



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

City Chambers  
DUNDEE  
DD1 3BY

21st September, 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, 29th September 2021, 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](mailto:committee.services@dundeecity.gov.uk) by no later than 12 noon on Monday, 27th September, 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](mailto: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 26th May, 2021 is attached for approval.

**4 PERFORMANCE REPORT 2020 - QUARTER 4 SUMMARY - Page 9**

(Report No PAC19-2021 by the Chief Finance Officer, copy attached).

**5 DUNDEE CARERS PARTNERSHIP PERFORMANCE REPORT 2019/2021 - Page 21**

(Report No PAC20-2021 by the Chief Finance Officer, copy attached).

**6 CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES 2020/2021 - Page 41**

(Report No PAC21-2021 by the Chief Finance Officer, copy attached).

**7 GOVERNANCE ACTION PLAN PROGRESS REPORT - Page 55**

(Report No PAC22-2021 by the Chief Finance Officer, copy attached).

**8 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT -  
Page 61**

(Report No PAC23-2021 by the Chief Finance Officer, copy attached).

**9 CLINICAL CARE AND PROFESSIONAL GOVERNANCE - Page 65**

(Report No PAC24-2021 by the Clinical Director, copy attached).

**10 ATTENDANCE LIST - Page 85**

(A copy of the Attendance Return (PAC25-2021) for meetings of the Performance and Audit Committee held over 2020 is attached for information and record purposes).

**11 DATE OF NEXT MEETING**

The next meeting of the Committee will be held remotely on Wednesday, 24th November, 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)**

<b><u>Role</u></b>	<b><u>Recipient</u></b>
NHS Non Executive Member (Chair)	Trudy McLeay *
Elected Member	Councillor Lynne Short *
Elected Member	Baillie 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**

<b><u>Organisation</u></b>	<b><u>Recipient</u></b>
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

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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 26th May, 2021.

Present:-

<u>Members</u>	<u>Role</u>
Trudy MCLEAY (Chairperson)	Nominated by Health Board ((Non Executive Member)
Lynne SHORT	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	Person proving unpaid care in the area of the local authority
Raymond MARSHALL	Staff Partnership Representative

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

Christine JONES	Partnership Finance Manager
Dr Matthew KENDALL	For Dr David Shaw, Clinical Director
Jenny HILL	Head of Health and Community Care
Anne Marie MACHAN	Audit Scotland Representative
Kathryn SHARP	Strategy and Performance Service Manager
Lynsey WEBSTER	Strategy and Performance Service Senior Officer
Sheila WEIR	Finance and Support Services Section Leader

Trudy MCLEAY, Chairperson, in the Chair.

Prior to the commencement of the business the Chairperson welcomed everyone to the meeting and reminded those in attendance that meetings would now be recorded with recordings placed on the website for public viewing following on from the decision of the Integration Joint Board at its meeting on 21st April, 2021. The Chairperson welcomed this development and her view that this would offer greater transparency and ability to share information on the work of the Committee with a wider audience.

## **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
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## **II DECLARATION OF INTEREST**

There were no declarations of interest.

## **III MINUTE OF PREVIOUS MEETING**

The minute of meeting of the Committee held on 3rd February, 2021 was submitted and approved.

Following questions and answers the Committee further agreed:-

- (i) to note, that in relation to Article IV, steps would be made to reissue reports on Delayed Discharge to the membership of the Committee;
- (ii) to note, in relation to Article VII, on the advice of the Chief Finance Officer, that the Partnership were exploring public information being placed on the website in general, separate to information on Voluntary Action Exercise Group and that this would be progressed;
- (iii) to note, in relation to Article VIII, the Chairperson offered the view that in addition to the new style comprehensive minutes being provided that there would be benefit in an Action Plan being included which would indicate timelines and tracking of Actions and that this would be progressed by the Chief Finance Officer in consultation with the Clerk; and
- (iv) to note, in relation to Article IX, that in terms of information on Risk Management that the Chief Finance Officer had had a meeting with Donald McPherson and that this was currently being progressed on a Tayside wide level.

#### **IV MEMBERSHIP – VOTING MEMBER**

Reference was 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 noted that the Integration Joint Board agreed to appoint Councillor Lynne Short to the vacant position on the Committee.

#### **V DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2020/2021 QUARTER 3 SUMMARY**

There was submitted Report No PAC10-2021 by the Chief Finance Officer updating the Performance and Audit Committee on the 2020/2021 Quarter 3 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 Local Community Planning Partnership 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 Committee further agreed:-

- (iv) to note, following enquiry from the Chair in relation to section 4.4 of the report, the advice of the Strategy and Performance Senior Officer that indicators on balance of care and end of life data were being developed by the Scottish Government;
- (v) to note, following enquiry from the Chair in relation to section 4.6 of the report, the advice of the Head of Health and Community Care that learning from the Covid Pandemic was being examined across a range of partnership services;

- (vi) to note the advice of the Chief Internal Auditor, that in addition to learning being cascaded that a range of strategies currently in place would require review, and the advice of the Chief Officer that a report would be submitted to a future meeting of the Integration Joint Board on the Strategic Commissioning Plan highlighting these issues;
- (vii) to note, following enquiry from Donald McPherson, that the Strategy and Performance Service Manager would undertake further analysis of the position in relation to the figures for the North East area to establish what learning could be achieved for the benefit of the other areas in Dundee;
- (viii) to note, following enquiry from Councillor Lynne Short in relation to section 6.2.7, the advice of Dr Matthew Kendall that these percentages related to people who were admitted to a short stay ward which was classed as an admission in contrast to other areas;
- (ix) to note, following enquiry from Bailie Helen Wright in relation to Table 4 which indicated that the Coldside area had the highest readmission rate in the City, that the Strategy and Performance Service Manager would examine recording patterns with the Strategy and Performance Senior Officer and report back to Bailie Helen Wright on the outcome; and
- (x) to note, following enquiry from the Chairperson on definitions such as Code 9, the advice of the Strategy and Performance Service Senior Officer that these would be included in future reports.

## **VI DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX AND STANDARD DELAYS**

There was submitted Report No PAC11-2021 by the Chief Finance Officer updating the Performance and Audit Committee on Discharge Management performance in Dundee in relation to delays.

The Performance and Audit Committee: -

- (i) noted the current position in relation to complex delays as outlined in section 5 of the report, and in relation to standard delays as outlined in section 6 of the report; and
- (ii) noted the improvement actions planned to respond to areas of pressure as outlined in section 7 of the report.

Following questions and answers the Committee further agreed: -

- (iii) to note, as advised by the Head of Health and Community Care, following enquiry from the Chairperson, that Mental Health Officers were Social Workers who had undertaken an additional qualification which was undertaken during the daytime and was funded by the Children and Families Service of Dundee City Council; and
- (iv) to note, following enquiry from Councillor Lynne Short, that the Head of Health and Community Care would prepare a one page outline document showing an organisational graph of the Partnership and that this would be circulated to the full Committee.

## **VII LOCAL GOVERNMENT BENCHMARKING FRAMEWORK – 2019/2020 PERFORMANCE**

There was submitted Report No PAC12-2021 by the Chief Finance Officer informing 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.

The Performance and Audit Committee: -

- (i) noted the performance detailed in the report and in Appendix 1 of the report;
- (ii) approved the proposed targets for future rank set out in Table 1 of Appendix 1 of the report and described in section 4.6 of the report;
- (iii) noted that LGBF performance information would be published on the Dundee City Council website; and
- (iv) instructed 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.

Following questions and answers the Committee further agreed: -

- (v) to note, following enquiry from the Chairperson, the advice of the Head of Health and Community Care, that prior to the Covid 19 pandemic, the partnership were actively working with Dundee Voluntary Service on participation of volunteers in care settings to assist with stimulating activities for the elderly and that the Partnership were currently looking at ways Adult Health Partnership Staff could take part in activities in Care Homes and that this feature in the Remobilisation Plan.

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

There was submitted Report No PAC13-2021 by the Clinical Director providing assurance regarding matters of Government policy directives and legal requirements. This aligned to the safe, effective and person centred quality ambitions of NHS Scotland.

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

The Performance and Audit Committee: -

- (i) noted the content of the report;
- (ii) noted the Exception Report for the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group as detailed in Section 4 of the report; and
- (iii) agreed with the Lead Officer for Dundee Health and Social Care Partnership that the level of assurance provided was: Moderate.

Following questions and answers the Committee further agreed: -

- (iv) to note, following enquiry from the Chairperson, the advice of the Head of Health and Community Care, that a pilot was currently in place for GPs with the aim of providing support for prescribing to aid the substance recovery journey and that Dr David Shaw was reviewing the service level agreement with GPs;



- (v) to note, following enquiry from the Chairperson, that the Chief Social Work Officer would revise the content of future reports in consultation with the Chief Finance Officer and the Clerk on the need for an Equality Impact Assessment to be included with particular reference to Data Reports which could have an impact on carers groups and that as indicated by Dr Matthew Kendall he would outline levels of assurance in future reports;
- (vi) to note the observation of Bailie Helen Wright on the benefit of information on Equality Impact Assessment being included in New Member Induction Training and the possibility of training not being confined to new members but offered as a refresher for the full membership. The Chief Finance Officer agreed to take this forward with Chief Internal Auditor and Audit Scotland would also be happy to be involved in any induction work, as advised by their representative; and
- (vii) to note the view of the Chief Internal Auditor that the role of the Performance and Audit Committee was to look at the Risk Register and, if necessary, escalate matters to the Integration Joint Board, and that he would arrange for information to be shared with the Committee on Good Assurance Principles, and that this would be included in the Chairpersons Assurance report to the Integration Joint Board. The Chief Finance Officer would include these points within the Risk Register.

#### **IX AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2020/2021**

There was submitted Report No PAC14-2021 by the Chief Finance Officer on the proposed Dundee Integration Joint Board Annual Audit Plan 2020/2021 as submitted by the Integration Joint Board's appointed External Auditor (Audit Scotland).

The Performance and Audit Committee:-

- (i) noted the content of the report; and
- (ii) approved the proposed Audit Plan for 2020/2021 as submitted by Audit Scotland which was attached as Appendix 1 to the report.

Following questions and answers the Committee further agreed:-

- (iii) to note that Audit Scotland would shortly be publishing their Annual Overview Report and that their representative would arrange for this to be provided to the membership of the Integration Joint Board for their interest;
- (iv) to note, as advised by the Chairperson that an expression of interest had been made by a GP within a Dundee Practice in relation to the vacant position of GP member on the Integration Joint Board; and
- (v) to note, following enquiry from Donald McPherson in relation to Exhibit 4 of the report and his question as to why Audit Scotland did not plan to place any reliance on work of Internal audit the advice of the Audit Scotland representative in reply that Reliance was not attached to Finance Statements.

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

There was submitted Report No PAC15-2021 by the Chief Finance Officer providing the Performance and Audit Committee with a progress update in relation to the 2020/2021 Internal Audit Plan.

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

The Performance and Audit Committee: -

- (i) noted the continuing delivery of the audit plan and related reviews as outlined in the report;
- (ii) agreed to the change in how remaining audit days for 2020/2021 were used; and
- (iii) noted the revised recommendation priorities and assurance definitions for use in all future internal audit reports as set out in Appendix 2 of the report.

## **XI INTERNAL AUDIT ANNUAL PLAN 2021/2022**

There was submitted Report No PAC16-2021 by the Chief Finance Officer seeking approval of the Annual Internal Audit Plan for Dundee Integration Joint Board (IJB) for 2021/2022 and for agreement to the appointment of the Chief Internal Auditor.

The Performance and Audit Committee:-

- (i) agreed to the continuation of Fife, Tayside and Forth Valley Audit and Management Services (FTF) as the Integration Joint Board's lead internal auditors and therefore taking the role of Chief Internal Auditor;
- (ii) approved the 2021/2022 Annual Plan as set out in Appendix 1 of the report; and
- (iii) to note that no updates were required to the Internal Audit Charter as noted in section 4.2 of the report.

Following questions and answers the Committee further agreed:-

- (iv) to note, following enquiry from Councillor Lynne Short, the advice of the Chief Social Work Officer, that the Dundee Health and Social Care Annual Performance Report was submitted to the Policy and Resources Committee of Dundee City Council and that the Partnership also contributed to the City Plan and that this assisted with all elected members being provided with information on the partnership.

## **XII GOVERNANCE ACTION PLAN PROGRESS REPORT**

There was submitted Report No PAC17-2021 by the Chief Finance Officer providing the Committee with an update on the progress of the actions set out in the Governance Action Plan.

The Performance and Audit Committee: -

- (i) 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 of the report.

Following questions and answers the Committee further agreed: -

- (i) to note, following enquiry from Donald McPherson in relation to dates for completion being pushed back on a number of occasions that it was considered by the Chief Finance Officer that timescales now indicated could be met; and
- (ii) to note the view expressed by Councillor Lynne Short that the non-filling of the vacant GP position on the Integration Joint Board was not isolated to Dundee alone and that it may be a similar position in many other areas and that the Audit Scotland representative would consult with colleagues in Audit Scotland to examine the position nationally with a view to making a national recommendation if necessary.

**XIII ATTENDANCE LIST**

There was submitted Agenda Note PAC18-2021 providing a copy of the attendance return for meetings of the Performance and Audit Committee held to date over 2021.

The Performance and Audit Committee noted the position as outlined.

**XIV DATE OF NEXT MEETING**

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

Trudy MCLEAY, Chairperson.

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**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 29 SEPTEMBER 2021

**REPORT ON:** DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2020-21 QUARTER 4 SUMMARY

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC19-2021

## **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to update the Performance and Audit Committee on 2020-21 Quarter 4 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 4 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 rolling<sup>1</sup> monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously Public Health Scotland were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+. (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 timeous quarterly performance reports against the National Health and Wellbeing Indicators. NHS Tayside Business Unit has provided data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls. From quarter 1 2020/21 the NHS Tayside Business Unit has been providing breakdowns of covid and non covid admission reasons for emergency admissions and emergency bed days. (Please refer to Appendix 1, Tables 3 and 4.)

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<sup>1</sup> Rolling data is used so that quarterly data can be compared with financial years. This means that data for Quarter 4 shows the previous 12 months of data including the current quarter. Therefore, Quarter 4 data includes data from 1 April 2020 to 31 March 2021.

- 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 4 PERFORMANCE 2020-21

- 6.1 Rolling data from April 2020 to March 2021 demonstrates that all indicators that make-up the Measuring Performance under Integration suite, with the exception of emergency admissions numbers from A+E, emergency bed day numbers for mental health specialties and number of bed days lost to delayed discharges (All and Code 9 reasons), have improved between Q3 2020/21 and Q4 2020/21. Although the emergency bed days numbers for mental health specialties did not improve between Q3 and Q4, there was still a 25.42% improvement compared with the 2015/16 baseline. Although the number of bed days lost to delayed discharges (All and Code 9) did not improve between Q3 and Q4, there was still a 50.67% (for all reasons) and 36.26% (for code 9 reasons) 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 April 2020 to March 2021.
- 6.2.1 Between the baseline year (2015/16) and 2020/21 Quarter 4 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 3 (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 4 there was an improvement in the rate of bed days lost to complex (code 9) delayed discharges for people aged 75+ across all LCPPS except Maryfield (39.3% increase) and Lochee (23.2% increase). There was a 52.4% improvement in Dundee and the LCPP rates ranged from a 87.7% improvement in Strathmartine to a 39.3% deterioration in Maryfield.
- 6.2.3 Between the baseline year 2015/16 and 2020/21 Quarter 4 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 64.8% improvement in Dundee and improvements ranged from 73.9% in Lochee to 42.7% in The Ferry.
- 6.2.4 Emergency bed day rates since 2015/16 have decreased by 27.2% for Dundee, which is an improvement. Every LCPP showed an improvement in 2020/21 Quarter 4 compared with 2015/16 and improvements ranged from 18.8% in North East to 35.0% in East End. Improvements are even better when COVID admission reasons were excluded – 28.9% improvement in Dundee, ranging from 21.1% improvement in East End to 36.6% improvement in East End.
- 6.2.5 Emergency admission rates have decreased by 2.3% for Dundee since 2015/16, which is an improvement however there were increases in Lochee (0.4%), West End (0.8%), East End (2.6%) and Maryfield (4.8%).  
When excluding COVID admission reasons performance is better and shows a 4.7% decrease since 2015/16, which is an improvement, however there were increases in East End (1.0%) and Maryfield (1.9%) which is a deterioration. Performance ranged from an increase in Maryfield (+1.9%) to a decrease in The Ferry (-12.5%).

6.2.6 The rate of readmissions in Dundee has increased by 42% since 2015/16. The rate increased (deteriorated) in ALL LCPPs and ranged from an increase of 26% in North East to an increase of 72% in The Ferry.

6.2.7 The rate of hospital admissions as a result of a fall for people aged 65+ in Dundee has increased by 27.1% since 2015/16, which is a deterioration. The rate increased in all LCPP areas, except for North East where there was a decrease of 14.9%. The increases ranged from 8.0% in Strathmartine to 65.7% 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

<b>Risk 1 Description</b>	The risk of not improving performance against national indicators could affect outcomes for individuals and their carers and spend associated with poor performance.
<b>Risk Category</b>	Financial, Governance, Political
<b>Inherent Risk Level</b>	15 – Extreme Risk (L=3 (possible), I=5 (extreme))
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"> <li>- Continue to develop a reporting framework which identifies performance against national and local indicators.</li> <li>- Continue to report data quarterly to the PAC to highlight areas of poor performance.</li> <li>- Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions.</li> <li>- Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.</li> </ul>
<b>Residual Risk Level</b>	9 – High Risk (L=3(possible), I=3 (moderate))
<b>Planned Risk Level</b>	6 – Moderate Risk (L=2(unlikely), I=3(moderate))
<b>Approval recommendation</b>	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:** 30 August 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 <sup>nd</sup> 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 <sup>nd</sup> 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 <sup>rd</sup> 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 <sup>nd</sup> 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 <sup>th</sup> 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 <sup>nd</sup> poorest)	76%	79%	79%	83%	82%	87%	86%
8. Percentage of carers who feel supported to continue in their caring role	34%	35% (3 <sup>rd</sup> poorest)	33%	36%	31%	39%	37%	36%	39%
9. Percentage of adults supported at home who agreed they felt safe	83%	82% (joint 3 <sup>rd</sup> 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	20-21 Q4 Actual Data	Actual % Difference from 15-16 Baseline				Direction of travel from Q3 to Q4
						2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4	
Emergency Admission Rate per 100,000 Dundee Population	11,643	11,651	11,535	11,478	11,192	↑0.07	↓0.92	↓1.41	↓3.87	Better
Emergency Admission Numbers	14,127	14,203	14,062	13,993	13,644	↑0.54	↓0.46	↓0.95	↓3.42	Better
Emergency Admissions Numbers from A&E	6,483	7,160	7,136	6,922	7,160	↑10.44	↑10.12	↑6.77	↑10.44	Worse
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances	277	322	335	344	376	↑16.44	↑21.08	↑24.37	↑35.80	Better
Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population	100,284	76,190	73,042	69,210	66,488	↓24.02	↓27.17	↓31.00	↓33.70	Better
Emergency Bed Days Numbers for Acute Specialties	121,683	92,881	89,043	84,372	81,053	↓23.67	↓26.82	↓30.66	↓33.39	Better
Emergency Bed Days Numbers for Mental Health Specialties	44,552	32,630	32,195	22,554	33,226	↓26.76	↓27.74	↓49.38	↓25.42	Worse
Accident & Emergency Attendances	23,437	22,230	21,315	20,121	19,061	↓5.15	↓9.04	↓14.15	↓18.67	Better
Number of Bed Days Lost to Delayed Discharges per 1,000 Population (All Reasons)	124	68	64	59	61	↓45.50	↓48.51	↓52.83	↓50.67	Worse

Number of Bed Days Lost to Delayed Discharges (All Reasons)	15,050	9,861	7,785	7,133	7,460	↓34.48	↓48.27	↓52.60	↓50.67	Worse
Number of Bed Days Lost to Delayed Discharges (Code 9)	6,668	3,707	3,422	3,688	4,250	↓44.41	↓48.68	↓44.69	↓36.26	Worse

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 Q4 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)	-2.3%	+0.4%	+2.6%	-6.8%	-3.4%	-3.8%	+4.8%	+0.8%	-10.6%
Emer Admissions rate per 100,000 18+ (Non Covid Only)	-4.7%	-1.5%	+0.1%	-9.3%	-6.1%	-6.5%	+1.9%	-1.1%	-12.5%
Emer Bed Days rate per 100,000 18+ (Covid and Non Covid)	-27.2%	-26.4%	-35.0%	-30.3%	-18.8%	-22.3%	-22.8%	-27.9%	-28.3%
Emer Bed Days rate per 100,000 18+ (Non Covid Only)	-28.9%	-27.8%	-36.6%	-32.4%	-21.1%	-24.0%	-24.2%	-29.1%	-29.6%
Readmissions rate per 1,000 Admissions All	+46%	+47%	+60%	+33%	+26%	+33%	+56%	+48%	+72%
Hospital admissions due to falls rate per 1,000 65+	+27.1%	+34.4%	+31.3%	+18.0%	-14.9%	+8.0%	+19.7%	+27.0%	+65.7%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-64.8%	-73.9%	-73.1%	-61.1%	-51.2%	-75.7%	-63.7%	-72.8%	-42.7%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-52.4%	+23.2%	-67.8%	-62.0%	-73.8%	-87.7%	+39.3%	-5.1%	-57.5%

Table 4: Performance in Dundee's LCPPs - LCPP Performance in Q4 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)	11,658	13,819	16,239	12,786	11,241	12,599	10,394	8,067	9,853
Emer Admissions rate per 100,000 18+ (Non Covid Only)	11,376	13,559	15,845	12,445	10,928	12,239	10,103	7,914	9,650
Emer Bed days rate per 100,000 18+ (Covid and Non Covid)	96,752	119,391	118,560	113,609	91,495	96,331	82,342	70,785	90,589
Emer Bed days rate per 100,000 18+ (Non Covid Only)	94,550	117,056	114,501	110,128	88,850	94,130	80,827	69,604	88,888
Readmissions rate per 1,000 Admissions All*	158	151	184	147	136	149	178	170	151
Hospital admissions due to falls rate per 1,000 65+	31.7	35.7	36.0	35.3	17.5	27.2	27.8	35.0	33.6
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	185	158	175	215	231	119	217	185	180
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	140	202	168	168	200	51	226	206	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 – 29 SEPTEMBER 2021

**REPORT ON:** DUNDEE CARERS PARTNERSHIP PERFORMANCE REPORT 2019-2021

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC20-2021

## 1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to inform the Performance and Audit Committee of the progress achieved through the Dundee Carers Partnership over the period 1st April 2019 until 31st March 2021. The Partnership has worked towards realising the ambitions of the local Carers strategy, 'A Caring Dundee 2017-2020' (extended to October 2021).

## 2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this report and of the Dundee Carers Partnership Performance Report 2019-2021 attached as Appendix 1.
- 2.2 Note the intention of the Carers Partnership to review and refresh the local Carers Strategy by October 2021 (section 6).

## 3.0 FINANCIAL IMPLICATIONS

3.1 None.

## 4.0 BACKGROUND

4.1 The Health and Social Care Strategic and Commissioning Plan 2019-22 highlights the 'immeasurable positive contribution Carers provide' and reinforces the continuing 'commitment to ensuring that the role of Carers remains integral to all that we do'. In order to support and maintain a focus on supporting Carers A Caring Dundee (A strategic plan for supporting Carers in Dundee) was accepted by the Integration Joint Board in October 2017 ([https://www.dundeehscp.com/sites/default/files/publications/caring\\_dundee\\_oct31.pdf](https://www.dundeehscp.com/sites/default/files/publications/caring_dundee_oct31.pdf)). Taking into account the impact of the Covid Pademic on these plans and in order to hear from Carers and Stakeholders following the onset of this A Caring Dundee was extended until October 2021 (Article VII of the minute of the Dundee Integration Joint Board held on 25 August 2020 refers).

4.2 The Strategic Plan was developed through listening to the views and experiences of Carers. It sets out the approach, model and actions by which the Dundee Carers Partnership (The Partnership) will deliver on our vision and outcomes for Carers caring for people in Dundee. The Plan has acted as a driver for a range of actions which continued to be taken forward and adjusted in the last year by the Partnership to improve the lives of Carers under four strategic outcomes:

- Strategic Outcome 1 : Carers will say that they are identified, respected and involved
- Strategic Outcome 2 : Carers will say that they have had a positive caring experience

- Strategic Outcome 3 : Carers will say that they have opportunities to lead a fulfilled and healthy life.
- Strategic Outcome 4 : Carers will say that they have a good balance between caring and other things in their life and have choices about caring.

4.3 The Carers Partnership has lead on innovation and improvement through strategic planning, development and provision of services and supports for Carers of all ages. The group considers barriers to achieving these and any strategic matters arising which affect Carers personal outcomes. Carers Partnership and performance and progress against the actions in the plan are reviewed at each meeting. The Partnership supported and encouraged revised services and supports for local Carers throughout the changes brought about by the Pandemic and impacted the strategic outcomes in new methods of delivery.

4.4 The Performance Report aims to demonstrate how outcomes have been achieved through partners and local carers working together to implement actions outlined in the Local Carers Strategy and supporting ongoing work to progress Carers Act developments in Dundee. The 2019-2021 performance report, attached as Appendix 1, updates the previous Carers Partnership Performance Report published in September 2020 which covered the 2017-2019 period, <https://carersofdundee.org/cms/uploads/final-dundee-carers-partnership-performance-report-2017-2019-1.pdf>

## 5.0 PERFORMANCE AND ACHIEVEMENTS

5.1 The Dundee Carers Partnership Performance Report 2019-2021 (appendix 1) highlights the work of the Dundee Carers Partnership which includes a wide network of agencies who have worked alongside Carers, Young Carers and local communities to realise the ambitions of the strategy. The activities highlighted demonstrate success in the fulfilment of the strategic outcomes of the local strategy as well as implementation of the Carers(Scotland) Act. As well as identifying achievements there is recognition of actions that may need further consideration and development. These actions have been taken into account when developing the new local Carers Strategy, (currently in draft form).

5.2 The focus of the 2019-2021 Performance Report has placed greater emphasis on the performance of the Carers Partnership rather than including service specific performance information. This was agreed as appropriate by the Carers Partnership prior to the report being drafted.

5.3 Some of the key achievements of the Carers Partnership during the Reporting Period are listed under each strategic outcome below.

### 5.3.1 *Strategic Outcome 1: Carers will say that they are identified, respected and involved*

- Implementation of a Communications Strategy which set out a framework for the Carers Partnership communications and key activities including the continuation of 'Carers of Dundee' campaigns to increase awareness, understanding and identification of Carers.
- Improvement work to enhance Carer involvement in hospital discharge, to address requirements of section 28 of the Carers (Scotland) Act 2016.
- Developing additional models to support early identification of Carers and prevention of crisis, including aligning with Local Community Planning Partnership/Locality working.

### 5.3.2 *Strategic Outcome 2: Carers will say that they have had a positive caring experience*

- Introduction of Young Carers leaflet to schools and youth organisations to aid practitioners and workers to have conversations with families who do not recognise the caring role of the young person.
- Enhanced peer-support opportunities, including developing and delivering training to support peer mentor roles and opportunities.
- Dundee Carers Charter re-launch in June 2019 with prioritisation of ongoing promotion of the charter in communities and organisations/business in the city,

### 5.3.3 *Strategic Outcome 3: Carers will say that they have opportunities to lead a fulfilled and healthy life*

- Launch an online Learning Portal on the Carers of Dundee website providing learning opportunities for Carers and workforce, including “Everyone Cares” and “Young Carers in Schools”, e-Learning.
- Carers Wellbeing Point Pilots (November 2019 – May 2020) an easily accessible point of information for Carers to find out what’s available to support them in their caring role and promote positive wellbeing.

### 5.3.4 *Strategic Outcome 4: Carers will say that they have a good balance between caring and other things in their life and have choices about caring*

- Dundee City Council Operational Guidance for Young Carer support was formalised and agreed, and systems and process are in place for the delivery of Young Carers Statements.
- Dundee City Council, NHS Tayside and Dundee Carers Centre have achieved the Carers Positive Award.

## 6.0 FUTURE PLANS AND PRIORITIES

6.1 A review of ‘A Caring Dundee’ in 2019/2020 concluded that a revised strategy should be prepared. Dundee Carers Partnership have prepared the draft local Carers Strategy “A Caring Dundee 2”, available in August 2021 for final consultation. It is anticipated that the Strategy will be accompanied by a full investment plan with information about Health and Social Care Partnership planned investments to support implementation of the strategy.

6.2 The investment plan will incorporate proposals agreed by the Integration Joint Board in August 2021 (DIJB38-2021) regarding the allocation of Carers Act implementation funding. The proposals were developed through Carers Partnership workstreams with a focus on improving outcomes for carers and responding to the findings of the 2019/20 Carers engagement activity. Proposals agreed by the Integration Joint Board include increasing capacity in mental health and wellbeing services to respond to carers needs, awareness raising and information projects to enhance carer identification and access to supports, assessment and support planning improvements and continued strengthening of participation and engagement approaches.

6.3 A Dundee Carers Partnership development session in November 2019 identified key priorities for implementing the next Local Carers Strategy as well as providing an opportunity to collectively evaluate overall performance. Key potential improvement areas arising from the session requiring further work to progress include:

- developing Carers performance information recording arrangements including a Quality Assurance Framework for A Caring Dundee 2.
- improved methods of recording of feedback and data about Carers experiences of services and support and changes to outcomes.

- ensuring Carers rights are embedded in workforce practice across the city , building workforce capacity to ensure consistency in understanding and awareness of processes and procedures in delivering support to Carers.

These priorities have also been taken into account in the process of developing A Caring Dundee 2.

## 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

<b>Risk 1 Description</b>	Incomplete data creates a risk that Dundee City Council and its partners will be unable to evidence that legislative duties within the Carers Act are being met, specifically in relation to Adult Carer Support Plans and Young Carers Statements.
<b>Risk Category</b>	Financial, Governance, Political
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"> <li>Review of assessment and support planning processes for adult carers</li> <li>Improved data collection activity</li> <li>Increased workforce awareness of legislative duties and enhanced carer outcomes via effective support planning</li> <li>Development of operational procedures</li> <li>Investment of Carers Act Implementation funds to support improvements outlined above</li> </ul>
<b>Residual Risk</b>	Likelihood 2 x Impact 5 = Risk Scoring 10 (High Risk)
<b>Planned Risk Level</b>	Likelihood 1 x Impact 5 = Risk Scoring 5 (Low Risk)
<b>Approval Recommendation</b>	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

## 9.0 CONSULTATIONS

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

## 10.0 BACKGROUND PAPERS

- 10.1 None.

Dave Berry Chief Finance Officer DHSCP

**DATE:** 26 August 2021

Jenny Hill, DHSCP, Joint Chair Dundee Carers Partnership

Lucinda Godfrey, Dundee Carers Centre, Joint Chair Dundee Carers Partnership

Joyce Barclay, Senior Office, Strategy and Performance

Megan Clark, Development Officer, Dundee Carers Centre

**Dundee Carers Partnership  
Performance Report  
2019-2021**

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## 1. Introduction

This report draws together the range of activities and performance of the Dundee Carers Partnership (Carers Partnership) to support implementation of the Local Carers Strategy 'A Caring Dundee' from the period covering 1<sup>st</sup> April 2019 until 31<sup>st</sup> March 2021. The performance report highlights the work of the Carers Partnership, as well as a much wider network of agencies who have worked alongside carers, young carers and communities to realise the ambitions of the strategy.

The first Carers Partnership performance report was published in September 2020 and included reference to the range of activities and performance covering the 2017-2019 period, <https://carersofdundee.org/cms/uploads/final-dundee-carers-partnership-performance-report-2017-2019-1.pdf>

This second performance report aims to demonstrate the continuing proactive work that has been achieved by the Carers Partnership, working together with partners and local carers to implement actions outlined in the Local Carers Strategy and supporting ongoing work to progress Carers Act developments in Dundee. The report also enables us to reflect on our progress during this period and to plan our programme of work on the updated refresh of the Local Carers Strategy for the forthcoming year.

## 2. Context

### 2.1 Dundee Carers Partnership

The Dundee Carers Partnership is a multi-agency group with the key aim of improving outcomes for carers and young carers in Dundee. The group ensures that the local strategy is developed, implemented, and reviewed in the spirit of co-production ensuring that all stakeholders are involved. The Dundee Carers Partnership provides a mechanism to ensure agencies across the city work together to collectively achieve the vision and outcomes set out in the Local Carers Strategy.

The Carers Partnership has wide representation from across Dundee Health and Social Care Partnership (DHSCP), Dundee City Council Children & Families, the voluntary sector, community organisations and carer representatives.

The Carers Partnership reports to DHSCP Integrated Strategic Planning Advisory Group. The DHSCP Strategic Planning Advisory Group reports to the Dundee Integration Joint Board. Working in partnership with carers is central to ensuring that there is a consistent focus on outcomes, and we strive to ensure that all developments are co-produced and co-designed with carers and stakeholders.

### 2.2 Local Carers Strategy 'A Caring Dundee'

In Dundee, in accordance with the principle of co-production, 'A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee 2017-2020' was developed jointly by Health and Social Care Partnership (HSCP), Children & Families service, Third Sector and Carers.

Collectively, our vision is to work in partnership to achieve 'A Caring Dundee in which all Carers feel listened to, valued and supported so that they feel well and are able to live a life alongside caring'.

The Strategy acts as a driver for a range of actions being taken forward by the Carers Partnership to improve the lives of Dundee carers and highlights the priorities in supporting the implementation and delivery of the Carers (Scotland) Act 2016. The Plan was reviewed in 2020 and due to changes resulting from the Pandemic an extended period was agreed by Dundee Integration Joint Board in order to support the development of a revised strategy in 2021. A Caring Dundee is expected to be produced by end of October 2021.

### 3. Progress Against Carers Strategic Outcomes

Over the period of the Strategic Plan, 'A Caring Dundee' a number of actions were identified to work towards achieving the outcomes in the strategy. Below is a summary of the achievement of these actions. Other actions are identified that will require further work going forward. This is a summary of the planned work which was carried out to take forward specific actions within the strategy, however it is not an exhaustive list of activities undertaken for Carers in the City that may have taken place as part of other strategies/policies /plans outside the Carers Partnership. This report is not a demonstration of the total supports to carers in Dundee and we appreciate that there are many other actions that contribute to the overall achievement of a caring Dundee and provide support to local Carers.

#### Carers Strategic Outcome 1: I am identified, respected and involved

*Our Ambition: Carers will say that they have been identified, given a voice and feel listened to, understood and an equal partner in the planning and shaping services and supports. Carers will also say that they know and understand their rights as a Carer.*

Actions identified and achieved have included:

- ✓ A Communications Strategy was developed and implemented setting out a framework for the Carers Partnership communications and key activities including the continuation of '**Carers of Dundee**' campaigns to increase awareness, understanding and identification of carers.
- ✓ Developed a **multi-agency toolkit** and delivered workforce training to support the implementation of the Carers (Scotland) Act 2016. **237** members of HSCP workforce attended the training (Sept 2017 until March 2018).
- ✓ A workforce development programme was implemented in 2017 to equip the Health and Social Care workforce and assessors of Adult Carer Support Plans with the necessary knowledge for implementation of the Carers (Scotland) Act 2016. The training focussed on general awareness raising and identification of carers, as well as outlining statutory procedures in relation to adult carers.
- ✓ Additional briefing sessions were also delivered to cascade Carers Act information and to highlight the Local Carers Strategic Plan and Local Carers Charter to relevant colleagues across Health and Social Care Partnership and wider third sector agencies, promoting discussion about support available to carers in Dundee and overall awareness raising. **10** briefing sessions were delivered to cascade Carers Act information and to highlight the Carers Strategic Plan and Local Carers Charter (**total attendance 68**)
- ✓ Improvement work was completed to enhance **carer involvement** in hospital discharge, to address requirements of section 28 of the Carers (Scotland) Act 2016
- ✓ Implemented models which support **early identification of carers** and prevention of crisis

- ✓ Clauses included in DHSCP commissioned services contracts regarding responsibility to identify and signpost carers
- ✓ Input into DHSCP Participation and Engagement Strategy which includes reference to involvement of carers in relation to planning care, how services and supports are delivered in local communities, and how services and supports are commissioned for the whole City

Some of the actions planned in A Caring Dundee 2017 were not fully achieved. Actions that should be considered and may require further development include:

- Additional focus on workforce development to build capacity, confidence, and skills of our workforce in supporting carers
- A move away from the current Carers Voice model to a locality involvement approach to achieve greater involvement
- Consideration of the usefulness of a Pre-assessment information booklet/checklist for Carers to be considered with carers in future developments of the Adult Carer Support Plan process
- Building on and monitoring progress from recommendations from the HSCP Hospital Improvement project exploring patient and carer involvement in hospital discharge planning

## Carers Strategic Outcome 2: I have had a positive caring experience

*Our Ambition: Carers will say that they have had positive experiences of supports and services designed to support them and the person they care for. Carers will say that they feel services are well coordinated for them and the person they care for.*

Actions identified and achieved have included:

- ✓ Young Carers were involved in the co-design of a **Young Carers leaflet** to aid practitioners and workers to have conversations with families who do not recognise the caring role of the young person, these have now been distributed to schools and youth organisations
- ✓ An online **Young Carers in Schools** workforce e-module and practical step by step guide have been developed for practitioners on how to provide young carer support and Young Carer Statements,
- ✓ A **Dundee Carers Charter** has been implemented and was re-launched in June 2019, a priority is the ongoing promotion of the charter amongst communities and organisations/business in the city, to encourage carer awareness and identification and enable people to signpost to support when necessary.

- ✓ A number of methods have been used to enhance the opportunity for carers and young carers to give feedback and there continues to be opportunities for carers and young carers to be involved in the design of services
- ✓ Progressed work to enhance **peer-support opportunities**, this has included developing new peer mentor roles, including developing and delivering training to support peer mentors supported by Dundee Carers Centre Volunteer Co-ordinator. This has included carers progression opportunities, including education and employment training and accreditation opportunities.
- ✓ The Carers Partnership have where possible involved carers in the redesign of services for supported people.

Some of the actions planned in A Caring Dundee 2017 were not fully achieved. Actions that should be considered and may require further development include:

- Consider how best a **Quality Assurance Framework** might be implemented when the refreshed strategy is complete.

### Carers Strategic Outcome 3: I can live a fulfilled and healthy life

*Our Ambition: Carers will say that they have opportunities to lead a fulfilled and healthy life. This may include accessing supports to improve their health and wellbeing, financial security and identifying what is important to them and how they will achieve this.*

Actions completed/ongoing

- ✓ **Carers Health Checks** have been promoted to carers through partnership working with the Dundee Keep Well Community Team. The Keep Well Team have attended Drop-in cafés and other events to engage with carers and provide information about carers' health checks.
- ✓ The **Carers of Dundee Website** was successfully launched [www.carersofdundee.org](http://www.carersofdundee.org), and provides information and advice to carers, families and professionals.
- ✓ Extensive work has taken place to develop and launch an online **Learning Portal** on the Carers of Dundee website providing learning opportunities for carers and workforce, including "Everyone Cares" and "Young Carers in Schools", e-Learning
- ✓ Further development, in partnership with the Dundee Carers Centre, of **locality models** for supporting carers within the service delivery areas in which they live, with roll out of the locality approach in all the 8 LCPP areas.
- ✓ Carers **Wellbeing Point Pilots** ran from November 2019 – May 2020 and provided easily accessible point of information to enable carers to find out what's available to support them in their caring role. This included information on services and supports in Dundee, alongside resources that promoted positive wellbeing.

- ✓ Continued implementation of the Tayside Plan for children, young people and families including support for young carers in transition to college.
- ✓ Promotion on fire safety and measures that can be taken by carers in their home continues
- ✓ Drop in opportunities continue to be delivered and expanded in localities as well as leisure and social opportunities

Further development:

- Additional e-Learning modules are being developed with partners and organisations across the Health and Social Care Partnership to further add to the e-module resource library, these include:
  - **Navigating services** module which will include short video clips introducing local services as well as content including having difficult conversations with professionals and understanding the structure of H&SCP. They will also be uploaded to a resource library on Carers of Dundee website for easy access for those who need information on a particular service.
  - **Adult Carer Support** module for Health and Social Care Workforce based on the format of the young carer module including local procedures for ACSPs and other support.

#### Carers Strategic Outcome 4: I can balance my life with my caring role

*Our Ambition: Carers will say that they have a good balance between caring and other things in their life and have choices about caring. Carers will say that they are able to spend enough time with people and activities they want to do and are able to continue in the caring role*

Actions which have been achieved/progressing

- ✓ Significant work has been taking place to continue to implement the **Carers (Scotland) Act**
- ✓ Dundee City Council, NHS Tayside and Dundee Carers Centre have achieved the Carers Positive Award
- ✓ The **Short Breaks Statement** was produced and published and has been reviewed in accordance with Carers Act requirements.
- ✓ Dundee City Council Operational guidance for Young Carer support was formalised and agreed, and systems and process are in place for the delivery of **Young Carers Statements**

Some of the actions planned in 'A Caring Dundee 2017' were not fully achieved. Actions that should be considered and may require further development include:

- Further work to increase the uptake of **Adult Carer Support Plans** including improvement to the process and systems
- Further work to develop the use of **self-directed support** options which enable adult carers who need Option 1 support to achieve their outcomes.

## 4. Overview of Carers Strategic Planning Developments

Later in this section we will comment on how the Covid 19 pandemic has affected the circumstances and plans for carers in Dundee.

### Support to Adult Carers & Adult Carer Support Plans

The Dundee Carers Partnership has implemented an early intervention approach in the delivery of support to adult carers in Dundee. This was developed through co-production with local carers who identified that 'Informal assessment and planning may, for some carers, be sufficiently supportive.'

Activity from 2017 onwards has been directed at supporting work that allows carers in Dundee to benefit from an asset based self- management approach. This encourages carers to access support for themselves, where possible.

All carers in Dundee can access universal services and informal support, universal services are key partners in the delivery of preventative approaches to improving outcomes for carers.

The support that adult carers receive can include some or all of the supports below, this support may be accessed with or without an ACSP.

- Local Community Activities
- Carers Health Check
- Carers Groups
- One-to-one support
- Short Breaks
- Services and Supports for the person they care for (which are mainly allocated through an Outcome Focussed Assessment of the supported person taking carers views into account where appropriate)

If a carer's needs are either not met, or not fully met through universal and or informal supports then more targeted sources of support can be available, in the form of an Adult Carer Support Plan through the DHSCP.

A (Short Life) Improvement Group was set up in 2019 with the aim of improving the support available for carers with support plans. The opportunity was set up for practitioners to raise Adult Carer Support Plans (ACSP) and ACSP plan queries including Carers Eligibility.

It was identified in report prepared by Carers Partnership to the IJB in October 2020 (IJB Ref - 27<sup>th</sup> Oct 2020) that across all services (internal and externally commissioned) there is a need to further explore appropriate shared practice models for undertaking and recording ACSP

and Young Carer Statements for carers that are proportionate to the carers level of need at any given time.

To further support implementation of Adult Carer Support Plans in Dundee, a targeted piece of work with partners and the Adult Carer Subgroup is planned to collate a local evidence base and develop a local plan for improved implementation and effectiveness of ASCP.

### **Support to Young Carers & Young Carers Statements**

The approach to supporting young carers in Dundee prioritises early identification and support through co-production work undertaken in primary and secondary schools. The Young Carers Sub-Group of the Carers Partnership has oversight of the work with young carers and has a pivotal role in implementing a consistent approach to identify and supporting young carers within schools and consolidate learning from developments.

All developments are produced with an emphasis on co-production, including with a Young Carers Voice group consisting of representatives of young carers, has continued to be at the heart of the approach.

The Young Carers subgroup has focussed their work on developing the skills and capacity of the workforce to develop appropriate supports and complete Young Carer Statements.

In February 2020, a template partnership agreement was completed for use by Dundee Carers Centre and all secondary schools outlining minimum expectations on the contribution of the partners to identification and support. Within this framework, approaches include:

- Children and young people take a role as Young Carer Ambassadors to inform and contribute towards approaches in every secondary school, alongside Carers Centre and school staff
- Two Young Carer Ambassadors participated in Virtual Hub (Facebook live) broadcast in August 2020 to highlight supports available for young carers returning to school
- A Young Carers Voice member hosted Virtual Hub (Facebook live) during Carers Week alongside the Minister for Public Health Joe Fitzpatrick MSP
- The learning from a Young Carers Statement test is embedded and peer support groups for Young Carers are now run jointly by Ambassadors and staff in all secondary schools
- Development of an eLearning Young Carers Workforce Module to be embedded in the Dundee City Council Digital Learning and Support Resources and the Carers of Dundee Portal.

### **Reviewing our Strategic Direction**

#### **Carers Partnership Development Session**

In November 2019, Dundee Carers Partnership facilitated a development session to identify key priorities for implementing the next Local Carers Strategy and involvement of members in planning and supporting the overall co-design of this work.



The session was also an opportunity for us to collectively self-evaluate overall performance in relation to identifying the improvement areas and next steps/actions towards implementing these. During late 2019 and early 2020, we conducted a review of 'A Caring Dundee' and concluded that a revised strategy should be prepared.

Key improvement areas arising from the session that still require further work to progress include:

- developing consistent and comprehensive performance information recording arrangements, work is planned to develop a Quality Assurance Framework once a new re-freshed carers strategy is complete.
- better recording of feedback and data gathered to improve services and experiences of carers to appropriately target resources for carers support.
- carers rights being embedded in workforce practice across the city, building workforce capacity to ensure consistency in understanding and awareness of carers processes and procedures in delivering support to carers.

### **Local Carers Strategy Re-Fresh**

We had plans to refresh the Local Carers Strategy before the end of October 2020. These plans involved further engagement with carers and stakeholders. The planned engagement was also seen as an opportunity to hear people's views about how to share the Short Breaks Service Statement in more accessible ways.

A report was shared with the Dundee Health and Social Care Integration Joint Board (IJB) in June 2020. The report set out what has happened in relation to strategic planning for local carers during the Covid 19 pandemic. The information in the report also supported the IJB to make decisions about the review of local Carers Strategy and delay to this completion of this work until October 2020.

### **How we have spent resources - Carers (Scotland) Act Funding**

#### **Carers Act Funding 2019/20 Period**

To maximise use of resources to support Carers, an integrated budget and local Investment Plan was developed and submitted to the IJB in 2019 to evidence how all funding allocated towards carers would allow the Carers Partnership to support carers to achieve their outcomes and achieve priorities set out in the Carers Strategic Plan, Carers (Scotland) Act 2016 and the Dundee Health and Social Care Partnership Strategic Commissioning Plan.

The budget for implementation of the Carers (Scotland) Act 2016 for Dundee Health and Social Care Partnership in 2019/ 2020 was £535k which had been planned for as part of the IJB's 2019/20 budget (IJB Ref DIJB28-2019)

The Carers Partnership Investment Plan highlighted our commitment towards investing in initiatives to enable a shift towards early intervention and preventative support. Through the

funding a range of services and supports are invested in to meet the stated outcomes highlighted in the Carers Investment Plan.

The Carers Partnership developed a framework for commissioning related to this investment with contract monitoring procedures in place to review the delivery and performance against the outcome areas.

### **Carers Act Funding 20/21 Period**

Further funding has been made available by the Scottish Government to support the implementation of the Carers (Scotland) Act 2016 for the 2021/22 period. The Carers Partnership identified 2 priority areas where they would welcome bids: Addressing needs of carers post COVID and support the implementation of Adult Carers Support Plans. A call for bids was circulated in late 2020 and was shared through Carers of Dundee networks.

A small amount of funding was allocated through the open bids process, this included The Corner co-ordinating the distribution of Wellbeing Boxes to young carers via Dundee Schools and Dundee Carers Centre around Young Carers Action Day in March 2021. In addition to this funding it was identified to support a targeted piece of work with partners (in particular the Adult Carer Support Plan subgroup) to collate a local evidence base and develop the local plan for implementation of ASCP in Dundee. This has not progressed yet and funding was not released for this however this will form part of the new local Carers Strategy Delivery Plan in 2021.

Due to findings from the Covid-19 work, it was decided by the Carers Partnership that a more collaborative and dynamic process would be required to enable the key recommendations in the Covid-19 findings report to be addressed.

The Carers Partnership are in the process of conducting an exercise through dedicated workstreams to develop proposals to address Covid-19 recommendations within the overall context of the strategic direction for carers in the City and identify priority areas for investment of the additional Carers Act implementation funding coming to the City for the 2021/22 period.

### **Responding to Covid-19**

#### **Engagement with Dundee's Carers**

In late September 2020 to mid-November 2020, we launched local engagement work with carers and workforce supporting carers to better understand the impacts of the COVID-19 pandemic. The consultation involved engagement with carers, young carers and the wider workforce.

Data collection included two online surveys, a carer's survey and a workforce survey, and 5 (virtual) focus group discussions with adult carers and one focus group held with a group of young carers, all focus groups were facilitated by support organisations in the City.

- Online local survey for carers -116 unpaid carers completed online survey
- Online survey for local workforce –37 individuals completed workforce survey
- Carer Focus Groups - 41 carers participated in focus group discussions

The findings report <https://carersofdundee.org/workforce/carers-partnership/#report> has identified several recommendations that require consideration and action to ensure the

strategic outcomes are met for carers in the City. As a Partnership, we have established dedicated workstreams to develop proposals based on the finding areas to initiate targeted work activity to deliver improvements to better support carers in Dundee.

## 5. Looking to the future

The Dundee Carers Partnership Performance Report for 2019 – 21 is designed to summarise some of our key achievements throughout the period under review in implementing the Local Carers Strategy 'A Caring Dundee'. This report reflects on the successes and identifies our areas of further improvement.

We have continued to make progress towards achieving our aims since the publication of the 2017-2019 Carers Partnership Performance Report. This report reflects on what we have achieved collectively since this period and identifies areas of further improvement.

Throughout the next year, the Carers Partnership will focus efforts on delivering activity in response to the recommendations identified through the Covid-19 engagement work, through collaborative work being delivered by the Carers Partnership Covid-19 workstreams.

We will also focus on the development and implementation of our re-freshed Local Carers Strategy due to be produced later this year as well as a dynamic delivery plan. The Carers Partnership will continue to prioritise ongoing opportunities to involve carers in the design and development of supports and services across the city, to ensure carers are fully involved, consulted and listened to across key agencies and partnerships.

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**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 29 SEPTEMBER 2021

**REPORT ON:** CARE INSPECTORATE GRADINGS - REGISTERED CARE HOMES FOR ADULTS/OLDER PEOPLE AND OTHER ADULT SERVICES 2020/21

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC21-2021

## **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to summarise for the Performance and Audit Committee the gradings awarded by the Care Inspectorate to Dundee registered care homes for adults/older people and other adult services in Dundee for the period 1 April 2020 to 31 March 2021.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the contents of this report and the gradings awarded as detailed in the attached Performance Report (Appendix 1) and highlighted in section 4.2 below.
- 2.2 Note the significant changes to the scale and scope of Care Inspectorate led inspections carried out in 2020/21 due to the COVID-19 pandemic (section 4.1.2).
- 2.3 Note the range of continuous improvement activities progressed during 2020/21 as described in section 4.3 and Appendix 1.

## **3.0 FINANCIAL IMPLICATIONS**

3.1 None.

## **4.0 MAIN TEXT**

### **4.1 Background**

- 4.1.1 The Care Inspectorate is responsible for the inspection and regulation of all registered care services in Scotland. The regulatory authority ensures that care service providers meet the Health and Social Care Standards which came into effect in April 2018. The Care Inspectorate use a six-point grading system against which certain key themes are graded. The grades awarded are published in inspection reports and on the Care Inspectorate's website at [www.careinspectorate.com](http://www.careinspectorate.com).
- 4.1.2 The Coronavirus (Scotland) Act 2020 included provisions which affected the work of the Care Inspectorate in terms of the scale and scope of inspection activity carried out in 2020/21. In order to robustly assess arrangements to respond to the COVID-19 pandemic, inspections required to place particular focus on infection prevention and control, wellbeing and staffing in care settings. An additional key inspection question to augment existing frameworks was developed - 'How good is our care and support during the COVID-19 pandemic?' which formed the excluded focus of inspection activity during 2020/21. To reduce pressure on providers fewer inspections were carried out during the year, with 17 inspections taking place in Dundee compared with 79 in 2019/20.

4.1.3 Due to the very significant changes in inspection scale and scope during 2020/21 inspection gradings from 2020/21 cannot usefully or reliably be compared to previous years.

4.1.4 A feedback letter to NHS Tayside 6/7/21 from the Sharing Intelligence for Health & Care Group stated that “the Care Inspectorate explained that it considers leadership across the three Health & Social Care Partnerships in the region to be strong and collaborative. The link inspectors for the three partnerships noted positive cultures within partnerships that are forward thinking, and open to seeking external support if required. The interface between NHS Tayside and the three partnerships will be crucial in realising some of the changes/improvements to services that are required, including to mental health services (see below). The Care Inspectorate also noted that, across all three partnership regions in Tayside, the percentage of services that had grades of good or better in care at home services were below the Scottish average.

## 4.2 Gradings Awarded

4.2.1 A total of 17 inspections were carried out across 13 services during 2020/21: 15 inspections across 11 care homes and 2 inspections of other adult services.

4.2.2 Of the 17 inspections undertaken in 2020-21 :

- No service received an overall grade of **5** ‘very good’ or **6** ‘excellent’
- 3 services (17.5%) received an overall grade of **4** ‘good’
- 10 services (59%) received an overall grade of **3** ‘adequate’
- 3 services (17.5%) received an overall grade of **2** ‘weak’
- 1 service (6%) received an overall grade of **1** ‘unsatisfactory’

4.2.3 A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010, its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law. Requirements were placed on 4 of the 13 services following inspection during 2020/21 (all of which were care homes). Details of the improvement support provided to all 4 services is set out in appendix 1; in all cases this resulted in the Care Inspectorate upgrading the care home to grade 3 – Adequate within the financial year.

4.2.4 Table 1 below shows the overall percentage awarded at grades 1 to 6 and also each key theme in Dundee in 2020-21. Of the 17 inspections carried out, 4 were re-inspections to follow up on requirements, which in all 4 services, resulted in a re-grading to a higher grade. There is no breakdown into the 3 themes for these follow up visits.

**Table 1 – 13 inspection (39 grades awarded)**

Grade 2020-21	OVERALL	People's health and well-being are supported and safeguarded during the COVID-19 pandemic		Infection control practices support a safe environment for people experiencing care and staff		Staffing arrangements are responsive to the changing needs of people experiencing care	
<b>6</b> excellent	-	-	-	-	-	-	-
<b>5</b> very good	5%	1	(7.5%)	-	-	1	(7.5%)
<b>4</b> good	49%	8	(62%)	4	(31%)	7	(54%)
<b>3</b> adequate	20%	1	(7.5%)	5	(38.5%)	2	(15.5%)
<b>2</b> weak	23%	3	(23%)	3	(23%)	3	(23%)
<b>1</b> unsatisfactory	3%	-	-	1	(7.5%)	-	-

### **4.3 Continuous Improvement**

- 4.3.1 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 of the same until such point concerns have been adequately addressed. This pre-existing commitment and relationships between providers, the Care Inspectorate and the Partnership has invaluable through 2020/21 in supporting providers to respond to the COVID-19 pandemic.
- 4.3.2 In the care home sector improvement support has been focused through the Integrated Care Home Team, Care Home Providers Forum, Care Home Clinical and Professional Governance Oversight Group and Care Assurance Visits. These approaches, described in further detail in Appendix 1, have operated to ensure that concerns and risks are identified at an early stage and that appropriate support and expertise has been available to providers, particularly in relation to infection prevention and control but also to maintain the provision of high quality care to care home residents during lockdowns and periods of significant public health restrictions.
- 4.3.3 More generally, there has been a focus throughout the pandemic on provider support and sustainability, led by the Social Care Contracts Team. This has included local implementation of national agreements in relation to financial sustainability claims and payments between the Scottish Government and COSLA, as well as a range of communication activities, facilitating access to PPE, staff testing and staff vaccination and provider specific supports to address the impact of the pandemic of models of care, continuity of service provision and staffing levels. Further detail is provided in Appendix 1. The focus on provider support and sustainability will continue into the recovery period.

### **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 relates to the publication of Care Inspectorate information and is for information only.

### **7.0 CONSULTATIONS**

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

### **8.0 BACKGROUND PAPERS**

- 8.1 None.

Dave Berry  
Chief Finance Officer

DATE: 26 August 2021

Rosalind Guild  
Contracts Officer

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## PERFORMANCE REPORT – CARE INSPECTORATE GRADINGS

### DUNDEE REGISTERED CARE HOMES FOR ADULTS/OLDER PEOPLE AND OTHER ADULT SERVICES

1 APRIL 2020 – 31 MARCH 2021

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#### INTRODUCTION

The purposes of this report is to summarise for members the findings and gradings awarded by the Care Inspectorate to registered care home services for adults and other registered adult services within Dundee for the period 1 April 2020 to 31 March 2021.

The Care Inspectorate regulates and inspects care services to make sure they meet the right standards. It also works with providers to help them improve their service and make sure everyone gets safe, high quality care that meets their needs. The Care Inspectorate has a critical part to play to make sure that care services in Scotland provide good experiences and outcomes for the people who use them and their carers.

Revised Health and Social Care Standards came into effect in April 2018. The new Standards replaced the National Care Standards and are now relevant across all health and social care provision. They are no longer just focused on regulated care settings, but for use in social care, early learning and childcare, children's services, social work, health provision and community justice. They seek to provide better outcomes for everyone, to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

It is recognised that self-evaluation is a core part of quality assurance and supporting improvement and this framework is primarily designed to support care services in self-evaluation. The same framework is then used by the Care Inspectorate to provide independent assurance about the quality of care and support. By setting out what Inspection Officers expect to see in high-quality care and support provision, it can help support improvement too. Using a framework in this way also supports openness and transparency of the inspection process.

From 2018 to date the following quality frameworks have been published which are relevant to this report.

- Care homes for adults
- Care homes for older people
- Housing support and offender accommodation
- Support services (care at home including supported living models of support)
- Support services (not care at home)

The Care Inspectorate continue to inspect using a six-point grading scale (see below) against which the following key themes are graded:



Each theme is assessed from 1 to 6 with 1 being 'unsatisfactory' and 6 'excellent'.

The grading scale used is:

6	excellent
5	very good
4	good
3	adequate
2	weak
1	unsatisfactory

## COVID 19 – CHANGE OF FOCUS FOR CARE INSPECTORATE

The Coronavirus (Scotland) Act, introduced by the Scottish Government on 31 March 2020 to respond to the emergency situation caused by the Covid-19 pandemic came into force on 7 April 2020. Within the Act are provisions which affected the work of the Care Inspectorate, the providers and services they work with, and individuals experiencing care.

In order to robustly assess arrangements to respond to the Covid-19 pandemic, inspections required to place particular focus on infection prevention and control/PPE (Personal Protective Equipment), well-being and staffing in care settings. A key question to augment existing frameworks was developed – **How Good is our Care and Support during the Covid-19 pandemic?**

This key question has three quality indicators associated with it:-

- 7.1 People's health and wellbeing are supported and safeguarded during the Covid-19 pandemic.
- 7.2 Infection control practices support a safe environment for both people experiencing care and staff
- 7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

Inspection Officers carried out short, focused, targeted inspections jointly with colleagues from Health Improvement Scotland and Health Protection Scotland to assess care and support during the Covid-19 pandemic. The above six-point grading scale continues to be used to grade this additional key question.

In addition to inspection visits, throughout the COVID-19 pandemic the Care Inspectorate has used video calls (using the Scottish Government approved Near Me consulting tool as a platform) and telephone calls as methods of engagement with care providers, service users and carers.

## OVERVIEW OF THE SERVICES INSPECTED

A total of 17 inspections were carried out across 13 services during 2020-21 (see Appendices A and B):

- 15 inspections in 11 care homes (compared to 30 inspections in 2019-20)
- 2 inspection in other adult services (compared to 49 inspections in 2019-20)

Where there are performance concerns at an inspection resulting in a number of requirements being imposed, a follow up visit is arranged. This can result in further action being taken or grades being amended. This is relevant to 4 care home services during 2020-21.

Inspection visits can also be carried out if complaints are made against a service.

Table 1 shows which sectors received an inspection:

**Table 1**

Service	Data	DHSCP	Private	Voluntary	Total
DUNDEE	No of Services	0	11	2	13
	%	0%	85%	15%	100%

### Summary of the gradings awarded in Dundee

Of the 17 inspections undertaken in 2020-21 :

- No service received an overall grade of **5** 'very good' or **6** 'excellent'
- 3 services (17.5%) received an overall grade of **4** 'good'
- 10 services (59%) received an overall grade of **3** 'adequate'
- 3 services (17.5%) received an overall grade of **2** 'weak'
- 1 service (6%) received an overall grade of **1** 'unsatisfactory'

There is no value in comparing gradings to those received during 2019-20 as only the recently added Key Question 7 was inspected during the pandemic.

Table 2 below shows the overall percentage awarded at grades 1 to 6 and also each key theme in Dundee in 2020-21. Of the 17 inspections carried out, 4 were re-inspections to follow up on requirements, which in all 4 services, resulted in a re-grading to a higher grade. There is no breakdown into the 3 themes for these follow up visits.

**Table 2 – 13 inspection (39 grades awarded)**

Grade 2020-21	OVERALL	People's health and well-being are supported and safeguarded during the COVID-19 pandemic		Infection control practices support a safe environment for people experiencing care and staff		Staffing arrangements are responsive to the changing needs of people experiencing care	
<b>6</b> excellent	-	-	-	-	-	-	-
<b>5</b> very good	5%	1	(7.5%)	-	-	1	(7.5%)
<b>4</b> good	49%	8	(62%)	4	(31%)	7	(54%)
<b>3</b> adequate	20%	1	(7.5%)	5	(38.5%)	2	(15.5%)
<b>2</b> weak	23%	3	(23%)	3	(23%)	3	(23%)
<b>1</b> unsatisfactory	3%	-	-	1	(7.5%)	-	-

As within the summary above, there is no purpose to comparison with data from previous year owing to the introduction of Key Question 7.

**Bridge View Care Home** (owned by Sanctuary Care) was initially inspected by the Care Inspectorate on 17 June 2020. Serious concerns by the Care Inspectorate were shared with Dundee Health & Social Care Partnership related to care and support, environment and staffing. A Letter of Serious Concern was issued by the Care Inspectorate to the provider following the visit. A follow up visit by the Care Inspectorate on 22 June 2020 evidenced a marked improvement. Ongoing support was provided by the Care Home Team, Care Inspectorate and Health Protection Team to support sustained improvement and a series of Risk Management meetings were held. At a follow up inspection visit on 4 September 2020, the Care Inspectorate upgraded the care home from grade 1 – Unsatisfactory to grade 3 – Adequate.

**Forebank Care Home (owned by Brookesbay Limited)** was visited by the Care Inspectorate on 6 August 2020 and a Serious Concern Letter issued with regard to Infection and Prevention Control issues, staff training and management of medication. A series of Risk Management meetings took place to discuss and support progress of the action plan in place. All requirements had been met by the time the Care Inspectorate carried out their follow up visit on 21 August 2020. The Care Inspectorate subsequently upgraded the care home from grade 2 - Weak to grade 3 – Adequate on 22 September 2020.

**Pitkerro Care Centre (owned by Hudson Healthcare Ltd)** was visited by the Care Inspectorate on 24 June 2020. Of particular concern was Infection, Prevention and Control practices. Dundee Health and Social Care Partnership discussed the concerns at the Care Home Safety Huddle and it was agreed that a Care Assurance Visit be arranged as a matter of urgency to support the care home. All requirements were addressed at the Care Inspection follow up visit on 17 July 2020 at which time their grade was upgraded from 2 – Weak to grade 3 - Adequate.

**Rose House (owned by Kennedy Care Group)** was visited by the Care Inspectorate on 27 November 2020 at which time requirements were put in place relating to care and support, environmental issues and staffing. Dundee Health & Social Care Partnership staff had close contact with this care home throughout this year and it was agreed at the Care Home Safety Huddle that the support provided to the care home already in place would continue awaiting the Care Inspection follow up visit. The Care Inspectorate re-visited the home on 17 February 2021 and awarded an upgrade from 2- Weak to grade 3 – Adequate.

During this time, Kennedy Care Group decided to close Rose House.

## Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010, its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

Requirements were placed on 4 of the 13 services following inspection during 2020-21.

## Complaints

A complaint is an expression of dissatisfaction by about a registered care service's action or lack of action, or about the standard of service provided by or on behalf of a registered care service'. Following investigation, a decision will be made by the Care Inspectorate whether the complaint is upheld or not upheld.

During 2020-21 the Care Inspectorate received one or more complaints relating to 2 of the 13 services inspected in Dundee. Of these, all were upheld or at least one of the following elements upheld.

### Healthcare

- Nutrition
- Medication issues
- Infection Control issues
- Hydration
- Tissue Viability
- Inadequate healthcare or healthcare treatment

### Wellbeing

- Behaviour

### Record-Keeping

- Personal Plans/agreements

### Communication

- Between staff and service users/relatives/carers

## Policies and Procedures

- Complaints procedure

## Staff

- Recruitment procedure (including disclosure checks)
- Training/qualifications

## Enforcements

Enforcement is one of the Care Inspectorate's core responsibilities and is central to protecting residents and bringing about an improvement in the quality of care services.

No enforcement action has been required to be taken in respect of the services reported upon either directly by the Care Inspectorate or by Dundee Health & Social Care Partnership.

Two care home services were issued with Letters of Serious Concern.

## CONTINUOUS IMPROVEMENT

There continues to be a joint commitment to continuous improvement and a proactive approach to improving and sustaining quality which involves service 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 of the same until such point concerns have been adequately addressed.

### Care Home Services

**Integrated Care Home Team** - During COVID the Care Home Team has continued to support all care homes in Dundee through the link work role, whereby there is a Registered Mental Health Nurse, Registered General Health Nurse and Social Work Review Officer allocated to each care home. Essential visits in care homes have continued, however more regular, planned visits have been determined by local guidance and through discussion with each home. During this time, Near Me, Microsoft Teams and teleconferencing have been utilised by the team for contact, assessments, and reviews where a face-to-face visit or meeting was deemed non-essential and to reduce the footfall and potential spread of Covid within the care home. All Care Home Team staff have received their second Covid vaccination and continue to undertake twice weekly Lateral Flow Tests.

Urgent Care, comprising Advance Nurse Practitioners continue to support the role out of Urgent Care within care homes in Dundee. During the pandemic, the Advance Nurse Practitioners have continued to triage urgent care calls and requests by care homes for a same day GP house call. As prescribers of medication, the Advanced Nurse Practitioners will undertake on behalf of the GP these house call visits with any following up, non-urgent tasks being passed on to the allocated link nurses within the CHT.

**Care Home Providers Forum** -The care home providers forum usually meets quarterly. The forum is attended by representatives from care homes across the city as well as members of the integrated care home team and a variety of professionals from Dundee Health & Social Care Partnership, the Care Inspectorate, Scottish Care and more recently Health Protection Tayside and Infection, Prevention and Control consultants from NHS Tayside. During Covid the forum has been a vital method of communication and support. Meetings were held weekly for several months in order to ensure regularly updated government guidance was received, understood and implemented timeously. In addition, this meeting offered Dundee care home managers the opportunity to discuss topical issues and concerns during the most difficult of times.

**Care Home Clinical and Professional Governance Oversight Group** - The Dundee Care Home Safety Huddle meets twice per week to discuss the status of the care home sector in Dundee. The frequency of meetings can be increased if required. Using the Turas information system, each care home provides a range of daily information pertaining to Covid, staffing and visiting. This information is combined with local information from the multi-disciplinary team attending the meeting, including DHSCP, Health Protection Team, Infection, Prevention and Control, Scottish Care and the Care Inspectorate. Any areas of concern are escalated to the Tayside Oversight Group which consists of Senior Managers from HSCPs, Nursing, HPT, IPC and trade unions. The meeting is chaired by the Director of Nursing for NHS Tayside.

**Care Assurance Visits** - In the summer of 2020 care homes were visited by staff from DHSCP and NHS Tayside to undertake an assurance visit using a local visiting tool. The purpose of these visits was to provide assurance to the Nursing Directorate that aspects of care, support and infection prevention and control were being undertaken effectively. Since these visits an assurance team has been formed including a care manager, a nurse and an Infection, Prevention and Control nurse. In February 2021, a further set of assurance visits have taken place. These support visits acknowledged areas of good practice and made recommendations where some improvements could be made. A report was compiled regarding these visits and submitted to the Oversight group.

### **Other Adult Services**

**Provider Support and Sustainability** - During 2020-21 there has been a significant focus on provider support and sustainability. This has been led by the Social Care Contracts Team and supported by a range of staff from across the Dundee Health and Social Care Partnership workforce. Key elements of the approach have included:

- Local implementation of national arrangements in relation to financial sustainability claims and payments;
- Regular provider communication e-mails summarising key developments, resources and legislative changes relating to the pandemic;
- A range of support to providers to access PPE, COVID-19 testing and vaccination;
- Targeted information gathering and distribution to ensure that providers data and views informed national developments in relation to the roll out of staff testing programmes, staff vaccination and other key aspects of nationally developed pandemic responses;
- Continuation of provider forums, including the care at home forum, via on-line platforms to promote information and peer support; and,
- Support to specific providers to manage impacts of the pandemic on models of care, service provision and staffing levels with a view to maintaining accessible services for vulnerable and at-risk populations.

The Health and Social Care Partnership recognises that, similarly to internal services, the COVID pandemic has resulted in many providers developing new and innovative approaches to service delivery. As we move through the recovery period our provider support and sustainability focus will move to enabling providers to embed the positive changes and learning into their models of service provision for the longer-term and to consolidate new partnerships that have developed between services in response to the pandemic. This may require further work with providers to ensure contractual arrangements are fully aligned to new models of service.

**DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP**  
**CARE INSPECTORATE GRADINGS FOR CARE HOMES IN DUNDEE - 1 APRIL 2020 TO 31 MARCH 2021**

Organisation and Name of Care Home	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	Key Question 7 - How good is our care and support during the Covid-19 pandemic?				Requirements	Complaints	Enforcement / Letter of Serious Concern)
				Overall Grade	People's health and well-being are supported and safeguarded during the COVID-19 pandemic	Infection control practices support a safe environment for people experiencing care and staff	Staffing arrangements are responsive to the changing needs of people experiencing care			

<b>Ballumbie</b> HC-One Limited	Care Home (Older People)	Private	10.09.20	3	4	3	4	No	Yes	No
<b>Benvie</b> Duncare Ltd	Care Home (Older People)	Private	11.12.20	4	5	4	5	No	No	No
<b>Bridge View</b> Sanctuary Care	Care Home (Older People)	Private	22.06.20	1	2	1	2	Yes	No	Letter of Concern
			07.07.20 04.09.20	3	Follow up visit and re-grade				-	-
<b>Elder Lea Manor</b> Enhance Healthcare Ltd	Care Home (Older People)	Private	07.11.20	3	4	3	4	No	No	No
<b>Ellen Mhor</b> Cygnet Healthcare	Care Home (Learning Dis)	Private	10.06.20	4	4	4	4	No	No	No
<b>Forebank</b> Brookesbay Limited	Care Home (Older People)	Private	06.08.20	2	2	2	2	Yes	No	Letter of Concern
			21.08.20 22.09.20	3	Follow up visit and re-grade				-	-
<b>Lochleven</b> Thistle Healthcare Limited	Care Home (Older People)	Private	02.09.20	3	4	3	4	No	No	No

Pitkerro Care Centre Hudson Healthcare Ltd	Care Home (Older People)	Private	24.06.20	2	3	2	3	Yes	Yes	No
			17.07.20	3	Follow up visit and re-grade			-	-	-
Rose House Kennedy Care Group	Care Home (Older People)	Private	27.11.20	2	2	2	2	Yes	No	No
			17.02.21	3	Follow up visit and re-grade			-	-	-
			Care Home Closed – 13 week notice of closure received on 15.02.21							
St Margaret's Home – Dundee Trustees of St Margaret's Home	Care Home (Older People)	Voluntary	10.09.20	4	4	4	4	No	No	No
Thistle Cygnet Healthcare	Care Home (Learning Dis)	Private	29.09.20	3	4	3	4	No	No	No

KEY:

- 6 excellent
- 5 very good
- 4 good
- 3 adequate
- 2 weak
- 1 unsatisfactory

- ↕ signifies that the grade has improved since the previous inspection
- ↘ signifies that the grade has fallen since the previous inspection
- no arrow signifies the grade has stayed the same grade
- where there is no grade this signifies that the theme was not inspected



**DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP  
CARE INSPECTORATE GRADINGS FOR ADULT SERVICES (EXCLUDING CARE HOMES) - 1 APRIL 2020 TO 31 MARCH 2021**

Organisation	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	Key Question 7 - How good is our care and support during the Covid-19 pandemic?				Requirements	Complaints	Enforcement
				Overall Grade	People's health and well-being are supported and safeguarded during the COVID-19 pandemic	Infection control practices support a safe environment for people experiencing care and staff	Staffing arrangements are responsive to the changing needs of people experiencing care			
<b>My Homecare (Dundee) Ltd</b>	Support Service	Private	04.03.21	<b>3</b>	4	3	4	No	No	No
<b>The Inclusion Group (Dundee)</b>	Support Service – Housing Support Service	Voluntary	20.01.21	<b>3</b>	4	4	3	No	No	No

KEY:

- 6 excellent
- 5 very good
- 4 good
- 3 adequate
- 2 weak
- 1 unsatisfactory

- ↕ signifies that the grade has improved since the previous inspection
- ↘ signifies that the grade has fallen since the previous inspection
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- where there is no grade this signifies that the theme was not inspected





**REPORT TO:** PERFORMANCE AND AUDIT COMMITTEE – 29 SEPTEMBER 2021

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

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC22-2021

## **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 25<sup>th</sup> 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 presentation of the actions has now been amended to mirror the risk action plan as the Pentana Risk software programme has now been used to record and monitor progress rather than an excel spreadsheet. This allows progress on each action to be quantified and offers real time information by way of an update.

## **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.



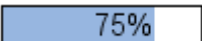
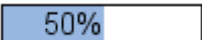
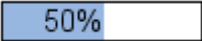
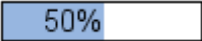
Dave Berry  
Chief Finance Officer


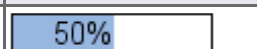

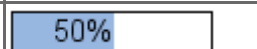














DATE: 16 September 2021















## PAC - HSCP Governance Action Plan Report – Appendix 1






September 2021

Rows are sorted by Progress

	Action Code & Title	Progress Bar	Due Date	Latest Update
✓	PAC 34–2019–5 Review reserves to ensure they are adequate	 100%	30–Jun–2021	The Dundee City Health & Social Care Integrated Joint Board considered the reserves as part of the review of the Unaudited Annual Accounts for 2020/2021. Report DIJB32–2021
✓	PAC 36–2020–4 Escalate lack of professional input from a ‘registered medical practitioner whose name is included in the list of primary medical services performers’ for a number of years to NHS Tayside	 100%	31–Dec–2020	New GP recruited in Dundee has agreed in taking on this role. NHS Tayside advised accordingly for nomination to the IJB
⚠	PAC2–2021–1 HEALTH AND CARE EXPERIENCE SURVEY 2019/2020 ANALYSIS Review	 75%	31–Mar–2022	Findings of survey considered as part of strategic needs assessment to be reported to the strategic planning group in November 2021
⚠	PAC 34–2019–3 Agree budget with partner organisations to ensure approval prior to the start of the year.	 50%	31–Mar–2022	Discussions held with Directors of Finance from Partner Bodies re budget process
⚠	PAC 36–2020–1 Status 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.	 50%	31–Mar–2022	Risk assessment of achievement of savings targets provided within financial monitoring reports to IJB
⚠	PAC20–2019–1 The Transformation Programme should be recorded in an overarching document	 50%	31–Oct–2021	Discussed at the HSCP finance meeting, that this needs to be pulled together as a priority – Covid response has caused disruption to development of the transformation programme. Need to assess longer term aspects of the Covid remobilisation plan as part of transformation.

	Action Code & Title	Progress Bar	Due Date	Latest Update
	PAC7-2019-3 Development of Large Hospital Set Aside arrangements in conjunction with the Scottish Government, NHS Tayside and Angus and Perth and Kinross Integration Joint Boards.		31-Mar-2022	Further direction from SG around development of LHSA being considered by CFO's and NHS Director of Finance
	PAC9-2018-1 Clinical and care governance across delegated services review of remits		30-Sep-2021	Hosted services are currently being considered through the Getting it right for everyone Group. All other aspects are complete
	PAC 36-2020-3 The Board and PAC are updated on progress in delivering against the risk maturity action plan.		31-Mar-2022	Risk management strategy approved by IJB and Risk Management development session held
	PAC 34-2019-4 Combine financial and performance reporting to ensure that members have clear sight of the impact of variances against budget in terms of service performance.		31-Dec-2021	Improved detailed financial performance monitoring provided to the IJB will assist in focussing on specific performance areas
	PAC20-2019-2 Summary reports on the progress of the Transformation Programme should be prepared and submitted to the PAC for its review. The Terms of Reference of the PAC should be updated to reflect the requirement for the TDG to report to it.		31-Aug-2021	It is now planned that a report will be presented to the Performance and Audit Committee in November 2021
	PAC28-2020-1 The DHSCP management team should review attendance at groups based on agreed principles		31-Mar-2022	An initial review of group remits has streamlined attendance to avoid duplication of DHSCP Management team
	PAC7-2019-1 Clarification of deputising arrangements for the Chief Officer to be presented to the IJB.		31-Mar-2022	Being considered as part of revision of integration scheme
	PAC7-2019-4 Development of improved Hosted Services arrangements around risk and performance management for hosted services.		31-Mar-2022	Discussions with partner IJB's have been ongoing around hosted services. This is also included in the review of the integration scheme
	PAC7-2019-5 Further develop the Integration Joint Board's local Code of Governance.		30-Sep-2021	Action has been delayed due to Covid repose work taking priority. A report to the IJB is planned for Oct 2021

	Action Code & Title	Progress Bar	Due Date	Latest Update
	PAC8-2018-2 Develop a formal Service Level Agreement (SLA) detailing all key corporate support services to be provided to the DH&SCP by DCC and NHST		31-Mar-2022	The key corporate support service arrangements will be reviewed and included in the integration scheme as part of its current review
	PAC 36-2020-2 A programme of development and training opportunities for Board members should be progressed.		31-Mar-2022	To be further developed over 2021/2022
	PAC7-2019-6 Further develop performance report information into a delivery plan framework		31-Dec-2021	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 Internal Audit review of Performance, due to be presented to Sept 2021 PAC
	PAC7-2019-2 Provide the IJB with reporting on workforce issues		31-Mar-2022	Updated Workforce and Organisational Development Plans, compatible with the revised Strategic and Commissioning Plan due to be presented to the IJB in February 2020.
	PAC28-2020-2 A governance mapping best practice guidance document is developed to ensure the operation of all groups conforms to the various principles detailed in the report.		31-Mar-2022	Review ongoing in line with increased capacity of Senior management team
	PAC28-2020-3 A review should be undertaken to update the strategic risk in relation to Increased Bureaucracy.		31-Mar-2022	Review ongoing in line with increased capacity of Senior management team
	PAC8-2018-1 Work to fully implement the actions in the Workforce and Organisational Development Strategy		31-Mar-2022	Review of Workforce and Organisational development strategy as companion document to the review of Strategic Plan.

Action Status	
	Cancelled
	Overdue; Neglected
	Unassigned; Check Progress
	Not Started; In Progress; Assigned
	Completed



ITEM No ...8.....



**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 29 SEPTEMBER 2021

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

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC23-2021

## **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to provide the Performance and Audit Committee with an update in relation to progress on the completion of the 2020/21 Internal Audit plan as well as work ongoing relating to the 2021/22 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.

## **3.0 FINANCIAL IMPLICATIONS**

3.1 None.

## **4.0 MAIN TEXT**

4.1 The Performance and Audit Committee approved the Integration Joint Board's 2021/22 Annual Internal Audit Plan at its meeting of the 26 May 2021 (Article XI of the minute of the meeting refers).

4.2 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.

4.3 An update on the progress of all the IJB's Internal Audits is shown in Appendix 1.

- Performance management (D05/20): Updated draft issued to management

## **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:** 04/09/21

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	Complete				N/A
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				N/A
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'. This work will link to Strategic Risk 10 as well as a number of operational risks	September 2021	Complete	Complete	Complete		
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	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	Complete	Complete	N/A
D04-21	Governance & Assurance	Ongoing, independent review and advice of the Integration Scheme update and provide formal assurance on the final product.	N/A- Year end report	Ongoing				
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>	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	February 2022	Ongoing				



**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 29 SEPTEMBER 2021

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

**REPORT BY:** CLINICAL DIRECTOR

**REPORT NO:** PAC24-2021

## 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 April to May 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.

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.

### 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 April to May 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	Priority Level	Inherent Risk Score (without controls)	Current Risk Score (with current controls in place)
Increasing demand in excess of resources, DDARS	1	15	25
Insufficient Numbers of DDARS staff with prescribing competencies.	1	25	25
Current funding insufficient to undertake the service redesign, DDARS	1	20	20
Covid-19 Maintaining safe DDARS	1	12	15
Clinical Treatment of Patients – Mental Health Service (946)	2	15	15

- 4.3.1.3 Four of the top 5 risks continue to sit with the Dundee Drug and Alcohol Recovery Service (DDARS). There have been further service pressures, due to staff turnover that affect all the key risks identified.

Two of these risks continue to show a current risk score in excess of the inherent risk score. This is primarily due to ongoing and worsening recruitment and retention into the DDARS service.

Measures currently in place to support mitigation include:

- Agreement to reduce the number of new patients entering the DDARS (reduction from 4 access assessment clinics per week to 2). Patients are advised on alternative areas to seek support and the DDARS team have informed partners to ensure they are aware of the potential for increased referrals.
- Advertisement for additional specialist medical staff – 1.0 wte locum consultant, and 1.5 wte Speciality Doctor.
- There is ongoing recruitment to vacancies with new staff completing induction
- Contracts with GPs with an interest in substance misuse – one contract agreed and under discussion (in total will equate to between 0.3 and 0.5 wte).
- Service Level Agreements in discussion with a number of Community Pharmacists to enhance harm reduction provision.
- Workforce review has identified the requirement to uplift these posts from band 5 to band 6 to meet prescribing requirements and this has been agreed to be progressed which will support risks 612 and 233.

4.3.1.4 DDARS implemented the Dundee Drug Commission recommendations to increase access to treatment by introducing same day prescribing, and to improve retention by reducing unplanned discharges which has successfully increased numbers of people in treatment with DDARS to 1410. Unplanned discharges have proved challenging in that we are unable to discharge individuals who do not engage/attend appointments. The management of this results in increasing demands on various staff across the service. Further work has been commenced on an assertive outreach model with a variety of partner agencies to support those who have difficulties engaging with statutory services.

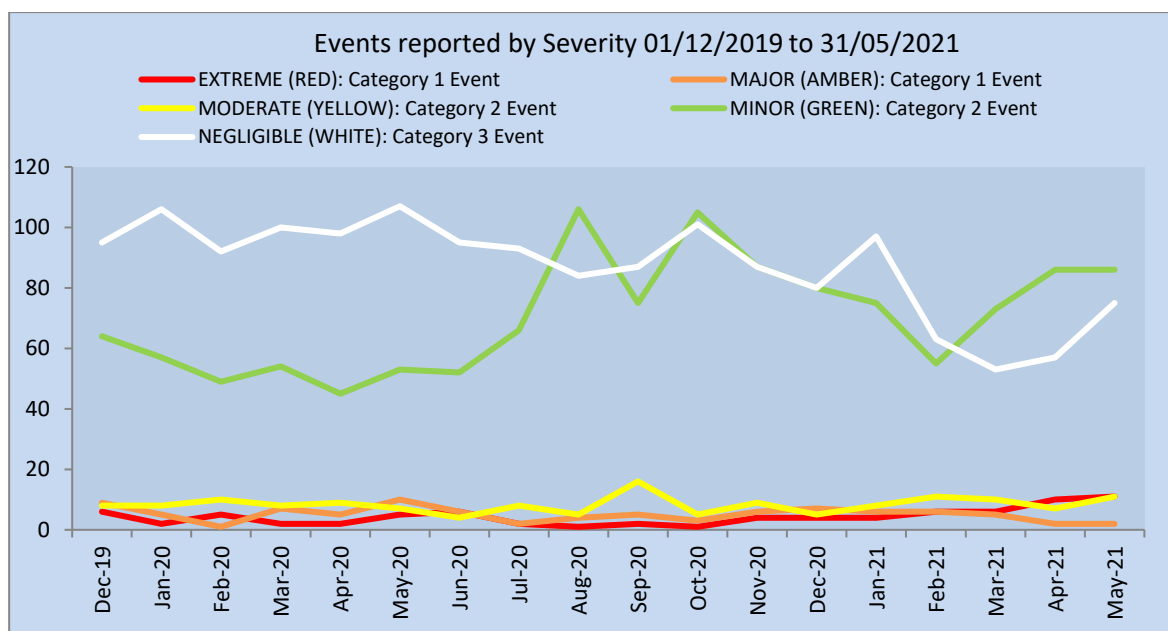
#### 4.3.1.5 Risk 946: Clinical Treatment of Patients – Mental Health Service

As a result of the demand for medical review outweighing current capacity, people will not receive appropriate treatments with this resulting in poorer mental health outcomes for people and their carers.

Traditional medical roles are being examined to determine what other professional groups can fulfil key function; primarily ANPs and NMP pharmacists. This will require release of funds from the medical budget and the recruitment of suitably qualified and experienced staff.

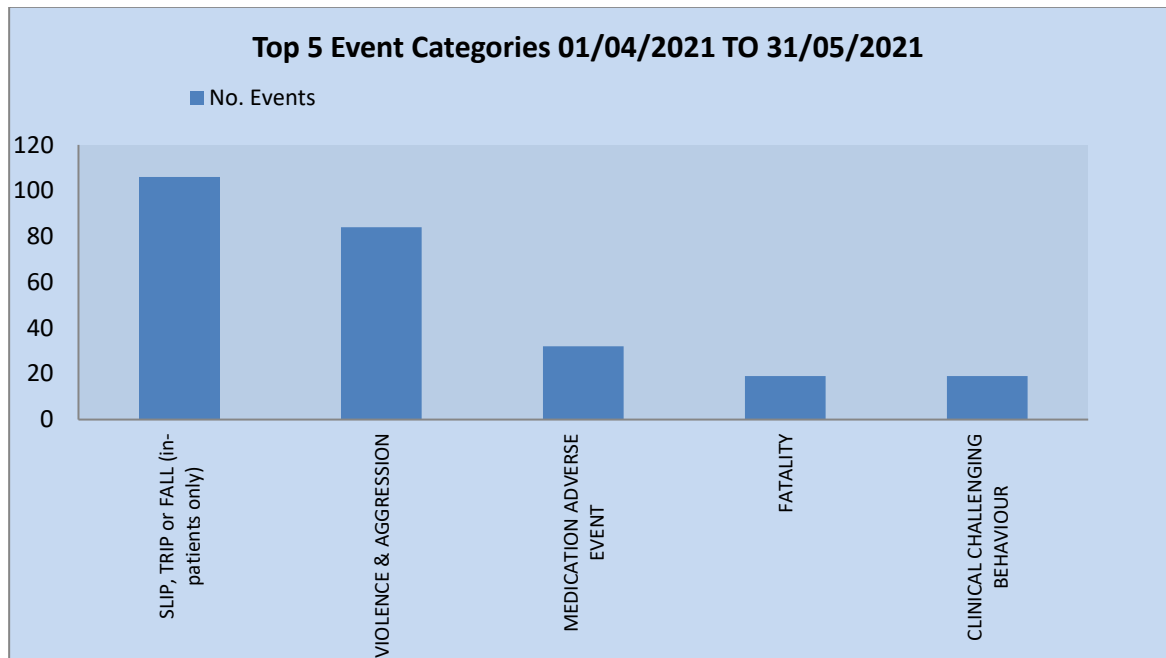
#### 4.3.2 Adverse Event Management

4.3.2.1 The following graph shows the impact of the reported adverse events reported by month over the past 18 months.





4.3.2.2 The following graph shows the top 5 categories reported between 01.04.2021 and 31.05.2021. The top 5 categories are: slip, trip or fall (inpatients only); violence and aggression; medication adverse event; fatality; and clinical challenging behaviour.



These categories account for 260 of the 347 events (75%) reported within the time period.

#### 4.3.2.3 Slip, Trip or Fall (Inpatients) Events

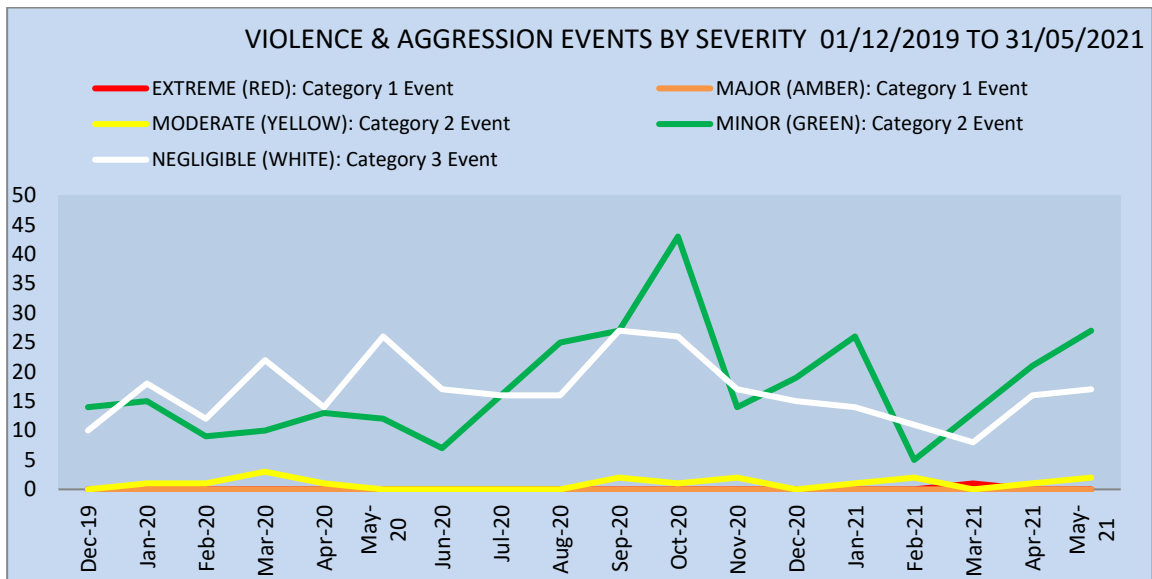
There were 106 events reported within the time period.

The majority of adverse events are reported through Older Peoples Services, with the majority of these being in Psychiatry of Old Age and more specifically in ward 3 at Kingsway Care Centre which had 35% of in-patient falls during this period. Review of these adverse events has identified a small number of patients who are responsible for multiple events, which is a common pattern across Psychiatry of Old Age and medicine for the elderly ward areas.

Discussions at the clinical, care and professional governance forum supported managers in sharing of learning and best practice for these patients. Comprehensive falls risk assessments (including eyesight, continence, footwear, strength and balance etc), falls plans, physiotherapy intervention, use of technology (falls sensors), bed location on ward and a positive rehabilitation based culture all contribute to positive management for this patient group.

25% of falls in this period were reported as incidents with harm. A review of this has identified no serious injuries requiring further medical input. A number of bruises, laceration and grazes were noted.

4.3.2.4 Violence and Aggression



4.3.2.5 There were 84 events reported within the time period. The majority of the events related to physical aggressive behaviour by patients, and were reported within Psychiatry of Old Age.

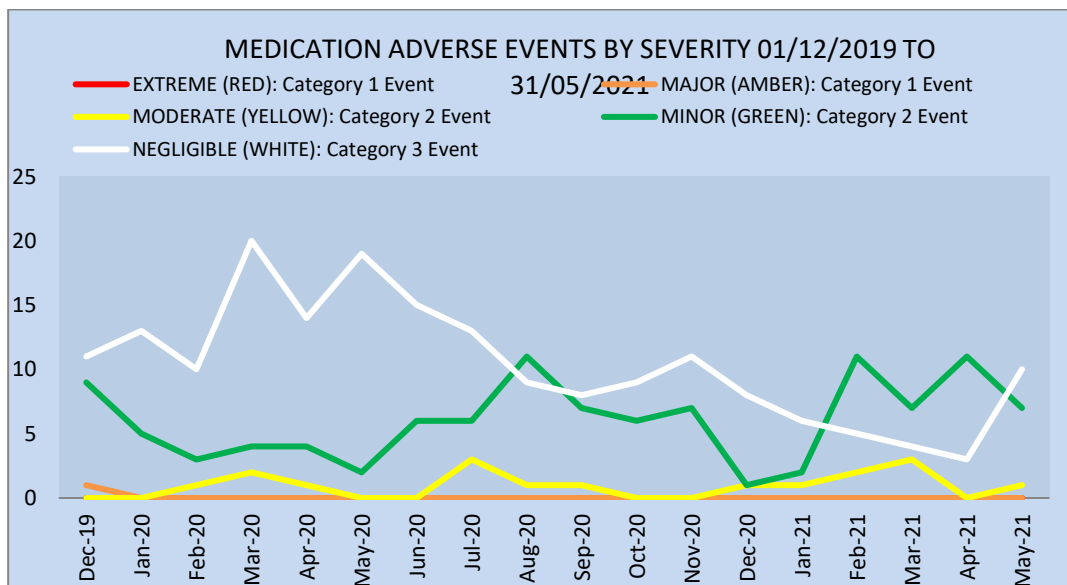
We have seen an increase during this reporting period which is down to a small number of patients having multiple incidents. The levels of harm remain low, although these events can be challenging for both staff and patients.

There are some very complex presentations currently resulting in frequent assaults on staff and patients, which has led to some patients being nursed in isolation.

The team continue to work closely with NHS Tayside’s violence and aggression lead to ensure best practice and ongoing support for both staff and patients.

4.3.2.6 Medication Adverse Events

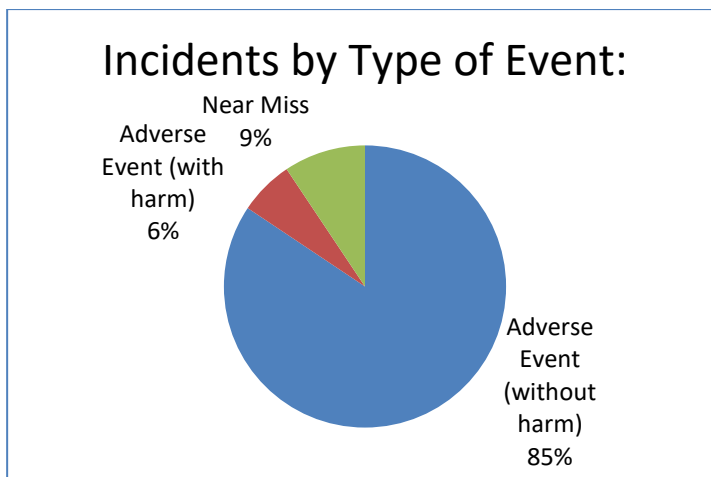
32 medication adverse events were reported in the time period. The following graph shows the number of events by severity over the past 18 months.



Medication adverse events have been reported across seven different service areas and include 14 different sub-categories of incidents. There do not appear to be any clear themes or specific areas of concern relating to medication adverse events.

4.3.2.7 The following graph shows the type of event reported. 27 were reported as adverse event (without harm), 2 as adverse event (with harm), and 3 as near miss.

Medication adverse events are reported and discussed through Primary Governance Groups with exceptions being raised through the CCPG Group. Following medication adverse events the reporter is expected to undertake a reflective account. These have supported the development of additional standard operating procedures, review of equipment used, replacement of equipment and ongoing training and support for staff. The future development of an electronic patient record and booking system for community nursing will support an improvement for these adverse events.



The adverse events with harm showed minimal impact. Medical staff were involved in the observation and monitoring of patients and there were no long term effects. On every occasion the error was noted immediately, corrected and monitored. Patients and families were informed.

#### 4.3.2.8 Fatality Events

See Mental Health Section of report.

#### 4.3.2.9 Clinically Challenging Behaviour Events

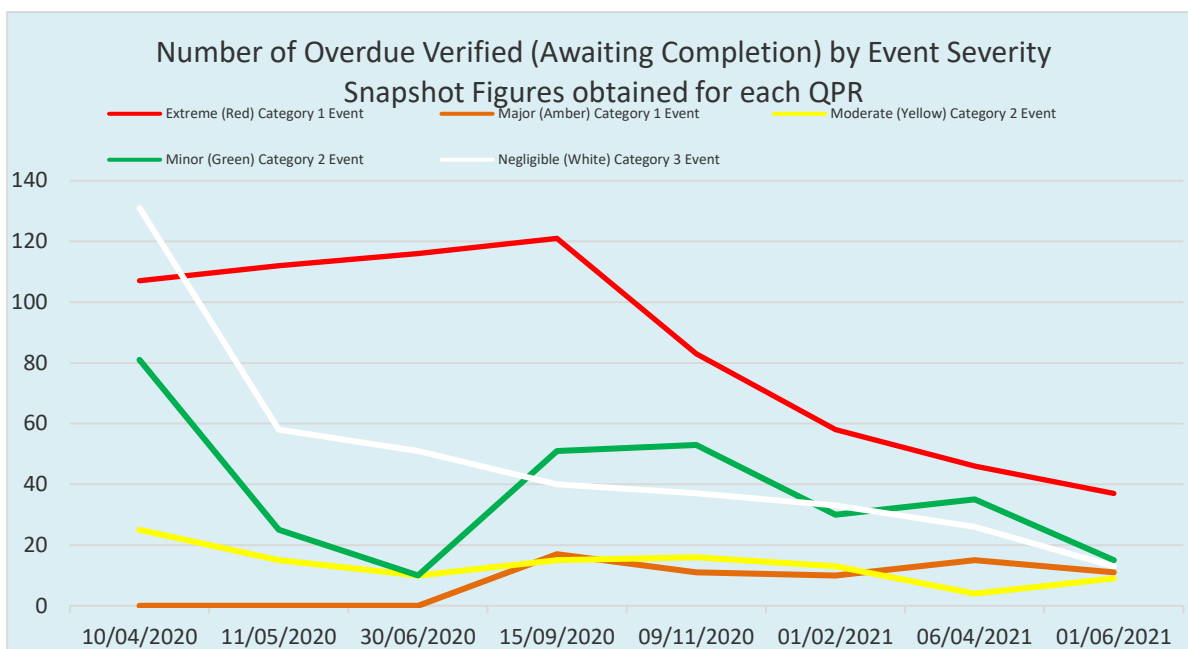
There were 19 events reported within the time period. These are primarily related to impaired cognition and were reported across six clinical areas. Themes reported include sexual disinhibition, repeatedly lying on the floor and making false accusations against staff.

While there is no current direct impact on delivery of care associated with these incidents they will continue to be monitored to ensure this. Staff managed the situations well through their violence and aggression and de-escalation training. Support is offered to staff as required as part of the verification process.

#### 4.3.2.10 Overdue Adverse Events

The following graph shows the number of verified events overdue for completion over the past 12 months. The graph continues to show a decrease in overdue adverse events.

The introduction of adverse event review groups has driven this improvement in overdue adverse events. Not only has this supported the reduction in the number of overdue events but also brings the team together more frequently to review adverse events, identify themes and have multi-professional support to drive improvements.



There are 85 events that are verified but overdue for completion within Datix, compared with 126 in the previous report.

4.3.2.11 The table below shows the number of overdue events by the year they were reported. The numbers in brackets represent the number of overdue events by year as included in the last report, demonstrating that the number of historical outstanding reviews continues to reduce.

	2017-2019	2020	2021
Extreme	21 (25)	16 (21)	-
Major	1 (1)	10 (14)	-
Moderate	-	4 (4)	5 (0)
Minor	0 (1)	8 (15)	7 (19)
Negligible	0 (1)	2 (11)	11 (14)
<b>TOTAL</b>	<b>22 (28)</b>	<b>40 (65)</b>	<b>23 (33)</b>

The majority of overdue extreme and major events sit within the Mental Health Service and Dundee Drug and Alcohol Recovery Service. As has been noted in previous reports significant improvement has been noted in reducing the numbers of overdue adverse events.

The teams are currently focussed on balancing time between ensuring new adverse events are comprehensively reviewed to ensure current risks, challenges and issues in the service are identified and managed while also aiming to dedicate some time to reviewing legacy adverse events. While this will mean a longer timeframe to reduce overdue adverse events it will also focus our limited resource into current events ensuring a focus on mitigation of current risk. In line with the current SOP, each red and amber adverse event has been subject to initial scrutiny to allow risk-based decision making with regard to priority for review. Where this identifies the likely need for immediate improvements, Reviews begin immediately. For example, two recent events highlighted that appointments had been missed in the period prior to death without timely follow-up to this (one death from natural causes; one from overdose); whilst the formal detailed Reviews remain on-going, rapid improvement work took place with Team Leaders to ensure that clear disengagement plans are in place for all open cases with multidisciplinary involvement.

4.3.2.12 Greater detail was requested via the Care Governance Committee on the themes identified through adverse event review. It should be noted that nearly all red events in mental health arise from patient suicide. Although rightly classed as an adverse event, a significant proportion of reviews will find that there is no act, error or omission on the part of the service that contributed to the suicide, this reflecting the multi-factorial causes of suicide and an acceptance that the prediction of the suicide is not actually possible. It is possible to provide good, evidence-based treatment and still experience patient suicide. Where recommendations are made, these

often reflect secondary service improvements that the case has highlighted. Notwithstanding that, key themes which emerged from the adverse event reports were as follows:

- Lack of coordinated care
- Ineffective communication with inadequate procedures and processes to enable sharing of information across and between statutory services and with external organisations
- Lack of clarity in reporting systems in particular escalation strategies
- Inconsistent referral processes between disciplines and with partner agencies
- Individuals not being seen in a consistently timely manner upon discharge from inpatient care.

#### 4.3.2.13 Recommendations from the reviews included:

- Facilitation of interagency working particularly in relation to individuals presenting with co-occurring mental health and substance misuse issues
- A standard should be set that all individuals discharged from psychiatric inpatient should be followed up within seven days of post discharge
- Review of standard operating procedures, including referral protocols, transition and models of care, developing a whole systems approach to joint working
- Communication whether it is interdisciplinary, with primary care and other partner agencies services, and most importantly individuals presenting to services should be clear, concise and delivered in a timely manner
- Depot clinics to have clear risk management plans in place when individuals do not attend with this to be included in the monthly audit.

In all cases the standard of care was acceptable. Positives examples of good practice were:

- Evidence of delivery of person centred care
- Assertive and proactive follow up when individuals disengaged or were difficult to engage
- Good collaboration with family members and carers.

#### 4.3.2.14 Progress Made to Date

Improvements that have already been put in place to address the recommendations made include:

- The establishment of the Dundee Adult Mental Health Discharge Hub (the Discharge Hub) providing a supportive and safe transition from hospital to home. All adults who have had an inpatient stay or contact with the Crisis Resolution Home Treatment Team (CRHTT) as an alternative to admission are referred to the Discharge Hub, which operates six days a week, excluding Sunday from 09:00 to 17:00. Importantly, this includes people being discharged without formal follow-up from mental health services as the identified risk in the literature comes from having been an in-patient, not an in-patient with an identified mental health problem.
- Closer working between Community Mental Health Services and the Dundee Alcohol & Drug Recovery Service. There is now more regular contact between Integrated Managers/Teams Leaders within these services and work is underway to establish a shared-care protocol between the services and undertake Adverse Event Reviews jointly. The recently successful CORRA bid will test the effectiveness of more integrated service provision for those people experiencing mental health and substance use challenges. The MHO Team have been shadowing the work of the CRHTT to improve relationships and allow mutual education of the roles and responsibilities of each service. Mental health patients now have disengagement plans which clearly set out what action and when that action will take place, should an appointment or appointments be missed.

#### 4.3.2.15 Further Recommended Developments

The backlog of cases requiring review has resulted in less engagement with families than is reflected in National and Local Policy. There is recognition of the importance of family carer engagement in the process of adverse events and the adoption of the principles of Being Open NHS Scotland would help guide this work. There is currently intent to develop a small, dedicated resource comprising a mental health professional well experienced in Adverse Events Work and a Peer Support Worker (who has experienced being bereaved by suicide) to specifically link with and support families affected by mental health suicide. This should allow the service move beyond the simply inclusion of family questions as part of the Review process to a point where there is more timely and robust involvement of families with a feeling of reciprocity in terms of the support offered.

The four partner organisations in Tayside now have an agreed forum for learning to be shared locally and organisationally with staff with a view to this leading to improved practice. Where agreed and appropriate, there is a wider sharing of learning wider within NHS Scotland via Healthcare Improvement Scotland (HIS) Adverse Events Community of Practice website. However, it is considered that the volume of events within DHSPC – which identify both good practice and areas for improvement – justify a more regular learning focus with it ensured that this is addressed directly to the teams delivering care. It is therefore recommended that consideration be given to establishing regular “Mortality and Morbidity” team discussions across the City to enhance the level of learning from events. This will allow issues to be highlighted and encourage Teams to develop their own additional improvement plans.

#### 4.3.2.16 Complaints

Complaints and Feedback are managed by service managers (including hosted services) with professional leads being sighted on responses, which supports identifying/sharing learning and areas for improvement.

Feedback and positive reports from patients and carers are also being promoted for reporting at Primary Governance Groups as part of performance and learning focus.

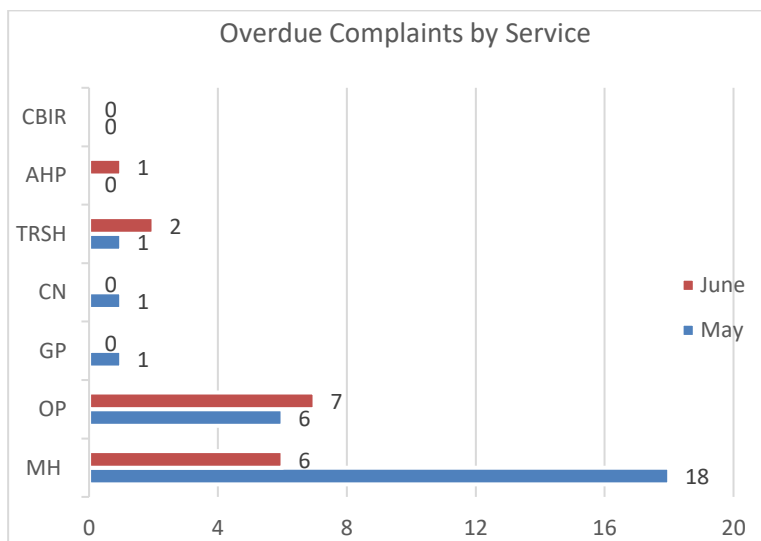
Learning from service complaints / service-user experiences are expected to be reported via the exception reporting template system.

Further work is underway to better understand where and why responses to some complaints take longer than the standard 20 days. The CCPG Group monitors response times, themes and support the sharing of learning from complaints.

A weekly complaints summary is compiled by the HSCP Complaints team to support managers identify and manage overdue complaints.

Learning from complaints tends to be shared via Primary Governance Groups and via exceptions to the Clinical, Care and Professional Governance Group. The complaints team are seeking to include learning in the weekly overdue report to support a more widespread sharing of learning from complaints.

## 4.3.2.17 Overdue Complaints by Service



## 4.3.2.18 DHSCP Stage 2 Complaints closed within 20 working days

	Stage 2 (Non escalated)			Stage 2 (Escalated)		
	% Closed in timescale	Number closed in timescale	Total number	% Closed in timescale	Number closed in timescale	Total number
	<b>29.8%</b>	<b>14</b>	<b>47</b>	<b>28.6%</b>	<b>2</b>	<b>7</b>
Jan 2021	25.0%	2	8	-	0	0
Feb 2021	44.4%	4	9	0.0%	0	2
Mar 2021	50.0%	3	6	0.0%	0	2
Apr 2021	20.0%	1	5	-	0	0
May 2021	18.8%	3	16	50.0%	1	2
Jun 2021	33.3%	1	3	100.0%	1	1

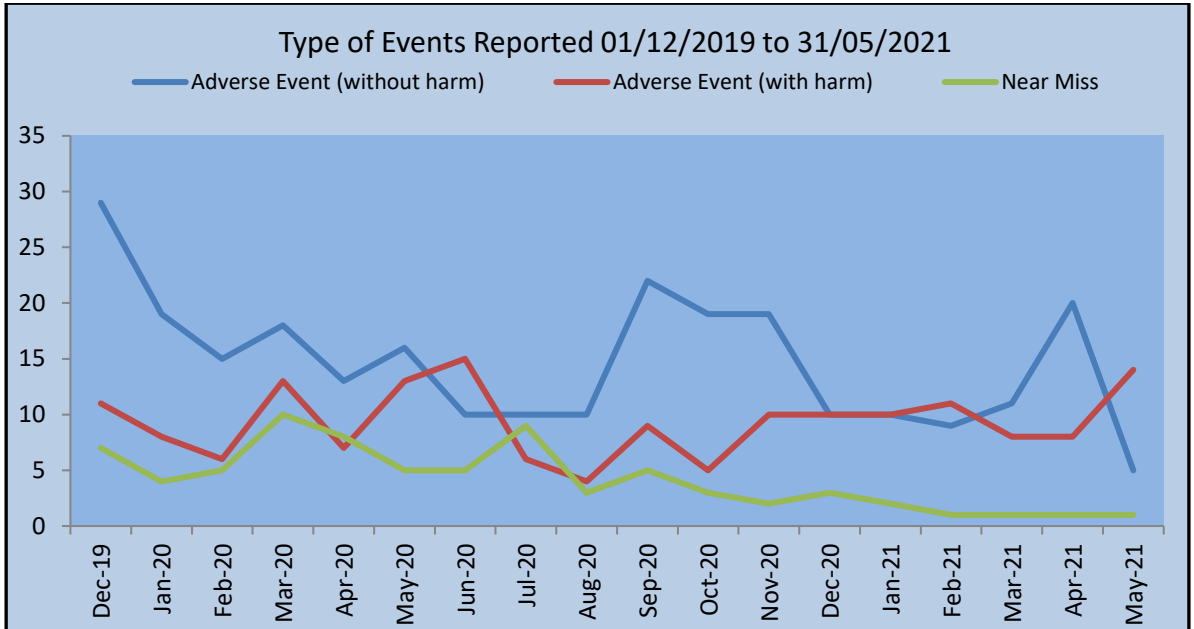
4.3.2.19 Mental Health

A Quality and Performance Review (QPR) process is in operation within Mental Health Services and incorporates a system-wide review focusing on shared learning across all three HSCPs.

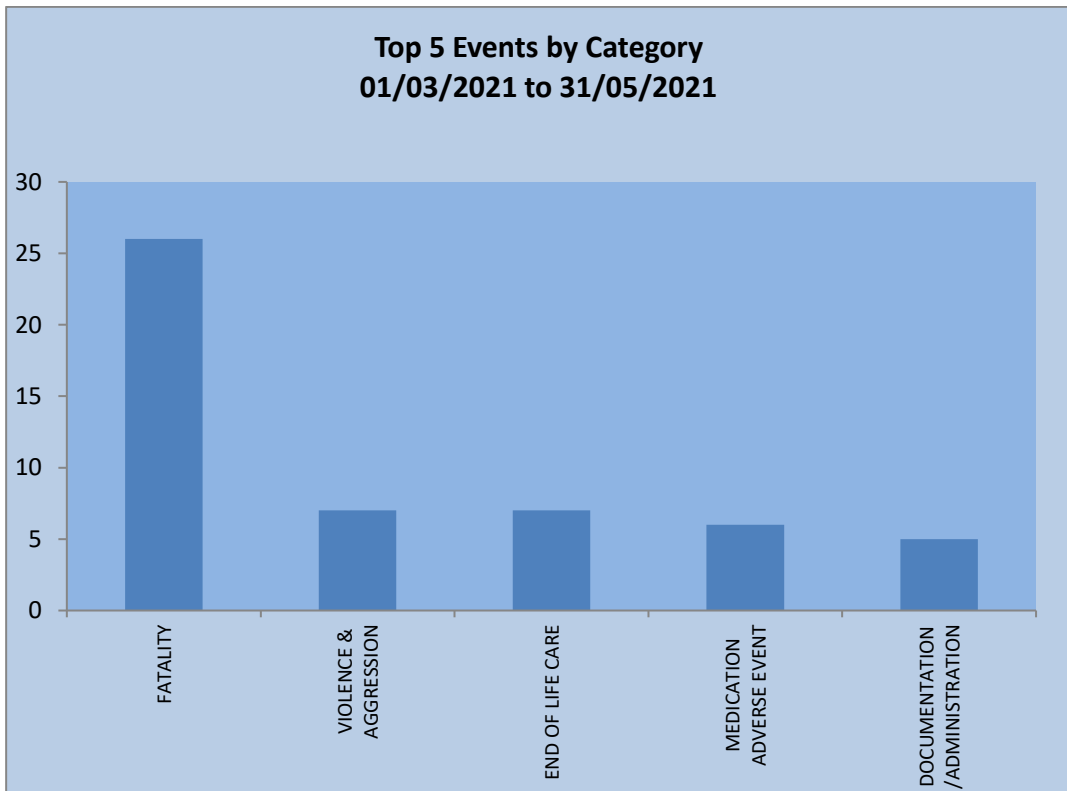
At the most recent QPR meeting in June 2021, the Leadership Panel noted that Dundee HSCP continues to make progress in addressing incomplete verified events and have completed a thematic review of the last 20 adverse events with improvements progressed in relation to shared care and communication. The Panel, whilst noting the work required, were assured by the robustness and oversight of the process within Mental Health Services within DHSCP.

4.3.2.20 Adverse Events

69 adverse events were reported within the time period 01/03/2021 and 31/05/2021. The following graph shows the type of events reported over the last 18 months.



4.3.2.21 The following chart shows the top 5 category of events reported within the time period.



Events reported in these 5 categories account for 74% of the total number of adverse events reported.



#### 4.3.2.22 Adverse Events Recorded as Fatalities

There were 26 fatalities reported within the time period. However, not all of these are patient suicides or care and treatment related deaths; many are deaths from natural causes. The last thematic analysis of reported fatalities in Mental Health revealed (20 cases in total) that 50% of these involved death from underlying physical health causes.

As outlined elsewhere in this report, there is a specific Adverse Event Management Group for Mental Health and Learning Disabilities. This is a sub-group of the primary Clinical Care and Professional Governance Group and meets fortnightly. An initial appraisal of all red and amber adverse events is a standing agenda item. This initial appraisal informs the level of prioritisation for Review. Importantly, it allows for the early identification of emergent themes which require immediate action.

This same Group is responsible for setting Terms of Reference for Reviews, identifying Reviewers, reviewing draft Review Reports and agreeing final sign off for Review Reports.

#### 4.3.2.23 Strategic Risks

Following a series of workshops held during 2020, an overall strategic risk and eight system wide risks were agreed.

The new Strategic Risk for Mental Health and Learning Disabilities was activated on 17 May 2021.

The eight system-wide service risks are as follows:

- Delivery of Tayside Mental Health and Wellbeing Strategy
- Workforce
- Ligature anchor points
- Environment and infrastructure
- Pathways of care
- Doctors in training
- Stakeholder and partnership engagement
- Prescribing

These system-wide risks will be incorporated within the risk register of each HSCP as well as the register for NHST delivered services.

Local approaches to the system-wide risks will be reviewed as part of the Mental Health QPR process. This will enable recognition of the respective levels of risk pertaining to each of the above areas within each HSCP but also within each area of the Mental Health family. Local risks that reflect these service-wide risks are in the process of development.

### 4.3.3 Clinical & Care Governance Arrangements

4.3.3.1 Dundee HSCP Governance arrangements are outlined in Appendix 1. All services across Health and Social Care report into the CCPG Group via the Primary Governance Groups. Due to management changes within the HSCP the Primary Governance Groups continue to be reviewed and updated. Since the last report, the Mental Health and Learning Disability Groups have amalgamated to form one Primary Governance Group.

4.3.3.2 It continues to be challenging to ensure comprehensive reporting across Health and Social Care Integrated Teams in terms of access to comparable data, integration of cultures and access to and use of systems within integrated teams (i.e. electronic patient records)

#### 4.3.4 External Reports and Exceptions

4.3.4.1 There have been no external inspections during this time period.

4.3.4.2 The Care Inspectorate has a programme of reports through Care Homes and Registered Services across Dundee. These are reported via an annual report through the Clinical, Care and Professional Governance Group. On review of this position it was decided that a more





frequent reporting mechanism was required and the CCPG Group now receives a report at each meeting detailing the inspections and outcomes for each two-monthly reporting period.

There is an expectation from the HSCP that following any external inspection, a copy of the report and drafted improvement plan would be presented to the Clinical, Care & Professional Governance Group and ongoing updates provided within exception reports.

Learning from Inspection recommendations/learning summaries across Tayside are considered and reflected by the CPGG Group and are shared with Primary Governance Groups for cascading.

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

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**

Remobilising is challenging for staff in the HSCP who are tired and feeling the impact of the past year working through a pandemic.

- Senior and Service Managers are focusing on supporting their staff to recover
- Work commenced through Silver COVID group on staff wellbeing and reflection

Challenges:

- Delays in Recruitment
- Competing Priorities and Workload

#### 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**

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.

#### 4.9 **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 group 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, 22 July 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

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

## 7.0 CONSULTATIONS

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

## 8.0 BACKGROUND PAPERS

8.1 None.

Dr. David Shaw  
Clinical Director

DATE: 18 August 2021

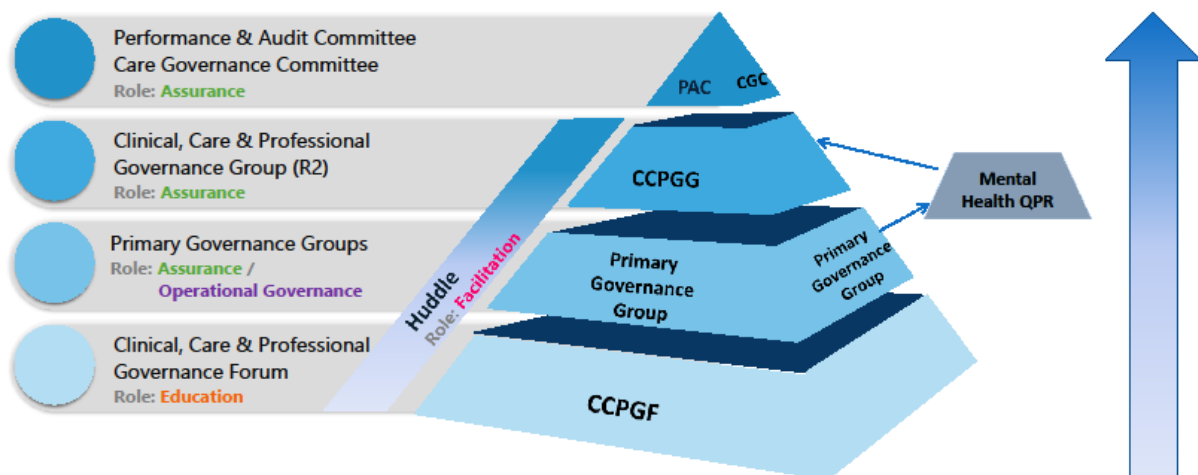
Diane McCulloch  
Chief Social Work Officer / Head of Health and Community Care

Report Author: Matthew Kendall, AHP Lead.

## Dundee HSCP Governance Structure

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

### DHSCP Clinical, Care & Professional Governance



Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group is responsible for directing, collating and monitoring governance arrangements and ensuring that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within Dundee Health and Social Care Partnership. It is chaired by the Clinical Director, and membership, as referenced in the terms of reference, extends to Head of Health and Community Care Services, Associate Nurse Director, Associate Medical Director, Locality Managers (4), Lead Allied Health Professional, Lead Nurse, Lead Pharmacist, Clinical Governance Lead, Senior Officer – Business Planning and Information Governance, NHS Business Support Representative and Third Sector representative.

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

At each CCPG Group meeting each Primary Governance Group will present an exception report highlighting key areas of concern across the six domains listed in GIRFE. They will also reference exceptional pieces of work undertaken, current

challenges and future potential issues identified through triangulation of data reviewed through Primary Governance Group meetings.

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

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

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

### Primary Governance Groups (PGG)

There are currently nine PGGs:

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

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

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

Care Inspectorate, Audit Scotland, Mental Welfare Commission and Scottish Public Services Ombudsman.

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

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

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

### Governance Huddle

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

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

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

#### Clinical, Care and Professional Governance Forum

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

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



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
NHS Tayside (Non Executive Member)	Trudy McLeay **	✓		✓		
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)	Donald McPherson *	✓		✓		
Chief Officer	Vicky Irons	✓		✓		
Chief Finance Officer	Dave Berry	✓		✓		
NHS Tayside (Registered Medical Practitioner – not providing primary medical services)	James Cotton	A		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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