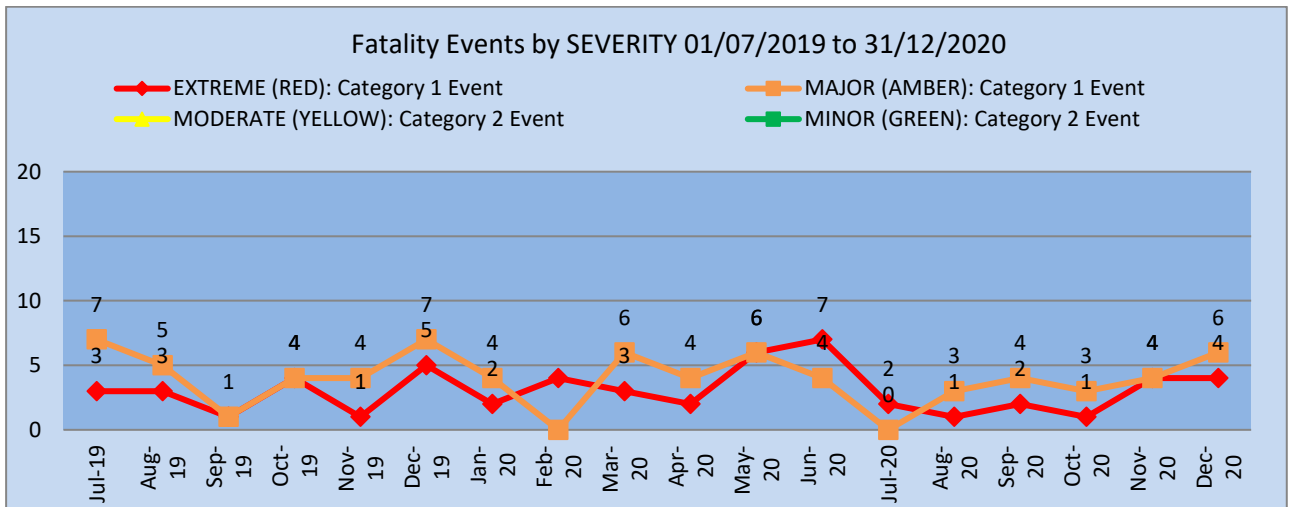
As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate.

4.3.8 Mental Health (measures in development)

4.3.8.1 Top 5 Events Reported in Mental Health Services



Events reported in these categories account for **73%** of the total number of adverse events reported.



4.3.8.2 There were 18 fatalities reported within the time period (Nov-Dec 2020).

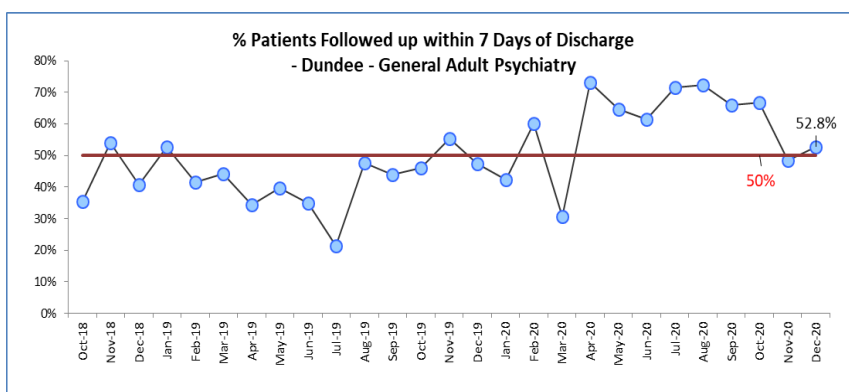
It is noted that some of these have been reported as extreme, and downgraded to major on verification. This is following advice from the CGRM Team. Changes in the national framework outline that all extreme events should have a Significant Adverse Event Review completed. Downgrading to major allows the service to conduct either a Local Adverse Event Review or a Mortality Review if one of these options is more appropriate.

The following table provides a summary of the fatality subcategories reported by service.

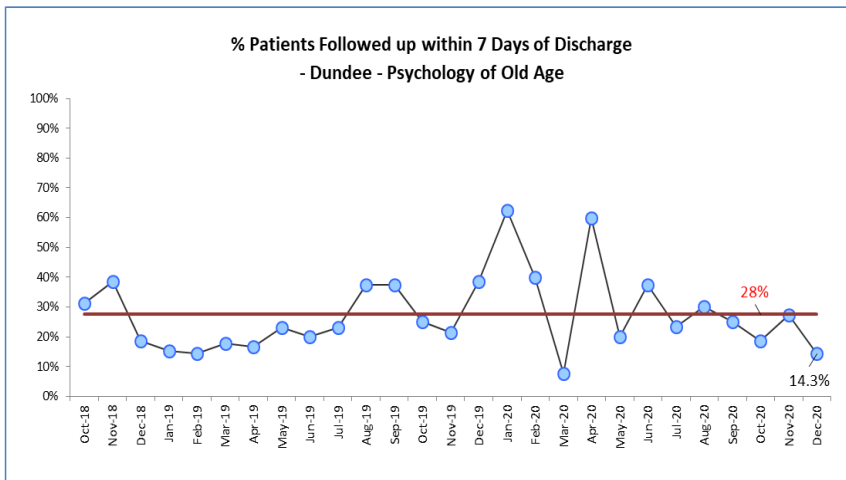
	Area Psychological Therapy Service	Community Mental Health Services	Integrated Substance Misuse	TOTAL
Expected Death	0	1	1	2
Suicide (suspected)	0	1	0	1
Suspected Drug Related Death	0	0	9	9
Unexpected/Trauma Related Death	1	2	3	6
TOTAL	1	4	13	18

4.3.8.3 Mental Health Measures – For further discussion and agreement

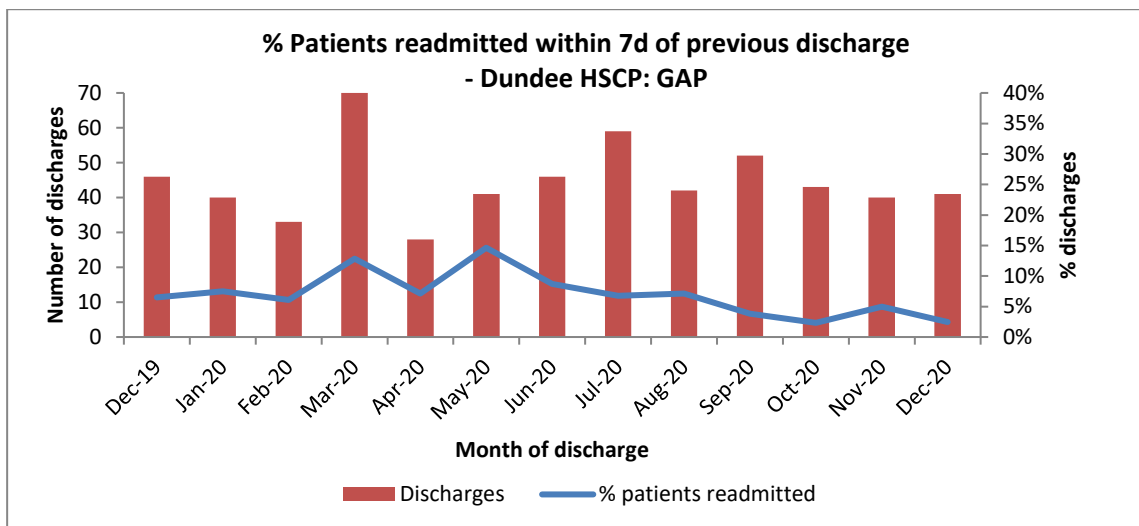
This is a percentage run chart. This service – General Adult Psychiatry, has seen an increase in the numbers of patients followed up within 7 days since April 2020. The service process currently has a median of 50% patients followed up per month.



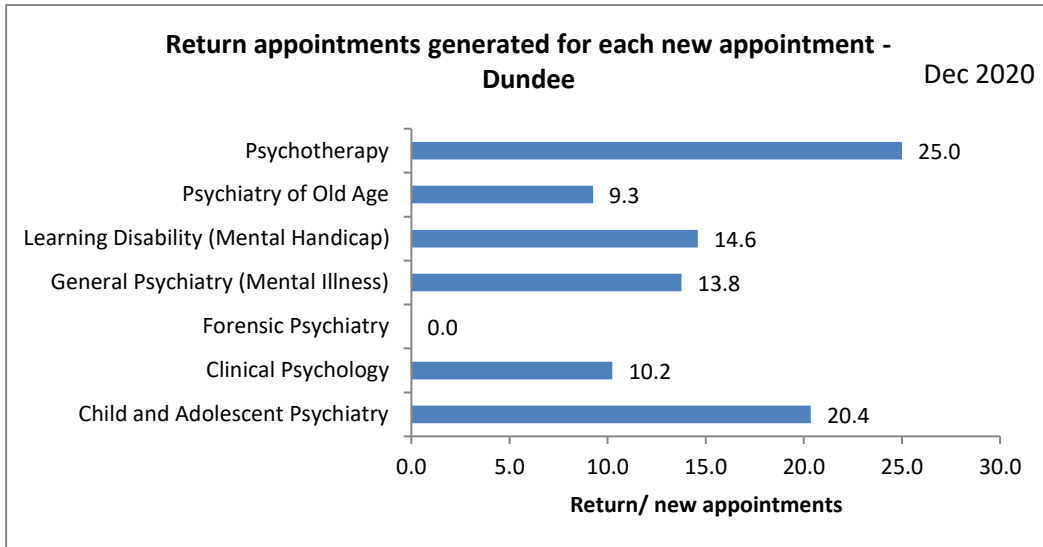
4.3.8.4 This is a percentage run chart. This service (Psychiatry of Old Age) has a reliable process to achieve follow up for a median of 28% of patients per month. Reliability reduced December 2019 – May 2020.



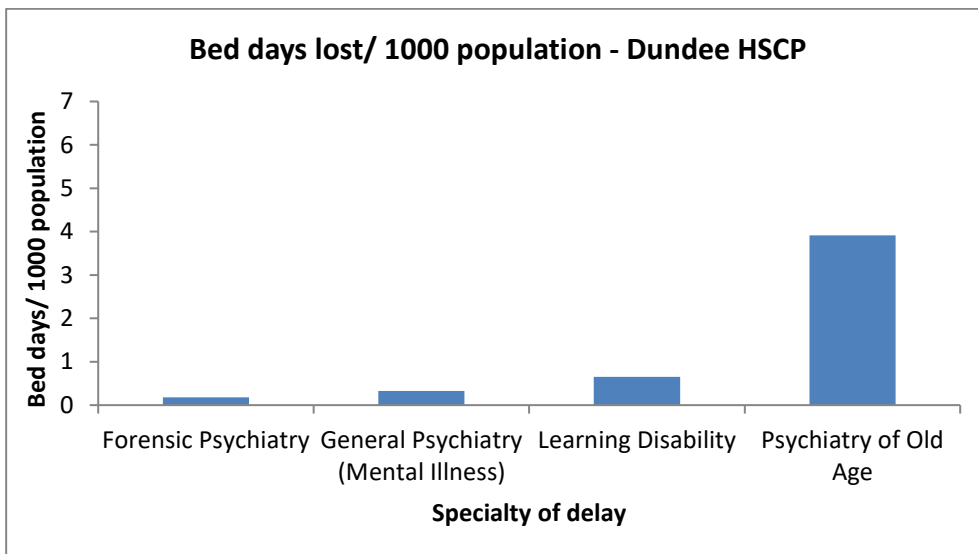
4.3.8.5 Re-admissions appear to have been reducing since June 2020, plotting the data on a run chart would help understanding if this is a change and this will be explored for future reports.

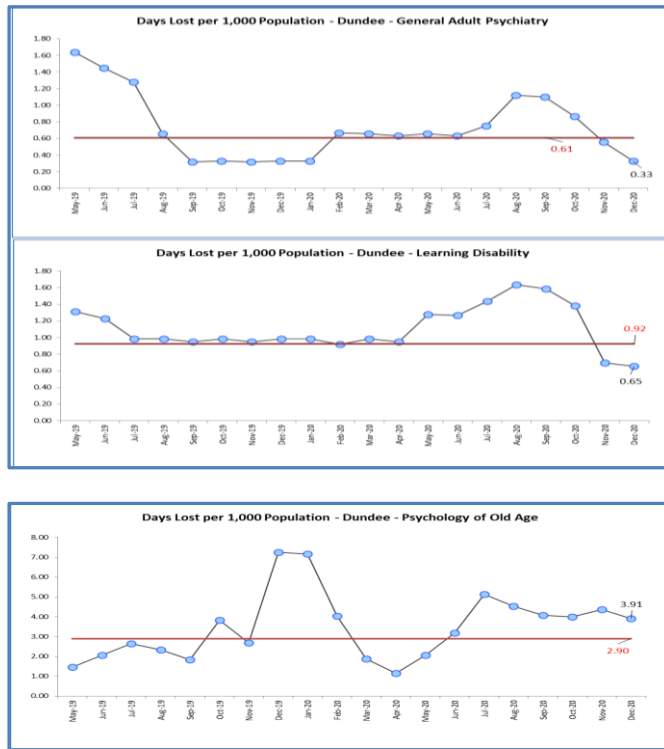


4.3.8.6 This chart shows the variation across services in relation to New:Return ratios with Psychotherapy being most at 1:25 appointments and Psychiatry of Old Age being least at 1:9 appointments. The expectation for follow up is very different across these services and future reports should consider either monthly comparisons within a service or service comparisons across Tayside for similar service areas.



4.3.8.7 This chart shows the average number of bed days lost across a range of service areas.





The median number of days lost per month in General Adult Psychiatry is 0.61 days. There are non-random influences in this data, denoted by the fact that the data does not cross the median enough times.

The median number of days lost per month in Learning Disabilities is 0.92 days. There are non-random influences in this data, denoted by the fact that the data does not cross the median enough times.

The median number of days lost per month in Psychiatry of Old Age is 2.9 days. This chart suggests that there has been a change in the process since June 2020 which has caused a non-random increase in months days lost.

As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Limited.

4.3.9 Drug-related deaths (measures to be agreed)

Some measures are included in Adverse events and mental health sections of this report.

Work is ongoing through the GIRFE (Getting it Right for Everyone) Governance Group and the Integrated Substance Misuse Service to identify key measures to be reported.

The level of assurance should be provided for each heading under assessment (2.3).

Level of Assurance	System Adequacy	Controls
Comprehensive Assurance	Robust framework of key controls ensures objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.
Moderate Assurance	Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance	Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.
No Assurance	High risk of objectives not being achieved due to the absence of key internal controls.	Significant breakdown in the application of controls.

4.4 **Quality/Patient Care**

4.4.1 The principle focus of all services is a desire to achieve the six dimensions of healthcare quality. These state that healthcare must be:

- Safe
- Effective
- Patient-centred
- Timely
- Efficient
- Equitable

The work being progressed will have a positive impact on the quality of care and services for staff and the population of Dundee and Tayside.

4.4.2 COVID-19

Services continue to manage well, in very challenging circumstances due to the effects of COVID-19. The demobilisation and remobilisation of services has supported those most vulnerable and supported the delivery of safe, effective services.

The teams have balanced urgent needs alongside COVID pressures, as well as supporting vaccination rollout across Tayside. The complexities of working across a Health and Social Care system, often with different guidance provided, has been challenging, however staff have risen to this challenge time and time again.

Staff support is critical in ensuring ongoing wellbeing across the workforce and staff are reporting increased fatigue. The wellbeing framework is essential in supporting staff at this crucial time.

4.5 **Workforce**

The continuing impact of COVID-19 is being felt by staff across the HSCP as they continue to support service delivery alongside supporting COVID testing and the delivery of vaccinations.

Measures are in place to support staff through the wellbeing framework and the Spiritual Care service has been instrumental in supporting staff and teams through very challenging and traumatic events.

4.6 **Financial**

N/A.

4.7 **Risk Assessment/Management**

Risks are included in the report above.

4.8 **Equality and Diversity, including Health Inequalities**

4.8.1 An impact assessment has not been completed. Promotion of Equality and Social Justice is one of the domains included in the GIRFE reporting assurance framework.

4.8.2 Engage Dundee Survey

The Engage Dundee survey took place online during September and October 2020. It was circulated widely across a number of digital platforms and limited paper copies were made available through some local teams and voluntary sector partners. The survey aimed to explore the impact of the COVID-19 pandemic on Dundee's citizens, particularly in determining whether individuals had accessed specific services during lockdown, their experiences both positive and negative, whether there had been impacts on mental health and wellbeing and in what ways, any positive developments over the lockdown period, and to help assess the priorities of individuals, families and communities going forward.

4.8.2.1 Findings show that the most commonly used services during lockdown were: GP services (61.5%); websites/self-help resources (46%); mental health advice/support (32%); physical health advice/support (30%); food parcels/delivery (29.2%); and money/benefits advice and support (23.5%).

There were varying degrees of satisfaction expressed for using services; highest was for websites/self help resources (78.9%), food parcels/delivery (76.2%) and GP services (69%), and lowest for employment advice (40.2%) and substance use / alcohol support (16.3%).

The survey explored whether respondents were experiencing specific difficulties and the most common responses were for mental health (37%), healthy lifestyle (31%), family/household relationships (18%), physical health (18%), and income/money (20%).

Many respondents felt there had been positive developments due to lockdown/ COVID restrictions. 57.7% reported less traffic, 41.5% reported spending more time with their family, 30.2% made more use of green space, and 28% exercised more.

Further analyses explored the variation in responses and experiences within the different categories of respondents; that is, age group, employment status, in receipt of welfare benefits or not, and living alone or with others. Significant inequalities across a range of indicators became apparent in these analyses, most notably for specific age groups, carers, long-term sick or disabled, the unemployed, people on benefits and those who live alone.

4.8.2.2 Key Themes

Results from this and other surveys show emerging themes regarding the impact of the pandemic during and moving out of lockdown. The most common themes across the surveys related to reduced access to services, the day to day challenges of lockdown measures, uncertainty and concerns about the ongoing nature of the pandemic, social isolation, mental health impacts more broadly, and financial and job insecurity. For many, the issues were interconnected and for some the pandemic had exacerbated what were already difficult life circumstances.

4.8.2.3 Next Steps

Results suggest that accelerated efforts should be considered by a wide range of partners to mitigate effects for those in most need whilst building resilience for individuals and communities to provide responses themselves. Suggested actions for partners moving forward are: disseminate the findings across the system, acknowledge the disproportionate effects of the pandemic on particular populations groups, use the data to influence recovery planning, involve local people in identifying solutions and setting priorities, and consider any rapid responses that can be implemented to alleviate difficulties.

4.9 **Other Impacts**

There are no other direct impacts of this report.

4.10 **Communication, Involvement, Engagement and Consultation**

The Dundee HSCP has carried out its duties to involve and engage external stakeholders where appropriate.

4.11 **Route to the Meeting**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Dundee HSCP CCPG Group, 18 February 2021

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

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 None.

Dr. David Shaw
Clinical Director

DATE: 29 April 2021

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

Report Author: Matthew Kendall, AHP Lead.



REPORT TO: PERFORMANCE & AUDIT COMMITTEE –26 MAY 2021

REPORT ON: AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2020/21

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC14-2021

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to note and approve the proposed Dundee Integration Joint Board Annual Audit Plan 2020/21 as submitted by the IJB's appointed External Auditor (Audit Scotland).

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report;
- 2.2 Approves the proposed Audit Plan for 2020/21 as submitted by Audit Scotland (attached as Appendix 1).

3.0 FINANCIAL IMPLICATIONS

3.1 The cost of the annual audit fee is £29,215 and provision for this has been made within the IJB's 2020/21 budget.

4.0 MAIN TEXT

4.1 Dundee Integration Joint Board's (IJB) assigned External Auditor for 2020/21 is Audit Scotland who have produced their Annual Audit Plan in relation to the 2020/21 financial year. This plan contains an overview of the planned scope and timing of their audit work and is carried out in accordance with International Standards on Auditing (ISAs), and the Code of Audit Practice. This plan sets out the independent auditors work necessary to provide an opinion on the annual accounts and to meet the wider scope requirements of public sector audit. The wider scope of public audit includes assessing arrangements for financial sustainability, financial management, governance and transparency and value for money.

4.2 In preparing this audit plan, Audit Scotland has drawn from a wide range of information such as IJB reports and other published documentation, attendance at IJB meetings and discussions with staff and have identified a number of main risk areas in relation to Dundee IJB. These are categorised as being financial statements risks and wider dimension risks with associated audit testing noted within the plan under Exhibit 1. In addition, Audit Scotland recognises the impact of Covid-19 in terms of service delivery and in relation to carrying out the audit work. These risks are summarised below:

Financial statement issues and risks:

- 1) Risk of material misstatement caused by management override of controls
- 2) Risk of material misstatement caused by fraud in expenditure
- 3) Hospital acute services budget (set aside)

Wider Dimension Risks:

- 4) Financial sustainability
- 5) Service pressures created by Covid-19
- 6) Improvement agenda – action plan progress
- 7) Risk Management

- 4.3 Once the audit is complete, Audit Scotland will submit an independent auditor's report to the members of Dundee City Integration Joint Board and the Accounts Commission, summarising the results of the audit of the annual accounts. They will also provide the IJB and the Controller of Audit with an annual report on the audit containing observations and recommendations on significant matters which have arisen in the course of the audit.
- 4.4 The auditor will give an opinion on the financial statements prepared by the IJB as to whether:
- the financial statements give a true and fair view of the state of affairs of Dundee City Integration Joint Board as at 31 March 2021 and of its income and expenditure for the year then ended.
 - the annual accounts have been properly prepared in accordance with International Financial Reporting Standards as interpreted and adapted by the 2020/21 Code of Practice on Local Authority Accounting in the United Kingdom.
 - whether the annual accounts have been prepared in accordance with relevant legislation.
- 4.5 As a consequence of the Covid-19 pandemic, the statutory timescales for the submission of Independent Auditor Reports have been deferred to the end of November 2021. This is in line with the approach applied for the 2019/20 process. It is therefore planned to submit Dundee IJB's Independent Auditors Report and Audited Accounts to the meeting of the Performance & Audit Committee on the 24th November 2021.
- 4.6 The annual audit fee set for Dundee City Integration Joint Board is £29,215 for 2020/21 (£28,390 for 2019/20).

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

- 6.1 This report has not been subject to a risk assessment as it forms part of the IJB's statutory governance process. Any risks identified through the annual accounts process will be reflected in the relevant Integration Joint Board or Performance and Audit Committee Reports.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

- 8.1 None.

Dave Berry
Chief Finance Officer

DATE: 30 April 2021

Dundee City Integration Joint Board

Annual Audit Plan 2020/21



 AUDIT SCOTLAND

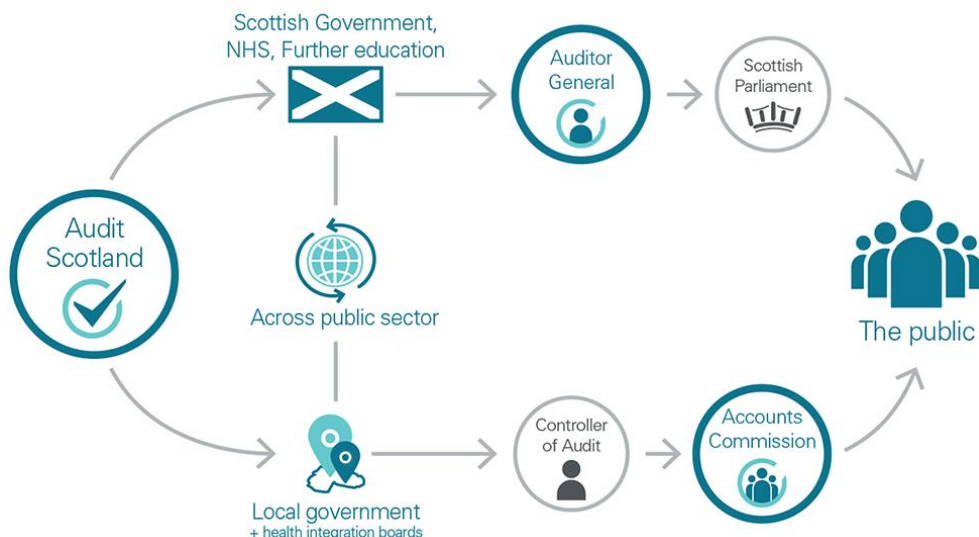
Prepared for Dundee City Integration Joint Board

April 2021

Who we are

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

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



About us

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

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

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

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Risks and planned work

1. This annual audit plan contains an overview of the planned scope and timing of our audit which is carried out in accordance with International Standards on Auditing (ISAs), the [Code of Audit Practice](#), and [guidance on planning the audit and addendum](#).
2. The audit plan sets out the work necessary to allow us to provide an independent auditor's report on the financial statements and meet the wider scope requirements of public sector audit, as explained in [Exhibit 5](#). We make a public report of conclusions on these matters in our annual audit report to the Integration Joint Board and the Controller of Audit.
3. Our plan assumes that the annual accounts audit will be completed by 30 November 2021. We have included delivery timetables at [Exhibits 2](#) and [4](#). While we will endeavour to meet the delivery timetable, if circumstances arise which necessitates a later completion date, we will liaise with management to agree an alternative timetable.

Impact of Covid-19 on public audit

4. The Accounts Commission and Audit Scotland are responding to the risks to public services and finances from Covid-19 across the full range of audit work, including annual accounts audits and the programme of performance audits. Audit timetables which were possible before Covid-19, cannot be achieved in 2020/21. The safety of audit teams and client staff and the delivery of high-quality audits remain paramount.
5. Maintaining a pragmatic and flexible approach will enable change as new issues emerge, or current risks change in significance. Where this impacts on annual audits, an addendum to this annual audit plan may be necessary. A January 2021 update paper from Audit Scotland, [Covid-19 What it Means for Public Audit](#), restates the principles and approach we are taking in response to the pandemic public safety measures in Scotland.

Adding value

6. We seek to add value to Dundee City Integration Joint Board by identifying areas of improvement and recommending and encouraging good practice on financial sustainability, governance, risk management and performance. In so doing, we aim to help the organisation promote improved standards, better management and decision making, and more effective use of resources.

Audit risks

7. Based on our discussions with staff, attendance at board and committee meetings and a review of supporting information we have identified the following significant audit risks for Dundee City Integration Joint Board (the IJB) detailed in [Exhibit 1](#). The significant audit risks have been categorised into financial statements risks and wider dimension risks.

Exhibit 1 2020/21 Significant audit risks

Audit Risk	Source of assurance	Planned audit work
Financial statements risks		
<p>1 Risk of material misstatement due to fraud caused by the management override of controls</p> <p>International Auditing Standards require that audits are planned to consider the risk of material misstatement in the financial statements caused by fraud, which is presumed to be a significant risk in any audit. This includes the risk of fraud due to the management override of controls.</p>	<ul style="list-style-type: none"> Owing to the nature of this risk, assurances from management are not applicable in this instance. 	<ul style="list-style-type: none"> Detailed testing of journal entries. Review of accounting estimates. Assurances will be obtained from the auditors of Dundee City Council and NHS Tayside over the IJB financial information controls.
<p>2 Risk of material misstatement caused by fraud in expenditure</p> <p>Audit Scotland’s Code of Audit Practice requires that auditors should plan to address the risk that the financial statements may be materially misstated as a result of fraud over expenditure. The expenditure of the IJB is processed through the financial systems of Dundee City Council and NHS Tayside.</p> <p>There is a risk that non IJB related expenditure is incorrectly included or excluded from IJB account codes.</p>	<ul style="list-style-type: none"> Regular budget monitoring and reporting. Assurances provided to the IJB by Dundee City Council and NHS Tayside on the controls in place, and completeness and accuracy of transactions coded to IJB account codes. 	<ul style="list-style-type: none"> Assurances will be obtained from the auditors of Dundee City Council and NHS Tayside in relation to the IJB financial information controls and over the completeness, accuracy and appropriate allocation of the IJB ledger entries.
<p>3 Hospital acute services (set aside)</p> <p>The “set aside” figure in the annual accounts is the IJB’s share of the budget for delegated acute services provided by hospitals on behalf of the IJB. The figure is estimated based on prior year data and activity levels.</p> <p>There is a risk the estimate does not reflect actual activity levels. Any degree of estimation requiring judgement in a material figure, such as the set aside presents a risk of misstatement in the accounts.</p>	<ul style="list-style-type: none"> The IJB continues to work with NHS Tayside to agree an appropriate mechanism. The IJB will consider Scottish Government Guidance when available. 	<ul style="list-style-type: none"> Review the set aside calculation in the 2020/21 annual accounts. Review Scottish Government guidance on the treatment of set aside in the 2020/21 financial statements to establish whether the financial statements are compliant.
Wider dimension risks		
<p>4 Financial sustainability</p> <p>The IJB approved its 5 Year Financial Framework covering 2021/22 to 2025/26 in March 2021. The framework sets out: the estimated required budget and</p>	<ul style="list-style-type: none"> Going concern assurance received from the Chief Finance Officer (CFO) of the IJB. 	<ul style="list-style-type: none"> Review of the CFO’s assessment of going concern for the 2020/21 annual accounts. Monitor developments with savings, transformation and

Audit Risk	Source of assurance	Planned audit work
<p>estimated funding to be provided; the financial challenges experienced in the period 2016/17 to 2020/21; the national and local context; key risks and financial challenges for the IJB; and the principles under which the IJB will approach the financial challenges.</p> <p>The framework notes a potential funding gap of £18.202 million over the 5 years, excluding the impact of estimated increased demand for health and social care services as a result of Covid-19.</p> <p>There is a risk that IJB services are not sustainable and the IJB is unable to achieve its Strategic and Commissioning Plan priorities and commitments.</p>	<ul style="list-style-type: none"> • Savings and transformation update reporting to be developed to enhance the regular IJB financial monitoring reports, to demonstrate progress made with implementation of service change initiatives. • An update on progress against the Strategic and Commissioning Plan to be presented to a future meeting of the Board. • The 5 Year Financial Framework will be revised to reflect the impact of Covid-19 once relevant information is available, including population health data. • The IJB will undertake an assessment of its reserves position. 	<p>reserves reporting enhancements to the regular IJB financial monitoring reports.</p> <ul style="list-style-type: none"> • Monitor reporting against the Strategic and Commissioning Plan. • Monitor progress in developing a revised Financial Framework reflecting the impact of Covid-19.
<p>5 Services pressures created by Covid-19</p> <p>The Covid-19 pandemic continues to place significant pressure on the provision of health and social care services delivered by the IJB.</p> <p>There is a risk that Covid-19 pressures will impact on the IJB's ability to meet its objectives within the 2019-2022 Strategic and Commissioning Plan.</p>	<ul style="list-style-type: none"> • Regular monitoring and reporting to the IJB on the progress against the strategic objectives and the directions to the partner bodies. • Performance monitoring reports to the PAC. 	<ul style="list-style-type: none"> • Review progress against strategic objectives reported within the IJB's 2020/21 Annual Performance Report. • Review performance reports to assess the impact of Covid-19 on the IJB's performance targets.
<p>6 Improvement agenda - action plan progress</p> <p>From its inception the IJB has experienced significant delays in progressing its improvement and governance actions. This issue was escalated to the Board from the Performance and Audit Committee (PAC) in 2020. Delays have also impacted the implementation of internal audit recommendations, some of which are due to statutory partners interdependencies.</p>	<ul style="list-style-type: none"> • The CFO, with support from Internal Audit will be review and prioritise outstanding actions. • The IJB will continue to work with the statutory partners to progress the implementation of the identified actions. 	<ul style="list-style-type: none"> • Review the CFO's evidence to support the IJB's 2020/21 annual governance statement. • Monitor developments with the CFO review of the governance action plan. • Review governance action plan reporting to the PAC.

Audit Risk	Source of assurance	Planned audit work
<p>There is a risk that governance arrangements are not appropriate or operating effectively.</p>		
<p>7 Risk management</p> <p>Progress has been slow to implement the recommendations from the risk maturity internal audit, reported in September 2018. The Tayside Risk Management Group, formed in 2020 in response to the internal audit report, has been working to address the audit findings.</p> <p>The group has now developed the Tayside Risk Strategy, which was approved by the Board at its April 2021 meeting. Further actions remain to be completed, including reviewing the IJB's risk management policy.</p> <p>Until risk management arrangements are updated and embedded there is a risk that exposure to risks may not be understood, highlighted and appropriately prioritised and mitigated through management controls.</p>	<ul style="list-style-type: none"> • The Tayside Risk Management Group will continue to meet to take forward risk management arrangements and best practice developments. • The CFO will undertake a review of the IJB's risk management policy following the adoption of the new strategy. • The Board and PAC are updated on progress against outstanding actions. 	<ul style="list-style-type: none"> • Monitor progress with the implementation of outstanding actions, the review of the IJB's risk management policy and the ongoing work of the Tayside Risk Management Group. • Monitor risk management and register reporting to the Board and the PAC.

Source: Audit Scotland

8. International auditing standards require that auditors plan for a presumed risk of fraud over income. We have considered this risk in respect of the IJB which is wholly funded by Dundee City Council and NHS Tayside. Taking account of the controls in place, the nature of the IJB's income and the reduced scope for the manipulation and extraction of income we assess that the risk of material misstatement arising from fraud over income is limited. This limitation means that we are able to rebut the risk of fraud over income and not include it in our significant audit risks.

Reporting arrangements

9. Audit reporting is the visible output for the annual audit. All annual audit plans and the outputs as detailed in [Exhibit 2](#), and any other outputs on matters of public interest will be published on our website: www.audit-scotland.gov.uk.

10. Matters arising from our audit will be reported on a timely basis and will include agreed action plans. Draft reports will be issued to the relevant officers to confirm factual accuracy, prior to the issue and publication of final reports.

11. We will provide an independent auditor's report to Dundee City Integration Joint Board and the Accounts Commission setting out our opinions on the annual accounts. We will provide the Board and Accounts Commission with an annual report on the audit containing observations and recommendations on significant matters which have arisen during the audit.

Exhibit 2

2020/21 Audit outputs

Audit Output	Target date	Committee Date
Annual Audit Plan	30 April 2021	26 May 2021
Independent Auditor's Report	30 November 2021*	24 November 2021
Annual Audit Report	30 November 2021*	24 November 2021

* The target dates included above are those specified in Audit Scotland's 2020/21 guidance on planning the audit – addendum.

Source: Audit Scotland

Audit fee

12. The agreed audit fee for the 2020/21 audit Dundee City IJB is £29,215 (2019/20: £28,390). In determining the audit fee, we have taken account of the risk exposure of the IJB and the planned management assurances in place. Our audit approach assumes receipt of the unaudited annual accounts, with a complete working papers package by 30 June 2021.

13. In certain circumstances a supplementary fee may be levied, for example, in relation to any work or other significant exercises out with of our planned audit activity.

Responsibilities

Performance and Audit Committee and Chief Finance Officer

14. Audited bodies have the primary responsibility for ensuring the proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance, propriety and regularity that enable them to successfully deliver their objectives.

15. For Dundee City Integration Joint Board, the Chief Finance Officer is the proper officer (section 95 officer), with responsibility for the administration of financial affairs. The Joint Board has delegated responsibility for the oversight of internal and external audit to its Performance and Audit Committee.

16. The audit of the annual accounts does not relieve management or the Performance and Audit Committee, as those charged with governance, of their responsibilities.

Appointed auditor

17. Our responsibilities as independent auditors are established by the Local Government (Scotland) Act 1973, and the Code of Audit Practice (including supplementary guidance) and guided by the Financial Reporting Council's Ethical Standard.

18. Auditors in the public sector give an independent opinion on the financial statements and other information within the annual accounts. We also review and report on the arrangements within the IJB to manage its performance and use of resources. In doing this, we aim to support improvement and accountability.

Audit scope and timing

Annual accounts

19. The annual accounts, which include the financial statements, will be the foundation and source for most of the audit work necessary to support our judgements and conclusions. We also consider the wider environment and challenges facing the public sector. Our audit approach includes:

- understanding the business of Dundee City Integration Joint Board and the associated risks which could impact on the financial statements
- assessing how weaknesses in the key systems of internal control could impact on the financial statements
- identifying major transaction streams, balances and areas of estimation and understanding how these will be reflected in the financial statements
- assessing the risks of material misstatement in the financial statements
- determining the nature, timing and extent of audit procedures necessary to provide us with sufficient audit evidence as to whether the financial statements are free from material misstatement.

20. We will give an opinion on whether:

- the financial statements give a true and fair view of the state of affairs of Dundee City Integration Joint Board as at 31 March 2021 and of the income and expenditure for the year then ended
- the annual accounts have been properly prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21
- the annual accounts have been prepared in accordance with relevant legislation.



characteristics



responsibilities



principal activities



risks



governance arrangements

Other information in the annual accounts

21. We also review and report on other information published within the annual accounts including the management commentary, annual governance statement and the remuneration report. We give an opinion on whether these have been prepared in accordance with the appropriate regulations and frameworks in our independent auditor's report.

22. We also review the content of the other information for consistency with the financial statements and with our knowledge of the IJB. We report any uncorrected material misstatements in other information.

Materiality

23. We apply the concept of materiality in planning and performing the audit. Materiality defines the maximum error that we are prepared to accept and still conclude that the financial statements present a true and fair view. It helps assist our planning of the audit and allows us to assess the impact of any potential audit adjustments on the financial statements in forming our opinions in the independent auditor's report.

24. We calculate materiality at different levels as described below. The calculated materiality values for Dundee City Integration Joint Board are set out in [Exhibit 3](#).

Exhibit 3 Materiality values

Materiality	Amount
Planning materiality – This is the figure we calculate to assess the overall impact of audit adjustments on the financial statements. It has been set at 1% of net expenditure for the year ended 31 March 2020 based on the latest audited annual accounts, rounded.	£2.800 million
Performance materiality – This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality this would indicate that further audit procedures should be considered. Using our professional judgement, we have calculated performance materiality at 60% of planning materiality, rounded.	£1.700 million
Reporting threshold – We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount. This has been calculated at 4% of planning materiality, rounded.	£0.100 million

Source: Audit Scotland

Timetable

25. The Accounts Commission expects the issue of Independent Auditor's Reports by the end of November 2021. In common with audited bodies we face resourcing challenges arising from the Covid-19 disruption. Our prime objective is to provide a high-quality audit on a cost-efficient basis while ensuring the safety of client and audit staff. We are planning to complete the audit and issue the Independent Auditor's Report, to synchronise with committee meeting dates within this timeframe. However, if it becomes apparent that we cannot achieve this, then our timetable may need to be amended. If this happens, we will communicate this to management at the earliest opportunity, with a view to agreeing a revised completion timetable.

26. Notwithstanding the foregoing, we include an agreed timetable at [Exhibit 4](#) which takes into account submission requirements and planned Performance and Audit Committee meeting dates.

Exhibit 4

Annual accounts timetable

 Key stage	 Date
Consideration of unaudited annual accounts by the Performance and Audit Committee	23 June 2021
Latest submission date of unaudited annual accounts with complete working papers	30 June 2021
Latest date for the final clearance meeting with the Chief Finance Officer	29 October 2021
Issue of Letter of Representation and proposed independent auditor's report and Annual Audit Report	10 November 2021
Agreement of audited unsigned annual accounts	12 November 2021
Meeting of the Performance and Audit Committee to approve the audited annual accounts for signature by the Chair, Chief Officer and Chief Finance Officer	24 November 2021
Independent auditor's report certified by the appointed auditor	24 November 2021

Source: Audit Scotland

Internal audit

27. Internal audit is provided by FTF Audit and Management Services (FTF), supported by Dundee City Council's internal audit section. The audit is overseen by FTF's Chief Internal Auditor. In line with auditing standards, as part of our planning process we carry out an annual assessment of the internal audit function to ensure that it operates in accordance with the main requirements of the Public Sector Internal Audit Standards (PSIAS). Overall, we concluded that the internal audit service generally operates in accordance with the PSIAS.

28. We note in previous years that there has been slippage in the delivery of internal audit plans, in part due to pressures on management to engage with the audit process. Consequently, for the 2020/21 plan the Board approved it would reflect previously agreed outstanding audits, with updated scopes rather than create a new further plan. Some of the key audits from the 2020/21 plan have been delivered. Notwithstanding this we will continue to monitor progress in the delivery of internal audit plans as delays of this nature presents a risk that Members may not be able to scrutinise key risk areas timeously as audits are delayed.

Using the work of internal audit

29. From our initial review of internal audit plans we do not plan to place formal reliance on the work of internal audit to support our financial statements audit opinion this year, but we do plan to use the work of internal audit in selected areas in respect of our wider dimension audit responsibilities.

Audit dimensions

30. Our audit is based on four audit dimensions that frame the wider scope of public sector audit requirements as shown in [Exhibit 5](#).

Exhibit 5 Audit dimensions



Source: Code of Audit Practice

Financial sustainability

31. As auditors we consider the appropriateness of the use of the going concern basis of accounting as part of the annual audit. We will also comment on financial sustainability in the longer term. We define this as medium term (two to five years) and longer term (longer than five years) sustainability. We will carry out work and conclude on:

- the effectiveness of financial planning in identifying and addressing risks to financial sustainability in the short, medium, and long term, including how the IJB adapts its plans in response to Covid-19
- the appropriateness and effectiveness of arrangements in place to address any identified funding gaps.

Financial management

32. Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively. We will review, conclude and report on:

- the effectiveness of the budgetary control system in communicating accurate and timely financial performance
- whether financial capacity and skills are adequate
- whether appropriate and effective arrangements for internal control and the prevention and detection of fraud and corruption have been established
- the arrangements in place to receive assurances that systems of internal control are operating effectively.

Governance and transparency

33. Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision-making and transparent reporting of financial and performance information. We will review, conclude and report on:

- whether governance arrangements are appropriate and operating effectively, including in response to Covid-19 disruption
- whether there is effective scrutiny, challenge and transparency of decision-making, and finance and performance reports
- the quality and timeliness of financial and performance reporting
- progress with of a programme of development and training opportunities for members, co-ordinated alongside those of Dundee City Council and NHS Tayside
- progress with the appointment of a registered medical practitioner providing primary care.

Value for money

34. Value for money refers to using resources effectively and continually improving services. We will review, conclude and report on whether the IJB can demonstrate:

- value for money in the use of resources
- there is a clear link between money spent, output and outcomes delivered
- that outcomes are improving
- there is sufficient focus on improvement and the pace of it.

Best Value

35. Integration Joint Boards have a statutory duty to make arrangements to secure best value. We will review and report on these arrangements.

EU withdrawal

36. The United Kingdom's transition period for leaving the European Union ended on 31 December 2020. We will continue to monitor the steps taken by the Joint Board to minimise any disruption caused by EU withdrawal.

Independence and objectivity

37. Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements auditors must also comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies. These standards impose stringent rules to ensure the independence and objectivity of auditors. Audit Scotland has robust arrangements in place to ensure compliance with these standards including an annual "fit and proper" declaration for all members of staff. The arrangements are overseen by the Director of Audit Services, who serves as Audit Scotland's Ethics Partner.

38. The engagement lead (i.e. the appointed auditor) for Dundee City Integration Joint Board is Fiona Mitchell-Knight, Audit Director. Auditing and ethical standards require the appointed auditor to communicate any relationships that may affect the independence and objectivity of audit staff. We are not aware of any such relationships pertaining to the audit of Dundee City Integration Joint Board.

Quality control

39. International Standard on Quality Control 1 (ISQC 1) requires that a system of quality control is established, as part of financial audit procedures, to provide reasonable assurance that professional standards and regulatory and legal requirements are being complied with and that the independent auditor's report or opinion is appropriate in the circumstances.

40. The foundation of our quality framework is our Audit Guide, which incorporates the application of professional auditing, quality and ethical standards and the Code of Audit Practice (and supporting guidance) issued by Audit Scotland and approved by the Auditor General for Scotland. To ensure that we achieve the required quality

standards, Audit Scotland conducts peer reviews and internal quality reviews. Additionally, the Institute of Chartered Accountants of Scotland (ICAS) have been commissioned to carry out external quality reviews.

41. As part of our commitment to quality and continuous improvement, Audit Scotland will periodically seek your views on the quality of our service provision. We welcome feedback at any time, and this may be directed to the appointed auditor or to Audit Scotland's Audit Quality and Appointments group.

Dundee City Integration Joint Board

Annual Audit Plan 2020/21

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ITEM No ...10.....



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 26 MAY 2021

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

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC15-2021

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Performance and Audit Committee with a progress update in relation to the 2020/21 Internal Audit Plan.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the continuing delivery of the audit plan and related reviews as outlined in this report.
- 2.2 Agree to the change in how remaining audit days for 2020/21 are used.
- 2.3 Notes the revised recommendation priorities and assurance definitions for use in all future internal audit reports as set out in Appendix 2.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

- 4.1 As per Audit Scotland's recommendation and subsequent agreed action following the Dundee IJB External Audit Annual Report 2016/17, presented to the September 2017 Performance and Audit Committee (Article IV of the minute of meeting of this Committee of 12th September 2017 refers), progress of the Internal Audit Plan is now a standing item on Performance and Audit Committee agendas.
- 4.2 An update on the progress of all the IJB's Internal Audits is shown in Appendix 1.
 - Governance & Assurance (D04/20): CIA provided ongoing advice on development of Tayside Risk Management Strategy
 - Performance management (D05/20): Now draft report stage
- 4.3 The Internal Audit Plan 2021/22 is presented for approval by members as a separate agenda item. Progress on the non-discretionary elements of the provisional plan are also incorporated in Appendix 1 below.
- 4.4 As approved under the essential business procedure and formally noted by Dundee IJB at its meeting of the 25th August 2020 (Article V of the minute of meeting of the Integration Joint Board of 25th August 2020 refers), Internal Audit Activity during 2020/21 has focused on completing previously agreed audits with updated scopes agreed with management. Further discussions have taken place between management and Internal Audit where it was proposed to redirect audit resource under D06/20 (previously intended to review Adverse Events Management) to focus on a joint Audit Follow Up/Governance Action plan exercise between Internal Audit and management to review, update and consolidate actions, as well as reprioritising using a RAG

status. The proposed Internal Audit Plan for 2021/22 includes a review of the IJB's arrangement in place as a Category 1 responder therefore in effect providing assurance on adverse events management.

- 4.5 The IJB's Internal Auditors have reviewed their recommendation priorities to include an additional category of 'Moderate'. This enhancement is to address feedback that there was a significant gap between the 'Significant' and 'Merits Attention' prioritisations. They have also slightly amended the definitions for clarity. In addition, Internal Audit have also updated internal audit review assurance definitions in line with the CIPFA guidance, 'Setting common definitions' (<https://www.cipfa.org/policy-and-guidance/reports/setting-common-definitions>), issued in April 2020. The new definitions will be introduced for audits within the 2021/22 Annual Internal Audit Plan. These revisions are set out in Appendix 2 to this report.

5.0 POLICY IMPLICATIONS

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

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 Finance Officer, Regional Audit Manager and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

- 8.1 None.

Dave Berry
Chief Finance Officer

Date: 12 May 2021

2020/21								
Ref	Audit	Indicative Scope	Target Audit Committee	Planning Commenced	Work in Progress	Draft Issued	Completed	Grade
D01-20	Audit Planning	Preparation of Annual Internal Audit Plan	September 2020	Complete	Complete	Complete	Complete	N/A
D02-20 & D02-21	Audit Management	Liaison with management and attendance at Performance and Audit Committee	N/A	Ongoing				
D03-20 & D03-21	Annual Internal Audit Report	CIA's annual assurance statement to the IJB and review of governance self-assessment	August 2020	Complete	Complete	Complete	Complete	N/A
D04-20	Governance & Assurance	Ongoing support and advice on further development of governance and assurance structures, including issues identified as part of the annual report process and the self assessment against the MSG report and help in implementing an audit follow up process	N/A	Complete				
D05-20	Performance management	Adequacy, accuracy, relevance, reliability, data quality, timeliness and interpretation of reporting against the priorities in the Strategic and Commissioning Plan and core integration indicators. Compliance with DL 2016 (05) - Guidance for Health and Social Care Integration Partnership Performance Reports and preparation for/ implementation of the anticipated new national guidance on the 'Joint Accountability Framework'	September 2021	Complete	Complete	Complete		

		This work will link to Strategic Risk 10 as well as a number of operational risks						
D06-20	Audit Follow Up	Joint exercise between Internal Audit and management to review & update and consolidate actions arising from all sources of previous recommendations as well as reprioritising using a RAG status.	September 2021	Ongoing				
2021/22:								
Ref	Audit	Indicative Scope	Target Audit Committee	Planning Commenced	Work in Progress	Draft Issued	Completed	Grade
D01-21	Audit Planning	Agreeing audit universe and preparation of strategic plan	May 2021	Complete	Complete	Complete	Completed	N/A
D02-21	Audit Management	Liaison with management and attendance at Audit Committee	N/A	Ongoing				N/A
D03-21	Annual Internal Audit Report (2020/21)	Chief Internal Auditor's annual assurance statement to the IJB and review of governance self-assessment	June 2021 (IJB)	Complete	Complete			

Internal Audit Definition of Assurance and Recommendation Priorities

Introduction


Following discussion with a number of client Directors, we have reviewed our Recommendation Priorities to include an additional category 'Moderate'. This follows feedback that there was a significant gap between 'Significant' and 'Merits Attention' which was resulting in needless additional discussion for recommendations which fell between those categories. We have also slightly amended the definitions for clarity, again following discussions with Directors. In addition, we have also updated our assurance definitions slightly to be in line with recently issued CIPFA guidance: <https://www.cipfa.org/policy-and-guidance/reports/setting-common-definitions>.




This change has been considered and approved by the FTF Partnership Board.

Approved change

Definition of Assurance

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

Level of Assurance		System Adequacy	Controls
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Controls are applied continuously or with only minor lapses.





<p>Reasonable Assurance</p>		<p>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.</p>	<p>Controls are applied frequently but with evidence of non-compliance.</p>
<p>Limited Assurance</p>		<p>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.</p>	<p>Controls are applied but with some significant lapses.</p>
<p>No Assurance</p>		<p>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.</p>	<p>Significant breakdown in the application of controls.</p>

Approved change

We have now included a moderate recommendation within the Assessment of Risk as follows:

Assessment of Risk

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

Fundamental		Non Compliance with key controls or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. Requires action to avoid exposure to significant risks to achieving the objectives for area under review.	
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.	
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	

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REPORT TO: PERFORMANCE AND AUDIT COMMITTEE –26 MAY 2021

REPORT ON: INTERNAL AUDIT ANNUAL PLAN 2021/22

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC16-2021

1.0 PURPOSE OF REPORT

1.1 The purpose of this paper is to seek approval of the Annual Internal Audit Plan for Dundee Integration Joint Board (IJB) for 2021/22 and to agree to the appointment of the Chief Internal Auditor.

2.0 RECOMMENDATIONS

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

- 2.1 Agrees to the continuation of Fife, Tayside and Forth Valley Audit and Management Services (FTF) as the IJB's lead internal auditors and therefore taking the role of Chief Internal Auditor.
- 2.2 Approves the 2021/22 Annual Plan as set out in Appendix 1 to this report.
- 2.3 Notes that no updates are required to the Internal Audit Charter as noted in section 4.2 of this report

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

- 4.1 The Scottish Government issued Finance Guidance for Integration Joint Boards (IJB) via the Integrated Resources Advisory Group (IRAG). That guidance states: *'It is the responsibility of the Integration Joint Board to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This will include determining who will provide the internal audit service for the Integration Joint Board and nominating a Chief Internal Auditor.'* Following a meeting of Dundee IJB in May 2016, FTF were appointed as the IJB's Internal Audit Service. Discussions have taken place between the Chief Internal Auditor, the Head of Internal Audit, Dundee City Council and the Chief Finance Officer and it is proposed to continue these arrangements with both Dundee City Council Internal Audit services and FTF continuing to provide resources under the terms of the joint working arrangements already in place. The Chief Internal Auditor role would continue to be provided by FTF.
- 4.2 At its meeting held on the 22 September 2020, the Performance and Audit Committee agreed that future changes to the Internal Audit Charter would be approved as part of the Integration Joint Boards Annual Internal Audit Plan (Item XVIII of the minute refers). No updates to the Charter are required at this point.

- 4.3 The audit plan is designed to provide the Chief Internal Auditor with sufficient evidence to form an opinion on the adequacy and effectiveness of internal controls. It therefore includes the delivery of standard products required each year, and is further based on professional judgement of audit need based on the IJB's risk environment. In addition, account is taken of assurance which can be provided to the IJB based on work performed under the Internal Audit plans of both parties.
- 4.4 Internal Audit have reviewed the extant strategic risks of the organisation, several of which have been the subject of previous audit coverage. Discussions between the Chief Finance Officer and Internal Audit have taken place to ensure the substantive audit assignments in 2021/22 add maximum value. This process identified a review focused on the strategic risk in relation to the viability of external providers would be appropriate. The risk factors set out in the risk register associated with this risk include financial sustainability / potential collapse of key providers leading to difficulty in ensuring short / medium term service provision, inability to source essential services and reduction in the quality of service reduces. The risk is currently rated as "Extreme" under the risk matrix.
- 4.5 Following the amendment of the Civil Contingencies Act 2004 with effect from March 2021, Integration Joint Boards have been added to the list of Category 1 responders. Several areas for further development to meet the requirements of the Act have been identified by Dundee IJB. It is intended to include a review of this as part of the 2021/22 Plan.
- 4.6 Internal Audit time has been included under Governance & Assurance to assist the organisation and provide advice on the upcoming review and update of the Integration Scheme and the impact on governance arrangements.
- 4.7 Resources to deliver the plan will be provided by the NHS Tayside and Dundee City Council Internal Audit services. Overall 40 days have been allocated in the 2021/22 Internal Audit Plan. Internal Audit would highlight that the plan is predicated on the basis that operational controls over services are maintained and assured through the partners. An Internal Audit Joint Working Protocol has been agreed as has a Protocol for sharing Internal Audit Outputs, of which only limited use has been made to date. Audit Committee members are asked to note that all relevant audits will be shared under the output sharing protocol which will provide additional assurance to the IJB.
- 4.8 In order to ensure a timely flow of assurance, Internal Audit is committed to ensuring that internal audit assignments are reported to the target audit committee date as noted in the proposed plan below.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

- 6.1 This report has not been subject to a risk assessment as it relates to the development of an annual audit plan which aligns with the organisation's risks.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

- 8.1 None.

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The proposed plan is set out below:

Ref	Audit	Indicative Scope	Days	Target Audit Committee
D01-21	Audit Planning	Agreeing audit universe and preparation of strategic plan	3	May 2021
D02-21	Audit Management	Liaison with management and attendance at Audit Committee	5	N/A
D03-21	Annual Internal Audit Report (2020/21)	CIA's annual assurance statement to the IJB and review of governance self-assessment	7	June 2021 (IJB)
D04-21	Governance & Assurance	Ongoing, independent review and advice during the review and update of the Integration Scheme and formal assurance on the final product.	5	N/A- Year end report
D05-21	Viability of External Providers	<p>Review the controls established to manage Strategic Risk HSCP00d1.</p> <p>A review of the IJB's approach to continually assess the viability of its contracted social care providers as essential partners in delivering health and social care services and the priorities set out in the IJB's Strategic and Commissioning Plan.</p> <p>The review will consider the steps taken to engage with providers around the IJB's strategic direction and how the IJB provides ongoing support to them, including the process invoked should there be concerns over financial or operational sustainability.</p>	10	November 2021
D06-21	Category 1 responders	Review the necessary arrangements in place to meet the requirements of the Act as well as alignment and coordination with partners	10	February 2022



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE –26 MAY 2021

REPORT ON: GOVERNANCE ACTION PLAN PROGRESS REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC17-2021

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATIONS

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

2.1 Notes the content of the report and the progress made in relation to the actions set out in the Governance Action Plan as outlined in Appendix 1.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Governance Action Plan was presented and approved at the PAC meeting of the 25th March 2019 (Article VIII of the minute of the meeting refers) in response to a recommendation within Dundee Integration Joint Board's Annual Internal Audit Report 2017/18. This action plan enables the PAC to regularly monitor progress in implementing actions and understand the consequences of any non-achievement or slippage in strengthening its overall governance arrangements. The PAC remitted the Chief Finance Officer to present an update progress report to each PAC meeting. The progress of the actions considered previously in the Governance Action Plan update, and not yet completed are noted in Appendix 1. Work is progressing to clear these outstanding actions.

4.2 The relevant Strategic Risk Register headings have been added to each action to ensure that these are reflected in the risk register.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it relates to the development of an action plan in line with the findings of the Annual Internal Audit Report.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

DATE: 30 April 2021

Strategic Risk Register Headings	Report	Report number	Recommendation	Agreed Action	Original Action By	Red: Not Started, Amber: In Progress, Green: Complete	Remedial Action/Comments	Revised Target Completion Date
Governance	Dundee Integration Joint Board Clinical, Care and Professional Governance Internal Audit Review	PAC9-2018	In addition to the 6 domains of clinical and care governance across delegated services, this review of remits needs to consider: Hosted Services, Information Governance, Care Commission reports, Risk	Clarify and agree datasets and information to be presented at each group and associated timescales to ensure coordination of governance process.	Lead Allied Health Professional/ Head of service Health & Community Care	AMBER	Hosted services are currently being considered through the Getting it right for everyone Group. All other aspects are complete	Dec-2019, Dec-2020, Sept' 2021
Workforce	2017/18 Annual Internal Audit Report – Action Plan Update	PAC7-2019	Consideration should be given to providing the IJB with reporting on workforce issues including the Workforce and Organisational Development Strategy as well as the partnership forum.	Complete review of Workforce and Organisational Development Strategy and provide update to IJB. Consider frequency and content of update report of activities of Staff Partnership Forum.		AMBER	Updated Workforce and Organisational Development Plans, compatible with the revised Strategic and Commissioning Plan due to be presented to the IJB in February 2020.	Mar-22
Financial	2017/18 Annual Internal Audit Report – Action Plan Update	PAC7-2019	Development of Large Hospital Set Aside arrangements in conjunction with the Scottish Government, NHS Tayside and Angus and Perth and Kinross Integration Joint Boards.	Work progressing with NHS Tayside in association with the 3 Tayside IJB Chief Finance Officers and Scottish Government to conclude the methodology or determining and monitoring the Large Hospital Set Aside to inform commissioning decisions as set out within the legislation.		AMBER	Value of Large Hospital Set Aside agreed for inclusion in 2020/21 budget including recognition of improvements made by Dundee HSCP in reducing emergency bed days resulting in the release of £1m of funding from NHS Tayside to Dundee IJB's delegated budget. Further work required to ensure robust commissioning arrangements in place for future budgets.	Mar-21 Mar 22

Resilience	2017/18 Annual Internal Audit Report – Action Plan Update	PAC7-2019	Development of improved Hosted Services arrangements around risk and performance management for hosted services.	Current hosted services arrangements subject to discussion across the 3 Tayside Chief Officers and Chief Finance Officers. Proposal to be brought forward to IJB and PAC before the end of the financial year.		AMBER	Discussions ongoing with neighbouring IJB's re responsibilities around hosting arrangements. This is now included as part of the Revision of the Tayside Integration Schemes	Mar 21 Mar 22
Governance	2017/18 Annual Internal Audit Report – Action Plan Update	PAC7-2019	Further develop the Integration Joint Board's local Code of Governance.	To be developed as suggested.		AMBER	Clerk to the Board developing arrangements in conjunction with Chief Finance Officer. Actions postponed as a result of pandemic working restrictions	Dec 20 Mar 22
Resilience	2017/18 Annual Internal Audit Report – Action Plan Update	PAC7-2019	Further develop performance report information into a delivery plan framework to ensure IJB fulfils its remit in delivering the direction of travel within the Strategic Commissioning Plan.	To be taken forward by the Strategy and Performance Team, aligned with the review of the Strategic and Commissioning Plan.		AMBER	Will form part of revised performance monitoring reporting into 2019/20 following approval of revised Strategic and Commissioning Plan. Work has started on performance against 4 high level indicators in plan. Needs further development in line with any revisions to the SPG structure. Awaiting outcome of Internal Audit Review of Performance Management due to be reported to September PAC	Mar 21 Dec 21
Financial	Audit Scotland Annual Audit Report 2018/19	PAC 34-2019	A long-term financial strategy (5 years or more) supported by clear and detailed financial plans (3 years or more) should be prepared.	Build on the three-year financial framework developed during 18/19, which sets out the estimated resources and anticipated increase in expenditure from rising demand and costs of providing services. Continue to work with partner bodies to align longer term financial	Chief Finance Officer	AMBER	Work continues to develop the longer-term financial framework as part of the budget setting process.	Carried forward to action 1 in PAC 36-2020 Audit Sc Annual report and IJB Annual Accounts 2019/20

				planning processes and the development of long- term financial strategy on how to close the gap between funding and service provision.				
Governance	Audit Scotland Annual Audit Report 2018/19	PAC 34-2019	The IJB should liaise with NHS Tayside and consider the arrangements for regular attendance by a member appointed as the registered medical practitioner providing primary care.	NHS Tayside Board is responsible for appointing the role of registered medical practitioner providing primary care to the IJB. This issue has been noted by the IJB and the Clerk to the Board will formally write to the Chair of NHS Tayside Board on this issue.	Clerk to the Board	AMBER	Clerk has written to NHS Tayside and awaits a formal response. 23-01-20 NHS have not confirmed a replacement for Registered Medical Practitioner as yet. (NHS have also to confirm replacement for one voting member on Dundee IJB.	Carried forward to action 4 in PAC 36-2020 Audit Sc Annual report and IJB Annual Accounts 2019/20
Financial	Audit Scotland Annual Audit Report 2018/19	PAC 34-2019	The IJB should liaise with its partner organisations to ensure an agreed budget is approved prior to the start of the year.	An indicative NHS Budget was provided at the IJB budget meeting of 30th March 2019. The final budget from NHS Tayside was consistent with the indicative budget. Continue to work with partner bodies to align budget setting processes as far as practicable.	Chief Finance Officer	AMBER	Continues to be discussed at budget meetings with the parties. Timescale impacted by Covid-19 response for 2020/21 budget. NHS Tayside did not consider the 2021/22 Financial Plan until April 2021.	Mar 21 Mar 22
Governance	Audit Scotland Annual Audit Report 2018/19	PAC 34-2019	The IJB should seek to combine financial and performance reporting to ensure that members have clear sight of the impact of variances against budget in terms of service performance.	Continue to explore options on how to combine financial and performance reporting in a format which provide useful information to users.	Chief Finance Officer	AMBER	Progressing slower than as planned as a result of Covid-19 required changes to working arrangements /pressures Awaiting outcome of Internal Audit Review of Performance Management due to be reported to September PAC	Mar 21 Dec 21

Financial	Audit Scotland Annual Audit Report 2018/19	PAC 34-2019	The IJB should review its reserves to ensure they are adequate	Reserves can only be accumulated through year end surpluses of funding. Ensure robust budgeting, monitoring of identified savings and financial monitoring processes in place to identify opportunities to enhance reserves position.	Chief Finance Officer	AMBER	Levels of uncommitted reserves are anticipated to reduce in response to the anticipated overspend. Reserves have been reviewed and are inadequate in terms of the Reserves Policy. IJB unlikely to be in a position of increasing reserves given current budget pressures. To be reviewed once draft accounts submitted.	Mar-21 June 21
Resilience	2019/20	MSG	Implementation of and reporting on all outstanding recommendations arising from the Ministerial Steering Group report on Health & social care Integration		Chief officer/	AMBER	Ongoing piece of work to take into account the Independent Review of Adult Social Care (Feeley Report)	Mar-21 Mar 22
Governance	2019/20		Further development of governance arrangements considering agreed governance principles and updated advice from the Scottish Government Health & Social care Division		Chief officer/	AMBER	Ongoing piece of work to take into account the Independent Review of Adult Social Care (Feeley Report) and revision of Integration Schemes	Dec-20 Mar 22
Governance	Internal Audit Review – Information Governance (IG) & Technology as Enablers	PAC 24-2020	Clear escalation routes should be agreed between DIJB and its partners for Information Governance and e-Health (IT)	Establish a governance route	NHS Tayside Head of Information Governance and Cyber Assurance/Data Protection Officer	GREEN	NHS E-Health and DCC IT now part of HSCP IT Board	Mar-21

Governance	Internal Audit Review – Information Governance (IG) & Technology as Enablers	PAC 24-2020	IT services within the Council and NHS Tayside, along with representatives from DH&SCP, should meet regularly when key IT development decisions are being taken and any IT problems that arise due to the unique circumstances of the DH&SCP can be discussed and resolved timeously.	Strategic discussions will be held between all partners in conjunction with Scottish Government to help facilitate an operational solution through the provision of available funding / resources.	Executive Director of Corporate Services DCC, Director of Digital Technology NHST, Chief Finance Officer, DIJB	GREEN	HS E-Health and DCC IT now part of HSCP IT Board	Mar-21
Governance	Internal Audit Review – Information Governance (IG) & Technology as Enablers	PAC 24-2020	Future meetings of the group considering IT developments should also include discussion on an IT helpdesk agreement for DH&SCP staff as well as agreement on the processes for sharing information on DH&SCP staff active directory users. It may be useful to establish a Tayside wide forum for this.	A Bi-Annual Meeting to be arranged.	NHST E-Health Service Delivery Manager	GREEN	HS E-Health and DCC IT now part of HSCP IT Board	
Financial	Audit Scotland Annual Report And IJB Annual Accounts 2019/20	PAC 36-2020	The 1-5-year financial plan should be progressed and presented to the Board to help demonstrate the longer term financial sustainability of planned IJB services. This is increasingly important as demand pressures increase and the IJB plans for service redesign over medium and longer time frames. Plans should include scenario planning in the Covid-19 environment.	The development of a meaningful medium to longer term financial plan has been impacted on by significant uncertainty around funding with delays in UK and Scottish Government finance settlements for both 2020/21 and 2021/22 and the impact of Covid19 in 2020/21 disrupting the planning process. A medium to long term financial plan will be developed and presented to the IJB as part of a suite of budget development reports for 2021/22 onwards.	Chief Finance Officer	GREEN	<i>5 year financial strategy presented and approved by the IJB at it's meeting in March 2021</i>	Mar 21

Financial	Audit Scotland Annual Report And IJB Annual Accounts 2019/20	PAC 36-2020	The position on the achievement of savings proposals and transformation should be clearly and regularly reported to members. The impact from Covid-19 and delivering pandemic remobilisation plans will also need to be considered.	The IJB is provided with an overview of the risks of delivery associated with the savings programme as part of regular financial monitoring reports presented to the IJB. This will be enhanced during the year with a minimum of two specific savings and transformation reports outlining the progress made with implementation of service change initiatives.	Chief Finance Officer	AMBER	<i>To be further developed over 2021/22</i>	Mar 22
Resilience	Audit Scotland Annual Report And IJB Annual Accounts 2019/20	PAC 36-2020	Work to embed a programme of development and training opportunities for Board members should be progressed. Paragraph 77	A programme of coordinated work which brings together the individual pieces of development and training opportunities already in existence and under new development opportunities under one framework will be produced with the respective statutory partners.	Chief Officer	AMBER	<i>To be further developed over 2021/22</i>	Mar 22
Governance	Audit Scotland Annual Report And IJB Annual Accounts 2019/20	PAC 36-2020	The IJB should escalate to NHS Tayside again, that the IJB has not had professional input from a 'registered medical practitioner whose name is included in the list of primary medical services performers' for a number of years and request NHS Tayside appoint to this non-voting role. Paragraph 79	Both the Clerk to the IJB and the Chair of the IJB have written to NHS Tayside to request a nomination to this role. The IJB will continue to make this request however it is the role of NHS Tayside to provide an appropriate nomination.	Chief Finance Officer/Clerk to the Board	AMBER		tbc
Resilience	Audit Scotland Annual Report And IJB Annual Accounts 2019/20	PAC 36-2020	The Board and PAC are updated on progress in delivering against the risk maturity action plan.	As reported in the Governance Action Plan, progress is now being made with full implementation of the recommendations to be achieved by March 2021.	Chief Finance Officer	AMBER	<i>The Tayside IJB's Risk Management Strategy was approved by Dundee IJB at its meeting in April 2021. Further development work will follow from this.</i>	Mar 22

Financial	Internal Audit report - Transformation Programme	PAC20-2019	To improve existing review and monitoring arrangements surrounding progress towards delivery and realisation of the DHSCP's Transformation Programmes an overarching record comprising, the following should be introduced : List of each transformation project contained within each Programme. · Lead Officer details for each Programme and its projects. · Desired outcomes. · Progress to date towards implementation. · Estimated savings where applicable.	The existing documentation supporting the Transformation Programme will be enhanced to ensure the areas suggested in the audit recommendation are included along with appropriate implementation status indicators. Performance monitoring will be supported through the use of the Pentana performance monitoring system. This will enable project leads and other stakeholders to track progress of implementation.	Chief Finance Officer / Head of Health and Community Care Services	AMBER	<i>Now being considered by the Strategic Planning Advisory Group</i>	Aug-21
Governance	Internal Audit report - Transformation Programme	PAC20-2019	In order to enhance existing governance arrangements, fulfil the Terms of Reference of the TDG and assist with prioritising resources, regular summary reports on the progress of the Transformation Programme should be prepared by the TDG and submitted to the Performance and Audit Committee for its review. The Terms of Reference of the PAC should be updated to reflect the requirement for the TDG to report to it.	Review of governance meetings and interrelationships has been initiated to ensure the most effective governance routes for policy and decision making. This will provide more clarity on responsibilities and is likely to result in a rationalisation of meeting structures with the strong possibility that the Transformation Delivery Group will not be required in future.	Dundee Health and Social Care Partnership Management Team	AMBER	<i>Now being considered by the Strategic Planning Advisory Group</i>	Aug-21

Workforce	Dundee Integration Joint Board Workforce Internal Audit Review	PAC8-2018	Work to fully implement the actions in the Workforce and Organisational Development Strategy should continue with regular reporting on progress towards implementation being submitted to the IJB. In addition, Locality Managers should strive towards ensuring that the DH&SCP culture becomes fully embedded. Engaging staff in developing and maintaining the partnership culture as well as sharing and embedding the guiding principles should assist with this.	The DH&SCP management team fully recognises the need to ensure the vision and objectives of the Workforce and Organisational Development Strategy become embedded within the partnership and acknowledged that this is a fundamental element of the partnership's continued development. Implementing in full the actions in the Strategy has been identified by the operational management team as one of the key actions to be delivered over the next 6 months.	Lead Allied Health Professional/ Head of service Health & Community Care / Chief Finance Officer	RED	Review of Workforce and Organisational development strategy as companion document to the review of Strategic Plan.	Mar-22
Resilience	Action Plan in Response to the Services for Older People (Edinburgh) Inspection Report	PAC 29-2018	Action Plan was requested by the PAC in relation to lessons learned from the Edinburgh inspection and what improvements would be required in Dundee.	A wide range of actions are reflected in this detailed action plan therefore it is not feasible to reflect in this plan – a separate update report will be provided at the May 2019 PAC.	Various with latest timescales for completed action identified as March 2019.	RED	Review actions to determine if these are still valid	Mar-21 Sept 21
Resilience	2017/18 Annual Internal Audit Report – Action Plan Update	PAC7-2019	Clarification of deputising arrangements for the Chief Officer to be presented to the IJB.	Agreement to be reached between Chief Executives of Dundee City Council and NHS Tayside.			To be included as part of Revision of Tayside IJB's Integration Schemes	Mar 22

Governance	Internal Audit Review – Governance Mapping	PAC28-2020	The DHSCP management team should review attendance at groups based on agreed principles. Attendance at partner groups should be based on a consideration of whether this is necessary to provide assurance to allow the partner body to fulfil their agreed responsibilities in line with their accountabilities	The evolving complexity of integrated arrangements are such that the capacity of the management team of the Health and Social Care Partnership in its widest sense is insufficient to all the demands placed on it through partner groups. the development of a range of principles as recommended will provide a better structured approach	Chief Officer, Dundee HSCP	RED	<i>Review ongoing in line with increased capacity of senior management team</i>	Mar 22
Governance	Internal Audit Review – Governance Mapping	PAC28-2020	A best practice guidance document is developed to ensure the operation of all groups conforms to the various principles detailed in the report.	A best practice guidance document would be beneficial and will be developed	Head of Finance & Strategic Planning,	RED	<i>Review ongoing in line with increased capacity of senior management team</i>	Mar 22
Governance	Internal Audit Review – Governance Mapping	PAC28-2020	A review should be undertaken to update the strategic risk in relation to Increased Bureaucracy.	The risk and associated controls will be reviewed as recommended	Head of Finance and Strategic Planning,	RED	<i>Review ongoing in line with increased capacity of senior management team</i>	Mar 22

Workforce	Dundee Integration Joint Board Workforce Internal Audit Review	PAC8-2018	<p>Consideration should be given to developing a formal Service Level Agreement (SLA) detailing all key corporate support services to be provided to the DH&SCP by Dundee City Council and NHS Tayside. Regular reports on the support service requirements should be provided to the IJB. Future workforce plans for DH&SCP should include plans for all areas of delegated responsibility, tailored to deliver the relevant elements of the Strategic Plan.</p>	<p>The DHSCP Management Team continues to monitor the level of support being provided to the IJB from NHS Tayside and Dundee City Council on an informal basis and responds to the organisations in relation to shortfalls in service provision accordingly. The service will progress a more formal statement of the expected level of support which can subsequently be monitored and report to the IJB. While acknowledging that further national guidance is awaited on this matter, the first integrated workforce plan will be developed over the next 6 months.</p>		RED	To be included as part of Revision of Tayside IJB's Integration Schemes	Mar 22
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PERFORMANCE AND AUDIT COMMITTEE – ATTENDANCES - JANUARY 2021 TO DECEMBER 2021

COMMITTEE MEMBERS - (* - DENOTES VOTING MEMBER – APPOINTED FROM INTEGRATION JOINT BOARD)

<u>Organisation</u>	<u>Member</u>					
		3/2	24/3^	26/5	29/9	24/11
Dundee City Council (Elected Member)	Ken Lynn **					
Dundee City Council (Elected Member)	Helen Wright *	✓				
Dundee City Council (Elected Member)	Lynne Short *					
Dundee City Council (Elected Member)	Roisin Smith *	✓				
NHS Tayside (Non Executive Member)	Trudy McLeay *	✓				
NHS Tayside (Non Executive Member)	Donald McPherson *	✓				
Chief Officer	Vicky Irons	✓				
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 ***	Tony Gaskin	✓				
Audit Scotland ****	Anne Marie Machan	✓				

✓ 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. At meeting of the Integration Joint Board held on 27th October, 2020, Trudy McLeay was appointed as Chair (the Chair of the Committee cannot also be the Chair of the Integration Joint Board).

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

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

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

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

^ This meeting did not take place.

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