



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 18 FEBRUARY 2026

REPORT ON: APPLICATION FOR TRANSFORMATION FUNDING FOR STOCK CONTROL TEST OF CHANGE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB3-2026

1.0 PURPOSE OF REPORT

This paper seeks approval of the request for £80k of IJB Transformation Funding to enable a test of change for a Stock Controller role within Community Specialist Nursing Service and on the Royal Victoria Hospital site to improve stock governance and procurement.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Approve the request for £80k funding from the IJB Transformation Fund to support tests of change on stock control processes.
- 2.2 Instructs updates on progress to be provided as part of regular financial monitoring reports to the IJB.
- 2.3 Remits to the Chief Officer to issue directions as set out in Section 8 of this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The proposal is to utilise £80k from the IJB Transformation Funding as outlined in this report across a 18-month period. It is anticipated that recurring savings of approximately £100k per annum could be made by improving stock management arrangements.
- 3.2 The IJB Transformation Fund Reserve is currently £1500k, with £795k previously approved and committed for specific projects and tests of change. Approval of this request will increase this commitment to £875k.
- 3.3 The anticipated learning and outcomes from the planned work within Community Treatment and Care (CTAC) Service and across Royal Victoria Hospital (RVH) site will be shared with services across the HSCP for wider learning.

4.0 MAIN TEXT

- 4.1 Dundee Health and Social Care Partnership (DHSCP) operate clinical services within several clinics in Community Treatment and Care (CTAC) service; this is a nationally endorsed model aligned to the 2018 GMS contract and Primary Care Improvement Plans (PCIP). DHSCP also supports the care and delivery of rehabilitation and support to Inpatient and Outpatient Units at Royal Victoria Hospital that requires stock that is commonly used across several clinical services. It is recognised that each clinical area across these identified services individually

procure via the NHS Tayside corporate procurement system for their clinical stores. Individualised area procurement can lead to over-ordering as multiple orders are procured resulting in multiple carriage costs, increased risk of waste due to stock going out of date, time efficiency required from ward and clinic-based staff to place orders and receive deliveries, removing them from their direct patient areas and roles.

- 4.2 Evidence demonstrates that as there is a lack of co-ordination around ordering items that are high in cost and are low in usage e.g wound dressings, drain equipment. These stock items have no minimum order volume, which often leads to bulk ordering and invariably this results in some of the stock not being used before its expiry date creating waste. Stock control and procurement require expertise within the area that is not available within these services, the teams are unable to progress with any test of change to improve the current system as the teams are unable to release staff from direct patient care to receive the training and support necessary to undertake the role efficiently and effectively.
- 4.3 To address these challenges, a test of change is proposed: the introduction of dedicated Stock Controller roles to centralise and govern stock management across both these transfer sites. These roles will standardise ordering, ensure compliance with formulary and catalogue requirements, maintain par levels, rotate, and audit stock, and provide monthly dashboards for governance. The change is expected to release significant Health Care Support Worker and ward aid hours back to providing direct patient care, improved compliance and operational efficiency, and create a scalable model for wider DHSCP services.
- 4.4 Preparatory work with NHS Tayside's Logistics team who have explored the system reports that illustrate stock spending trends have identified immediate areas of efficiencies that could be easily implemented to deliver financial savings. Implementation requires investment via the Transformation Fund to enable service redesign and spend-to-save principles. Success will be measured through key performance indicators (KPIs) including reductions in spend and waste, stock-out incidents, emergency orders, and the release of Health Care Support Worker/ward aid time.
- 4.5 It is realised that to achieve maximum benefit that a staggered approach be implemented starting with Community Specialist Nursing Services. This would enable the test of change to be worked through and refined prior to commencing the same work on the RVH site. It is estimated that cost savings for each site will be £20-30k per annum on a recurring basis. It is anticipated that the savings that would be created from the initial two sites would exceed the investment necessary to maintain the roles of the stock controllers on a permanent basis. It is also envisaged that these stock controllers and model would be replicated to include other partnership services therefore offering the opportunity for wider financial savings to be built-up over time.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	Non-adoption of testing change with approval for funding results in continued overspend on sundries, fragmented ordering, and reduced HCSW/ward aid care time.
Risk Category	Financial / Operational
Inherent Risk Level	Likelihood 5 x Impact 4 = 20 (High)
Mitigating Actions (including timescales and resources)	Approve test of change; implement centralised governance; monthly monitoring and corrective action.
Residual Risk Level	Likelihood 3 x Impact 3 = 9 (Moderate)
Planned Risk Level	Likelihood 3 x Impact 2 = 6 (Moderate/Acceptable)

Approval recommendation	Recommend approval given low net financial risk and clear savings profile.
--------------------------------	--

Risk 2 Description	Implementation delay or insufficient capacity during transition causing short-term stock-outs or dual-running costs.
Risk Category	Operational / Project
Inherent Risk Level	Likelihood 4 x Impact 3 = 12 (High)
Mitigating Actions (including timescales and resources)	Phased roll-out; temporary backfill for HCSW ordering during Month 1–2; clear SOP and escalation routes.
Residual Risk Level	Likelihood 3 x Impact 2 = 6 (Moderate)
Planned Risk Level	Likelihood 2 x Impact 2 = 4 (Low)
Approval recommendation	Proceed with structured implementation plan and milestones.

Risk 3 Description	Non-compliance with procurement/catalogue standards or poor data capture undermines savings and assurance.
Risk Category	Governance / Compliance
Inherent Risk Level	Likelihood 4 x Impact 4 = 16 (High)
Mitigating Actions (including timescales and resources)	Mandatory catalogue compliance; monthly audit; exception reporting; training for staff on SOPs.
Residual Risk Level	Likelihood 3 x Impact 3 = 9 (Moderate)
Planned Risk Level	Likelihood 2 x Impact 2 = 4 (Low)
Approval recommendation	Approval recommended with clear audit and reporting arrangements.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	
	2. Dundee City Council	
	3. NHS Tayside	X
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None

Christine Jones
Acting Chief Finance Officer.

DATE: 15 January 2026

Elizabeth Smith
Clinical Nurse Manager Community Nursing Specialist Services

Fiona Gibson
Interim Senior Manager

Fiona Barnett
Senior Manager Inpatient Services Manager

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD



1	Reference	DIJB3-2026
2	Date Direction issued by Integration Joint Board	18 February 2026
3	Date from which direction takes effect	18 February 2026
4	Direction to:	NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Medicine for the Elderly, Specialist Palliative Care, Community Treatment and Care initially with further opportunities to be identified over the period of the project
7	Full text of direction	Delivery of Test of Change Stock Controller project in CTAC service and on RVH site
8	Budget allocated by Integration Joint Board to carry out direction	£80,000 (18 months)
9	Performance monitoring arrangements	To be measured through key performance indicators (KPIs) including reductions in spend and waste, stock-out incidents, emergency orders, and the release of HCSW/ward aid time.
10	Date direction will be reviewed	1 October 2028

This page is intentionally left blank