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

City Chambers
DUNDEE
DD1 3BY

24th January, 2023

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 Colleague

**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, 1st February, 2023 at 10.00am.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at committee.services@dundeecity.gov.uk by no later than 12 noon on Monday, 30th January, 2023.

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

Yours faithfully

VICKY IRONS

Chief Officer

**A G E N D A**

**1 APOLOGIES FOR ABSENCE**

**2 DECLARATION OF INTEREST**

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

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

(a) MINUTE - Page 1

The minute of previous meeting of the Committee held on 23rd November, 2022 is attached for approval.

(b) ACTION TRACKER - Page 7

The Action Tracker (PAC6-2023) for meetings of the Performance and Audit Committee is attached for noting and updating accordingly.

**4 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2022-23 QUARTER 2 - Page 13**

(Report No PAC1-2023 by the Chief Finance Officer, copy attached).

**5 MENTAL HEALTH SERVICES INDICATORS - Page 35**

(Report No PAC2-2023 by the Chief Finance Officer, copy attached).

**6 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT - Page 43**

(Report No PAC4-2023 by the Clinical Director, copy attached).

**7 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE - Page 87**

(Report No PAC5-2023 by the Chief Finance Officer, copy attached).

**8 GOVERNANCE ACTION PLAN PROGRESS REPORT - Page 95**

(Report No PAC3-2023 by the Chief Finance Officer, copy attached).

**9 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT - Page 103**

(Report No PAC8-2023 by the Chief Finance Officer, copy attached).

**10 INTERNAL AUDIT REPORT – SUSTAINABILITY OF PRIMARY CARE - Page 111**

(Report No PAC9-2023 by the Chief Finance Officer, copy attached).

**11 ATTENDANCE LIST - Page 147**

(A copy of the Attendance Return (PAC7-2023) for meetings of the Performance and Audit Committee held over 2022 is attached for information and record purposes).

**12 DATE OF NEXT MEETING**

The next meeting of the Committee will be held remotely on Wednesday, 24th May, 2023 at 10.00am.

# PERFORMANCE AND AUDIT COMMITTEE
# CONTACT LIST

## (a) CONTACTS – PERFORMANCE AND AUDIT COMMITTEE

**(* - DENOTES VOTING MEMBER)**

| Role | Recipient |
|---|---|
| Elected Member (Chair) | Councillor Ken Lynn * |
| Elected Member | Councillor Dorothy McHugh * |
| NHS Non Executive Member | Anne Buchanan * |
| NHS Non Executive Member | Sam Riddell * |
| 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

| Organisation | Recipient |
|---|---|
| Dundee City Council (Chief Executive) | Greg Colgan |
| Elected Member – Proxy | Councillor Lynne Short |
| Elected Member – Proxy | Councillor Roisin Smith |
| Elected Member – Proxy | Bailie Helen Wright |
| Dundee City Council (Executive Director of Corporate Services) | Robert Emmott |
| Dundee City Council (Head of Democratic and Legal Services) | Roger Mennie |
| NHS Tayside (Chief Executive) | Grant Archibald |
| NHS Non Executive Member – Proxy | Donald Macpherson |
| NHS Non Executive Member – Proxy | Jenny Alexander |
| NHS Tayside (Director of Finance) | Stuart Lyall |
| Dundee City Council (Members' Support) | Jayne McConnachie |
| Dundee City Council (Members' Support) | Dawn Clarke |
| Dundee City Council (Members' Support) | Elaine Holmes |
| Dundee City Council (Members' Support) | Sharron Wright |
| Dundee City Council (Communications rep) | Steven Bell |
| Dundee Health and Social Care Partnership | Kathryn Sharp |
| NHS Tayside (Communications rep) | Jane Duncan |
| NHS Tayside (Communications rep) | Anna Michie |
| NHS Fife (Internal Audit) (Principal Auditor) | Judith Triebs |
| NHS (PA to Tony Gaskin) | Carolyn Martin |
| Audit Scotland (Audit Manager) | Richard Smith |
| Dundee Health and Social Care Partnership | Christine Jones |
| Dundee City Council (Communications rep) | Katie Alexander |
| Dundee City Council (Communications rep) | Mike Boyle |
| Dundee City Council (Communications rep) | Lewis Thomson |
| Dundee Health and Social Care Partnership | Jenny Hill |

**UPDATED: 20th January 2023**

| Organisation | Recipient |
|---|---|
| Dundee Health and Social Care Partnership | Lynsey Webster |
| Dundee City Council (Legal Manager) | Kenny McKaig |
| Dundee City Council (Legal rep) | Maureen Moran |
| Dundee Health and Social Care Partnership | Matthew Kendall |

**ITEM No …3(a)……..**

At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 23rd November, 2022.

Present:-

| Members | Role |
|---|---|
| Ken LYNN (Chairperson) | Nominated by Dundee City Council (Elected Member) |
| Dorothy MCHUGH | Nominated by Dundee City Council (Elected Member) |
| Sam RIDDELL | 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 providing unpaid care in the area of the local authority |

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

| | |
|---|---|
| Kara BROWN | Audit Scotland |
| Jenny HILL | Health and Social Care Partnership |
| Christine JONES | Health and Social Care Partnership |
| Matthew KENDALL | Health and Social Care Partnership |
| Clare LEWIS-ROBERTSON | Health and Social Care Partnership |
| Anne Marie MACHAN | Audit Scotland |
| Lynne MORMAN | Health and Social Care Partnership |
| Kathryn SHARP | Health and Social Care Partnership |
| Lynsey WEBSTER | Health and Social Care Partnership |

Ken LYNN, Chairperson, in the Chair.

**I APOLOGIES FOR ABSENCE**

There were apologies for absence submitted on behalf of:-

| | |
|---|---|
| Anne Buchanan | NHS Tayside |
| James Cotton | NHS Tayside |
| Raymond Marshall | NHS Tayside |

**II DECLARATION OF INTEREST**

There were no declarations of interest.

**III MINUTE OF PREVIOUS MEETING AND ACTION TRACKER**

(a) MINUTE

The minute of meeting of the Committee held on 28th September, 2022 was submitted and approved.

(b) ACTION TRACKER

There was submitted the Action Tracker (PAC36-2022) for meetings of the Performance and Audit Committee.

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

**IV PERFORMANCE AND AUDIT COMMITTEE MEMBERSHIP AND CHAIRPERSON**

Reference was made to Article V of the minute of meeting of the Integration Joint Board held on 26th October, 2022, wherein the membership of the Performance and Audit Committee was agreed and appointment was made to the position of Chairperson of the Committee.

The Committee noted that the voting membership of the Performance and Audit Committee was agreed as follows:- Councillor Ken Lynn, Councillor Dorothy McHugh, Anne Buchanan and Sam Riddell and that Councillor Ken Lynn was appointed to the position of Chairperson.

**V AUDIT SCOTLAND ANNUAL REPORT AND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2021/22**

There was submitted Report No PAC40-2022 by the Chief Finance Officer presenting the Integration Joint Board's (IJB) Draft Audited Annual Statement of Accounts for the year to 31st March, 2022 for approval, to note the draft external auditors report in relation to these accounts and approve the response to this report.

The Committee agreed:-

(i) to note the contents of the attached Audit Scotland cover letter (attached as Appendix 1 to the report) and the draft external auditor's report (attached as Appendix 2 to the report) including the completed action plan outlined on pages 28-29 of the report, and in particular that Audit Scotland had indicated they would issue an unqualified audit opinion on the IJB's 2021/2022 Annual Accounts;

(ii) to endorse the report as the IJB's formal response to the external auditor's report;

(iii) to instruct the Chief Finance Officer to provide an update on progress of the action plan noted in Appendix 1 of the external auditor's report by February 2023;

(iv) to approve the attached Audited Annual Accounts (attached as Appendix 3 to the report) for signature and instructed the Chief Finance Officer to return these to the external auditor; and

(v) to instruct the Chief Finance Officer to arrange for the above Annual Accounts to be published on the Dundee Health & Social Care Partnership website by no later than 30th November, 2022.

Following questions and answers the Committee further agreed:-

(vi) to record thanks to Anne Marie Machan and her team as this was the final audit that they would carry out for the IJB;

(vii) to note that further budget development sessions would be arranged by Dave Berry for IJB members; and

(viii) to note that further information would be issued to IJB members in relation to the Register of Interests.

**VI DRUG AND ALCOHOL SERVICES INDICATORS**

There was submitted Report No PAC33-2022 by the Chief Finance Officer seeking approval of a proposed suite of indicators summarising performance in Drug and Alcohol Services that would form the basis of future six-monthly performance reports to the Performance and Audit Committee.

The Committee agreed:-

(i) to note the data presented in the report;

(ii) to approve the proposed suite of indicators outlined in section 5 and Appendix 1 of the report;

(iii) to note the intention to further develop the proposed suite of indicators into a full 6-monthly performance report for submission to the Performance and Audit Committee on an ongoing basis, in-line with arrangements already in place for Discharge Management (as outlined in section 5.4 of the report); and

(iv) to note that work was progressing to develop a proposed suite of indicators for delegated mental health services for presentation to the Performance and Audit Committee at their meeting in February 2023 (as outlined in section 5.5 of the report).

Following questions and answers the Committee further agreed:-

(v) to note that it was unlikely that mid year data could be provided in relation to drug deaths as the data was controlled by Public Health; and

(vi) to note that the pandemic may have been a contributing factor in the significant rise in alcohol referrals received.

**VII DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX AND STANDARD DELAYS**

There was submitted Report No PAC34-2022 by the Chief Finance Officer updating the Performance and Audit Committee on Discharge Management performance in Dundee.

The Committee agreed:-

(i) to note 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) to note the improvement actions planned to respond to areas of pressure as outlined in section 9 of the report.

Following questions and answers the Committee further agreed:-

(iii) that arrangements would be made to show actual numbers in the charts, where possible, in future reports; and

(iv) that Lynne Morman would check if the data on the number of patients being discharged without a care package was being tracked.

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

There was submitted Report No PAC31-2022 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 report, 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 was to September, 2022.

The Committee agreed:-

(i) to note the Exception Report for the Dundee Health & Social Care Partnership Clinical, Care & Professional Governance Group as detailed in Section 4 of the report; and

(ii) to note that the authors were recommending that the report provided reasonable assurance.

Following questions and answers the Committee further agreed:-

(iii) that Matthew Kendall would ensure that original data was available for future reports to ensure that better quality charts were produced.

**IX QUARTERLY COMPLAINTS PERFORMANCE – 2nd QUARTER 2022/23**

There was submitted Report No PAC30-2022 by the Chief Finance Officer summarising the complaints performance for the Health and Social Care Partnership (HSCP) in the first quarter of 2022/2023. The complaints included complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

The Committee agreed:-

(i) to note the complaints handling performance for health and social work complaints as set out within the report; and

(ii) to note the work which had been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring and reporting.

Following questions and answers the Committee further agreed:-

(iii) to note that any GP complaints in the report would only relate to 2C practices.

**X DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE**

There was submitted Report No PAC32-2022 by the Chief Finance Officer updating the Performance and Audit Committee in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership.

The Committee agreed:-

(i) to note the content of the Strategic Risk Register Update report;

(ii) to note the extract from the Strategic Risk register attached at Appendix 1 to the report; and

(iii) to note the recent work and future work on Pentana Risk Management System noted in Section 7 of the report.

Following questions and answers the Committee further agreed:-

(iv) to note that consideration was being given to adding a risk around the national power outages; and

(v) to note that work was continuing to link the Strategic Plan with the Risk Register.

**XI ADULT WEIGHT MANAGEMENT**

There was submitted Report No 35-2022 by the Chief Finance Officer providing information and assurance regarding access to Adult Weight Management services in Dundee.

The Committee agreed:-

(i) to note the current service model of the weight management service; and

(ii) to note the current waiting list and associated improvement plans.

Following questions and answers the Committee further agreed:-

(iii) to note that an update report would be brought to a future Committee.

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

There was submitted Report No PAC29-2022 by the Chief Finance Officer providing the Performance and Audit Committee with an update on the substantive completion of the previous years' internal audit plans as well as progress against the 2022/2023 plan. The report also included internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs were considered relevant for assurance purposes to Dundee IJB.

The Committee agreed to note the continuing delivery of the audit plans and related reviews as outlined in the report.

**XIII GOVERNANCE ACTION PLAN PROGRESS REPORT**

There was submitted Report No PAC38-2022 by the Chief Finance Officer providing the Performance and Audit Committee with an update on the progress of the actions set out in the Governance Action Plan.

The Committee agreed to note 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.

**XIV ATTENDANCE LIST**

There was submitted Agenda Note PAC37-2022 providing attendance returns for meetings of the Performance and Audit Committee held over 2022.

The Committee agreed to note the position as outlined.

**XV DATE OF NEXT MEETING**

To be advised.

Ken LYNN, Chairperson.

**ITEM No …3(b)…….**

**PERFORMANCE AND AUDIT COMMITTEE – ACTION TRACKER – 1st FEBRUARY 2023**

| No | Meeting | Minute Ref | Heading | Action Point | Responsibility | Timeframe | Status |
|---|---|---|---|---|---|---|---|
| 1. | 26/05/21 | III(ii) | MINUTE OF PREVIOUS MEETING – 3RD FEBRUARY 2021 | The Partnership to progress public information being placed on the website including information on Voluntary Action Exercise Group. | Chief Finance Officer | Sep 2021<br><br>March 2023 | In progress. Further initiatives around sharing of information on range of services / activities available continue to be developed |
| 2. | 26/05/21 | V(vii) | DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2020/2021 QUARTER 3 SUMMARY | Kathryn Sharp to 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. | Strategy and Performance Manager | June 2022)<br><br>March 2023 | Completion of this analysis is not able to be prioritised within existing resources at the present time due to other competing demands associated with statutory requirements and other analytical requests from the PAC and operational services. |

| No | Meeting | Minute Ref | Heading | Action Point | Responsibility | Timeframe | Status |
|---|---|---|---|---|---|---|---|
| 3. | 26/05/21 | VI (iv) | DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX AND STANDARD DELAYS | Jenny Hill to prepare a one page outline document showing an organisational graph of the Partnership for circulation to the full Committee. | Head of Health and Community Care | (Sep 2021) | In progress – deferred until HSCP restructure confirmed. Expected by February 2023 PAC meeting |
| 4. | 26/05/21 | VIII(vi) | DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT | Dave Berry to take forward the provision of information on Equality Impact Assessment 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 with Tony Gaskin. | Chief Finance Officer/Chief Internal Auditor | (June 2022)<br><br>February 2023 | In progress – arrangements to be made with DCC to provide training to IJB members based on that previously delivered to Council elected members. This will form part of ongoing work regarding Public Sector Equality Duty (PSED compliance). |
| 5. | 29/09/21 | VIII(iii) | DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT | to note following enquiry from Bailie Wright the explanation from Tony Gaskin in relation to what was meant by Viability as indicated in the report and that a report on Key Risk Viability would be submitted to the February meeting. | Chief Internal Auditor | (February 2022)<br><br>May 2023 | In progress – Deadline to move to coincide with planned completion of Internal Audit Report on provider sustainability – expected May 2023 |

| No | Meeting | Minute Ref | Heading | Action Point | Responsibility | Timeframe | Status |
|---|---|---|---|---|---|---|---|
| 6. | 24/11/21 | VII(iv) | DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – QUARTER 1 | to instruct the Chief Finance Officer to submit a further in-depth analysis of readmissions data, which should include analysis of the data for the specialty with the highest readmission rate (excluding where reasons for poor performance were due to coding) no later than 31st March, 2022 (sections 5.4 and 6 of the report). | Chief Finance Officer | (31st March 2022)<br><br>May 2023 | In progress - deferred due to data availability. Agenda note submitted to July 2022 meeting. Data provided in December 2022 following work to address NHS Tayside recording procedures – data reporting expected to recommence as part of Q3 2022/23 reporting. |
| 7. | 20/07/22 | VI(vi) | DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2021/2022 - QUARTER 4 | that, at request of Councillor McHugh, information would be provided on the support available to care staff. | Chief Officer | (October 2022)<br><br>February 2023 | In progress. |
| 8. | 20/07/22 | VII(vi) | DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE | that a date for a development session on risk would be arranged. | Chief Finance Officer | (December 2022)<br><br>March 2023 | In progress. Deferred until March due to increased number of other development sessions for IJB members planned |

| No | Meeting | Minute Ref | Heading | Action Point | Responsibility | Timeframe | Status |
|---|---|---|---|---|---|---|---|
| 9. | 20/07/22 | XIII(vi) | DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT | that updates would be provided to the next Committee on the Community Mental Health Service Activity and MAT Standards. | Head of Health and Community Care | (November 2022)<br><br>February 2023 | In progress – drug and alcohol indicator report submitted for 23 November 2022. Draft mental health indicators submitted for consideration at February 2023 meeting. |
| 10. | 28/09/22 | III(b)(iii) | ACTION TRACKER | that consideration would be given by the Management Team to noting the briefing notes, that were issued inbetween PAC meetings, at the next available meeting of the PAC. | Chief Officer | (December 2022)<br><br>May 2023 | In progress – Discussions held with Head of Legal and Democratic Services of Dundee City Council as advisor to the IJB/PAC |
| 11. | 28/09/22 | IV(vi) | DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2022/23 – QUARTER 1 | that consideration would be given to using more nuanced colour coding in the report. | Service Manager, Strategy and Performance | March 2023 | Ongoing – being considered as part of production of next quarterly performance report. |
| 12. | 23/11/22 | VII | DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX AND STANDARD DELAYS | that arrangements would be made to show actual numbers in the chart, where possible, in future reports. | Senior Officer - Information | June 2023 | Ongoing – being considered as part of the production of the next six-monthly discharge management report. |

| No | Meeting | Minute Ref | Heading | Action Point | Responsibility | Timeframe | Status |
|---|---|---|---|---|---|---|---|
| 13. | 23/11/22 | VII | DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX AND STANDARD DELAYS | that Lynne Morman would check if the data on the number of patients being discharged without care packages was being tracked. | Associate Locality Manager, Acute and Urgent Care | February 2023 | In progress |
| 14. | 23/11/22 | VIII | CLINICAL CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT | that Matthew Kendall would ensure that original data was available for future reports to ensure that better quality charts were produced. | AHP Lead | February 2023 | Complete |

**ITEM No …4……..**

**REPORT TO:** **PERFORMANCE & AUDIT COMMITTEE – 1 FEBRUARY 2023**

**REPORT ON:** **DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2022-23 QUARTER 2**

**REPORT BY:** **CHIEF FINANCE OFFICER**

**REPORT NO:** **PAC1-2023**

## 1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2022-23 Quarter 2 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. For the first time, the published Social Care – Demand for Care at Home services has been summarised and included in this report.

## 2.0 RECOMMENDATIONS

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

2.1 Note the content of this summary report.

2.2 Note the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 2 and 3).

2.3 Note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3).

2.4 Note the number of people waiting for social care assessment and care at home package and associated hours of care yet to be provided in Appendix 2.

## 3.0 FINANCIAL IMPLICATIONS

3.1 None.

## 4.0 REVISION OF QUARTERLY PERFORMANCE REPORT

4.1 The Partnership's approach to quarterly performance reporting has been constantly evolving since the establishment of the Integration Joint Board in 2016. Until Quarter 4 2020/21 the overall format of the quarterly performance report had been in place for four years, with only summary reports being provided during 2020/21 due to resource pressures arising from the wider pandemic circumstances. Following consultation with members of the Performance and Audit Committee and also taking into account feedback received via the '2020-21 Annual Governance Report', through discussion with the Chief Internal Auditor and through the process of undertaking the Dundee IJB Performance Management internal audit, the format and content of quarterly performance reports was revised in Quarter 1 2020/21.

4.2 The format of the performance report is continuously reviewed and updated based on feedback from PAC members, as well as other sources. Work is ongoing to incorporate Statistical Process Control charts where possible, with further data requested from NHS Tayside Business Unit to

support that development. This development will help PAC members to be able to identify special cause variation in performance (i.e. variations in performance that sit outwith the expected normal range). Quarterly and locality data for readmissions within 28 days, has very recently been provided to the Partnership by NHS Tayside Business Unit following their work to address recording procedures. Officers from the Partnership are working with colleagues from NHS Tayside Business Unit to fully understand this data, and it is anticipated the reporting within the quarterly performance report will recommence in Quarter 3 2022/23.

## 5.0 QUARTER 2 PERFORMANCE 2022-23 – KEY ANALYTICAL MESSAGES

5.1 Key analytical messages for the Quarter 2 2022/23 period are:

- Significant variation by Local Community Planning Partnership (LCPP) is still apparent, with poorest performance for many of the National Indicators in the most deprived LCPPs.

- Performance poorer than the 2015/16 baseline for rate of emergency admissions 18+, hospital admissions due to a fall 18+, emergency admission numbers from A+E 18+, emergency admissions as a rate of all A+E attendances 18+, % care services graded good, standard bed days lost to delayed discharges 75+.

- Despite having a deteriorating rate of emergency admissions 18+, with performance across most LCPPs being poorer than the 2015/16 baseline, performance is 2nd best out of the 8 family group partnerships. Although performance is poorest out of the 3 Tayside Partnerships.

- The number of emergency admissions from A+E has decreased over the last 3 quarters although the number of emergency admissions as a rate per 1,000 of all A+E attendances has increased over the last 4 quarters (both are higher than the 2015/16 baseline).

- The rate of emergency bed days 18+ has reduced since 2015/16, which is an improvement although the rate has increased (deteriorated) in Maryfield by 8.6%. Performance is best in the family group but 3rd out of the 3 Tayside Partnerships.

- 91.7% of the last 6 months of life was spent at home or in a community setting and this is higher than the 2015/16 baseline of 86.6% (improvement) and although performance across Scotland is similar, it is 5th out of the 8 family group partnership and is 3rd out of the 3 Tayside partnerships.

- Rate of hospital admissions due to a fall for aged 65+ is 63% higher than the 2015/16 baseline and is higher in every LCPP. Dundee is the 2nd poorest (behind Glasgow) of the 8 family group partnerships and poorest out of the 3 Tayside partnerships.

- % care services graded 'good' (4) or better in Care Inspectorate inspections has deteriorated since the 2015/16 baseline.

- Rate of bed days lost to a standard delayed discharge for age 75+ is 20.7% more than the 2015/16 baseline and performance deteriorated in The Ferry (by 74%), East End (by 51.3), Lochee (by 36.3%), North East (by 31.6%) and Strathmartine (by 18.1%). However, there was an decrease in every quarter over the last 4. At Q2 the LCPP with the highest rate was East End (985) and the LCPP with the lowest rate was Coldside (510).

- Rate of bed days lost to complex (code 9) delayed discharge for age 75+ is 46.9% less than the 2015/16 baseline, with increases across 2 LCPPs (Maryfield and The Ferry). Performance has improved over the last 4 quarters.

5.2 Public Health Scotland has commenced the publication of a four week snapshot of the demand for Care at Home services provided by Health and Social Care Partnerships across Scotland. The information shows the number of people waiting for an assessment for a package of care to allow them to live at home or in the community and also the number of hours of care that has been

assessed but not yet delivered. The information is presented by people waiting in hospital or waiting at home/community for the care at home service to be delivered. In Dundee, as at 14 November 2022:

- 0 people waited in hospital and 68 people waited in the community for a social care assessment. This is an increase over the last 4 weeks from 53 people waiting in the community at 24 October 2022.

- 51 people were assessed and waiting for a care at home package in hospital (872 hours yet to be provided) and 160 people were assessed and waiting for a care at home package in the community (1,532 hours yet to be provided). This is a decrease over the last 4 weeks from 58 people in hospital and 194 people in the community at 24 October 2022.

- For those already in receipt of a care at home package 271 additional hours were required and not provided. This is a decrease over the last 4 weeks from 296 additional hours were required and not provided at 24 October 2022.

The Integration Joint Board has recently received a report regarding the management of demand for social care supports (December 2022), with PAC having received a detailed report on discharge management (including delays associated with social care assessment and provision) in November 2022.

## 6.0 POLICY IMPLICATIONS

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

## 7.0 RISK ASSESSMENT

| | |
|---|---|
| **Risk 1 Description** | Poor performance against national indicators could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan. |
| **Risk Category** | Financial, Governance, Political |
| **Inherent Risk Level** | Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level) |
| **Mitigating Actions** (including timescales and resources ) | - Continue to develop a reporting framework which identifies performance against national and local indicators.<br>- Continue to report data quarterly to the PAC to highlight areas of exceptional performance (poor and excellent).<br>- 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.<br>- 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.<br>- Work with operational managers, through a recommencement of the Performance and Finance Group, to identify areas of poor performance that result in operational risk and undertake additional analysis as required. |
| **Residual Risk Level** | Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level) |

| | |
|---|---|
| **Planned Risk Level** | Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level) |
| **Approval recommendation** | Given the moderate level of planned risk, this risk is deemed to be manageable. |

**8.0 CONSULTATIONS**

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

**9.0 BACKGROUND PAPERS**

9.1 None.

Dave Berry
Chief Finance Officer

**DATE**: 22 December 2022

Lynsey Webster
Senior Officer, Strategy and Performance

**APPENDIX 1 – Performance Summary**
(see appendix 3 for further information on data sources)

**Table 1: Performance in Dundee's LCPPs - % change in Q2 2022-23 against baseline year 2015/16**


| National Indicator | Dundee | Lochee | East End | Coldside | North East | Strath martin e | Mary field | West End | The Ferry |
|---|---|---|---|---|---|---|---|---|---|
| Emer Admissions rate per 100,000 18 | +6.2% | +6.6% | +3.3% | +8.6% | +5.3% | +9.9% | +10.6% | +6.4% | +0.4% |
| Emer Bed Days rate per 100,000 18+ | -6.8% | -9.7% | -4.5% | -9.6% | -7.3% | -0.9% | +8.6% | -27.1% | -1.5% |
| 28 Day Readmissions rate per 1,000 Admissions | | | | | | | | | |
| Hospital admissions due to falls rate per 1,000 65+ | +29% | +44% | +15% | +17% | -2% | +12% | +58% | +30% | +48% |
| Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard) | +20.7% | +36.6% | +51.3% | -7.8% | +31.6% | +18.1 % | -13.6% | -17.4% | +74.0% |
| Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9) | -46.9% | -15.4% | -70.0% | -36.3% | -98.2% | -80.3% | +151.2 % | -68.6% | +161.5 % |

**Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q2 2022-23 compared to Dundee**


| National Indicator | Dundee | Lochee | East End | Coldside | North East | Strath martine | Mary field | West End | The Ferry |
|---|---|---|---|---|---|---|---|---|---|
| Emer Admissions rate per 100,000 18+ | 12,679 | 14,662 | 16,337 | 14,888 | 12,247 | 14,388 | 10,963 | 8,510 | 11,070 |
| Emer Bed days rate per 100,000 18+ | 123,853 | 146,328 | 174,042 | 147,322 | 104,450 | 122,715 | 115,764 | 71,561 | 124,479 |
| 28 Day Readmissions rate per 1,000 Admissions | | | | | | | | | |
| Hospital admissions due to falls rate per 1,000 65+ | 32.1 | 37.2 | 33.6 | 34.4 | 24.2 | 25.2 | 35.7 | 36.2 | 30.6 |
| Delayed Discharge bed days lost rate per 1,000 75+ (standard) | 635 | 830 | 985 | 510 | 622 | 580 | 515 | 563 | 545 |
| Delayed Discharge bed days lost rate per 1,000 75+ (Code 9) | 156 | 139 | 157 | 282 | 14 | 82 | 407 | 68 | 108 |

Source: NHS Tayside data

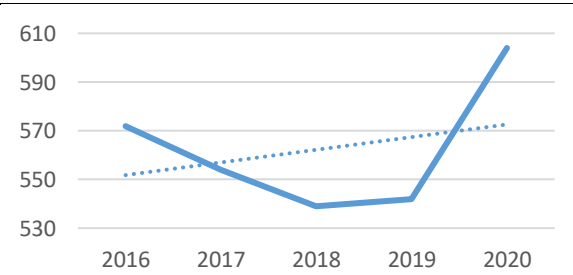
Key: Improved/Better Stayed the same Declined/Worse

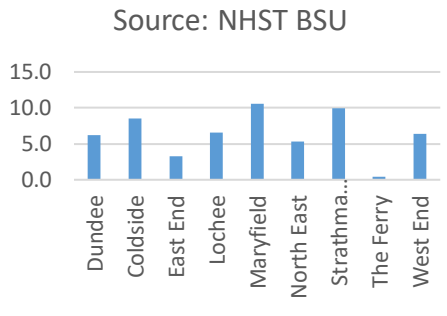
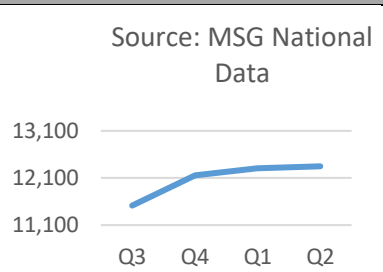
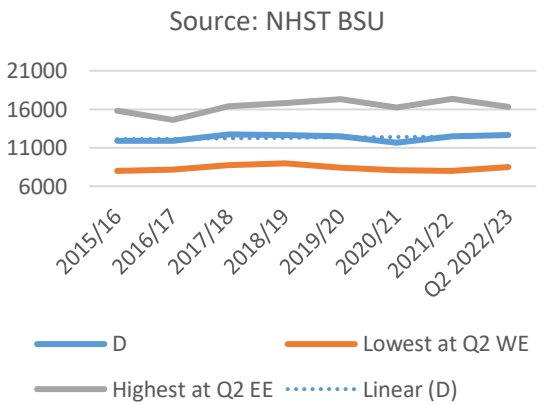
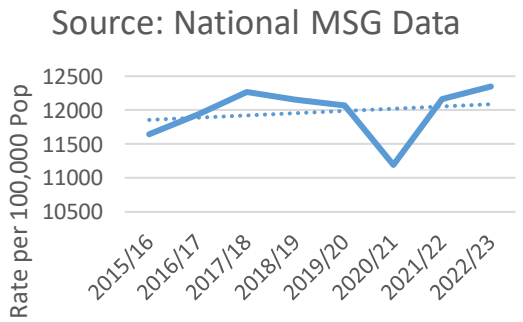
**Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q2 2022-23 compared to Dundee**

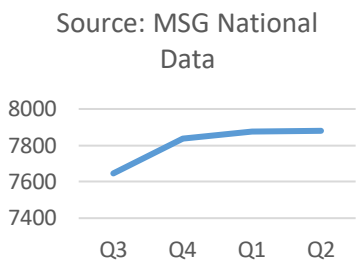
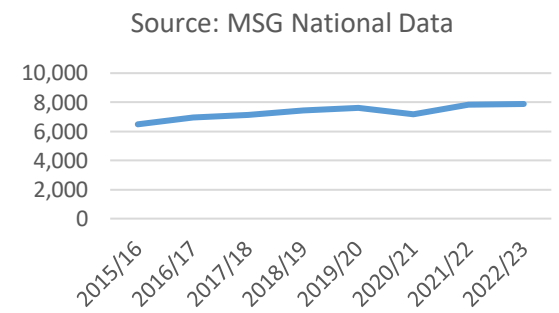
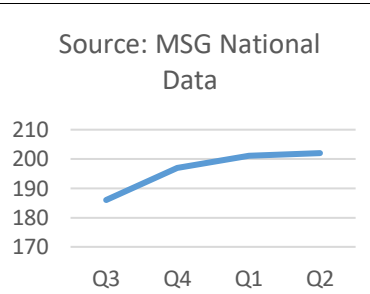
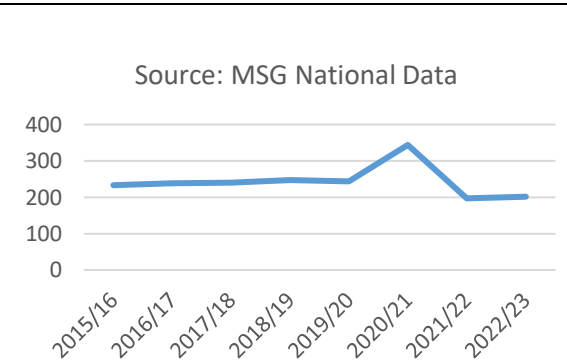
| | | | |
|---|---|---|---|
| Dundee = D | East End = EE | Coldside = C | West End = WE |
| Strathmartine = S | North East = NE | Lochee = L | The Ferry = TF |

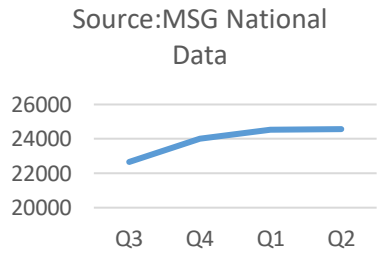
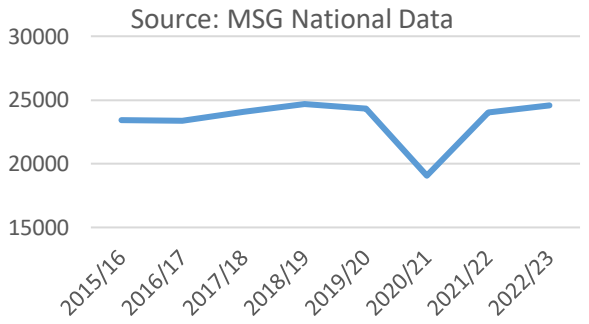
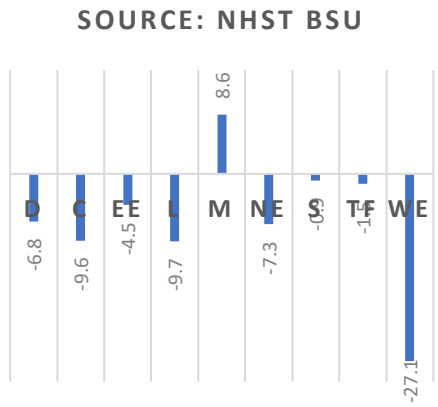
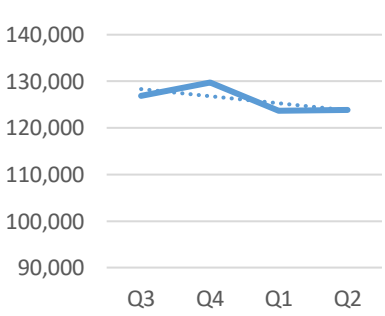
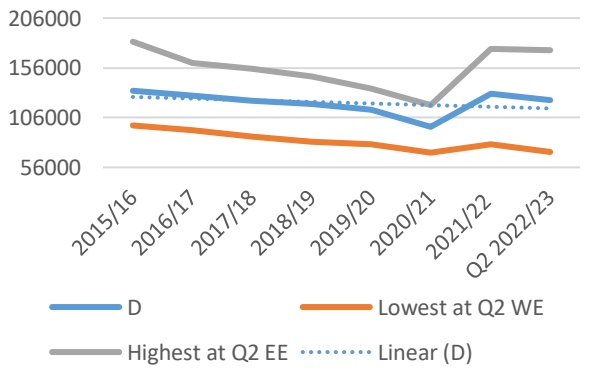
Please note that indicators 1-9 are reported from a biennial national survey – therefore short-term trends are not available. Longitudinal trends are also not available due to changes in suvrey methodology since 2015/16.

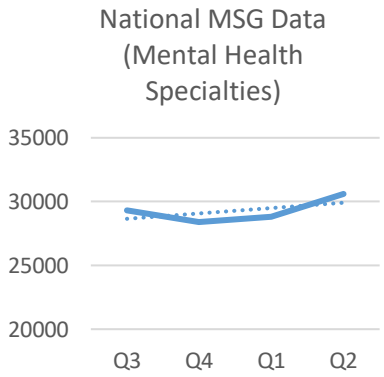
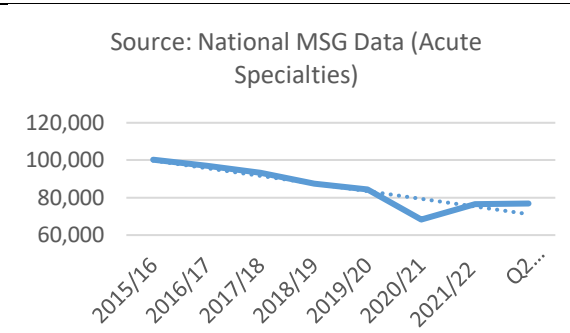
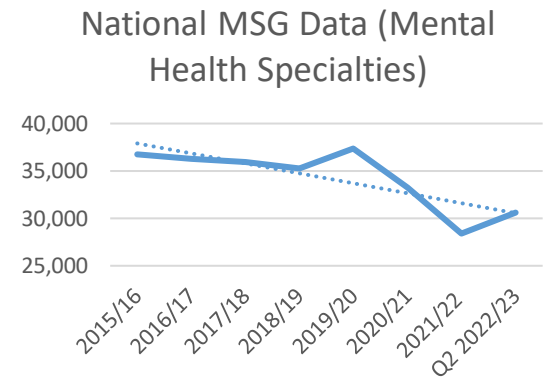
| National Indicator | Difference From 15/16 Baseline | Dundee Short Term Trend (last 4 quarters) | Long Term Trend | Scotland Position 1= best, 32 = worst | Family Group Position 1= best, 8 = worst | Tayside Group Position 1= best, 3 = worst |
|---|---|---|---|---|---|---|
| 1.% of adults able to look after their health very well or quite well* | | | | 30th | 5th (89%) | 3rd |
| 2.% of adults supported at home who agreed that they are supported to live as independently as possible* | | | | 5th | 1st (84%) | 1st |
| 3.% of adults supported at home who agreed that they had a say in how their help, care, or support was provided* | | | | 7th | 2nd (75%) | 2nd |
| 4. % of adults supported at home who agree that their health and social care services seem to be well co-ordinated* | | | | 2nd | 2nd (76%) | 2nd |
| 5.% of adults receiving any care or support who rate it as excellent or good* | | | | 2nd | 2nd (84%) | 1st |
| 6.% of people with positive experience | | | | 16th | 3rd (67%) | 3rd |

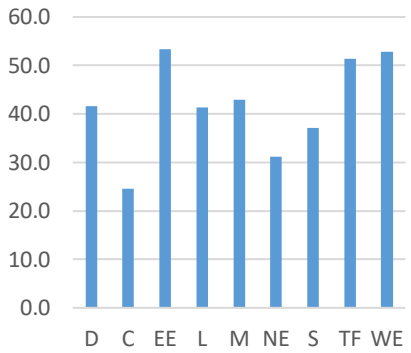
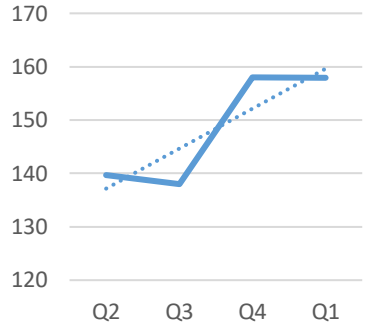
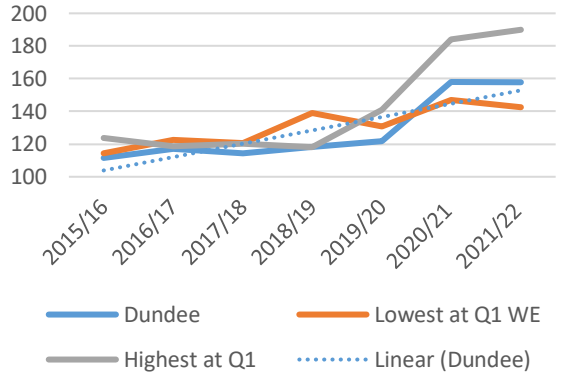
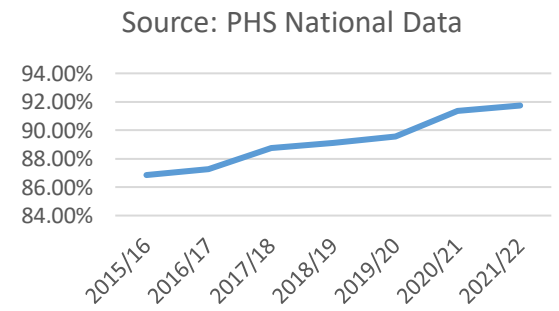
| National Indicator | Difference From 15/16 Baseline | Dundee Short Term Trend (last 4 quarters) | Long Term Trend | Scotland Position 1= best, 32 = worst | Family Group Position 1= best, 8 = worst | Tayside Group Position 1= best, 3 = worst |
|---|---|---|---|---|---|---|
| of care at their GP practice* | | | | | | |
| 7.% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life* | | | | 29th | 8th (72%) | 3rd |
| 8.% of carers who feel supported to continue in their caring role* | | | | 26th | 7th (27%) | 3rd |
| 9.% of adults supported at home who agreed they felt safe* | | | | 20th | 7th (77%) | 3rd |
| 10. % staff who say they would recommend their workplace as a good place to work | Not Available Nationally | Not Available Nationally | Not Available Nationally | | | |
| 11. Premature mortality rate per 100,000 persons | 6% less in 20/21 than 15/16 (improved) | Not Available |   | 29th | 7th | 3rd |

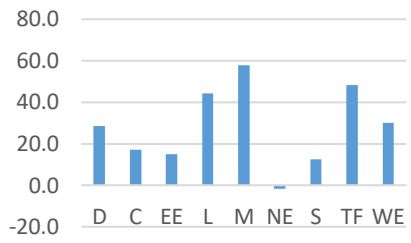
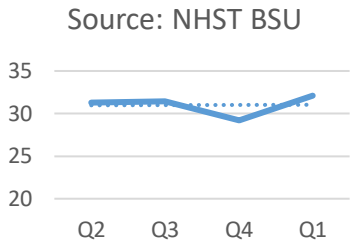
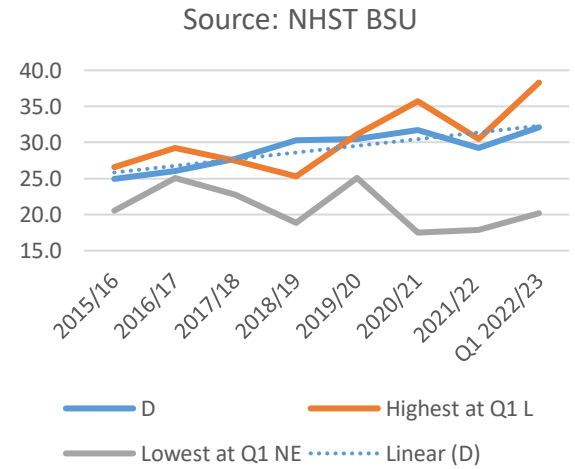
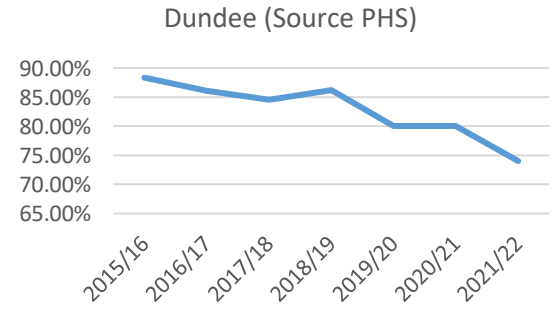
| National Indicator | Difference From 15/16 Baseline | Dundee Short Term Trend (last 4 quarters) | Long Term Trend | Scotland Position 1= best, 32 = worst | Family Group Position 1= best, 8 = worst | Tayside Group Position 1= best, 3 = worst |
|---|---|---|---|---|---|---|
| **12. Emer Admissions rate per 100,000 18+** | 6.5% (926 admissions) more in Q2 22/23 than 2015/16 (deterioration) (source: MSG)<br>  |  |  <br>  | 22nd | 2nd | 3rd |

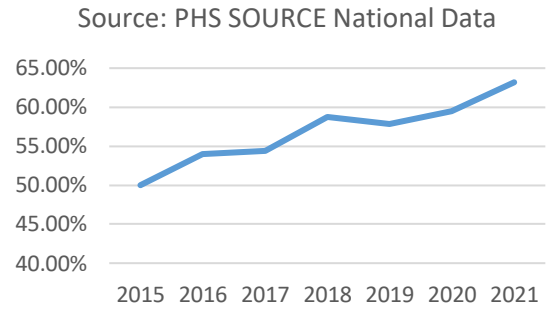
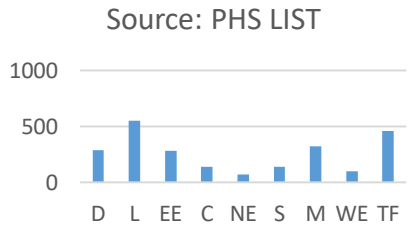
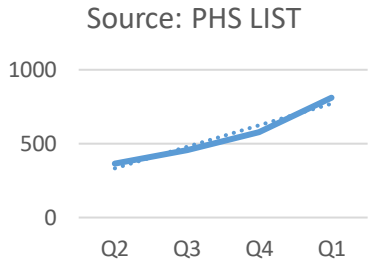
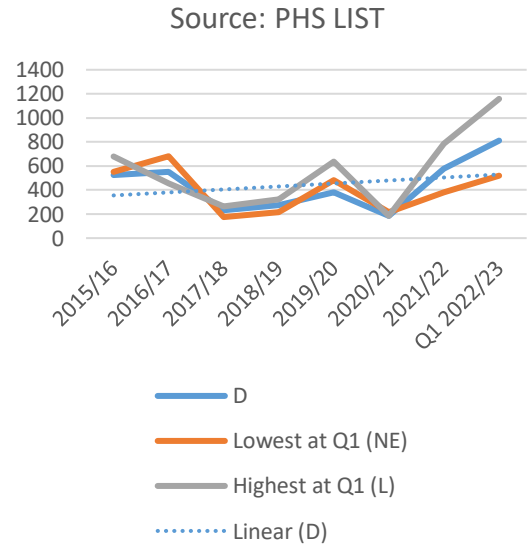
| National Indicator | Difference From 15/16 Baseline | Dundee Short Term Trend (last 4 quarters) | Long Term Trend | Scotland Position 1= best, 32 = worst | Family Group Position 1= best, 8 = worst | Tayside Group Position 1= best, 3 = worst |
|---|---|---|---|---|---|---|
| Emergency Admissions Numbers from A&E (MSG) | 1,397 more attendances in Q2 22/23 than 2015/16 |  |  | NA as number and not rate | NA as number and not rate | NA as number and not rate |
| Emergency Admissions as a Rate per 1,000 of all Accident &Emergency Attendances (MSG) | 9 higher at Q2 2022/23 than 2015/16 |  |  | Not Avail | Not Avail | Not Avail |

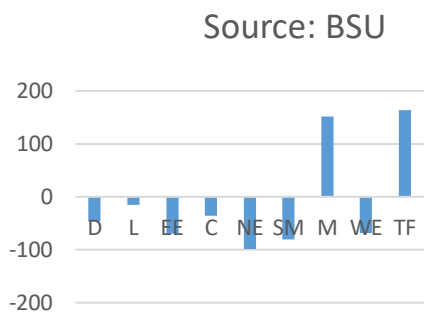
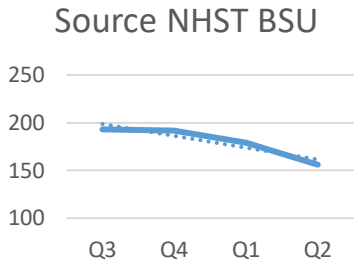
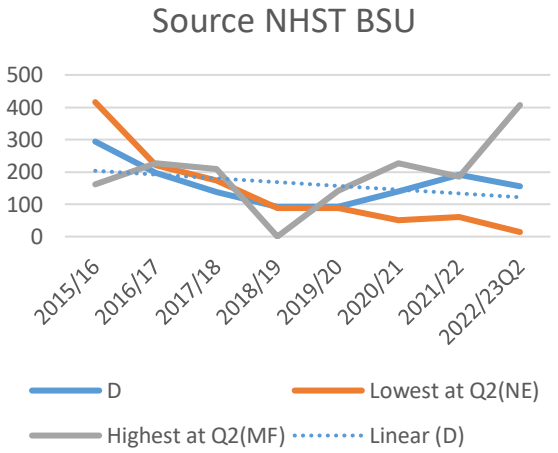
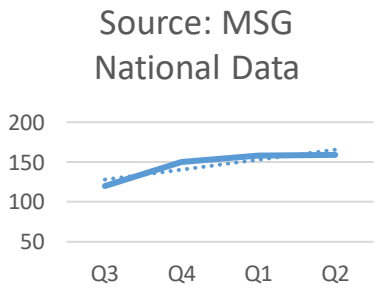
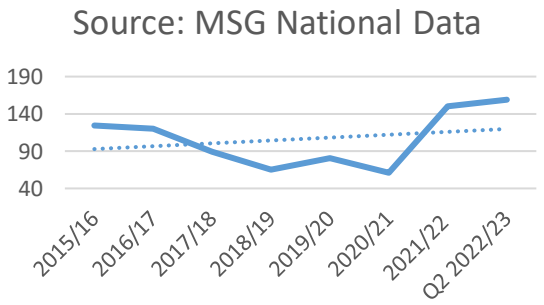
| National Indicator | Difference From 15/16 Baseline | Dundee Short Term Trend (last 4 quarters) | Long Term Trend | Scotland Position 1= best, 32 = worst | Family Group Position 1= best, 8 = worst | Tayside Group Position 1= best, 3 = worst |
|---|---|---|---|---|---|---|
| Accident & Emergency Attendances (MSG) | 1,129 more in Q2 2022/23 than 2015/16 |  |  | NA as number and not rate | NA as number and not rate | NA as number and not rate |
| 13.Emer Bed days rate per 100,000 18+ |  <br>9,106 (6.8%) less acute bed days in Q2 2022/23 than 2015/16 (improved) (source: NHST BSU) |  |  | 19th | 1st | 3rd |

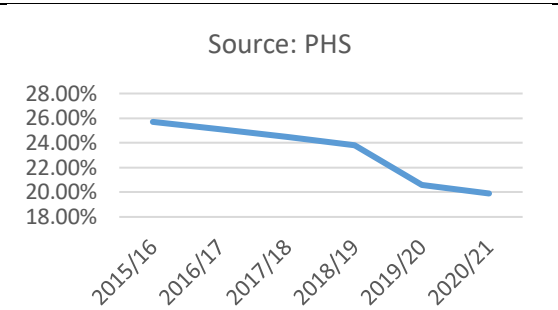
| | | | | | | |
|---|---|---|---|---|---|---|
| | 7,248 (16%) less mental health bed days in Q2 2022/23 than 2015/16 (improved) (source: MSG) |  |  <br>  | | | |

| National Indicator | Difference From 15/16 Baseline | Dundee Short Term Trend (last 4 quarters) | Long Term Trend | Scotland Position 1= best, 32 = worst | Family Group Position 1= best, 8 = worst | Tayside Group Position 1= best, 3 = worst |
|---|---|---|---|---|---|---|
| **14.Readmissions rate per 1,000 Admissions All Ages***<br><br>* The quarterly and locality data included in this report for rate of readmissions within 28 days is for Q1. The Business Support Unit at NHS Tayside are currently revising the recording procedures for readmissions to improve accuracy and benchmarking. Reporting is expected to recommence Q3 2022/23 |  <br>41.6% more at Q1 2021/22 than 2015/16 (deterioration). Variation ranges from 24.6% in Coldside to 53.3% in East End* |  |  | 29th | 8th | 3rd |
| **15. % of last 6 months of life spent at home or in a community setting** | Up from 86.8% in 2015/16 to 91.7% in 2021/22 (improvement) | Not Available |  | 15th | 5th | 3rd |

| National Indicator | Difference From 15/16 Baseline | Dundee Short Term Trend (last 4 quarters) | Long Term Trend | Scotland Position 1= best, 32 = worst | Family Group Position 1= best, 8 = worst | Tayside Group Position 1= best, 3 = worst |
|---|---|---|---|---|---|---|
| **16. Hospital admissions due to falls rate per 1,000 65+** |  <br>29% (188 falls admissions) more in Q1 2022/23 than 2015/16 (deterioration). Greatest increase (deterioration) was in Maryfield with 58% increase (deterioration). |  <br>Deterioration between Q4 and Q1. All LCPPs except Maryfield and East End deteriorated between Q4 and Q1. Lochee had the highest rate in Q1 (38.3). |  | 31st | 7th | 3rd |
| **17. % care services graded 'good' (4) or better in Care Inspectorate inspections** | Dropped from 88.4% in 2015/16 to 74% in 2021/22 (deterioration) | Not Available |  | 28th | 8th | 3rd |

| National Indicator | Difference From 15/16 Baseline | Dundee Short Term Trend (last 4 quarters) | Long Term Trend | Scotland Position 1= best, 32 = worst | Family Group Position 1= best, 8 = worst | Tayside Group Position 1= best, 3 = worst |
|---|---|---|---|---|---|---|
| **18. % adults with intensive care needs receiving care at home** | 9.2% (115 people) more in 2021 than 2016 (improvement) (note calendar year) | Not Available |  | 23rd | 8th | 2nd |
| **19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)** |  <br>54.2% increase (deterioration) since 2015/16. |  <br>Deteriorating trend over the last 4 quarters. |  | NA | NA | NA |

| National Indicator | Difference From 15/16 Baseline | Dundee Short Term Trend (last 4 quarters) | Long Term Trend | Scotland Position 1= best, 32 = worst | Family Group Position 1= best, 8 = worst | Tayside Group Position 1= best, 3 = worst |
|---|---|---|---|---|---|---|
| **19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)** |  <br>Overall 47% improvement since 2015/16 although increase (deterioration) in The Ferry 164%, and Maryfield 151%. |  <br>Downward trend since Q3 (Improvement). |  | NA | NA | NA |
| **Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)** | 4,333 more bed days lost in Q2 2022/23 than 2015/16 (deterioration) |  |  | NA | NA | NA |

| | | | | | | |
|---|---|---|---|---|---|---|
| **20. % of health and social care resource spent on hospital stays where the patient was admitted as an emergency** | 5.8% less in 2020/21* than 2015/16 (improvemement)<br><br>*latest data available | Not Available |  | 18th | 3rd | 3rd |

## APPENDIX 2 SUMMARY OF SOCIAL CARE – DEMAND FOR CARE AT HOME SERVICES DUNDEE

This report is an assessment of the demand for Care at Home services provided by Health and Social Care Partnerships. The information shows the number of people waiting for an assessment for a package of care to allow them to live at home or in the community and also the number of hours of care that has been assessed but not yet delivered. The information is presented by people waiting in hospital or waiting at home/community for the care at home service to be delivered. The time period presented is the latest 4 week period.

The data included in this publication is management information which Health and Social Care partnerships began submitting in August 2021. This data collection is still under development and requires further work on the consistency of the recording of the information across Health and Social Care Partnerships. Caution is therefore advised if looking at different partnership's information.

### Chart 1 Number of people waiting for social care assessment and waiting for a care at home package

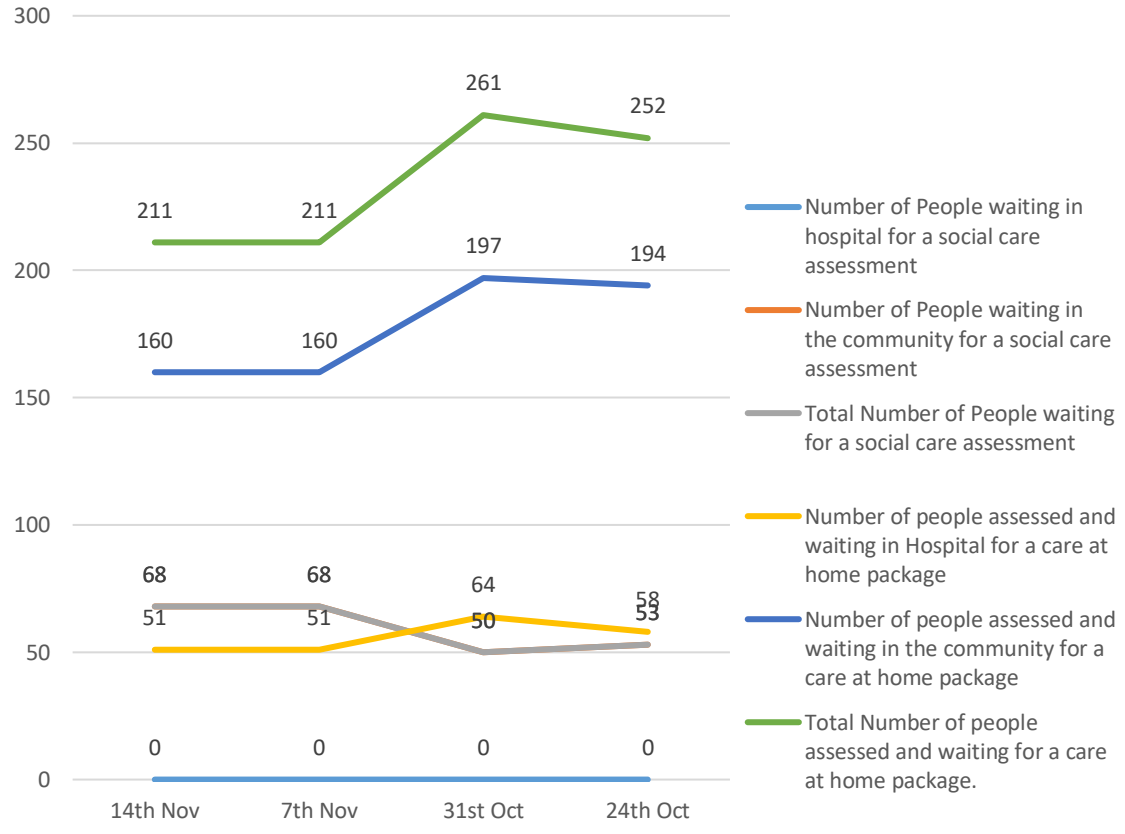
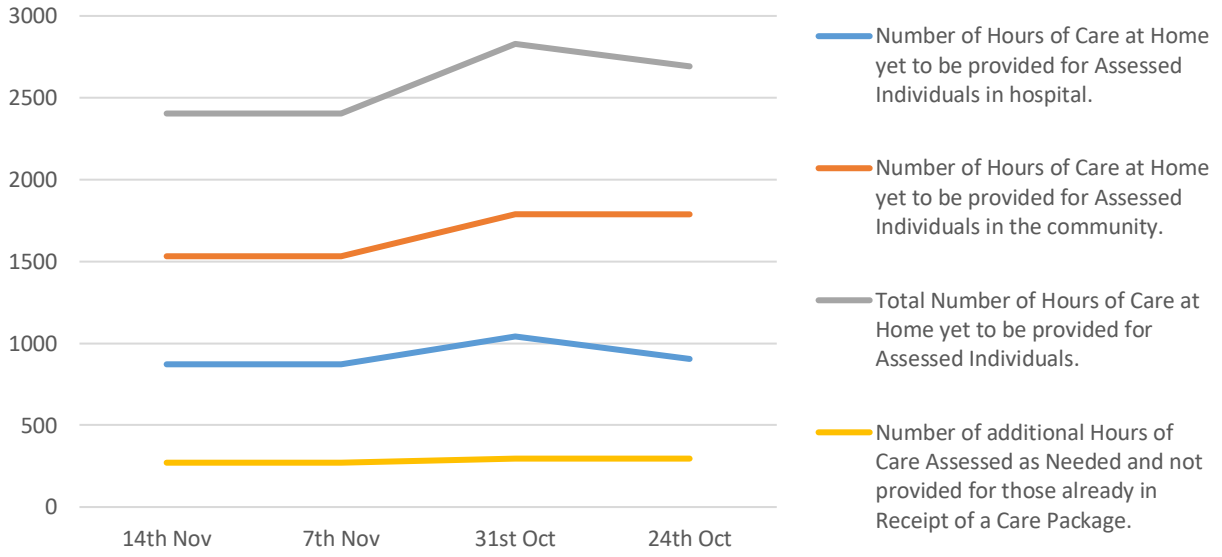


**Chart 2 Number of hours of care at home yet to be provided**




In Dundee as at 14 November 2022:

- 0 people waited in hospital and 68 people waited in the community for a social care assessment. This is an increase over the last 4 weeks from 53 people waiting in the community at 24 October 2022.

- 51 people were assessed and waiting for a care at home package in hospital (872 hours yet to be provided) and 160 people were assessed and waiting for a care at home package in the community (1,532 hours yet to be provided). This is a decrease over the last 4 weeks from 58 people in hospital and 194 people in the community at 24 October 2022.

- For those already in receipt of a care at home package 271 additional hours were required and not provided. This is a decrease over the last 4 weeks from 296 additional hours were required and not provided at 24 October 2022.

## APPENDIX 3 – DATA SOURCES USED FOR MEASURING PERFORMANCE

The Quarterly Performance Report analyses performance against National Health and Wellbeing Indicators 1-23 and Measuring Performance Under Integration (MPUI) indicators. 5 of the 23 National Health and Wellbeing Indicators are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost. Data is provided both at Dundee and Local Community Planning Partnership (LCPP) level (where available). Data is currently not available for eight out of the 13 National Indicators which are not reported using The Health and Social Care Experience Survey (see section 4.3). The Scottish Government and Public Health Scotland are working on the development of definitions and datasets to calculate these indicators nationally.

The National Health and Wellbeing Indicators 1-9 are reported from The Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially. Full details were provided to the PAC in February 2021 (Article V of the minute of the Dundee Performance and Audit Committee held on 3 February 2021 refers). The Scottish Government changed the methodology used to filter responses to reflect people who receive services from the Partnership and therefore it is not possible to longitudinally compare results for National Indicators 1-7 and 9.

The quarterly performance report also summarises performance against indicators in the Measuring Performance Under Integration (MPUI) suite of indicators for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges, end of life and balance of care. In November 2020 the Performance and Audit Committee agreed that targets should not be set for 2020/21 for these indicators, however that the indicators should continue to be monitored in quarterly performance reports submitted to the PAC (Article VI of the minute of the Dundee Performance and Audit Committee held on 24 November 2020 refers).

National data is provided to all partnerships, by Public Health Scotland. This data shows rolling[1] monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously Public Health Scotland were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+.

It was agreed at the PAC held on 19 July 2017 (Article VIII of the minute of the meeting refers) that local data, provided by the NHS Tayside Business Unit will be used to produce more timeous quarterly performance reports against the National Health and Wellbeing Indicators. NHS Tayside Business Unit has provided data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls. From quarter 1 2020/21 the NHS Tayside Business Unit has been providing breakdowns of covid and non covid admission reasons for emergency admissions and emergency bed days.

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

[1] Rolling data is used so that quarterly data can be compared with financial years. This means that data for Quarter 2 shows the previous 12 months of data including the current quarter. Therefore, Quarter 2 data includes data from 1 October 2021 to 30 September 2022.

**ITEM No …5……**

**REPORT TO:** **PERFORMANCE & AUDIT COMMITTEE – 1 FEBRUARY 2023**

**REPORT ON:** **MENTAL HEALTH SERVICES INDICATORS**

**REPORT BY:** **CHIEF FINANCE OFFICER**

**REPORT NO:** **PAC2-2023**

## 1.0 PURPOSE OF REPORT

The purpose of this report is to seek approval of a proposed suite of indicators summarising performance in delegated Mental Health services for scrutiny and assurance that will form the basis of future six-monthly performance reports to the Performance and Audit Committee.

## 2.0 RECOMMENDATIONS

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

2.1 Notes and approves the proposed suite of indicators outlined in section 5 and Appendix 1.

2.2 Notes the intention to further develop the proposed suite of indicators into a full 6-monthly performance report for submission to PAC on an ongoing basis, in-line with arrangements already in place for Discharge Management and under development for Drug and Alcohol Services (as outlined in section 5.4 of this report).

## 3.0 FINANCIAL IMPLICATIONS

None.

## 4.0 BACKGROUND INFORMATION

4.1 Dundee has the 5th highest rate in Scotland of adults (aged 16-64) who reported in the 2011 Census that they lived with a mental health condition. Dundee has a rate of 64 people per 1,000 population compared to 54 for Scotland. Dundee also has 6319 people in the 16-64 age group who identified themselves as having mental health conditions; this is 6.4% of the 16 to 64 population. The gender balance for mental health conditions is similar to the Scottish average. There is a higher prevalence of females (57% females: 43% males) and also a higher prevalence in the 35-64 age group.

4.2 The Kings Fund review of long-term conditions and mental health reported that those with long-term conditions and co-morbid mental health problems disproportionately lived in deprived areas with access to fewer resources. There is a higher rate of people with mental health conditions living in Lochee, East End and Coldside. East End has more than double the rate of people with a mental health condition, compared with The Ferry.

4.3 In the 2011 Census 31% of people with mental health conditions in Dundee rated their health as bad or very bad. There is variation between LCPP (Local Community Planning Partnership) areas in terms of self-reported mental health conditions, ranging from 35% in the East End to 25% in the West End, of people who rated their health as bad or very bad.

4.4 In Dundee life expectancy is ten years lower for people with a mental health condition (66.8 years) compared with the general Dundee population (76.8 years).

4.5 It is estimated from Scottish Survey data that around a third (33%) of all adults age 16+ in Dundee have a limiting long-term physical or mental health condition. Results from the Scottish Burden of Disease study suggest that the population of Dundee experiences a higher rate of burden of disease (a combined effect of early deaths, and years impacted by living with a health condition) compared with Scotland, for a number of health conditions, including cardiovascular disease, COPD, Mental Health and Substance Use disorders, and diabetes.

4.6 The effects of COVID-19 on the population has further widened the social and health inequalities gap and many people are finding it more difficult than ever to cope across many aspects of their life. Engage Dundee identified the most common difficulties reported by respondents during the pandemic were regarding mental health (37%).

4.7 Dundee on average has around 70 children on the child protection register at any one time and around one third are placed on the register due to parental mental illness.

4.8 Dundee's five-year rate of suicide per 100,000 people stands at 23.9 compared to an average across Scotland of 14.1.

## 5.0 PROPOSED SUITE OF MEASUREMENT

5.1 The PAC currently receives a quarterly report to support scrutiny of the National Health and Wellbeing and Measuring Performance Under Integration Indicators. Through regular discussion of these indicators the PAC requested a wider suite of indicators which are also relevant to local priorities and areas for improvement. This report follows the report which was submitted to the November 2022 PAC (article VI of the minute of the meeting of the Performance and Audit Committee held on 23 November 2022 refers) to seek endorsement of a suite of indicators summarising performance in Drug and Alcohol services.

5.2 The proposed suite of mental health measures (Appendix 1) for Dundee is intended to provide assurance and allow for scrutiny of mental health services delivering functions delegated to Dundee IJB. The proposed suite of indicators has been developed in collaboration with colleagues who lead and manage services delivering mental health functions. The suite has also been informed by ongoing work to develop a dataset for all community-based mental health services across Tayside to inform NHS Tayside Clinical, Care and Professional Governance requirements and oversight. As both suites of measures develop, appropriate links will be made and systems will be agreed to support a co-ordinated and efficient method of reporting.

5.3 Following feedback and approval from the PAC further work will take place to develop these indicators into a standalone performance report which will be submitted every 6 months. This report will follow a similar style and content to the existing Discharge Management report which the PAC has received for several years and will include data, a description of improvement activity and a measurement of the impact of this. Work is ongoing with NHS Tayside Business Support Unit to establish mechanisms to enable regular reporting of data against each indicator to inform the production of the 6-monthly performance report. In all data reports with public accessibility, content and disaggregation is assessed in order to comply with General Data Protection Regulation and ultimately to ensure that individuals cannot be identified.

## 6.0 RISK ASSESSMENT

| | |
|---|---|
| **Risk 1 Description** | Risk of the IJB not being sufficiently sighted on performance related to mental health services in Dundee. |
| **Risk Category** | Governance, Political |
| **Inherent Risk Level** | Likelihood 3 X Impact 3 = Risk Score 9 (High) |
| **Mitigating Actions** (including timescales and resources ) | - Develop a dataset which will provide a suitable level of detail<br>- Agree on the frequency of reporting<br>- Liaise with the NHS Tayside Business Support Unit colleagues to ensure timeous reporting |
| **Residual Risk Level** | Unlikely 2 x Minor 2 = Risk Score 4 (Moderate) |
| **Planned Risk Level** | Unlikely 2 x Minor 2 = Risk Score 4 (Moderate) |

| | |
|---|---|
| **Approval recommendation** | The PAC is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward. |

**7.0 POLICY IMPLICATIONS**

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

**8.0 CONSULTATIONS**

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

**9.0 BACKGROUND PAPERS**

None.

Dave Berry
Chief Finance Officer

DATE: 29 December 2022

Lynsey Webster
Senior Officer, Strategy and Performance

**Appendix 1 – Proposed Suite of Indicators for Mental Health Services**

| Indicator | Source / availability |
|---|---|
| **Unscheduled Care** | |
| Number and rate of Mental Health Emergency Admissions for people aged 18-64 | By LCPP, Dundee, Scotland and Family Group partnerships.<br>Requested from NHST BSU |
| Number and rate of Mental Health Emergency Admissions for people aged 65+ | By LCPP, Dundee, Scotland and Family Group partnerships.<br>Requested from NHST BSU |
| Number and rate of Mental Health Emergency Bed Days for people aged 18-64 | By LCPP, Dundee, Scotland and Family Group partnerships.<br>Requested from NHST BSU |
| Number and rate of Mental Health Emergency Bed Days for people aged 65+ | By LCPP, Dundee, Scotland and Family Group partnerships.<br>Requested from NHST BSU |
| Number of A+E attendances with psychiatry diagnosis | Sourced from Mental Health Outpatient Demand and Activity Report to 11th September 2022, produced by NHS T BSU. Ongoing reporting of this data will require an information request to NHST BSU to supply quarterly data back to Q2 2020/21 in order to complete table. |
| Number of people who have received support from a Navigator | To request from NHST BSU. |
| Number of avoided emergency admissions supported by the paramedic response vehicle. | To request from SAS |
| **Discharge Management** | |
| Rate of standard delayed discharge from general psychiatry specialty | Reporting would require an information request to the NHS Tayside BSU for quarterly data back to Q2 2020/21 in order to complete table. |
| Rate of standard delayed discharge from psychiatry of old age specialty | Reporting would require an information request to the NHS Tayside BSU for quarterly data back to Q2 2020/21 in order to complete table. |

| | |
|---|---|
| Rate of complex delayed discharge from general psychiatry specialty | Reporting would require an information request to the NHS Tayside BSU for quarterly data back to Q2 2020/21 in order to complete table. |
| Rate of complex delayed discharge from psychiatry of old age specialty | Reporting would require an information request to the NHS Tayside BSU for quarterly data back to Q2 2020/21 in order to complete table. |
| **Psychological Therapies** | |
| Number of NEW referrals to psychological therapies (ALL) | Sourced from NHS Tayside Mental Health Outpatient Demand and Activity Report to 11 September 2022, produced by NHS T BSU. Ongoing reporting of this data will require an information request to NHST BSU to supply quarterly data back to Q2 2020/21 for Dundee residents in order to complete table. |
| % of patients referred to psychological therapies who commences their treatment within 18 weeks of referral (completed waits) | Sourced from NHS Tayside Mental Health Outpatient Demand and Activity Report to 11 September 2022, produced by NHS T BSU. Ongoing reporting of this data will require an information request to NHST BSU to supply quarterly data back to Q2 2020/21 for Dundee residents in order to complete table. |
| % of patients referred to psychological therapies who commences their treatment within 18 weeks of referral (ongoing waits) | Sourced from NHS Tayside Mental Health Outpatient Demand and Activity Report to 11 September 2022, produced by NHS T BSU. Ongoing reporting of this data will require an information request to NHST BSU to supply quarterly data back to Q2 2020/21 for Dundee residents in order to complete table. |
| **Community Mental Health Team (CMHT)** | |
| Number of new referrals to CMHT (and % accepted) | Sourced from NHS Tayside Mental Health Outpatient Demand and Activity Report to 11 September 2022, produced by NHS T BSU. Ongoing reporting of this data will require an information request to NHST BSU to supply quarterly data back to Q2 2020/21 for Dundee residents in order to complete table. |
| % of discharged psychiatric in patients followed up by CMHT services within 7 calendar days | Sourced from NHS Tayside Mental Health Quality Indicators – Quality Indicator Submission Template, produced by NHS T BSU at 31 March 2022. Ongoing reporting of this data will require an information request to NHST BSU to supply quarterly data back to Q2 2020/21 for Dundee residents in order to complete table. |
| Number of community-based mental health appointments offered | To request from NHST BSU |
| Number of return appointments for every new patient seen. | To request from NHST BSU |

| | |
|---|---|
| Number of people discharged without being seen | To request from NHST BSU (discharged unseen code) |
| Waiting time indicator in development | Data quality exercise being undertaken and data expected Q1 23/24 |
| **Psychiatry of Old Age** | |
| Number of new referrals to Psychiatry of Old Age (and % accepted) | Sourced from NHS Tayside Mental Health Outpatient Demand and Activity Report to 11 September 2022, produced by NHS T BSU. Ongoing reporting of this data will require an information request to NHST BSU to supply quarterly data back to Q2 2020/21 for Dundee residents in order to complete above table. |
| Number of return appointments for every new patient seen. | To request from NHST BSU |
| Number of people discharged without being seen | To request from NHST BSU (discharged unseen code) |
| % of those referred for post diagnostic support who received a minimum 12 months of support | Tayside level data<br>Source: Public Health Scotland |
| **Learning Disability Services** | |
| Number of new referrals to Learning Disability Services (and % accepted) | Sourced from NHS Tayside Mental Health Outpatient Demand and Activity Report to 11 September 2022, produced by NHS T BSU. Ongoing reporting of this data will require an information request to NHST BSU to supply quarterly data back to Q2 2020/21 for Dundee residents in order to complete table. |
| Number of return appointments for every new patient seen. | To request from NHST BSU |
| Number of people discharged without being seen | To request from NHST BSU (discharged unseen code) |
| **Mental Health Officer (MHO) Team** | |

| | |
|---|---|
| MHO referrals and Assessment | Source: Mosaic |
| Local authority Guardianship applications | Source: Mosaic |
| Private Guardianship applications | Source: Mosaic |
| Emergency detention in hospital (up to 72 hours) (s36) | Source: Mosaic Source: Mosaic |
| Short term detention in hospital (up to 28 days) (s44) | Source: Mosaic |
| Compulsory Treatment Orders (s64) | Source: Mosaic |
| MHO team caseload at period end | Source: Mosaic |
| MHO unallocated at end of quarter | Source: Mosaic |
| % unallocated out of all cases | Source: Mosaic |

**ITEM No …6……..**

**REPORT TO:** **PERFORMANCE & AUDIT COMMITTEE – 1ST FEBRUARY 2023**

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

**REPORT BY:** **CLINICAL DIRECTOR**

**REPORT NO:** **PAC4-2023**

## 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 NHSScotland 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 to November 2022.

## 2.0 RECOMMENDATIONS

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

2.1 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: Reasonable; due to the following factors:

- There is evidence of a sound system of governance throughout the HSCP.
- The identification of risk and subsequent management of risk is articulated well throughout the majority of services.

- There is ongoing scope for improvement across a range of services, in relation to the governance processes, although this is inextricably linked to the ongoing difficulties with recruitment and retention of staff.
- There is evidence of non-compliance relating to a fully comprehensive governance system across some teams, i.e. contemporary management of adverse events and risks.

## 3.0 FINANCIAL IMPLICATIONS

3.1 None.

## 4.0 MAIN TEXT

### 4.1 Background

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

4.2 The GIRFE Framework is an agreed tool used by all three HSCPs to ensure consistency of approach between Local Authorities, Tayside NHS Board and the IJBs for the three HSCPs; quality assurance is assessed against an agreed, prioritised common data set for each of the governance domains as detailed below. A GIRFE 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.

4.3 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, HIS and Care Inspectorate, September 2018. The domains are:

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

## 5.0 ASSESSMENT

### a. Clinical and Care Risk Management

*a.1* The table below shows the top 5 risks in the Dundee HSCP.

| Title of Risk | Priority Level | Inherent Risk Score (without controls) | Current Risk Score (with current controls in place) |
|---|---|---|---|
| Increasing patient demand in excess of resources – DDARS | 1 | 15 | 25 |
| Risk that current funding would be insufficient to undertake the service redesign of the DDARS | 1 | 20 | 20 |
| Insufficient numbers of DDARS staff with prescribing competencies | 1 | 25 | 16 |
| Lack of resource to deliver the benzodiazepine dependence pathway compliant with guidelines | 1 | 20 | 16 |
| Negative media reporting increasing reputational, clinical and safeguarding risk | 1 | 25 | 25 |

The top 5 risks sit with the Dundee Drug and Alcohol Recovery Service (DDARS). There are ongoing service pressures due to staff turnover that affect all of the key risks identified.

One of these risks continues to show a current risk score in excess of the inherent risk score. This is primarily due to ongoing challenges relating to recruitment and retention into the DDARS service combined with the increased referral rates throughout and beyond the pandemic.

Staff morale remains very low. Staff are frequently moved within service to provide cover for absence of staff which has a significant impact on their job satisfaction.

A senior service manager role has now been appointed to enhance the local leadership for this team and provide support to the two managers currently in post. They are due to commence in role in March 2023.

Nursing staffing is showing an improving picture for recruitment and retention at the time of writing this report. This will be closely monitored as this has been highly variable over the past 18 months.

Medical staffing has further reduced with the total compliment being one locum consultant now in post.

This has impacted on the ability to provide mental health assessments, increased pressure related to the requirements for same day prescribing, along with reduced availability for support for nursing staff, urgent and batch prescription signing, mentorship for non medical prescribers and advanced nurse practitioners and support and supervision for medical trainees, GPs with special interest and the specialty doctor. This also has an impact on the work to achieve the medication assisted treatment standards (MATS) which are currently reported monthly to the Scottish Government.

Consultants also participate in various service and organisation level meetings. Consultants also provide cover to Services like Drug Testing and Treatment Order (DTTO), New Beginnings, Children and Families Team and it is increasingly difficult to fulfil all of these obligations.

Mitigation: Locum medical staff are being sought to cover; there is ongoing advertising/recruitment of vacancies. An SBAR has been developed relating to current staffing risks.

*a.2* Staff Resource

Staff availability continues to be a significant pressure across a wide range of teams and professions within the HSCP. This is managed well on a day to day basis and support is provided between teams, between HSCPs and across professional boundaries as required. This is not sustainable in the long term and staff are increasingly reporting fatigue and impacts on their wellbeing. This links to strategic risk HSCR00b1 which describes the risk across a range of staff groups and the control measures including the development of new models of care, organisational development strategy, service redesign and the ongoing development of the workforce plan.

Teams are experiencing increased challenges with the current increase of staff absence in relation to both flu and COVID which further compounds the challenges faced day to day.

**b. Clinical & Care Governance Arrangements**

*b.1* The arrangements for CCPG in the Dundee HSCP are outlined in Appendix 1: Dundee HSCP Governance Structure.

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

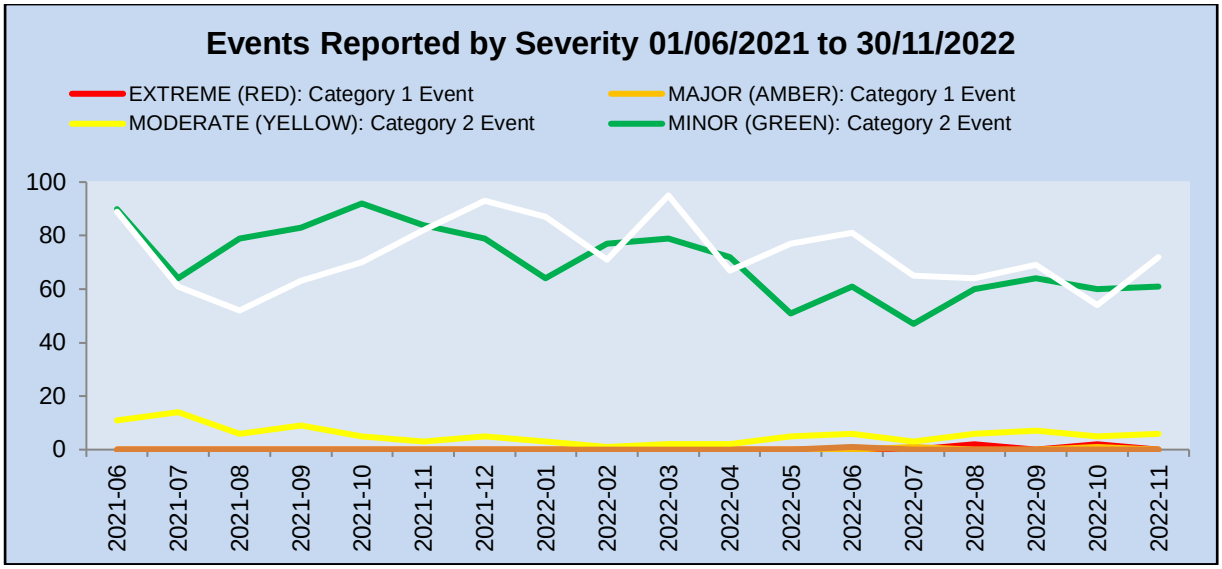
- Nutrition and Dietetics
- Acute and Urgent Care
- Care Homes
- Community Services
- Drug and Alcohol Recovery Service
- Inpatient and Day Care
- Health Inequalities

*b.2* The Clinical, Care and Professional Governance Forum also met in December 2022, receiving a talk on the work of the Patient Safety Team and exploring where the team might be able to assist HSCP services. The group also supported the development of the HSCP DATIX dashboard to support comprehensive and contemporaneous review of adverse events. Exception reports were presented across a range of services including:

- Community Nursing
- Outpatient Physiotherapy and Occupational Therapy
- Psychiatry of Old Age Inpatients
- Psychiatry of Old Age Community
- Specialist Palliative Care
- Medicine for the Elderly
- Dundee Drug and Alcohol Recovery Service

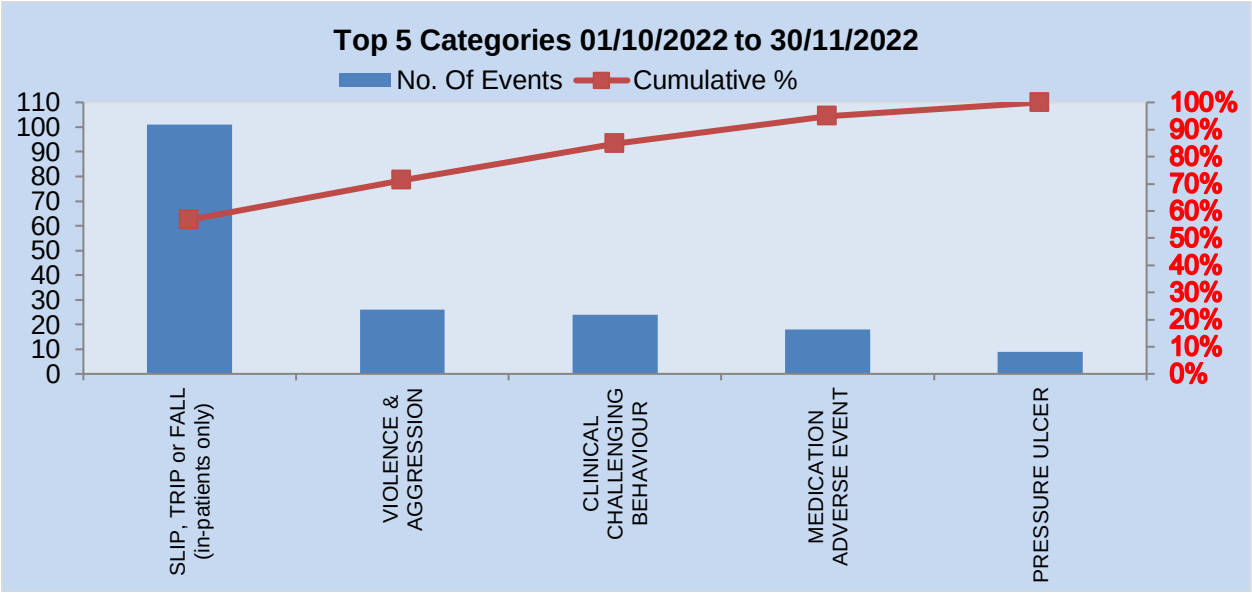
**c. Adverse Event Management**

*c.1* The following graph shows the impact of the reported adverse events by month over the past 18 months.



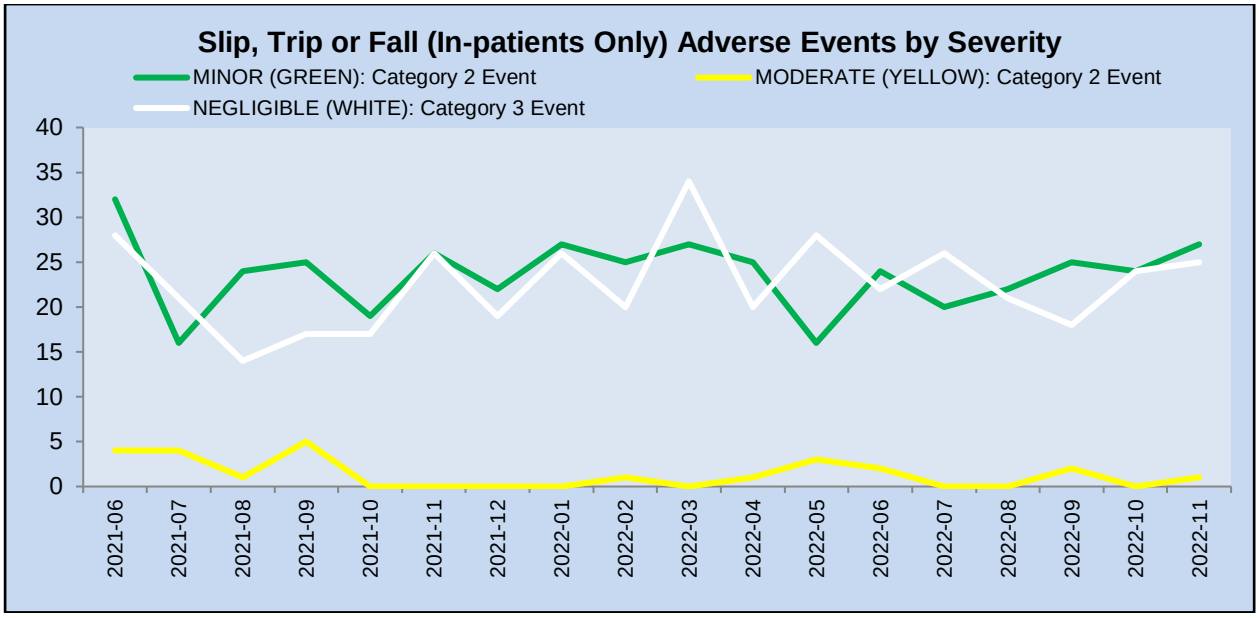

This shows an increase in negligible adverse events and marginal reductions in all other event severities.

*c.2* The following graph shows the top 5 categories reported between 01/10/2022 and 30/11/2022. These categories account for 178 of the 244 events (73%) reported within the time period.

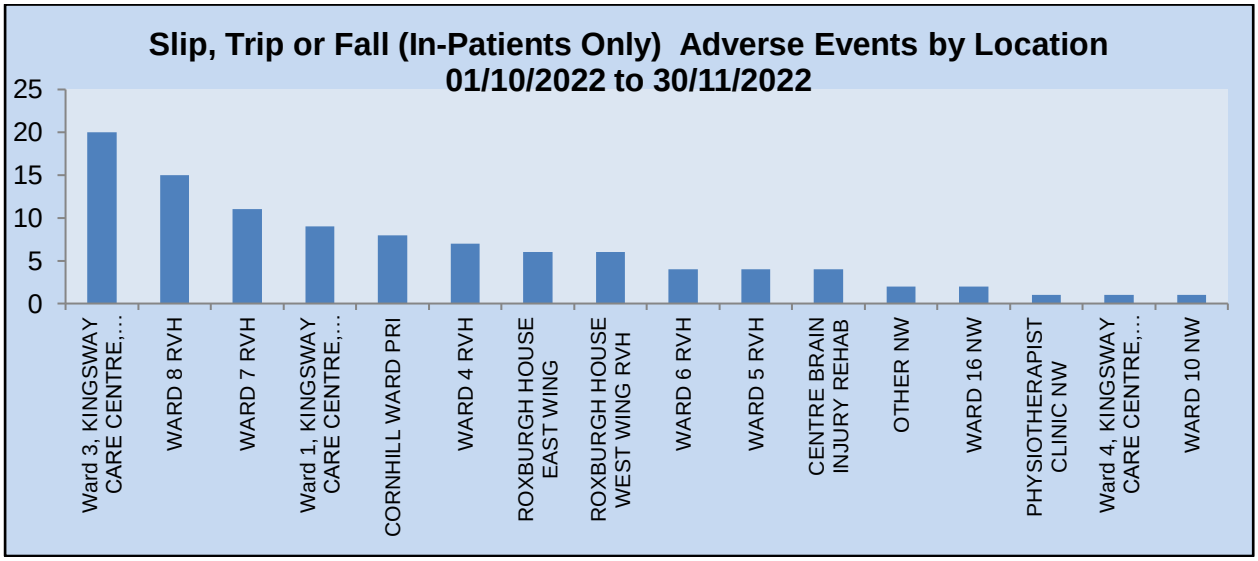



Slips, Trips and Falls

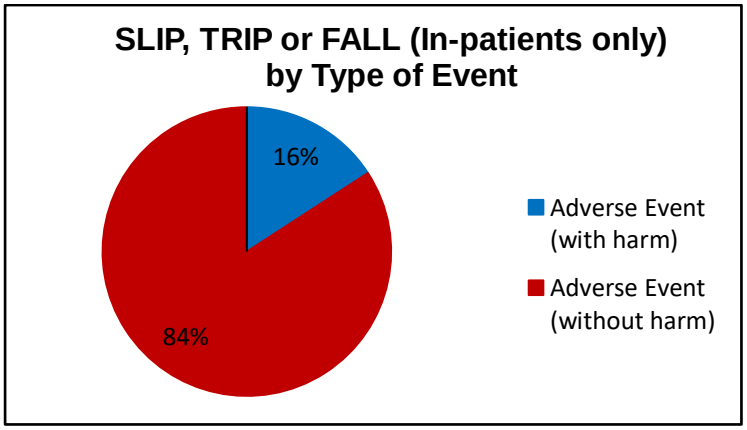
*c.3* There were 101 events reported between 01/10/2022 and 30/11/2022. The following table shows slips, trips and falls by severity over the past 18 months.




*c.4* The following table shows the number of slips, trips and falls (In-patients only) by location. The areas with the highest number of falls were Ward 3, Kingsway Care Centre (18), Ward 8 RVH (18) and Ward 7 RVH (8).




*c.5* The chart below shows the type of events reported. Of the events reported, 85 are adverse events (without harm), 16 are reported as adverse events (with harm).



These tables show a slight increase in slips, trips and falls over this reporting period. We can see that where the majority of falls occur, there are patients with dementia and/or delirium.

These figures also include patients who have slipped out of a chair or out of their bed.

16% of patients were harmed as a result of their fall. A review of this data shows low levels of harm for patients (bruising, skin flaps, soreness) with no cases needing escalation of care through the Emergency Department or secondary care wards or departments.

A review is undertaken after each fall with falls plans being updated as required. There are no themes or patterns identified following review that require further investigation. The teams continue to monitor at a local level to ensure falls plans are developed and are in place for all patients across in-patient settings.

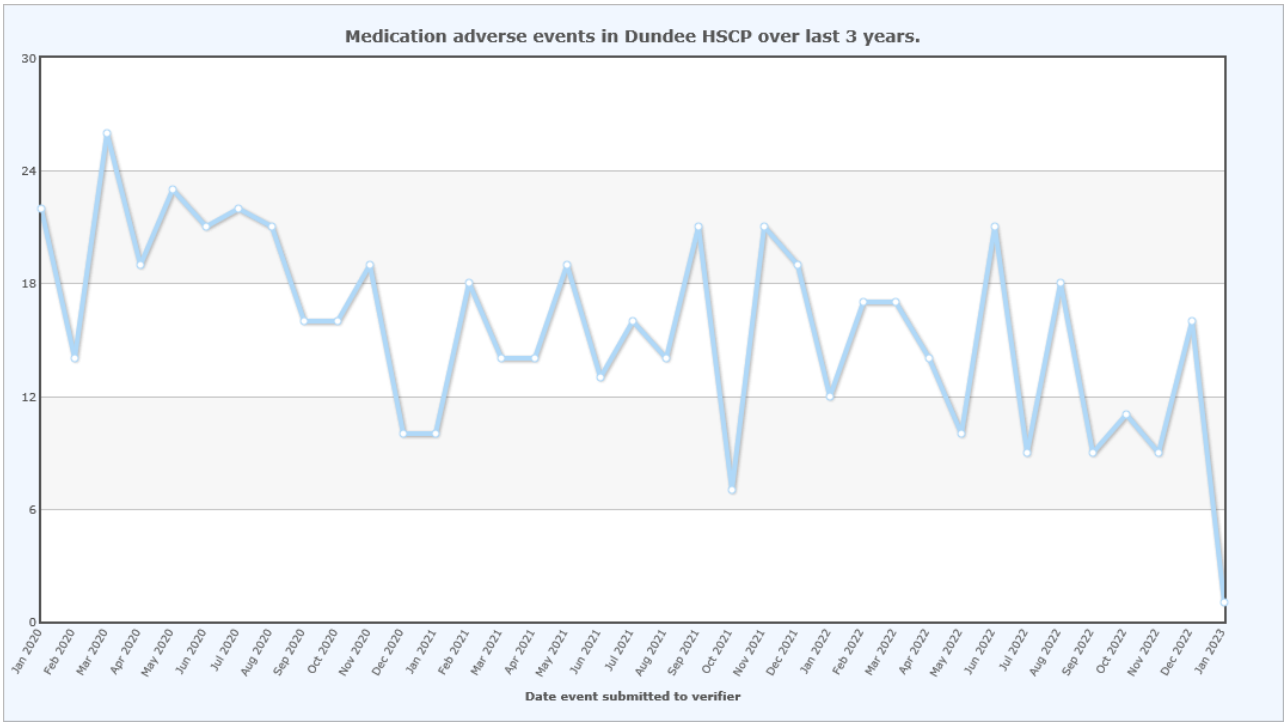
*c.6* Clinical Challenging Behaviour and Violence and Aggression

Work is ongoing to support accurate reporting of these incident types. There have been good improvements across Psychiatry of Old Age and Medicine for the Elderly services, but it has proved challenging sustaining this.

Frequency and levels of harm remain low (12 in this reporting period) and reviews are conducted after each adverse event to ensure staff and patient wellbeing.

*c.7* Medication Adverse Events

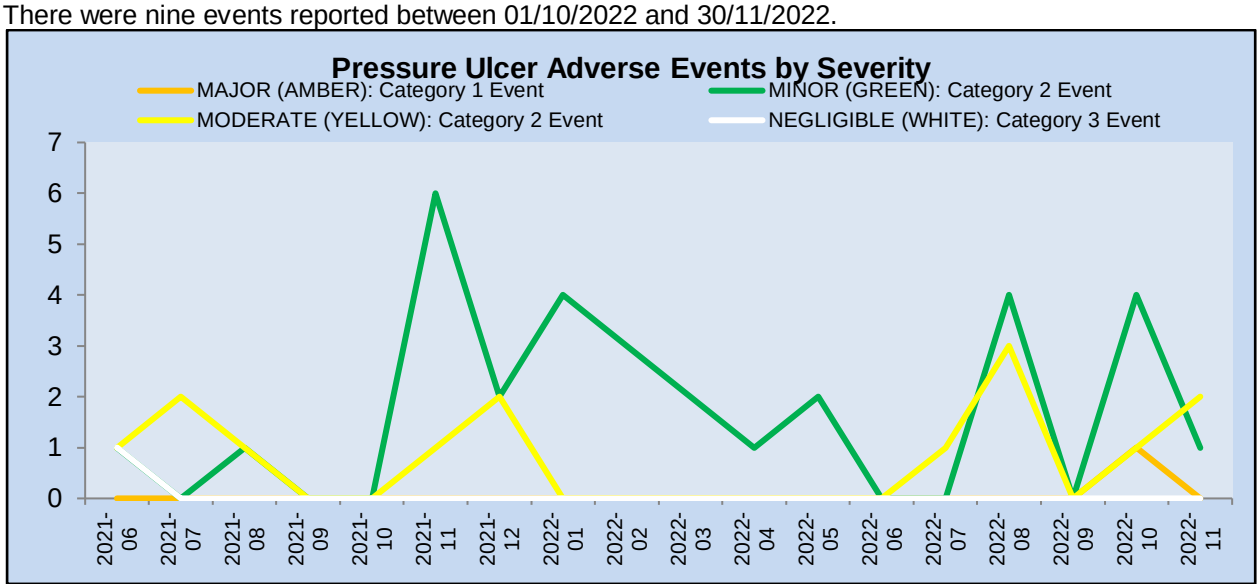
The following graph shows medication adverse events over the past 3 years (to 04/01/2023). While adverse events month on month are quite variable there is an overall reduction in medication adverse events over time.




There were 18 events reported between 01/10/2022 and 30/11/2022. Within this there were 14 separate subcategories reported across eight different clinical teams. There are no clear themes or patterns identified within teams or across the HSCP. The District Nursing Service have seen a positive reduction in adverse events following consistent review of their events, with only two being reported during this reporting period (i.e. one per month; with the previous 12 months averaging over three per month).

*c.8* Pressure Ulcers

There were nine events reported between 01/10/2022 and 30/11/2022.




The increase in pressure ulcers in October has been reviewed. A number of the pressure ulcers had developed in the community and were all referred into the HSCP from other parts of the system. Collaborative work was undertaken to enhance referral pathways and escalation of incidents was undertaken where required.

A number of the pressure ulcers were in Palliative Care, where patient comfort was prioritised over pressure ulcer care during end of life care.

**d. Significant Adverse Event Reviews**

There is one SAER currently in progress from the Inpatient Psychiatry of Old Age Service. This will be reported in future reports once the review and associated reports have been finalised.

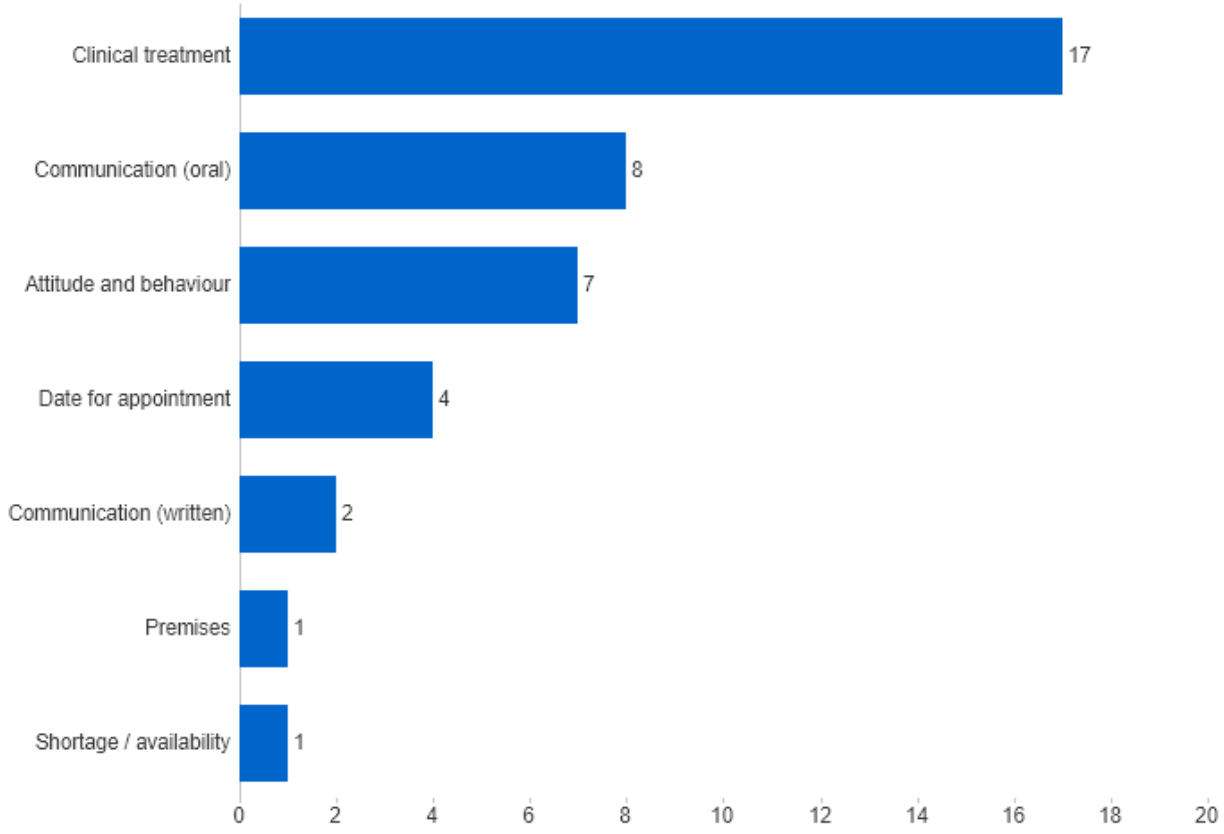
**e. Complaints**

*e.1* The table below shows the number of complaints by service area and how long they have been open.

| No. of Open Cases - 10 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Clinical Care Group/Department** | **Days_Band** | 0-5 Days | 6-10 Days | 11-15 Days | >20 Days | >40 Days | >60 Days | **Total** |
| Mental Health (Dundee) | | - | 1 | 3 | 2 | 1 | 1 | **8** |
| Nutrition and Dietetics (Dundee HSCP) | | - | 1 | - | - | - | - | **1** |
| Older People Services (Dundee) | | 1 | - | - | - | - | - | **1** |
| **Total** | | **1** | **2** | **3** | **2** | **1** | **1** | **10** |

The total number of open cases shows a significant improvement from the last report (22) and with four cases open longer than 20 days, compared with 12 in the last report. Work will continue to further improve this position.

*e.2* The principal themes for this reporting period are listed in the table below.




Learning from Complaints

*e.3* There are a number of complaints that, following investigation, identify and confirm that high quality care is provided, that correct pathways and procedures are adhered to and correct legal processes are followed. The receipt of a complaint is an opportunity to review what we have done and how we have done it, and often the complaints are not about the technical aspects of delivering care but the manner in which the care was delivered, or communicated to our patients and clients.

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

All teams are asked to report on their complaints through the governance group and forum to ensure the sharing of learning across the Health and Social Care Partnership.

*e.4* Some examples of complaints and associated actions and learning:

- A complaint was received in relation to the provision of equipment and the policy that supports decision-making. The policy is undergoing a review to ensure it reflects current legislation. This review is ongoing with health and social care staff, the Housing Department and the local authority legal team.
- A complaint was received in relation to the timely response provided from the Direct Payments Team. A review led to the implementation of different working practices with an enhanced focus on the monitoring of work and the prioritisation and timely nature of responses.
- A complaint was received in relation to posts made by a staff member on social media. While the staff member was aware of the social media policy they have been asked to reflect on their actions and review the policy.
- A number of complaints were received in relation to standards of care and on investigation these related to a failure in communication. Teams have worked hard, in complex and challenging circumstances, to develop systems for clear, concise communication and escalation processes to ensure ongoing communication throughout care provision.

- A complaint was received regarding poor communication following the death of a patient in an inpatient setting. (The circumstances relating to the death did not form part of the complaint.) A number of outcomes were implemented following review which included:
  - Verification of death training
  - Oral Health education
  - The development of an SBAR to support enhanced communication between medical and nursing staff.
  - Review and enhancement of induction for junior doctors.
  - Reflection on Conduct and Professionalism for staff involved.

**f. Medication Assisted Treatment (MAT) Standards**

*f.1* A national benchmarking report was published in June 2022, reporting on the progress that Alcohol and Drug Partnerships (ADPs) were making to meet the MAT standards. A supplementary report was published on 2 August 2022 that provided more detailed information and recommendations for the local MAT Implementation Plan. The initial focus nationally has been on MAT standards 1-5, however, locally early work is also progressing in relation to MAT standards 6-10.

Monthly submissions are made to Scottish Government in relation to progress against the MAT standards. The Dundee Alcohol and Drug Partnership and Dundee EMT receive regular updates on progress as part of the governance and assurance framework. Reports are also submitted to Dundee IJB in relation to progress.

*f.2* Summary of the Standards

Phase 1 (2022-2023):

Standard 1 – All people accessing services have the option to start MAT from the same day of presentation.

Standard 2 – All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.

Standard 3 – All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

Standard 4 – All people are offered evidence-based harm reduction at the point of MAT delivery.

Standard 5 – All people will receive support to remain in treatment for as long as requested.

Phase 2 (2023-2025):

Standard 6 – The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychological interventions (tier 2); and supports individuals to grow social networks.

Standard 7 – All people have the option of MAT shared with Primary Care.

Standard 8 – All people have access to independent advocacy and support for housing, welfare and income needs.

Standard 9 – All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.

Standard 10 – All people receive trauma-informed care.

*f.3* Phase 1 status for each of the MAT standards is currently Amber which shows an improving picture, with MAT Standard 1 moving from Red to Amber in November 2022.

The report in Appendix 2 shows the detail for each of the MAT standards, including the actions/deliverables to implement each standard, the most recent updates submitted for November 2022 and identified risks.

It is very positive to see the improvements noted in this report as the pressures on the service remain significant with ongoing staff resource issues.

**g. Scottish Public Services Ombudsman Reports**
There have been no SPSO reports for Dundee HSCP since the last assurance report.

**h. External Reports & Inspections**
There have been no external reports or inspections for Dundee HSCP since the last assurance report.

## 6.0 POLICY IMPLICATIONS

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

## 7.0 RISK ASSESSMENT

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

## 8.0 CONSULTATIONS

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

## 9.0 BACKGROUND PAPERS

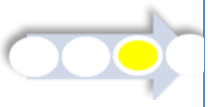
9.1 Appendix 1: Dundee HSCP Governance Structure
Appendix 2: Dundee HSCP MAT Standard Report December 2022

Dr David Shaw
Clinical Director

DATE: 9 January 2023

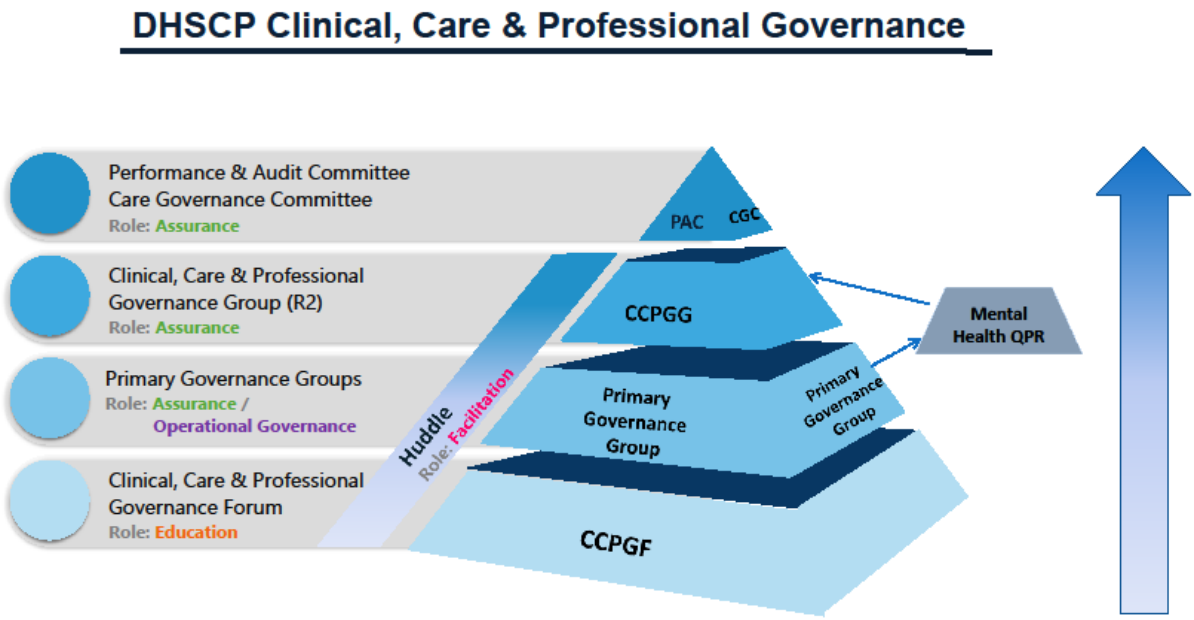
Diane McCulloch
Chief Social Work Officer / Head of Health and Community Care

Matthew Kendall
Allied Health Professions Lead

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

## Dundee HSCP Governance Structure

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




Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group is responsible for directing, collating and monitoring governance arrangements and ensuring that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within Dundee Health and Social Care Partnership. It is chaired by the Clinical Director, and membership, as referenced in the terms of reference, extends to Head of Health and Community Care Services, Associate Nurse Director, Associate Medical Director, 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.

<u>Governance Huddle</u>

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.

## DUNDEE CITY MAT STANDARDS IMPLEMENTATION PLAN: OCTOBER 2022 MONTHLY REPORT

| | |
|---|---|
| **Integration Authority** | **DUNDEE CITY** |
| **Period covered** | **OCTOBER – November 2022 (submission 7th December 2022)** |

This update is submitted by the lead officer/postholder nominated to ensure delivery of this Implementation Plan:

| Name | Position/Job Title | Contact details |
|---|---|---|
| DIANE MCCULLOCH | HEAD OF SERVICE HEALTH AND COMMUNITY CARE | Diane.mcculloch@dundeecity.gov.uk |

| | | |
|---|---|---|
| **MAT Standard 1**<br>November 2022 RAG status | **All people accessing services have the option to start MAT from the same day of presentation.** | This means that instead of waiting for days, weeks or months to get on a medication like methadone or buprenorphine, a person with opioid dependence can have the choice to begin medication on the day they ask for help. |

Please note that in November 2022 Dundee has moved from Red to Amber for MAT standard 1

**Feedback from Benchmarking Report:**
*"This standard is not implemented (red) because there is no evidence that services are in place to enable consistent access to same day prescribing for all people or for a defined group of people. The ADP has plans in place to overcome these challenges".*

**Progress with the specific actions suggested by MIST Improvement Plan**

- Complete a quality improvement charter – **this is currently being finalised.**
- Document pathways and procedures for the test of change – **documents have been developed and can be shared on request.**
- Establish systems for the collection of numerical and experiential data to evaluate the test of change (e.g. audit) – **in place and can be shared on request**
- Recruit or allocate additional prescribers in the substance use team to the test of change and include third sector partners including We Are with You, Hillcrest futures, Positive Steps and Aberlour - **prescribing staff have been allocated to cover the assessment process, and work is being progressed with partner agencies.**

| Actions/deliverables to implement standard 1 | Timescales to complete | Update November 2022 | Risks |
|---|---|---|---|
| Dundee has a prescribing SOP that offers 'no barrier' access to MAT. This includes prescribing clinical guidelines that enable practitioners, including non-medical prescribers, to safely initiate same day prescribing as clinically appropriate | **Complete** | In place – will be updated with additional developments | |
| On Tuesday the 20th September 2022, the Dundee Drug and Alcohol Recovery Service (DDARS) relaunched the direct-access assessment clinics. This will be delivered through a multi-disciplinary direct-access drop-in clinic, which will initially operate two days per week. Individuals are able to have direct, same day access either through the drop-in clinics or, if they prefer, via appointments. | **Complete** | October 2022 is the second month of the DDARS direct access clinics. 53 people attended the clinics of which 28 identified drug use as cause for attendance. An OST plan was put in place for 16 patients with relevant data collected in an adapted version of the MIST spreadsheet. At the clinics 13 received prescriptions for MAT | Pharmacy related issues delaying the issuing of prescriptions. Ongoing discussions with MIST and Controlled drug |

| | | | |
|---|---|---|---|
| The plans for this were discussed and finalised as part of the workshop with MIST (7th September). We will continue to monitor and adjust the direct access clinics. A PDSA is in place to review the process and update as required.<br><br>We will also begin work with the third sector colleagues to discuss their support for this process and what help they need to be able to do so.<br><br>Support that is already in place form third sector partner organisations: Positive Steps provides support for individuals to attend direct access clinics and Positive Living project supports individuals at high risk of overdose to engage with these services. Transport is available through Hillcrest to help individuals with mobility issue attend the direct access clinics. | **In place**<br><br>**In Place** | with 4 known delays to collecting prescriptions due to pharmacy related issues.<br><br>PDSA Will be continued to monitor TOC to identify improvements to the delivery of direct access.<br><br>Initial contractual review has been discussed and meeting to progress this are being arranged. Third sector supportive of involvement. | Governance team in relation to this risk. |
| A management model to address waiting lists is being developed (to reduce current waits) – letters sent to all those who are currently on the waiting list, inviting them to attend the direct access clinics. This is being progressed on a staged approach. | **In progress** | Work is on-going and it is anticipated will take approximately 4 weeks | |
| Documentation to indicate people are offered a range of referral options are in place – A memo was sent to all partner agencies with the details of options. Referral options were included within the letter sent to all existing people currently on the waiting list. A Standard Operating Procedure (SOP) has been developed. | **In place** | | |
| People are informed of / are offered independent advocacy as part of the assessment process. This is also included in the SOP. Patient information leaflets are available too.<br>Third sector partners offer support and are linking people to the DDARS for prescribing. | **In place and progressing** | Advocacy support is now offered at assessment and leaflets are provided | |
| A process has been developed and agreed for Experiential Service User Survey and data collection and this started Monday 26th September.<br>. | **In place** | Our experiential data collection is progressing very well and that relates to a few of the MAT standards. The process is in place and more people are being recruited to interview. We have carried out | |

| | | | |
|---|---|---|---|
| | | a number of interviews and are reporting those regularly. | |
| A system for the collection of numerical and experiential data to evaluate the test of change is in place – a method of collection for the data based on the spreadsheet that MIST has designed has been developed, including for use by and DDARS. We plan to start using this method in the near future.<br><br>Patient feedback forms for DDARS are also in place. | Partly in place and progressing. Aim to complete by Dec 2022 | Spreadsheet is in place and being updated. Activity has begun to develop dashboard for specific reporting.<br><br>Ongoing | Challenges due to the absence of up to date software(excel) required for data input and reporting |
| **Comments: planned actions / Are we on track** | | | |
| **Dundee has now moved from 'RED' to 'AMBER' with respect to the RAG assessment of MAT1 and we do anticipate full implementation of MAT 1 by April 2023.** | | | |

| | | |
|---|---|---|
| **MAT Standard 2**<br><br>April 2022 RAG status | **All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.** | People will decide which medication they would like to be prescribed and the most suitable dose options after a discussion with their worker about the effects and side-effects. People will be able to change their decision as circumstances change. There should also be a discussion about dispensing arrangements and this should be reviewed regularly. |

**Key feedback from Benchmarking Report:**
*"This standard is partially implemented (amber) because although there is evidence that choice is available, there is partial documentation of procedures, and it is not clear that choice is consistent across the ADP. Plans are in place to scale up and it is expected that the ADP will progress to full implementation soon".*

| Actions/deliverables to implement standard 2 | Timescales to complete | Update November 2022 | Risks |
|---|---|---|---|
| Dundee has documented guidelines to ensure that methadone and long and short-acting buprenorphine formulations are equally available in local formularies and dispensing locations | **Complete** | | |
| Dundee has Home Office license to allow injectable buprenorphine (stock schedule 2 and 3 CD's), including injectable buprenorphine to be stored on NHS premises – with annual renewal | **Complete** | | |
| Dundee has prescribing guidelines available for each substitute prescribing option, considering peoples' treatment goals, enabling people to be aware of medication and dose options, and allow them to move from one medication to another. Routine review by key worker and health care support worker as per Governance document. | **Complete** | | |
| Written and verbal information available to ensure people can make informed choices | **Complete** | | |

| | | | |
|---|---|---|---|
| All community Pharmacy services have completed medical treatment training and confidently discuss OST prescribing options with individuals | **Complete** | | |
| Community Pharmacy services willing to undertake a TOC to administer Buvidal in the community to aid burden on nursing resource | **Dec 2022** | Discussions are underway to identify suitable individuals | The capacity issues and speed of delivery of medicine to pharmacies is still a risk |
| Regular reviews process is in place - System in place for prescribing review as indicated. Routine review by key worker and health care support worker as per Governance document. | **Complete** | | |
| Family members or nominated person(s) are included from the start in care planning for individuals who choose this form of support / and are able to provide feedback | **In place but require improvement by Dec 2022** | Family member or nominated person can already be included at the individuals request | |
| The Dundee Residential Rehab Pathway will be implemented as of November 2022 | **Nov 2022** | The ***Pathway to Recovery*** service went live in October and all staff are now in place. 20 people currently on the Pathway and MDT meetings have been arranged. | |
| Process for auditing performance is in place - service dashboard in place to report to DHSCP Clinical, Care and Professional Governance Forum and Group. Service report is being updated to include MAT standards. | **Complete** | Further development to include MAT specific dashboard is being developed | |
| **Comments: Planned action / Are we on track** | | | |
| Scale up the provision of long-acting injectable buprenorphine to all clients receiving MAT who choose it – please see figures for the increase in Dundee. To support increase DDARS is currently delivering specific buvidal clinics over 5 days<br><br>**The residential rehab provision is progressing well in Dundee, during November 20 individuals accessed the residential rehab pathway.** | **In place and progressing** | During November 158 individuals in Dundee were on a buvidal prescription. | |

| MAT Standard 3 | All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT. | If a person is thought to be at high risk because of their drug use, then workers from substance use services will contact the person and offer support including MAT. |
|---|---|---|
| April 2022 RAG status | | |

**Feedback from Benchmark Report:**
*"This standard is partially implemented (amber) because although there is a system in place to follow up non-fatal overdose, there is no documented pathway, and no evidence has been provided that time to assessment is met or that people have same day access to opioid substitution therapy if they need it".*

| Actions/deliverables to implement standard 3 | Timescales to complete | November update | Risks |
|---|---|---|---|
| Dundee has a multi-agency (including all the key agencies) NFOD rapid response team, including assertive outreach workers to ensure those at high risk are identified and followed. This team ensures contact is attempted with the individual within 72 hours of a near fatal incident. The team will follow up individuals and link them into services according to their need, this can include access to housing, food banks, social support, benefit agencies, GP services and medical treatment. | **In place and complete** | During November the work of the multi-agency NFOD rapid response group continued. A new person has been identified to chair the daily meetings and support the group in the interim period. | |
| All the relevant service providers in Dundee are signed up to an information governance structures in place to ensure the timely sharing of information about people at high-risk, with partners who can take responsibility for follow-up. | **Complete** | | |
| All service providers in Dundee have a documented process in place to enable staff to access appropriate and timely expertise for child protection or adult protection. In addition, three non-medical prescribing nurses are based within Children & Family Teams to facilitate joint working and fast support to parents at high risk. | **Complete** | | |
| Through NHS Tayside Dundee is in the process of appointing dedicated staff (a band 7 and a band 8a) to support the work of the NFOD rapid response team | **Re-advertising of positions is in progress** | A new job advert is now out for the Band7 post. In the meantime, we have secured additional ours of a community | Shortage in qualified staff is still a risk |

| | | | |
|---|---|---|---|
| | | pharmacy staff member to chair and support the daily NFOD meetings. | |
| The Dundee SafeZone outreach service supports people to engage with treatment programmes, and does offer more than outreach crisis support on a Fri/Sat evening.<br><br>In addition, staff within third sector partner organisations are trained and experienced at identifying people at high risk through group work and one to one support, and signpost appropriately to Harm Reduction / treatment services using established partner links in these services. Staff also knowledgeable of MAT to encourage / support those in treatment to sustain that treatment. | **In place**<br><br>**In place** | | |
| **Community Justice Service (CJS):**<br>The Tayside Council on alcohol (TCA) CJS mentoring service will support people to access and maintain engagement with treatment programmes, for those involved with the justice system. Similarly, the PAUSE Programme would do the same for women involved with CJS. Plans to expand both services will be explored. | **In place** | | |
| **Comments: Planned actions / Are we on track** | | | |
| **It is anticipated that by April 2023 this standard will be fully implemented.** | | | |

| | | |
|---|---|---|
| **MAT Standard 4**<br><br>April 2022 RAG status | **All people are offered evidence-based harm reduction at the point of MAT delivery.** | While a person is in treatment and prescribed medication, they are still able to access harm reduction services – for example, needles and syringes, BBV testing, injecting risk assessments, wound care and naloxone.<br><br>They would be able to receive these from a range of providers including their treatment service, and this would not affect their treatment or prescription. |

**Feedback from Benchmark Report:**
*The standard is partially implemented (amber) because the core interventions (naloxone, injection equipment provision, blood-borne virus testing) are not reported to be consistently available at the same time and place as all MAT appointments. A project plan for the full implementation of MAT standard 4 is in place.*

| Actions/deliverables to implement standard 4 | Timescales to complete | November update | Risks |
|---|---|---|---|
| Agree that specialist substance services will provide full range of IEP equipment in bases. Outreach IEP pack contents to be agreed and sourced | **Complete** | Outreach bag delivery commenced in November with full delivery expected in December. DDARS now have stock of IEP equipment | |
| Approve Take Home Naloxone recording form and purchase web-based recording system for Tayside | **December 2022 Updated timescale: Roll out across all THN sites by March 2023** | Tayside configuration agreed. Developers making changes to NEO. To be rolled out across all THN services | |
| Agree NEO recording system will be used to capture and monitor IEP data requirements for MAT4 | **Complete** | IEP data will be input from all MAT services. All services now set up as sites and accounts created. Services to agree data input process to suit their circumstances | |

| | | | |
|---|---|---|---|
| Develop Harm Reduction signposting and referral pathway | **September 2022 Updated timescale: February 2023** | Signposting to be incorporated into Tayside Harm Reduction SOP | |
| Identify specialist training options around wound care | **December 2022** | Agreement with DDARS that Harm Reduction nurses will develop basic wound care packs for main types of injecting wounds | |
| Ensure all staff are equipped to provide a core range of Harm Reduction interventions, IEP and BBV testing at every MAT appointment, including at MAT1 tests of change | **December 2022** | Basic harm reduction training delivered, IEP equipment ordered and BBV test training updated. Implementation phase underway - discussions are on-going in DDARS and options are considered for peer mentors to deliver | |
| **Comments: Planned actions / Are we on track** | | | |
| | | | |
| Produce business case for the Immunisation Service that will provide a sustainable vaccine service for people who use substances | **December 2022** | Exploration of vaccination catch-up campaign for people on OST in new year whilst planning commences for sustainable vaccine delivery | |
| Review and enhance harm reduction services for individuals in police custody and prisons | **March 2024** | HMP Perth is pilot site for implementation of MAT standards. Workshops began in Sept 2022 | |
| Review and enhance harm reduction services for hospital inpatients | **March 2024** | Paper to be developed for NHS Tayside Board to support a harm reduction policy across all sites. All ED staff trained to | |

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| | | provide THN. | |
| Identify gender-sensitive training and injecting assessments | **March 2023** | Limited work at present – linking with gendered services work in Protecting People Team underway | |
| Ensure recording of harm reduction interventions and team managers conduct regular audits of performance | **March 2023** | Agreement to use existing data (IEP numbers, BBV tests and THN kits) as proxy. Local feedback will be provided quarterly. MIST team MAT 4 recording requirements to be completed | |
| Undertake an evaluation with people with lived experience to understand what kind and compassionate harm reduction services look like for service improvement purposes | **March 2023** | Survey agreed and process agreed to have employed peers with HCF undertake interviews. Promotional materials agreed. Recruitment to commence December 2022 | |

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|---|---|---|
| **MAT Standard 5** | **All people will receive support to remain in treatment for as long as requested.** | A person is given support to stay in treatment for as long as they like and at key transition times such as leaving hospital or prison. People are not put out of treatment. There should be no unplanned discharges. When people do wish to leave treatment they can discuss this with the service, and the service will provide support to ensure people leave treatment safely.<br><br>Treatment services value the treatment they provide to all the people who are in their care. People will be supported to stay in treatment especially at times when things are difficult for them. |
| April 2022 RAG status | | |

**Feedback from Benchmark Report:**
*"Documentation was not provided to demonstrate different models of care, how people choose care options and the procedures in place to retain people in treatment for as long as requested. This standard is partially implemented (amber) because while there is support for retention in treatment on a case by case basis there is no documented system in place that offers a range of models to support people in treatment".*

| Actions/deliverables to implement standard 5 | Timescales to complete | November Progress | Risks |
|---|---|---|---|
| Flexible, person-centred pathways are in place offering different care packages that range from low to high intensity care and support options – this is in place within hospital, Prison and Court liberation settings; and in development with respect of the assertive outreach model/pathway | **In place and progressing** | Prison and court liberation pathways in place, supporting a more intensive approach of continued OST. Assertive Outreach ongoing re model and pathway | |
| There is detailed understanding of the caseload that can identify levels of risk and need - RAG Status for this open to DDARS has been completed. | **Complete** | | |
| Pathways are being developed (part of the shared Care ToC) to ensure that people are supported to access appropriate primary care services including GPs, community pharmacy, | **In development by April 2023** | Discursions underway with DIAS about independent advocacy within Primary Care. | |
| A Shared Care model with GPs that includes proactive and supported | **In development** | | |

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| transfer of people stable on MAT is currently being tested | **by Dec 2023** | | |
| Information sharing protocols are being developed to allow for shared record keeping between the multiagency team providing care including social care, housing, community pharmacy, GPs, Police Scotland, SAS, primary and secondary care and third sector providers | **In development by March 2023** | | |
| A range of strategies are being implemented / developed to manage caseloads and appointment systems, including group or café style clinics, 'corporate' caseloads, a mix of drop-in and fixed appointments, after-hours provision, and pharmacy-based maintenance clinics – managed mainly via third sector partners in Dundee | **In place and progressing** | | |
| Surveys to collate the views of family members / carers and staff are developed ready to go. Quarterly thematic report template developed to provide regular feedback to the Dundee MAT Implementation Group. Currently working with front line services to implement the surveys and start data collection. | **In place and progressing** | | |
| Hillcrest Futures provide drop-in in nine locations across the city, including recovery support groups and SMART Recovery. OST medication is being delivered on behalf of DDARS to people who are unable to attend the pharmacy, to help them continue in treatment. | **In place** | | |
| Community Justice: Positive Connections works with individuals who are incarcerated and on liberation within the community. Individuals are supported to engage with treatment and to attend appointments, drop in clinics. For those who are assessed as high risk of overdose, support is provided around the NFOD pathway, and intense support is offered at liberation. | **In place** | | |
| **Advice from MIST – link this to MAT 7** | | | |
| For example: shared care between DDARS and general practice for patients who are stable on opioid substitution therapy will be prescribed by GPs and supported by Third Sector organisations and GP led multi- | **In progress / by March 2023** | Key steps in the transfer of patients from DDARS to general practice agreed and | |

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| disciplinary team with a focus on wider health needs. | | are being tested | |
| As part of the development of the Dundee Primary Care Drug Service Redesign work, the Third Sector (specifically Hillcrest and WRWY) are developing and implementing key working support. | **In progress / by March 2023** | A job description agreed and recruitment underway for first keyworker | |
| **Comments: Planned action / Are we on track** | | | |
| Improve capacity and the retention in services by continuing to support models of care to support individuals, such as drop-in clinics, input from community pharmacy, expansion of the community wellbeing hubs and more partnership working - initial DDARS drop in established and discussions held with DDARS pharmacy about additional roles. | **In progress** | Ongoing discussions about work with woman's hub, with the commitment to have nursing staff attend on a weekly basis initially | |

| **MAT Standard 6** | **The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.** | This standard focuses on the key role that positive relationships and social connection have to play in people's recovery. Services recognise that for many people, substances have been used as a way to cope with difficult emotions and issues from the past. Services will aim to support people to develop positive relationships and new ways of coping as these are just as important as having the right medication. | | |
|---|---|---|---|---|
| April 2022 RAG status | | | | |
| **Actions/deliverables to implement standard 6** | | **Timescales to complete** | **November update** | **Risks** |
| DDARS Psychology Service has completed a baseline assessment of training needs and identified key evidence-based psycho social interventions (i.e. as per the MATRIX) | | **Complete** | | |
| Psychology service has a Tayside wide workforce training plan to support key workers, social and third sector staff in delivering low intensity psychological interventions. Included in this is plan for coaching and supervision of staff. Workforce plan is completed and has been shared with senior staff within DDARS and with NHS Tayside Clinical Educator, Practice, Development | | **Complete** | | |
| Psychology training that has been implemented is evaluated and fed back to senior staff within DDARS | | **Complete** | | |
| Written protocol/ Clinical pathway has been shared across all Tayside services along with written guidance about consultation process (where psychology meet with staff and clients to support discussion about what interventions may be most helpful for the client at that stage in their recovery) | | **Complete** | | |
| Through consultation and supervision, the Psychology service provides low intensity evidence-based strategies and supportive tools to support the delivery of low intensity interventions. These include relapse prevention workbook and group materials, emotion regulation group materials, harm reduction and MI, safety and stabilisation resources and formulation based approach to risk assessment and safety planning | | **Complete** | | |

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|---|---|---|---|
| The Psychology service is providing wellbeing sessions in both group and 1:1 format to staff within DDARS. Staff have also been given information on NHS Tayside's Wellbeing Service and signposted to NHS Tayside support resources for example Promis. | **Complete** | | |
| The Psychology service has delivered trauma informed workshops to all staff in DDARS including reception staff, to become more trauma informed, considering clients emotional/psychological needs, the physical environment of substance use services and how welcoming, empathic, compassionate and safe they are for clients using the service | **Complete** | | |
| All Pharmacy staff employed by Tayside Substance Use Services have completed NES Trauma informed care modules. | **Complete** | | |
| Motivational interviewing, cognitive behavioural approaches and solution focused therapies as well as mutual aid support groups are provided through third sector partners and is offered to all individuals and families / carers. | **In place** | | |
| **Comments: Planned actions / Are we on track** | | | |
| TDARS Psychology to continue to train new DDARS staff by delivering trauma informed workshops to aid the consideration of clients emotional/psychological needs. A steering group to oversee the development and implementation of the above delivery plans. Steering groups will be led by addiction psychology and membership should include people with lived and living experience.<br><br>Plans are being developed to ensure the Psychology service can work alongside others to support the collection of experiential data, specifically for MAT6. The current questionnaire will be adapted to support this. | **By March 2024** | | |

| **MAT Standard 7**<br><br>September 2022<br>RAG status | **All people have the option of MAT shared with Primary Care.** | People who choose to will be able to receive medication or support through primary care providers. These may include GPs and community pharmacy. Care provided would depend on the GP or community pharmacist as well as the specialist treatment service. | |
|---|---|---|---|
| **Actions/deliverables to implement standard 7** | | **Timescales to complete** | **November update** | **Risks** |
| Two Service Level Agreements (SLA) options have been developed to provide a mechanism for patients to move to general practice. There are Third Sector key workers onboard to support patients. The implementation of the SLAs is being progressed through a series of test of change. | | **Partially complete** | Practice visits organised to encourage practice uptake of both SLA opportunities.<br>Feedback from practices has informed a new test of change. | |
| The Patient-Criteria has been agreed for both SLAs. The SLAs include developing a GP network and supporting GPs to do the prescribing. These are being built through a series of test and change models. The models build on the knowledge of both service providers and service users to cover all aspects of the patient's support needs. | | **In progress** | DDARS have patient consenting to move to shared care from Dec. | |
| Quarterly contractual meetings are facilitating the transfer of patients from DDARS to the GP and third sector | | **In place** | The contractual documentation complete enabling Third Sector Key Workers to join the project starting this month. | |
| Pathways are being built with guidance from those already involved in service provision and those with lived experience. | | **In progress** | | |
| There is a data workstream: Information Sharing Agreement has been written and is being reviewed by information governance colleagues. A data impact assessment has also been undertaken. All information about the patient will be recorded in the GP patient record and the Third Sector will have read / write access to the records. Data input into DAISy will also be undertaken by the Third Sector. | | **Complete** | Data Impact Assessments have been approved by NHST IG and Information Sharing Agreements in place for practices taking part in Shared Care. | |

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| Recruitment of GPs and nurses is proving challenging and different approaches are being explored. Training needs and sources for non-clinical practice staff are being explored, including local provision and also from national organisations such as Scottish Drugs Forum. | **In progress** | GP Posts continue to be advertised offering a number of options. Discussions around adjusting the model to include Nurse Prescriber option. The recruitment of nurses into DDARS is a positive sign in assuring general practice of clinical support as part of shared care. | |
| The outcomes to be measured by the project have been drawn up, however this is an area of work that is not able to be developed until we are clear on the functionality of the systems for data recording, In the interim period, Third Sector organisations will use their usual outcome tool. | **In progress** | Part of the test of change will be to assess which best fits the needs of the project. | |
| We actively seek to link this project to other services and projects across Dundee, Tayside and nationally so that we learn and share the activities of the project. | **On going** | Links made with DIAS who will provide support to patients should they find it difficult to voice their views about decisions about their care. | |
| **Comments: Planned Actions / Are we on track** | | | |
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| MAT Standard 8 | All people have access to independent advocacy and support for housing, welfare and income needs. | People have the right to ask for a worker who will support them with any help they need with housing, welfare or income. This worker will support people when using services, make sure they get what best suits them and that they are treated fairly. | | |
|---|---|---|---|---|
| April 2022 RAG status | | | | |
| **Actions/deliverables to implement standard 8** | | **Timescales to complete** | **November update** | **Risks** |
| Additional capacity is now in place for the Dundee independent Advocacy Service to support MAT implementation. Partnership agreement is in place with DDARS. | | **Complete** | | |
| Plans are in place to deliver awareness raising sessions of the Independent Advocates (IA) role across various professional groups, including both Clinical & SW roles within DDAR's; other professional groups;<br>Third Sector / Faith / Parish Nurses, foodbank, Pharmacists, GP's<br><br>The session will demonstrate the value of IA in a therapeutic relationship and will assist with embedding the practice of offering IA support at an earlier stage. | | **In progress** | Awareness session on advocacy are being delivered to staff, will continue during first quarter of 2023. | |
| Advocacy awareness sessions to be part of induction for Social Work / Nursing and clinical staff. Organise discussions with the local universities in relation to embedding the role of IA into training across relevant professions. | | **In place and progressing** | | |
| Options are considered of having an Independent Advocate as duty worker to provide support at an early intervention stage. We are currently reviewing where a duty worker would bring most benefit – options include recovery groups/ carer groups / peer support groups / new Community Well Being Centre/Direct Access | | **In progress** | DIAS Independent Advocates are included in MDT meetings | |
| Technology options, including YouTube videos are considered to support awareness raising & early intervention for individuals affected by substance use and their families. These could include Know your Rights / How to prepare for meetings/ how you can be involved in decisions making about your health and wellbeing, amongst other topics. Given IA support resources are finite, by using the | | **In progress** | | |

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| technology we would envisage more people will be empowered to self-advocate, ensuring that people who need direct IA support to receive it at the right time, making IA support resources more sustainable. | | | |
| Welfare Rights colleagues have developed a cloud-based referral system which will allow quick access (with minimal information) to a professional Welfare Rights Service, who will directly contact the client within 24 hours of notification. | **Complete** | | |
| There are Housing Options Social Workers in post who provide direct SW support in relation to housing and associated issues. Same day support would be available via Social Work Duty or Housing Options Social Work. | **Complete** | | |
| DIAS to develop a training plan to upskill and increase knowledge and experience amongst staff. Will include job shadowing. Progress is also being made with developing collective advocacy group for Dundee | **In progress** | Awareness sessions about advocacy are delivered to staff | |
| Staff within a number of third sector partner organisations use the Outcome Star tool to support people holistically and provide direct advocacy where appropriate.<br><br>Advocacy support is provided for individuals accessing harm reduction services, including support with cost of living (especially energy costs) needs. | **In place** | Two advocacy workers are supporting partners with completing experiential questionnaires linked to MAT | |

**Comments: Planned actions / Are we on track**

Good progress is being made with some national recognition of the advocacy work in Dundee - DIAS have been asked to be one of the speakers on the SDF Webinar on 2.12.22 about MAT Standard 8 – they have been asked as an Independent Advocacy organisation evidencing best practice in this area

| **MAT Standard 9**<br><br>April 2022 RAG status | **All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.** | People have the right to ask for support with mental health problems and to engage in mental health treatment while being supported as part of their drug treatment and care. | |
|---|---|---|---|
| **Actions/deliverables to implement standard 9** | **Timescales to complete** | **November Update** | **Risks** |
| The Working Better Together (WBT) substance use / mental health test of change is progressing;<br><br>Work is progressing jointly with the mental health / substance use Pathfinder led by the Health Improvement Service (HIS) | **End March 2024** | Dundee and Tayside MHSU proje | Lack of capacity to progress and implement the required change |
| **Actions for substance use services:** | | | |
| Procedures in place to ensure substance use services are up to date on knowledge of local mental health services and their referral criteria | **In place** | | |
| Agreed care pathways in place to support any identified mental health care needs and clear governance structures to establish effective joint working arrangements to care for people with co-occurring mental health difficulties and substance use | **In progress** | | |
| Mechanisms in place to enable staff in substance use services to report concerns and advocate for patients at risk of falling between the gaps of services | **In place** | | |
| Assessment protocols in substance use services that include enquiry about mental health, and use of appropriate screening tools - mental health and wellbeing is included in DDARS' Holistic assessment document. The Sainsbury Risk Assessment tool is used both by DDARS and the Mental Health services. | **Complete** | | |
| appropriate protocols to treat and support mental health in house (to level of competency of agency/individual) or support local onward seamless referral – three quarter of DDARS' of staff are mental health qualified staff and | **In progress** | | |

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|---|---|---|---|
| provide in house mental health support. Medical staff have conducted a mental health review of DDARS and a training protocol is in place. However, due to vacancies issues, this element of the work is still as a risk. | | | |
| protocols in place for effective communication and information sharing with mental health services - Shared Electronic Clinical Record in place, and NHS sharing of information process is in place. | **In place** | | |
| Clear governance structures in place to co-ordinate care (e.g. care programme approach) and establish effective joint working arrangements to care for those with severe mental illness and substance use | This is being progressed through the Pathfinder and WBT projects. | | |
| **Actions for mental health services**<br>• staff in mental health services are up to date with local substance use treatment pathways and the referral criteria for NHS primary and secondary care services, social care and third sector agencies<br>• mechanisms in place to enable staff in mental health services to report concerns and advocate on behalf of patients at risk of falling between services<br>• agreed referral pathways across the local ROSC to support any identified substance use<br>• at the point of referral, a named professional as the main contact responsible for communication between services, and with the person and their family member or nominated person<br>• Training is in place through the Psychology service (see details above as part of MAT6)<br>• protocols in place for effective communication and information sharing with substance use services | These items are partly in place and being progressed supported by the WBT and Pathfinder projects | | |
| Comments: Planned Actions / Are we on track | | | |
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|---|---|---|---|---|
| **MAT Standard 10**<br><br>April 2022 RAG status | **All people receive trauma informed care.** | The treatment service people use recognises that many people who use their service may have experienced trauma, and that this may continue to impact on them in various ways.<br><br>The services available and the people who work there, will respond in a way that supports people to access, and remain in, services for as long as they need to, in order to get the most from treatment. They will also offer people the kind of relationship that promotes recovery, does not cause further trauma or harm, and builds resilience. | | |
| **Actions/deliverables to implement standard 10** | | **Timescales to complete** | **November update** | **Risks** |
| Through the Dundee Trauma Steering group, the NES Trauma Training Framework is being implemented across the partnerships. Activities include, Trauma Manager Briefings, new Trauma focused role in the Learning and Development Team, updating Dundee City Council policies with a trauma lens, and there is also a Workforce Lived Experience of Trauma Group to support improvement activities across all public protection partnerships. | | **In place** | | |
| The Psychology service has delivered trauma informed workshops which have included all staff in DDARS including reception staff to become more trauma informed, considering clients emotional/psychological needs, the physical environment of substance use services and how welcoming, empathic, compassionate, non – triggering and safe they are for clients using the service. | | **Complete and on going** | | |
| Third sector organisations work in a trauma informed way and staff are trained in trauma informed practice. | | **In place** | | |

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|---|---|---|---|
| Written protocol/ Clinical pathway has been shared across all Tayside services along with written guidance about consultation process (where psychology meet with staff and clients to support discussion about what trauma interventions may be most helpful for the client at that stage in their recovery). | **Complete and on going** | | |
| Plans are progressed to improve the physical location from which services are delivered through the closure of Constitution house and moving to service delivery from community settings. | **In progress** | | |
| Following the research and report of the Dundee Staff Burnout report, plans are progressed to include the issues raised as part of a workforce development programme. This is being progressed jointly with SDF.<br><br>In addition, DDARS staff are receiving wellbeing sessions/ supervision/ coaching from the Psychology service. | **In progress**<br><br>**In place** | | |
| **Comments: Planned Actions / Are we on track** | | | |
| **Planned Actions:**<br>• Dundee Protecting People Trauma Steering Group is progressing a multi-agency approach to addressing trauma. The Psychology service to continue to train new DDARS staff by delivering trauma informed workshops to aid the consideration of clients emotional/psychological needs, the physical environment of substance use services and how welcoming, empathic, compassionate and safe they are for clients using the service.<br>• The Psychology service use validated psychometrics such as CORE 10, PCL-C, DDARS CGI/PGI with clients. More consideration as to how DDARS screen for trauma is required.<br>• In addition to formulation-based approach to trauma. | **By March 2024**<br><br>In Dundee we have also pulled together and expanded several of the national resources developed by NHS Education Scotland into local toolkits. Within these toolkits we have tried to make it clear what resources are available to implement level 1 and 2 training.<br>We have designed a menu of ways that individuals or teams/services could get involved in the implementation of this approach to complement the training.<br><br>In addition a project looking at Mental Health & Substance use integration and improvement has been underway in Dundee for some time. Several services who are involved are looking at improvement methodology and upskilling around trauma informed approaches. We are doing a shorter test pilot of the trauma collaborative programme with the group. | | |

# Local Delivery Plan Standard: Drug and Alcohol Waiting Times

Please complete this section only if you did not achieve the Waiting Times Local Delivery Plan Standard.
The LDP Standard requires that 90% of people wait less than 3 weeks between referral and treatment. Please reference any actions in the MAT Standards Improvement Plan.

| | |
|---|---|
| Q1 Performance: | |
| Q2 Performance: | |
| Q3 Performance: | |
| Q4 Performance: | |

| Key actions to improve performance | Timescales to complete | Progress in period | Risks |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| Comment / remedial action required | | | |

# Substance Use Treatment Target

Please complete this section only if you did not achieve your quarterly projections to deliver the Substance Use Treatment Target by 2024

| | Projection | Performance |
|---|---|---|
| Q1 Performance: | | |
| Q2 Performance: | | |
| Q3 Performance: | | |
| Q4 Performance: | | |

| Key actions to improve performance | Timescales to complete | Progress in period | Risks |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| Comment / remedial action required | | | |

**ITEM No …7……..**

**REPORT TO:** **PERFORMANCE & AUDIT COMMITTEE – 1ST FEBRUARY 2023**

**REPORT ON:** **DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE**

**REPORT BY:** **CHIEF FINANCE OFFICER**

**REPORT NO:** **PAC5-2023**

## 1.0 PURPOSE OF REPORT

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

## 2.0 RECOMMENDATIONS

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

2.1 Note the content of this Strategic Risk Register Update report.

2.2 Note the extract from the Strategic Risk register attached at Appendix 1 to this report.

2.3 Note the recent work and future work on the Pentana Risk Management System in Section 7 of this report.

## 3.0 FINANCIAL IMPLICATIONS

3.1 None.

## 4.0 BACKGROUND

4.1 The Dundee HSCP Strategic Risk Register is regularly presented to the NHS Tayside Strategic Risk Management Group and is available to Dundee City Council Risk and Assurance Board through the Pentana system.

4.2 Operational Risks are reviewed by the Clinical Care and Professional Governance forum with any significant areas of concern which may impact on the ability of the IJB to deliver its Strategic and Commissioning Plan reported to the PAC through the Clinical Care and Professional Governance Group's Chairs Assurance Report.

4.3 Operational Risks which should be escalated are identified through Senior Management meetings, the Clinical Care and Professional Governance forum and through reports to the IJB and PAC.

## 5.0 STRATEGIC RISK REGISTER UPDATE

5.1 The three highest scoring risks on the Strategic Risk Register remain the same as the previous Risk Register Update in September. They are: Staff Resource - Clinical; Dundee Drug and Alcohol Recovery Service; and the National Care Service.

5.2 The Strategic Risk Register extract details the most recent updates and a brief description of the mitigating control factors identified.

5.3 All strategic risks are reviewed regularly and mitigating actions recorded and scored. Further development work is underway to link risk with performance as recommended in the Internal Audit Report on Performance Management presented to the PAC at its meeting on 24th March 2021 (Item VI of the minute refers).

5.4 As noted in PAC Report PAC9-2023 Sustainability of Primary Care on this meeting agenda, there are a number of recommendations and actions relating to risk management around Primary Care which will require further development work and will impact on the IJB's Strategic Risk Register. These will be reflected in future Risk Management Reports.

**6 RISKS**

6.1 The majority of risks and scores remain the same as the previous update in November.

6.2 An emergent risk that is being scoped for entry on the Strategic Risk Register is the impact of potential nationwide power outages on the delivery of health and social care services. While business continuity plans cover power outages, preparatory contingency work is ongoing with partner agencies to ensure that all potential risks for widespread rolling power outages are covered.

**7.0 PENTANA RISK MANAGEMENT SYSTEM**

7.1 Following on Risk Development Sessions with the Integration Joint Board members, development work on the Pentana Risk Management System is being undertaken.

7.2 Developments include linking the risks to the individual Actions in the current Strategic and Commissioning Plan Actions, and Performance Indicators where appropriate.

7.3 Documents will be added as links to the risks where they are part of the Control Factor. For example we plan to add the link to the Workforce Strategy document to the Staff Resource risk.

7.4 The inherent risks will be revisited to take into account external events which have meant that current scores are higher than previous inherent scores.

7.5 The target risk scores will be revisited to take into account the recent development work around risk appetite.

7.6 Pentana accounts and familiarisation sessions are being planned for Integrated Joint Board members so they can access the updated Pentana Risk Management System.

**8.0 POLICY IMPLICATIONS**

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

**9.0 RISK ASSESSMENT**

9.1 This report has not been subject to a risk assessment as it provides the IJB with an overview of the IJBs Strategic Risks.

**10.0 CONSULTATIONS**

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

**11.0 BACKGROUND PAPERS**

11.1 None.

Dave Berry
Chief Finance Officer

**DATE**: 9 January 2023

Clare Lewis-Robertson
Senior Officer, Strategy and Performance

## DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP – STRATEGIC RISK PROFILE January 2023 PAC5-2023 Appendix 1

| Description | Lead Director/Owner | Current Assessment | | | Status | Control Factors | Date Last Reviewed |
|---|---|---|---|---|---|---|---|
| | | L | C | Exp | | | |
| **Staff Resource**<br><br>Post Covid recruitment challenges continue to exist in a range of roles including social care and nursing. Recruitment for Consultants and Doctors in specific areas such as Mental Health, and Substance Misuse has meant that there are significant difficulties in filling posts, with posts remaining vacant. These risks are detailed in Operational Risk Registers and have been escalated as risks for the Strategic Risk Register. The IJB has approved the Workforce Strategy | Dundee HSCP Chief Officer | **5** | **5** | **25** | → | • Developments of new models of care<br>• Organisational development strategy<br>• Service redesign<br>• Workforce Strategy approved | 09/01/2023 |
| **Dundee Drug and Alcohol Recovery Service**<br><br>Dundee Drugs Commission follow up report noted some progress being made, however a range of challenges still exist. This poses a significant reputational risk for the DHSCP. Reducing Harm Associated with Drug Use report presented to both the IJB and Dundee City Council in June 2022 sets out findings and priority areas for improvement in relation to substance use services. Risks and Control Factors around the implementation of the MAT Standards are included in the ADP Risk Register. | Dundee HSCP Chief Officer | **5** | **5** | **25** | → | • ADP Residential Rehab Pathway<br>• Service Restructure<br>• ADP Risk Register | 09/01/2023 |
| **National Care Service**<br><br>The recent legislation published on the establishment of the National Care Service sets out plans to introduce Local Care Boards with the abolition of Integration Joint Boards. The Health and Social Care partnership recently responded to Scottish Government for views on the draft legislation. Similar to other bodies, significant concerns have been raised around the | Dundee HSCP Chief Officer | **5** | **5** | **25** | → | • Change Management<br>• Engagement with consultation process | 09/01/2023 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| content of the bill in terms of scope and financial implications of the legislation. | | | | | | | |
| **Restrictions on Public Sector Funding**<br><br>Additional interventions by Scottish Government to seek the use of IJB's reserves has the potential to de-stabilise agreed investment plans eg Primary Care Improvement Funding. | Dundee HSCP Chief Finance Officer | **5** | **4** | **20** | → | • Additional Scot Gov funding<br>• Budgeting arrangements<br>• MSG and external audit recommendations<br>• Savings and Transformation Plan | 09/01/2023 |
| **Primary Care**<br><br>Challenges continue to present within Primary Care services, including the recent closure of Ryehill Medical Practice. Progress around development of Primary Care Improvement Plan has been impacted by the Scottish Governement's changed stance on funding for 2022/23 by restricting overall funding available. | Dundee HSCP Chief Officer | **4** | **5** | **20** | → | • Maximise skills mix.<br>• Longer term national work to increase undergraduate training<br>• Test of change for IT infrastructure<br>• Other funding sources identified as opportunities arise | 09/01/2023 |
| **Staff resource is insufficient to address planned performance management improvements in addition to core reporting requirements and business critical work.**<br><br>Pressures still remain, however restructure and enhancement to service planned for over coming months. This risk was highlighted further in recent IJB reports around the the development of the IJB Strategic and Commissioning Plan. | Dundee HSCP Chief Officer | **5** | **4** | **20** | → | • Planned restructure and enhancement | 09/01/2023 |
| **Unable to maintain IJB Spend**<br><br>Most recent financial projections note that the IJB is likely to be in financial balance at the end of the current financial year | Dundee HSCP Chief Finance Officer | **4`** | **4** | **16** | → | • Financial monitoring system<br>• Increase in reserves<br>• Management of vacancies and discretionary spend<br>• MSG and external audit recommendations<br>• Savings and transformation plan | 09/01/2023 |
| **Lack of Capital Investment in Community Facilities (including Primary Care)**<br><br>Restrictions in access to capital funding from the statutory partner bodies and Scottish Government to invest in existing and potential new developments to enhance community based health and social care services. This could potentially be exacerbated by the | Dundee HSCP Chief Officer and Chief Finance Officer | **4** | **4** | **16** | → | • To be developed | 09/01/2023 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| transitional period until the establishment of a National Care Service due to the uncertainty of funding and ownership of assets by the local authority and Health Board. | | | | | | | |
| **Cost of Living Crisis**<br><br>The cost of living and inflation will impact on both service users and staff , in addition to the economic consequences on availability of financial resources. The uncertainty of the fuel cost crisis is yet to be fully felt. | Dundee HSCP Chief Officer and Chief Finance Officer | **4** | **4** | **16** | → | • To be developed | 09/01/2023 |
| **Viability of External Providers**<br><br>Previous assessments have been affected by the Covid Pandemic, however the increase in energy prices in addition to fuel costs for staff travel in addition to staff pay pressures is already impacting this sector with concerns that a number will not be able to sustain their activities. | Dundee HSCP Chief Officer | **4** | **4** | **16** | → | • Maintain regular communication with third sector essential service providers | 09/01/2023 |
| **Impact of Covid 19**<br><br>The continuing focus on vaccination for staff will maintain the impact on delivery of services. | Dundee HSCP Chief Officer | **4** | **4** | **16** | → | • Remobilisation plans | 09/01/2023 |
| **Mental Health Services**<br><br>Tayside Mental Health Strategy continues to make progress, developments such as the Community Wellbeing Centre will enhance community supports for people with mental health issues. | Dundee HSCP Chief Officer | **4** | **4** | **16** | → | • Community Wellbeing Centre development<br>• Tayside Mental Health Strategy | 09/01/2023 |
| **Capacity of Leadership Team**<br><br>Leadership team continue to be impacted by workload pressures of the wider workforce recruitment challenges. This is likely to be exacerbated as preparations for the intro of the NCS develop over the coming period. | Dundee HSCP Chief Officer | **3** | **4** | **12** | → | • Restructure<br>• Sharing of Management Team duties | 09/01/2023 |
| **Governance Arrangements being Established fail to Discharge Duties**<br><br>Further progress made on ensuring actions on Governance Action Plan have been completed. External audit plan for 2021/22 noted a reduction in the | Dundee HSCP Chief Officer | **3** | **4** | **12** | → | • Implementation of Governance Action Plan | 09/01/2023 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| key areas of assessment due to reduced risk associated with governance. Futher refinement of the Governance Action Plan is being undertaken to reduce duplication of actions. | | | | | | | |
| **Increased Bureaucracy**<br><br>Potential for additional bureaucracy through Scot Gov Covid enquiry and National Care Service development. | Dundee HSCP Chief Officer | **3** | **3** | **9** | → | • Support and roles | 09/01/2023 |
| **Employment Terms**<br><br>Realistically won't be resolved within the suggested remaining IJB timeframe existence, but acknowledge this has an impact on the integration of Health and Social Care services. | Dundee HSCP Chief Officer | **3** | **3** | **9** | → | • Align conditions wherever possible | 09/01/2023 |
| **Category One Responder**<br><br>The Category One Responder Action Plan was presented to and approved by the IJB on the 26th October 2022. | Dundee HSCP Chief Officer | 2 | **4** | **8** | → | • 4 actions | 09/01/2023 |

## Archived

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| No risks have been archived since the last Risk Register update. | | | | | | | |

| **Risk Status** | |
|---|---|
| ↑ | Increased level of risk exposure |
| → | Same level of risk exposure |
| ↓ | Reduction in level of risk exposure |
| x | Treated/Archived or Closed |

**ITEM No …8……..**

**REPORT TO:** **PERFORMANCE AND AUDIT COMMITTEE – 1st FEBRUARY 2023**

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

**REPORT BY:** **CHIEF FINANCE OFFICER**

**REPORT NO:** **PAC3-2023**

## 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 first presented and approved at the PAC meeting of the 25th March 2019 (Article VIII of the minute of the meeting refers) in response to a recommendation within Dundee Integration Joint Board's Annual Internal Audit Report 2017/18. This action plan enables the PAC to regularly monitor progress in implementing actions and understand the consequences of any non-achievement or slippage in strengthening its overall governance arrangements. The PAC remitted the Chief Finance Officer to present an update progress report to each PAC meeting.

4.2 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. The completed actions previously reported to the Performance and Audit Committee have been removed from Appendix 1 to reduce the amount of information shown.

## 5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it 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: 6th January 2023

# PAC3-2023 Appendix 1 - HSCP Governance Action Report

**Generated on:** 06 January 2023

Rows are sorted by Progress

| | Action Code & Title | Progress Bar | Dates Due Date | Dates Original Due Date | Ownership Assigned To | Latest Update |
|---|---|---|---|---|---|---|
| | PAC 13-2022-1 Category 1 Responders - Fully incorporate responder resilience arrangements into the IJB's governance structure. | 90% | 31-Oct-2022 | 31-Dec-2021 | Kathryn Sharp | Action plan agreed, however first annual reports not due until end of 22/23 financial year. |
| | PAC 13-2022-3 Copy of Category 1 Responders - Assurances to be provided to the IJB | 90% | 31-Oct-2022 | 31-Dec-2021 | Kathryn Sharp | Category 1 Responder Update report and action plan submitted and approved in October 2022. Annual assurance reporting will begin in 2023. |
| | PAC 36-2020-2 A programme of development and training opportunities for Board members should be progressed. | 90% | 31-Mar-2023 | 31-Mar-2022 | Kathryn Sharp | A series of briefing and development sessions are being planned for Q4 of 2022/23 in response to member requests and emerging areas of business. |
| | PAC7-2019-1 Clarification of deputising arrangements for the Chief Officer to be presented to the IJB. | 90% | 31-Aug-2022 | 31-Mar-2022 | Dave Berry | Awaiting final sign off of the revised Integration Scheme from the Scottish Government |

| | Action Code & Title | Progress Bar | Dates Due Date | Dates Original Due Date | Ownership Assigned To | Latest Update |
|---|---|---|---|---|---|---|
| | 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. | 75% | 31-Mar-2023 | 31-Mar-2022 | Dave Berry | Updated savings and transformation proposals to be put to the IJB as part of the 2023/24 Budget Development process |
| | PAC20-2019-1 The Transformation Programme should be recorded in an overarching document | 75% | 31-Mar-2023 | 31-Aug-2021 | Dave Berry | A collated transformation programme document will be presented to the IJB as part of the ongoing development of the 2023/24 budget in response to the anticipated future financial challenges |
| | PAC31-2021 - 1 Assurance and performance reports should be related to specific risks and contain a conclusion on whether the controls are operating effectively to mitigate the intended risks | 75% | 31-Mar-2023 | 30-Jun-2022 | Kathryn Sharp | New approach to performance reporting agreed by PAC in November 2021. This includes a clearer focus on performance reports informing the strategic risk register, as well as prioritisation of performance analysis for areas of identified risk. This new approach is currently being embedded and will continue to strengthen over the remainder of 2022/23. |
| | PAC 13-2022-2 Category 1 Responders - Arrangements to be put in place for assurances from partner bodies. | 70% | 31-Oct-2022 | 31-Dec-2021 | Diane Mcculloch | Request to be made formally through Tayside Local Resilience Planning Group to receive appropriate resilience reports |
| | 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. | 70% | 31-Mar-2023 | 31-Dec-2021 | Kathryn Sharp | Continued focus of performance reporting is on priority areas for local indicator development. Further development of links between plans, finance and performance will be addressed as part of replacement |

| | Action Code & Title | Progress Bar | Dates Due Date | Dates Original Due Date | Ownership Assigned To | Latest Update |
|---|---|---|---|---|---|---|
| | | | | | | strategic plan process. |
| | 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. | 70% | 31-Mar-2023 | 31-Aug-2021 | Dave Berry | PAC Terms of reference will be amended alongside IJB Standing Orders once the revised integration scheme has been approved by the Scottish Government |
| | PAC30-2021-4 Review and further develop the IJB's risk management policy | 70% | 31-Mar-2023 | 31-Oct-2022 | Clare Lewis-Robertson | Work progressing to develop the risk management policy which has been informed by IJB development sessions and associated feedback. |
| | PAC7-2019-4 Development of improved Hosted Services arrangements around risk and performance management for hosted services. | 70% | 31-Mar-2023 | 31-Mar-2022 | Dave Berry; Kathryn Sharp | Further discussions have taken place between HSCP officers to strengthen these further following the work carried out to revise the Integration Schemes |
| | PAC9-2018-1 Clinical and care governance across delegated services review of remits | 70% | 31-Mar-2023 | 30-Sep-2021 | Matthew Kendall | Further work on this will tie in with the action on the strengthening of performance reporting for lead partner (hosted) arrangements |
| | PAC 36-2020-3 The Board and PAC are updated on progress in delivering against the risk maturity action plan. | 60% | 31-Mar-2023 | 31-Mar-2022 | Clare Lewis-Robertson | Work around risk development sessions has informed members of roles and responsibilities around risk management which is part of the risk maturity action plan. |
| | PAC8-2018-1 Work to fully implement the actions in the Workforce and Organisational Development Strategy | 60% | 31-Mar-2023 | 31-Mar-2022 | Dave Berry; Diane Mcculloch | Publication of updated IJB Workforce strategy in June 2022 further strengthens the framework to take forward a revised |

| | Action Code & Title | Progress Bar | Dates Due Date | Dates Original Due Date | Ownership Assigned To | Latest Update |
|---|---|---|---|---|---|---|
| | | | | | | organisational development strategy |
| | PAC26-2021-1 Submit a further in-depth analysis of readmissions data | 50% | 31-May-2022 | 31-Mar-2022 | Kathryn Sharp | Agenda note submitted to PAC in July 2022. Contemporary readmissions is not available for further analysis due to ongoing work by NHS Tayside Business unit on coding and recording. However Partnership information staff have planned next steps in the analytical process and will recommence activity as soon as data becomes available. An update is to be provided to PAC in November 2022. |
| | PAC29-2021-1 Develop a Psychological Therapies Strategic Plan including the introduction of a pan-Tayside Strategic Commissioning Group | 50% | 30-Jun-2022 | 30-Jun-2022 | Diane Mcculloch | Scoping paper developed and agreed for the strategic group and meeting planned |
| | PAC31-2021-3 The IJB should monitor whether the Strategic Commissioning Plan is delivering the required outcomes | 50% | 31-Mar-2024 | 31-Mar-2024 | Dave Berry | Work progressing through the Strategic Planning Advisory Group around developing the monitoring framework for the delivery plan as the "action" list from the Strategic and Commissioning Plan |
| | 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. | 50% | 31-Mar-2023 | 31-Mar-2022 | Dave Berry | Impact of the introduction of a National Care Service to be considered on future development of Large Hospital Set Aside arrangements |
| | PAC7-2019-6 Further develop performance report information into a delivery plan framework | 50% | 31-Mar-2022 | 31-Dec-2021 | Kathryn Sharp | This is to be delivered via the development of a replacement strategic plan for the IJB for April 2023 onwards. Initial planning through |

| | Action Code & Title | Progress Bar | Dates Due Date | Dates Original Due Date | Ownership Assigned To | Latest Update |
|---|---|---|---|---|---|---|
| | | | | | | the Strategic Planning Advisory Group has commenced, including a focus on developing a longer-term strategic vision and priorities supported by more agile annual delivery plans. |
| | 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 | 50% | 30-Jun-2023 | 31-Mar-2022 | Dave Berry; Kathryn Sharp | Following sign off of the Integration Scheme by the Scottish Government in November 2022, the statutory parties will be asked to take forward the development of a memorandum of understanding regarding the provision of support functions. This will consider the implications of the introduction of a National Care Service |
| | PAC20-2019-3 Terms of Reference documents should be developed / reviewed for all groups that impact on the transformation and service redesign arrangements of the DH&SCP, including the ISPG | 40% | 31-Mar-2023 | 31-Mar-2022 | Dave Berry | As revised transformation programme develops this will become a key action to ensure consistency in approach to managing change including reducing duplication |
| | PAC28-2020-1 The DHSCP management team should review attendance at groups based on agreed principles | 40% | 31-Mar-2023 | 31-Mar-2022 | Dave Berry | Management team continues to assess attendance at meetings based on reducing duplication of attendees, relevance and priorities |
| | 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. | 40% | 28-Feb-2023 | 31-Mar-2022 | Dave Berry; Diane Mcculloch | Work to commence on this as the HSCP moves back into business as usual mode following the Covid19 pandemic |

| | Action Code & Title | Progress Bar | Dates Due Date | Dates Original Due Date | Ownership Assigned To | Latest Update |
|---|---|---|---|---|---|---|
| | PAC31-2021-2 The Finance & Performance Group, when constituted, should consider both finance and performance in the context of the IJB's strategic risks | 40% | 31-Mar-2023 | 30-Jun-2022 | Dave Berry | Initial planning to develop the triangulation between finance, performance and risk commenced |
| | PAC31-2021-4 Develop a process to trigger further analytical reports | 40% | 31-Mar-2023 | 30-Jun-2022 | Dave Berry | Initial planning undertaken to consider this development |
| | PAC31-2021-6 The IJB should direct its partners to undertake a review of the resources required for performance management | 20% | 31-Mar-2023 | 30-Jun-2022 | Dave Berry | Following sign off of the Integration Scheme by the Scottish Government in November 2022, the statutory parties will be asked to take forward the development of a memorandum of understanding regarding the provision of support functions of which performance management forms part. |

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

**ITEM No …9……**

**REPORT TO:** **PERFORMANCE & AUDIT COMMITTEE – 1 FEBRUARY 2023**

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

**REPORT BY:** **CHIEF FINANCE OFFICER**

**REPORT NO:** **PAC8-2023**

## 1.0 PURPOSE OF REPORT

1.1 This paper provides the Performance and Audit Committee (PAC) with an update on the substantive completion of the previous years' internal audit plans as well as progress against the 2022/23 plan. This report also includes internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs are considered relevant for assurance purposes to Dundee Integration Joint Board.

## 2.0 RECOMMENDATIONS

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

2.1 Notes the continuing delivery of the audit plans and related reviews as outlined in this report.

## 3.0 FINANCIAL IMPLICATIONS

3.1 None.

## 4.0 MAIN TEXT

4.1 The PAC approved the Integration Joint Board's 2022/23 Annual Internal Audit Plan at its meeting on 20 July 2022. The Public Sector Internal Audit Standards (PSIAS) require that the Chief Internal Auditor (CIA) reports periodically to the Audit Committee (the PAC in the case of Dundee City IJB) on activity and performance relative to the approved annual plan. We have previously set out that audit work is planned so as to allow the Chief Internal Auditor to provide the necessary assurances prior to the signing of the accounts.

4.2 Acknowledging the slippage in the delivery of the audit plan, and working with our partners in Dundee City Council, we are committed to ensuring that internal audit assignments are reported to the target Performance & Audit Committee. Draft reports have now been issued for all outstanding audits. Discussions have also taken place between NHS and Council internal audit colleagues as well as the IJB Chief Finance Officer to plan for the remainder of 2022/23 internal audit assignments. Following a suggestion at the September 2021 PAC (Article VIII of the minute of meeting of this Committee of 29th September 2021 refers) the progress of each audit has been risk assessed and a RAG rating added showing an assessment of progress using the following definitions:

| Risk Assessment | | Definition |
|---|---|---|
| Green |  | **On track or complete** |
| Amber |  | **In progress with minor delay** |
| Red |  | **Not on track (reason to be provided)** |

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

4.4 In order that all parts of the system receive appropriate information on the adequacy and effectiveness of internal control within their purview, including controls operated by other bodies which impact on their control environment, an output sharing protocol was developed and approved by all partners' respective audit committees which covers the need to share internal audit outputs beyond the organisation that commissioned the work, in particular where the outputs are considered relevant for assurance purposes. The following reports are considered relevant:

NHS Tayside reports:

| **Report** | **Final report Issued** | **Opinion** | **Key findings** |
|---|---|---|---|
| T15/22 Primary Care Services (incorporating A05/22 & PK03/22 Sustainability of Primary Care Services) | 10 January 2023 | Limited Assurance | See separate agenda item |

Dundee City Council reports:

| **Report** | **Final report Issued** | **Opinion** | **Key findings** |
|---|---|---|---|
| N/A | | | |

## 5.0 POLICY IMPLICATIONS

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

**6.0 RISK ASSESSMENT**

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

**7.0 CONSULTATIONS**

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

**8.0 BACKGROUND PAPERS**

8.1 None.

Dave Berry
Chief Finance Officer

**Date:** 11 January 2023

| Outstanding | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Ref** | **Audit** | **Indicative Scope** | **Target Audit Committee & current RAG status** | **Planning Commenced** | **Work in Progress** | **Draft Report** | **Completed** | **Grade** |
| **D06-21** | Audit Follow Up/ Governance Action plan | 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~~<br>May 2023*<br>  | ✓ | ✓ | ✓ | | |
| **D05-22** | Viability of External Providers | Review the controls established to manage Strategic Risk HSCP00d1.<br>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. 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. | ~~November 2021~~<br>May 2023**<br>  | ✓ | ✓ | ✓ | | |

*: Additional work was performed to ensure the audit adds value and the Governance Action Plan is complete with no duplication. Fieldwork is now complete and a draft report has been issued. We will present the finalised audit report to the next PAC meeting alongside a detailed Audit Follow Up position on all previous Internal Audit recommendations.,

**: Whilst a draft report has been issued, further discussions are needed to fully agree the content and actions for the report.

| 2022/23: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Ref** | **Audit** | **Indicative Scope** | **Target Audit Committee & current RAG status** | **Planning Commenced** | **Work in Progress** | **Draft Report** | **Completed** | **Grade** |
| **D01-23** | Audit Planning | Agreeing audit universe and preparation of strategic plan | Complete  | ✓ | ✓ | ✓ | ✓ | **N/A** |
| **D02-23** | Audit Management | Liaison with management and attendance at Audit Committee | Ongoing  | ✓ | ✓ | | | |
| **D03-23** | Annual Internal Audit Report (2021/22) | CIA's annual assurance statement to the IJB and review of governance self-assessment | Complete  | ✓ | ✓ | ✓ | ✓ | **N/A** |
| **D04-23** | Governance & Assurance | Ongoing advice in relation to governance and assurance arrangements to support the response to the Dundee Drugs Commission | Ongoing  | ✓ | | | | |
| **D05-23** | Workforce | Related risk: Staff Resource<br>Scope: coherent, co-ordinated, adequate and effective approach to managing significant workforce risks. Strategic & operational responses across the totality of the workforce, including contracted services and 3rd sector | ~~February 2023~~<br>May 2023  | ✓ | | | | |

| 2022/23: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Ref** | **Audit** | **Indicative Scope** | **Target Audit Committee & current**<br><br>**RAG status** | **Planning Commenced** | **Work in Progress** | **Draft Report** | **Completed** | **Grade** |
| **D06-23** | Operational planning | Related risk: All<br><br>Planning and monitoring implementation of actions to deliver strategic priorities, including those arising from remobilisation and service plans | ~~February 2023~~<br><br>May 2023<br><br>  | | | | | |

**ITEM No …10……..**

**REPORT TO:** **PERFORMANCE & AUDIT COMMITTEE – 1 FEBRUARY 2023**

**REPORT ON:** **INTERNAL AUDIT REPORT– SUSTAINABILITY OF PRIMARY CARE**

**REPORT BY:** **CHIEF FINANCE OFFICER**

**REPORT NO:** **PAC9-2023**

## 1.0 PURPOSE OF REPORT

1.1 The purpose of this paper is to present the findings of internal audit review of the Sustainability of Primary Care.

## 2.0 RECOMMENDATIONS

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

2.1 Notes the content and findings of the internal audit report which provides Limited Assurance (which is attached as Appendix 1).

2.2 Notes that progress with implementation of the agreed actions will be monitored by the organisations which commissioned the review.

2.3 Instructs the Chief Officer to provide a further report on progress made in relation to both Tayside wide and local actions by September 2023

## 3.0 FINANCIAL IMPLICATIONS

3.1 There are no direct financial implications arising from this report.

## 4.0 MAIN TEXT

4.1 This audit was jointly commissioned by Angus IJB, Perth & Kinross IJB and NHS Tayside and reviewed strategic risks relating to Sustainability of Primary Care Services. It is shared with the PAC under the Output sharing protocol which ensures that outputs from audits commissioned across all partner bodies are shared where they are considered relevant for assurance purposes. In most cases, this is done by including a summary of the report in the Internal Audit progress report but as this report is complex and multifaceted, it has been given a separate agenda item. The elements of this internal audit relevant to Dundee IJB covered Primary Care risks and assurances, with the level of assurance provided as follows:

Primary Care risks and assurances

| Level of Assurance | | System Adequacy | Controls |
|---|---|---|---|
| Limited Assurance |  | Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited. | Controls are applied but with some significant lapses. |

4.2 Each of the four Tayside partner organisations is managing a strategic Primary Care risk covering broadly the same areas. Whilst each organisation will have a different perspective on this risk, and, accordingly, each is formulated slightly differently, there is a requirement to ensure consistency and eliminate duplication of effort in the management of the risk.

4.3 This audit reviewed and provided constructive commentary on the adequacy of risk and performance management mechanisms. Management have already acknowledged the need for an overhaul of the strategic risk and overt assurance will be provided on the fully reviewed and updated risk as part of a future internal audit.

4.4 As the challenges with delivery of Primary Care services crystallise, a structured, proactive and strategic approach is needed to ensure effective management of this complex and important area. The complexity of the risk requires a holistic and coordinated approach to ensure effective and efficient management of the risk, including buy-in from all relevant partner bodies and, crucially, support from enabling functions such as Estates.

4.5 The audit identified several areas of good practice and a number of areas for improvement. The Chief Officer of Angus IJB, who is also Co-Chair of the Primary Care Board, has provided management responses to address the recommendations in the report The report was also discussed in detail at the Primary Care Board 8 December 2022. to ensure that the management responses fully reflect the actions required so that each of the constituent parts may fulfil its function, working together to achieve the desired outcome.

4.6 The report has also been reviewed at a local level. A number of the local actions are dependent on progress of Tayside wide actions, to ensure that local plans build on a wider agreed approach across Tayside. A local delivery plan for Dundee will be developed, and some preparatory work has commenced, but is limited until there is an agreed update to the Tayside Primary Care Strategy. This approach impacts on some of the dates suggested in the report. Some aspects of the recommendations in the report were already underway prior to its publication and will progress as planned. A sustainability survey of general practice was undertaken last year at a local level and is currently being repeated across Tayside, with local variation, for example

## 5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

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

## 7.0 CONSULTATIONS

7.1 The draft internal audit report was first issued in May 2022 and has been subject to consultation with a range of stakeholders. The Chief Internal Auditor presented the draft internal audit report to a Sustainability Primary Care Strategic Risk Management Workshop in September 2022. Angus IJB is the Lead Partnership for Primary Care and the Chief Officer of Angus IJB agreed to provide management responses to address the action points within the draft report.

The IJB's Clinical Director, Chief Officer and the Clerk to the Committee have been consulted with regard to this report.

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## 8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

**Date:** 10 January 2023

# FTF Internal Audit Service

# Sustainability of Primary Care Services

# Report No. T15/22, AN05/22 & PKIJB20-02

**Issued To:**

| | |
|---|---|
| **NHS Tayside:** | **G Archibald, Chief Executive**<br>**S Lyall, Director of Finance**<br>**M Dunning, Board Secretary**<br>**H Walker, Head of Strategic Risk & Resilience Planning** |
| **Risk:** | **G Smith, Interim Chief Officer**<br>**D Shaw, Interim AMD Primary Care & Clinical Director/AMD Dundee IJB** |
| **Angus:** | **S Berry, Chief Finance Officer**<br>**A Clement, Clinical Director/AMD Angus IJB**<br>**L Prudom, Primary Care Manager** |
| **Dundee:** | **V Irons, Chief Officer**<br>**D Berry, Chief Finance Officer**<br>**S Hyman, Senior Manager - Service Development and Primary Care.** |
| **Perth & Kinross:** | **J Pepper, Interim Chief Officer**<br>**J Smith, Chief Finance Officer**<br>**H Dougall Clinical Director/AMD**<br>**L Milligan, Service Manager - Primary Care** |

**NHS Tayside Audit and Risk Committee**
**IJB Audit and Risk Committees**
**External Audit for NHST and each IJB**

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| Draft Report Issued | 19 May 2022 |
| Draft Management Responses Received | 03 November 2022 |
| Target NHS Tayside Audit & Risk Committee Date | 17 November 2022 |
| Angus IJB Audit Committee | 07 December 2022 |
| Dundee IJB Performance & Audit Committee | 23 November 2022 |
| Perth & Kinross IJB Audit & Performance Committee | 28 November 2022 |
| **Draft Final Report Issued** | **10 November 2022** |
| **Final Report Issued** | **11 January 2023** |

## CONTEXT AND SCOPE

1. This audit of the strategic risks relating to Sustainability of Primary Care Services, including review of assurances, controls and scoring was jointly commissioned by Angus IJB, Perth & Kinross IJB and NHS Tayside. The mitigation system has been identified within the strategic audit planning process as High.

2. Strategic risk 353 – Sustainable Primary Care Services is recorded on the NHS Tayside strategic risk register with a current risk exposure of 25 and a planned risk exposure of 9. The risk description is *'As a result of an increase in GP vacancies due to retirement, and difficulties in relation to recruitment and retention, there is a risk that NHS Tayside will be unable to provide GP services. This risk recognises that failure to maintain sustainable Primary Care Services both in each locality across Tayside will result in a failure to achieve the 20/20 Vision, the National Clinical Strategy and local Primary Care Strategy. This would result in patients being unable to access Primary Care Services across the geographical location and in a failure to provide continuity of service. This would lead to adverse publicity, reputational damage and unsatisfactory patient experience. Furthermore there is a risk to the ability to provide an adequate standard of healthcare to the population and the risk of pressures elsewhere in the healthcare system'*.

3. The same risk is also recorded on the Angus IJB strategic risk register as Strategic Risk 01 - Sustainability of Primary Care Services, with a Red risk exposure of 'Priority 1' (25) – increased level of risk exposure. The risk is currently owned by the Angus IJB Chief Officer and reported through the Angus IJB Clinical & Care Governance Group. Discussions have been ongoing for some time regarding transferring the alignment of the risk from Angus IJB to the NHS Tayside Care Governance Committee.

4. Several controls are currently identified to mitigate this risk. However, a review of this risk in its entirety is currently under way. We strongly recommend using the methodology previously applied to the Mental Health strategic risk. This method deconstructs the overall risk into its component parts, to allow more granular analysis of each component; this audit will assist this process by ensuring that assurance and risk principles are properly embedded into each stage.

5. A slightly different Primary Care risk is also recorded on the Perth & Kinross IJB Strategic Risk register (SR11): '*As a result of insufficient suitable and sustainable premises, and a lack of available national and cross-system flow of financial support, there is a risk that we will not be able to provide, within the legislative timeframe, the necessary services as defined within the 2018 General Medical Services Contract*.' This risk is currently rated as a Priority 1 (16).

6. Since commencement of our fieldwork, Dundee IJB has also developed a Primary Care risk, reflecting that several relevant operational risks have been escalated from the operational risk register. As reported to the 20 April 2022 IJB, this new risk is scored as 20 (very high).

7. Therefore, each of the four Tayside partner organisations is managing a strategic Primary Care risk covering broadly the same areas. While each organisation will have a different perspective on this risk and accordingly each is formulated slightly differently, there is a requirement to ensure consistency and eliminate duplication of effort in the management of the risk.

8. The Scottish Government Primary Care Services website states: *"Primary care is the first point of contact with the NHS. This includes contact with community based services*

*provided by general practitioners (GPs), community nurses, dentists, dental nurses, optometrists, dispensing opticians, pharmacists and pharmacy technicians. It can also be with allied health professionals such as physiotherapists and occupational therapists, midwives and pharmacists."* However, the focus of the Primary Care strategic risks within NHS Tayside and its partners is predominately on services provided through GP surgeries and not on services provided by the other contractor streams.

9. The implementation of the 2018 General Medical Services Contract through Primary Care Improvement plans is a key control for sustainable GP practices.

10. This audit reviewed and provides constructive commentary on the adequacy of proposed risk and performance management mechanisms, and considered whether they will ensure that:

    - There are clear assurance processes both to NHS Tayside and to each of the IJBs, taking account of the lead role of Angus IJB;
    - There is a clear description and scoring of the strategic risk and associated operational risks, and current key controls;
    - There is an effective process for setting the target risk as well as effective planning and monitoring of the actions required to achieve that score;
    - Structures and reporting lines are clear, robust and comprehensive, avoiding unnecessary duplication but ensuring there are no gaps, with authority and accountability aligned appropriately;
    - The impact on other strategic risks is considered and communicated effectively;
    - There are adequate, effective and comprehensive assurance systems for all aspects of the risk, controls and actions including clinical governance/ quality assurance, workforce data, performance information, Premises, Infrastructure, IT and Finance;
    - The risk, controls and actions are informed by, and inform, service planning and prioritisation;
    - Appropriate assurance arrangements are in place for the implementation of the Primary Care Improvement Plan (PCIP).

11. As management have already acknowledged the need for an overhaul of the NHS Tayside/ Angus IJB Strategic risk, we will provide overt assurance on the fully reviewed and updated risk as part of a future internal audit.

## AUDIT OPINION

12. Our review covered both Primary Care risks and assurances, and the PCIP. As our findings differed, we have provided a separate Audit Opinion of the level of assurance for each as follows:

**Primary Care risks and assurances**

| Level of Assurance | | System Adequacy | Controls |
|---|---|---|---|
| Limited Assurance |  | Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited. | Controls are applied but with some significant lapses. |

PCIP

| | | | |
|---|---|---|---|
| Reasonable Assurance |  | There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited. | Controls are applied frequently but with evidence of non-compliance. |

A description of all definitions of assurance and assessment of risks are given in Section 4 of this report.

13. As the challenges with delivery of Primary Care services crystallise, a structured, proactive and strategic approach is needed to ensure effective management of this complex and important area. The complexity of the risk requires a holistic and coordinated approach to ensure effective and efficient management of the risk.

14. Although our audit did identify several areas of good practice, we also found a number of areas for improvement. Our recommendations are summarised below and we would suggest these should form the basis of a project plan aimed at improved risk management in this area, to be progressed in partnership, which may require a joint Project Group with appropriate membership from the four organisations.

**Strategic Risk:**

- The overarching risk should be more clearly defined and the required controls and actions fully articulated, with co-ordinated action plans developed. There is also a requirement for a strategic overview which identifies the combined impact of the disparate elements on organisational objectives.

- While each of the four partner organisations will necessarily have their own perspective on the risk, there is clearly a common element of the fundamental issue of provision of primary medical services. Partners need to work together to streamline the separate Primary Care strategic risks, thereby ensuring a consistent approach to the management of this risk, without duplication of effort. A Tayside wide discussion is needed to review

operational, support and strategic risk management responsibilities in relation to sustainable primary care services. These arrangements need to be articulated clearly through the review of the risk, with a clear description of the contribution of each organisation's role in managing the risk and the assurance framework in place, rather than relying on the quality of the working relationships.

- Understandably given the current developments in some GP practices across Tayside with reports of practices closing lists, handing back contracts etc, the focus of the Primary Care strategic risks is predominately on primary medical services/ services provided through GP practices and not on services provided by the other contractor streams. We recommend that the primary medical element (GP/Physio/ Mental Health/ ANPs etc) should become a strategic risk in its own right. A granular analysis of the component elements should be undertaken to determine whether the other primary care contractor streams require their own distinct strategic or service level risks, including reduced access to treatment as well as risks posed by the delay of diagnosis and treatment due to the pandemic. The critical components of the GP services risk may require further breakdown including staffing, premises, IT and Finance aspects. All of these elements require their own controls, mitigating actions and assurance processes which are not currently all clearly articulated. A matrix of system wide and service level risks should be considered.
- Issues associated with practices that are in difficulty have not been reflected in the strategic risk and no specific controls have been introduced to provide early warning of issues, and implement immediate remedial action rather than reactive approach currently adopted.
- Although we acknowledge that the risk cannot be fully mitigated, a mechanism for robust performance monitoring and trend analysis is needed to provide early warning of risks to service provision and to allow an opportunity for intervention and planning, for example, where practices are failing.

**Governance:**

- Currently, the Primary Care strategic risk is primarily reported through Angus IJB clinical and care governance structures. Although in their totality these flow to the IJB, which in turn provides a briefing to Tayside NHS Board, there is no clear direct reporting either to NHS Tayside or to the other Tayside IJBs.
- The prominence given to this risk within the NHS Tayside governance structure is not proportionate to the significance of this risk and the impact that it has on NHS Tayside directly, through its responsibilities for providing primary medical services to its population, and indirectly through the impact on other risks such as waiting times and prescribing. Reporting is fragmented and structured assurances are not provided. We have been informed that NHS Tayside recently decided to align the risk to the NHS Tayside Care Governance Committee although final agreement across all stakeholders has not yet been reached. This should present an opportunity to remedy this and allow escalation of the risk as required to ensure Board oversight. We would note however that whilst this risk would sit naturally with the agenda of the Care Governance Committee, this is already an extremely busy committee. To allow the risk to receive the focus it deserves, consideration could also even be given to creation of a new committee specifically for Primary Care or by aligning it to the remit of the Public Health Committee (whose remit would then require to be extended).

- The group which brings together representatives for all aspects of the risk as described above is the Primary Care Board. Development of Terms of Reference for the Primary Care Board is still a work in progress. The Terms of Reference should reflect the impact of the overall primary care risk on NHS Tayside as well as the IJBs, and the alignment of the Primary Care risk to the NHS Tayside Care Governance Committee.
- Reporting is piecemeal, especially for NHS Tayside with aspects of the Primary Care risk reported across various fora. There are no clear remits or reporting lines for the strategic and operational fora, and working groups.
- We recommend that a mapping exercise should be carried out to determine how the Primary Care Board and the fora work together to provide a flow of assurance. Accountability, responsibility, control and authority need to be aligned so those who are taking ownership and progressing work that can effect real changes.
- Responsibilities in relation to the Primary Care risk should be clearly articulated in staff objectives as well as remits for groups. Job descriptions may also require to be updated following the overhaul of the primary care risk as recommended above.

**Good practice:**

- Whilst we have commented on the improvements required to improve risk management and governance reporting arrangements to manage the Primary Care risk, our fieldwork confirmed that issues are being addressed and outcomes are being achieved, largely due to the professionalism, commitment and positive engagement of key individuals and the strong working relationships in place. However, strengthening arrangements will lead to more effective and efficient management of Primary Care risks and provide greater resilience as pressures on the system increase.
- Perth & Kinross HSCP has a GP sustainability team which GPs can approach. In addition, a group of Tayside GPs established in response to Covid has developed good working relationships. These areas should be further explored to ensure good practice can be shared.

15. Detailed findings/information is included at Section 3.

## ACTION

16. The action plan at Section 2 of this report has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

## ACKNOWLEDGEMENT

17. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

**Jocelyn Lyall BAcc CPFA**
**Regional Audit Manager**

## Action Point Reference 1 – Facets of the Primary Care risk

### Finding:

The risk as articulated does not present a holistic and comprehensive picture of all the known risks to primary care services. In particular, the focus on GP services means that significant risks in other Primary Care services are not given the required attention.

In addition, the GP services element of the risk is itself made up of a number of critical components including staffing, premises, IT and Finance aspects, all of which require their own controls, mitigating actions and assurance but are not currently all clearly articulated.

The risk score has remained at the highest possible 5x5 rating since August 2017, with the target score being shown as 3x3, a target last achieved in January 2017. Current arrangements including future mitigating actions are still unlikely to achieve target score.

### Audit Recommendation:

We recommend that the primary medical element (GP/Physio/ Mental Health/ ANPs etc) is developed into a separate strategic risk in its own right and the other primary care contractor streams are reviewed to determine if they require their own distinct risks.

We also recommend that aspects of the Primary Care risk are further broken down into operational (service level) risks, enabling a granular analysis of the component elements. A matrix style could be considered as there does also have to be a strategic overview which shows how all the elements together impact on organisational objectives.

The target risk should be reassessed, taking into account known pressures, the rate of progress in identifying and implementing the necessary actions and any likely resource constraints. As well as effective planning and monitoring of the actions required to achieve that score, there should also be a trajectory for reduction and a target date to go with the revised target score.

### Assessment of Risk:

| | | |
|---|---|---|
| Significant |  | Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. **Requires action to avoid exposure to significant risks to achieving the objectives for area under review.** |

### Management Response/Action:

**The recommendations regarding the facets of the primary care audit are generally accepted.**

**A revised scope for a General Practice and associated MDT strategic risk has been proposed and a revised narrative to articulate the risk has been prepared for submission to and consideration by Primary Care Board target date 8 December 2022.**

**The PCB will discuss the status of risks associated with other contractor streams.**

**The concept of breaking down the GP Contractor risk is accepted.**

**A second Primary Care risk workshop will take place to consider the appropriate methodology and risk elements with respect to this risk during 2022/23. The Chief Officer,**

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| **Angus IJB as lead partner will take the outcome of the workshop to Primary Care Board for consideration.** |

| Action by: | Date of expected completion: |
|---|---|
| **Chief Officer, Angus IJB (Co-Chair of Primary Care Board)** | **31 March 2023.** |

## Action Point Reference 2 – Owners and impact of the Primary Care risk

### Finding:

Another feature of the complexity of the risk of sustainable primary care services is the impact of the risk on the different organisations involved. The NHS Tayside strategic risk is owned by the Angus IJB Chief Officer, with the risk manager being the NHS Tayside interim Associate Medical Director (AMD) for Primary Care.

Primary Care services are hosted by Angus IJB but impact on all IJBs as well as the Health Board. In addition to the Angus IJB/NHS Tayside Strategic Risk P&K IJB has had a primary care risk since October 2020 and Dundee IJB has recently created a risk on sustainability of primary care. Each of these risks is subtly different, but reflects broadly the same pressures and similar controls and actions. All four organisations will require to work together to control the risk and all will require assurance on any joint actions and controls.

We could not conclude that the impact on other strategic risks is considered and communicated effectively (for example on waiting times or prescribing).

### Audit Recommendation:

We recommend that a Project Group with appropriate membership from the four organisations is established with a clear remit to:

- Review the four Primary Care strategic risks in relation to each other and agree a consistent approach to the management of this risk, without duplication of effort. A Tayside wide discussion is needed to review the operational, support and strategic risk management responsibilities in relation to sustainable primary care services. These arrangements need to be articulated clearly through the review of the risk, with a clear description of the contribution of each organisation's role in managing the risk and the assurance framework in place, rather than relying on the quality of the working relationships.
- The overarching risk should be more clearly defined and the required controls and actions fully articulated, with co-ordinated action plans developed. There does also have to be a strategic overview which shows how all the elements together impact on organisational objectives.

### Assessment of Risk:

Significant  Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.
**Requires action to avoid exposure to significant risks to achieving the objectives for area under review.**

### Management Response/Action:

**The primary care strategic risks indicated above will be reviewed and all four bodies will agree a consistent approach to managing the risk. Processes have been initiated to analyse the risk and review the terms of reference of the Primary Care Board.**

**A second risk workshop (planned for March 2023), commissioned by the Chief Officer, Angus IJB will map out the approach and will identify the operational, service level, risks**

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| **that are common to all. The workshop will include senior management and clinical manager input. An agreed response to the full recommendations will be provided to Primary Care Board and NHS Tayside by June 2023.** | |
| **Action by:** | **Date of expected completion:** |
| **Chief Officer, Angus IJB** | **30 June 2023** |

## Action Point Reference 3 - Structures

### Finding:

Responsibilities for Primary Care are split between NHS Tayside, which retains administrative, contracting, and professional advisory functions and functions delegated to IJBs. In addition, Angus IJB was given lead responsibility for primary care services, as defined in the Integration Scheme as '*strategic leadership and operational oversight*'.

A review of Integration Schemes has recently been undertaken with updated drafts out for consultation in Angus and Dundee. This review raised issues in how hosting has been operating with regard to decision making as well as monitoring and reporting. A Lead Partner arrangement is now proposed in the updated schemes, but this would still leave a split between essentially three levels of organisation involved in managing this risk, NHS Tayside, Angus IJB as lead partner, and the three Tayside HSCPs for their areas, leaving a potential disconnect between strategic priorities of each IJB and implementation through e.g. negotiation of contracts.

We concluded that current arrangements are fragmented and the structures as they stand do not lend themselves to a strategic overview and ownership of the overall issue of sustainability of primary care, nor the ability to set and implement a clear strategic vision for this area. Consistency and coordination is currently dependent on the quality of the working relationships of those working in this area for all partner bodies, and the current structures are not designed to facilitate a joint approach and increase efficiency and effectiveness.

### Audit Recommendation:

Currently, NHS Tayside is planning its Clinical Strategy and the IJBs are preparing new Strategic Commissioning Plans. These need to reflect a joined up vision for Primary Care services. We were also informed that Perth & Kinross IJB is currently drafting a GP Sustainability plan with an overall Primary Care Strategic Delivery Action Plan also in the process of being developed to be reported to the IJB in September 2022. These plans will look at local, regional and national drivers and actions. Consideration should be given to adopting this approach on a Tayside wide basis.

A Tayside wide discussion is needed to review operational, support and strategic management arrangements and achieve clarity on responsibilities. This needs to be articulated more clearly through the risk, with a clear description of the contribution of each partner organisation's role in managing the risk and the assurance framework in place.

### Assessment of Risk:

| | | |
|---|---|---|
| Significant |  | Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. **Requires action to avoid exposure to significant risks to achieving the objectives for area under review.** |

### Management Response/Action:

**It is accepted that the clinical and strategic commissioning plans for IJBs need to reflect a joined- up vision for Primary Care. This will be reflected in the next iteration of each IJB's Strategic Commissioning Plan. Perth & Kinross IJB has prepared a plan for the period 2023**

| | |
|---|---|
| **to 2026. Dundee and Angus IJB will prepare plans by 31 March 2023.**<br><br>**Reflecting the work in Perth, the principle of a consistent GP sustainability survey across each IJB to support a Tayside wide assessment is accepted. A core question set will form the basis of the survey, with each IJB having the option to add bespoke questions to inform local assessments. The outcome will be reported back to the Primary Care Board on a twice yearly basis together with associated local delivery plans.**<br><br>**The Chief Officer, Angus IJB as lead partner will initiate a Tayside wide discussion comprising the three Chief Officers and the AMD for Primary Care, with input for NHS Tayside as required, for example with regards to premises and finance, to review responsibilities regarding primary care management and risks within that. The Chief Officer, Angus IJB will prepare a report with the recommendations for discussion with ELT.** | |
| **Action by:** | **Date of expected completion:** |
| **Chief Officer, Angus IJB** | **31 March 2023** |

## Action Point Reference 4 Assurance

### Finding:

Currently, the Primary Care strategic risk is primarily reported to the Angus IJB Clinical, Care & Professional Governance Group, with no clear direct reporting either to NHS Tayside or the other Tayside IJBs.

Within NHS Tayside, the Angus IJB Chief Officer has provided verbal updates on this risk to the Strategic Risk Management Group, whose minutes are reported to the Audit & Risk Committee.

While aspects of primary care are also raised across a number of NHS Tayside committees, there is no clear coordinated approach to reporting on all aspects of the strategic Primary Care risk with no mechanism to provide formal assurance on the risk at governance level.

As Primary Care is also included within the NHS Tayside Remobilisation plan with specific activities listed under: '*Continue to support a unified approach to Primary Care Services'* and *'Establish a whole system quality improvement approach for Primary Care which takes into account the multiple interfaces and co-dependencies'* this could have been another vehicle to reporting on this risk but there is no mention of the Primary Care risk nor any link from any of the risk controls or assurances to the RMP4 and its action tracker.

### Audit Recommendation:

All strategic Risks should be the subject of regular comprehensive assurance reporting to either Tayside NHS Board or the appropriate standing committee. This is particularly important given the scope, score and nature of the Primary Care Risk.

We have been informed that NHS Tayside management have agreed a reporting line to the Care Governance Committee for the future which would address this requirement. We would note however, that whilst this risk would sit naturally with the agenda of the Care Governance Committee, the Care Governance Committee is already an extremely busy committee. To allow the risk to receive the focus it deserves, consideration could also be given to creation of a new committee specifically for Primary Care or by aligning it to the remit of the Public Health Committee (whose remit would then require to be extended).

### Assessment of Risk:

| | | |
|---|---|---|
| Significant |  | Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. **Requires action to avoid exposure to significant risks to achieving the objectives for area under review.** |

| Management Response/Action: | |
|---|---|
| **The strategic risk 353 Sustainability of Primary Care is now reporting into Care Governance Committee.**<br><br>**Further consideration has been given to the benefits of a new committee taking responsibility for the Primary Care Risk. This will be clarified through the outcome of the current project work revising the terms of reference of the Primary Care Board.**<br><br>**The Chief Officer, Angus IJB as lead partner will initiate discussion amongst the three IJB Chief Officers and NHS Tayside senior management representatives. The discussion will form the basis of a paper for consideration at the Primary Care Board in the first instance.** | |
| **Action by:** | **Date of expected completion:** |
| **Chief Officer Angus IJB, Primary Care Board** | **31 March 2023** |

## Action Point Reference 5 Sustainability of GP practices

### Finding:

One of the key elements of this risk is that of GP practices becoming unsustainable. During the course of our fieldwork we noted a number of areas where this risk appeared to be worsening with practices closing lists, terminating contracts or informing management of future plans which threaten sustainability e.g. through retiral. However, these issues have not been reflected in the strategic risk and no specific controls have been introduced to identify practices in difficulty and take effective, proactive, remedial action. Any action has been taken has been reactive and 'ad hoc' rather part of a structured, planned response.

Although the work on implementation of the new GP contract, and the operational response to Covid help GP service sustainability, a number of controls appear to have grown organically in response to emergent situations. As the risk increases, a more proactive and strategic approach is needed which provides strategic direction and mechanisms to anticipate and address problems.

There is currently no consistent monitoring of the sustainability of GP practices across Tayside, although Perth & Kinross (P&K) HSCP did undertake a survey, adapted from successful models elsewhere which was reported to the P&K IJB EMT in July 2021 and has informed the approach to P&K's work on GP sustainability. The survey was repeated again in February 2022. We have been informed that Dundee IJB is also planning a similar exercise, with slightly different indicators for assessment to include deprivation and demand.

### Audit Recommendation:

The Health Board and IJBs should agree a coordinated approach to identifying GP Practices at risk as early as possible as well as measuring their sustainability both individually and collectively. They should then identify a range of potential interventions and how and by whom these should be applied.

The information obtained through this exercise should be used to inform both the narrative and score of the Strategic Primary Care Risk.

### Assessment of Risk:

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|---|---|---|
| Significant |  | Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. **Requires action to avoid exposure to significant risks to achieving the objectives for area under review.** |

### Management Response/Action:

**The recommendation is accepted that a co-ordinated approach should be implemented to identify GP Practices at risk.**

**As per action point 3, the principle of a regular, consistent GP sustainability survey in each Tayside IJB is accepted. A sustainability survey with a core question set will be undertaken. The data will triangulated with data from national and local sources to establish a baseline. The core question set will provide a Tayside wide indicator. The updated outputs will be reported back to the Primary Care Board on a twice yearly basis, with associated local delivery plan.**

| | |
|---|---|
| **At Primary Care Board level, it is expected that NHS Tayside contributions to mitigating and resolving risks (for example regarding property issues) is further explored. The Primary Care Board will liaise with the NHS Tayside Property department on how the required contribution will be provided. This will inform the report back to ELT.** | |
| **Action by:** | **Date of expected completion:** |
| **Chief Officer, Angus IJB (Co-Chair Primary Care Board) & IJB Primary Care Managers** | **31 March 2023** |

## Action Point Reference 6 - Primary Care Board

### Finding:

The group which brings together representatives for all aspects of the risk as described above is the Primary Care Board, which should be the body which pulls together the various strands of work and receives assurance on all elements of the risk. However, its Terms of Reference and remit are still under development and it has no clear reporting lines at present. The draft remit proposes reporting to Angus IJB.

Proposed membership as per the draft remit includes representation from all departments dealing with all aspects of the risk including the property department but no Property department representative attended throughout the whole of 2021/22, although Estates is a key element of the Primacy Care Risk and one in which progress has been limited.

### Audit Recommendation:

The remit for the Primary Care Board should be confirmed and align both responsibility and authority for addressing the risk, provide a single forum for operational and strategic decision making and should ensure the Primary Care Board has the organisational status this requires.

Should the risk be reported to the NHS Tayside Care Governance Committee as recommended above, then the Primary Care Board should also report to that Committee with clear responsibility for the maintenance of the Risk and providing appropriate assurance on it.

We would view property department attendance as a key requirement to assist in the management of the premises aspect of the risk and strongly recommend that a nominated officer attends all meetings with clear links to actions to be taken by that department.

### Assessment of Risk:

| | | |
|---|---|---|
| Significant |  | Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. **Requires action to avoid exposure to significant risks to achieving the objectives for area under review.** |

### Management Response/Action:

**The recommendation is accepted that the Primary Care Board provides a single forum for strategic decision making for Primary Care and has responsibility and authority for managing the risk, recognising that operational decision making is devolved to each of the three HSCP as described within their respective Integration Schemes.**

**This requires the Primary Care Board to have the appropriate organisational status and NHS Tayside and IJBs will work towards that, reviewing membership and Terms of Reference of the Primary Care Board to achieve this.**

**We accept the need for consistent and senior proactive input from the NHST Property Services to assist in the addressing of aspects of the Primary Care risk. This should be alongside the recognised input from NHST Digital Services and the requirement for ongoing NHST Human Resources input.**

| The Chief Officer, Angus IJB as lead partner will initiate discussion amongst the three IJB Chief Officers and NHS Tayside senior management representatives preparing a paper for consideration at the Primary Care Board in the first instance and subsequently NHS Tayside ELT. | |
|---|---|
| **Action by:** | **Date of expected completion:** |
| **Chief Officer, Angus IJB** | **31 March 2023** |

## Action Point Reference 7 Roles & Responsibilities

### Finding:

The post of Associate Medical Director for Primary Care has been filled on an interim basis for a number of years and the current post holder also fulfils a number of other key roles.

During our audit fieldwork we encountered a number of very engaged and proactive individuals, but a lack of clarity around their roles and responsibilities in relation to the risk.

Many of these individuals come together in a number of fora, including the Primary Care Command and Control Team, the Primary Care Board and a number of working groups for premises, IT and implementation of the new GP contract etc. However, these too lack clear remits and reporting lines.

### Audit Recommendation:

The role of the interim Associate Medical Director for Primary Care should be reviewed and consideration given to a substantive permanent appointment to ensure the post has the organisational status and profile required.

Responsibilities in relation to the Primary Care risk should be clearly articulated in staff objectives and group remits. Job descriptions may also require to be updated following the overhaul of the primary care risk as recommended above.

In line with the action to be taken in response to Action point 6 above, we recommend that a mapping exercise should be carried out to determine how the Primary Care Board and the fora work together to provide a flow of assurance. Accountability, responsibility, control and authority need to be aligned so those who are taking ownership and progressing work that can effect real changes.

### Assessment of Risk:

| | | |
|---|---|---|
| Significant |  | Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. **Requires action to avoid exposure to significant risks to achieving the objectives for area under review.** |

### Management Response/Action:

**The recommendations are generally accepted.**

**The Associate Medical Director role is currently being reviewed with a view to a permanent recruitment with an updated job description, which will reflect the risk responsibilities.**

**The Chief Officer, Angus IJB as the lead partner for Primary Care Services under the Integration Scheme will co-ordinate strategic planning and will seek approval from all Integrated Joint Boards on the proposed strategy.**

**As noted above, a new, broader Terms of Reference for the Primary Care Board is required and this will address the reporting arrangements to provide a flow for assurance.**

| Action by: | Date of expected completion: |
|---|---|
| **Chief Officer, Angus IJB** | **31 March 2023** |

## Review of the Strategic Risks

Our audit opinion is based on a high level overview of the way in which the risk is currently formally articulated through the NHS Tayside / Angus IJB strategic risk and is intended to provide recommendations for the improvement work already acknowledged as needed by management. A workshop is take this forward is planned, but organisation of this is proving challenging. Consideration should be given to whether existing fora (such as the CCT) could be used/ expanded.

This risk is multifaceted. Although the risk description refers to primary care services overall in accordance with the Scottish Government definition as quoted above, it also acknowledges that primary medical services remain the main focus. Given the difficulties being experienced in this area generally, this presents a danger that risks in other Primary Care services are not given the required focus. We therefore recommend a granular analysis of the component elements to determine whether:

- the primary medical element (GP/Physio/ Mental Health/ ANPs etc) should become a strategic risk in its own right and the other primary care contractor streams require their own distinct strategic or service level risks, including reduced access to treatment as well as risks posed by the delay of diagnosis and treatment due to the pandemic.
- The critical components of the GP services risk may require further breakdown including staffing, premises, IT and Finance aspects. All of these elements require their own controls, mitigating actions and assurance processes which are not currently all clearly articulated.

We recommend that aspects of the Primary Care risk are broken down into service level risks, enabling a granular analysis of the component elements. There does also have to be a strategic overview which shows how all the elements together impact on organisational objectives. A matrix of system wide and service level risks should be considered.

Our discussions with management as well as the updates to the risk show that management are very much aware of all the aspects and complexities but the risk as it currently stands does not present a holistic and comprehensive picture of risks to primary care services.

Another feature of the complexity of the risk of sustainable primary care services is the impact of the risk on the different organisations involved. The NHS Tayside strategic risk is owned by the Angus IJB Chief Officer, with the risk manager being the NHS Tayside interim Associate Medical Director (AMD) for Primary Care. The impact of the risk however affects NHS Tayside and each of the IJBs differently, in the case of Angus both for its own population as well as in its role as host IJB. The impact for example in financial terms does not currently align with where the risk is managed. Contractual arrangements are as legally required managed by NHS Tayside who can take over direct responsibility for GP provision under a '2C' arrangement. This can create significant additional costs which are currently borne by all IJBs on a basis proportional to their population regardless of the geographical location of the practice. P&K IJB has had a primary care risk since October 2020 and Dundee IJB has also recently created a risk on sustainability of primary care. In addition, the impact of the primary care risk is intrinsically linked to many other strategic risks and the ability to address those in turn, including waiting times and prescribing, but there is no process to formally consider and then communicate the impact on other strategic risks effectively.

Our discussions with management showed a clear understanding of the many facets of this risk but not all are clearly articulated in the risk as it stands, in terms of potential impact or

in terms of any actions being taken or that should be taken to control it.

The risk score has remained at the highest possible 5x5 rating since August 2017, with the target score being shown as 3x3, a target last achieved in January 2017. As part of the further work needed on this risk, the target risk should be reassessed, taking into account known pressures, the rate of progress in identifying and implementing the necessary actions and any likely resource constraints. As well as effective planning and monitoring of the actions required to achieve that score, there should also be a trajectory for reduction and a target date to go with the revised target score. Current arrangements including future mitigating actions are still unlikely to achieve target score.

As Primary Care is also included within the NHS Tayside Remobilisation plan with specific activities listed under: '*Continue to support a unified approach to Primary Care Services'* and *'Establish a whole system quality improvement approach for Primary Care which takes into account the multiple interfaces and co-dependencies'* this could have been another vehicle to reporting on this risk but there is no mention of the Primary Care risk nor any link from any of the risk controls or assurances to the RMP4 and its action tracker.

### Structures and reporting lines

Under HSCI, a number of services under the Primary Care umbrella were delegated to IJBs. For some of these (although not all), Angus IJB was given lead responsibility, as defined in the Integration Scheme as '*strategic leadership and operational oversight*'. In the case of Primary care services this excludes the NHS Board administrative, contracting, and professional advisory functions. In this context, 'Primary Care Services' is not defined in the Integration Scheme (for example with reference to the Scottish Government definition referred to above).

Reviewed and updated Integration Schemes for the three IJBs were formally approved in June 2022. The review process raised issues in how hosting has been operating with regard to decision making as well as monitoring and reporting. A Lead Partner arrangement is now proposed in the updated schemes, but this would still leave a split between essentially 3 levels of organisation involved in managing this risk- NHS Tayside, Angus IJB as lead partner and the 3 Tayside HSCPs for their areas.

Currently, the Primary Care strategic risk is primarily reported to the Angus IJB Clinical, Care & Professional Governance Group. Although there are reporting lines from this group to the IJB, which in turn provides a briefing to Tayside NHS Board, there is no clear direct reporting either to NHS Tayside, or the other Tayside IJBs.

Within NHS Tayside, the Angus IJB Chief Officer has provided verbal updates on this risk to the Strategic Risk Management Group, which sends minutes to the Audit & Risk Committee.

Aspects of primary care are also raised across a number of NHS Tayside committees, for example through HSCP clinical and care governance reporting to the Care Governance Committee, but this does not constitute structured assurance on the overall Primary Care risks. Other control aspects such as salaries of salaried GPs has been discussed at the Remuneration Committee, performance monitoring in primary care has been touched on in discussion by the Performance & Resources Committee but there has been no clear coordinated approach to reporting on all aspects of the strategic Primary Care risk. All strategic Risks should be the subject of regular comprehensive assurance reporting to either Tayside NHS Board or the appropriate standing committee. We have been informed that NHS Tayside risk management have agreed a reporting line to the Care Governance

Committee for the future.

The lack of flow of assurance mirrors the management structure complexities discussed above, including the split between NHS Tayside, the host IJB and other HSCPs. In addition, IJBs have no direct control over many aspects of the risk, such as property which is the responsibility of the Health Board. Conversely, individual IJBs can make different investment choices to support primary care locally.

The post of Associate Medical Director for Primary Care has been filled on an interim basis only for a number of years and the current post holder also fulfils a number of other key roles.

During our audit fieldwork we encountered a number of very engaged and proactive individuals, but a lack of clarity around their roles and responsibilities in relation to the risk. Many of these come together in a number of fora but without clear remits or reporting lines, e.g. operationally the Primary Care Command and Control Group and more strategically the Primary Care Board. There are also a number of working groups in place relating to various aspects of the risk, including premises, IT and implementation of the new GP contract. These fora need a clear role in monitoring relevant aspects of the risk and feeding into an overall assurance flow. This should be articulated through remits.

The group which brings together representatives for all aspects of the risk as described above is the Primary Care Board. The Primary Care Board should be the body in a position to pull together the various strands of work and receive assurance on all elements of the risk. The Primary Care Board is still working on creation of a remit and terms of reference and has no clear reporting lines at the moment. The draft remit proposes reporting to Angus IJB and this should be reviewed taking cognisance of the alignment of the risk to the NHS Tayside Care Governance Committee, to reflect the impact of the overall primary care risk on NHS Tayside as well as the IJBs.

Proposed membership as per the draft remit includes representation from all departments dealing with all aspects of the risk including the property department but no Property department representative attended throughout the whole of 2021/22, although Estates is a key element of the Primacy Care Risk and one in which progress has been limited. We would view property department attendance as a key requirement to assist in the management of the premises aspect of the risk and strongly recommend that a nominated officer attends all meetings with clear links to actions to be taken by that department. The Primary Care Board needs a clear remit, with authority and appropriate organisational standing to address relevant aspects of the risk, with clear reporting lines to all stakeholders and appropriate membership.

The Feeley Report (Independent Review of Adult Social Care) included a recommendation that '*Integration Joint Boards should manage GPs' contractual arrangements, whether independent contractors or directly employed, to ensure integration of community care and support provision, to respect and support professional interdependencies, and to remove the current confusion about where responsibility for primary care sits*.

We concluded that arrangements are fragmented and the structures as they stand do not lend themselves to a strategic overview and ownership of the overall issue of sustainability of primary care, nor the ability to set and implement a clear strategic vision for this area.

Consistency and coordination of message and work currently is currently dependent on the quality of the working relationships of those working in this area for all partner bodies, and the current structures are not designed to facilitate a joint approach and increase efficiency and effectiveness. A Tayside wide discussion is needed to review operational, support and strategic management arrangements and achieve clarity on responsibilities. This needs to be

articulated more clearly through the risk, with a clear description of the contribution of each partner organisation's role in managing the risk and the assurance framework in place.

### Assurance

As described in the sections above, there is currently insufficient assurance reporting especially given the seriousness of the risk for all involved. Currently the risk is reported to the Angus IJB Clinical, Care & Professional Governance group.

This risk is currently the highest recorded risk for NHS Tayside as well as Angus and one of the highest for both Dundee and P&K too, meaning a definite need for clear assurance mechanisms. Based on the recommendations above in relation to structures and controls, management need to establish who will provide and who will receive this assurance and how this will cover all aspects of the risk, without omission or unnecessary duplication.

Currently the performance data on which to base how well the risk is being controlled is not readily available, for example through the monitoring of sustainability of GP practices as described above. Consideration will need to be given to how relevant data can be collected and triangulated into meaningful information.

The complexity of the risk is such that we recommend breaking down aspects into a matrix of service level risks, with controls clearly identified.

### Controls

One of the key elements of this risk is that of GP practices becoming unsustainable. During the course of our fieldwork we noted a number of areas where this risk appeared to be worsening with practices closing lists, terminating contracts or informing management of future plans which threaten sustainability e.g. through retiral. However, these issues have not been reflected in the strategic risk and no specific controls have been introduced to identify practices in difficulty and take effective, proactive, remedial action. Any action has been taken has been reactive and 'ad hoc' rather part of a structured, planned response.

In addition, there is not yet any consistent monitoring of the sustainability of GP practices across Tayside. P&K HSCP did undertake a survey, adapted from successful models elsewhere. The outcome was reported in July 2021 to the P&K IJB EMT and has informed the approach to P&K's work on GP sustainability. The survey was repeated again in February 2022. We have been informed that Dundee IJB is also planning a similar exercise, with slightly different indicators for assessment to include deprivation and demand. The Health Board and IJBs should agree a coordinated approach to identifying GP Practices at risk as early as possible as well as measuring their sustainability both individually and collectively. They should then identify a range of potential interventions and how and by whom these should be applied. The information obtained through this exercise should be used to inform both the narrative and score of the Strategic Primary Care Risk. The cases emerging through the course of our fieldwork show that time is scarce once a contract is handed back and a solution has to be found for patients therefore being able to identify difficulties early is crucial.

We found considerable detailed operational work taking place in relation to the implementation of the new GP contract, as well as operational work first started in response to Covid through the Command and Control Group, all of which helps to ensure GP service sustainability. However, a number of controls appear to have grown organically in response

to situations unfolding. As the risk crystallises, a more proactive and strategic approach is needed.

A difficult aspect of addressing the risk is the disconnect between the risk and where some of the levers to control it sit. This is compounded by the lack of defined management structures as described above.

A good example of this relates to premises and property, for which IJBs have no responsibility and therefore require the support of NHS Tayside Property department. We have previously reported on the lack of Property Strategy for NHS Tayside overall although locally efforts are being made to establish GP premises plans for each HSCP area. This means that action is taken again on a more ad hoc local level. We have been informed that decision making in this area may involve around 5 or 6 decision making fora including relevant management teams, asset management groups and governance committees/ Boards for both NHS Tayside as well as within the IJBs. Our Audit Follow Up report to the May 2022 Audit & Risk Committee showed that Internal Audit cannot provide assurance on actions in relation to previous property management recommendations (Internal Audit reports T25/15 GP Premises and T24/21 Property & Asset Management Strategy) and the impact on strategic risks, including the primary care one. It was agreed that the lack of assurance on AFU recommendations relating to Property Strategy should feature within the NHS Tayside Governance Statement.

Where a crisis arises, discussions are held with senior management within NHS Tayside at ELT level to develop immediate actions. Operational solutions are identified on an ad hoc basis where there should be strategic direction and mechanisms to anticipate and then address problems. Rather than the current variable decision making routes, a fully constituted and empowered Primary Care Board should be the single forum for strategic and operational decision making. As set out in the reporting section above, reporting is piecemeal on specific aspects to various committees. This means committees are required to make decisions which aim to control the risk, but these decisions are made without consideration of the overall context of the risk. This indicates that often action is taken when dictated by events rather than to proactively control the risk. As set out under the assurance and reporting sections, the prominence given to this risk at the highest structures within NHS Tayside is not proportionate to the significance of this risk and the impact that it has on NHS Tayside directly, through its responsibilities for providing primary medical services to its population as well as indirectly through the impact on other risks such as waiting times and prescribing.

The lack of monitoring and reporting means there is no opportunity to identify trends in performance, nor to formally identify potential risks at an early stage. In August 2021 the NHS Tayside Performance & Resources Committee discussed receiving primary care performance data with minutes showing that the committee '*noted Primary Care performance data would be welcomed in future performance reports'*. This was not included on the action points update for the following meeting in October 2021 and we could not evidence any further developments in this area.

The situation currently being experienced by Dundee and Angus IJBs, where GP practices have terminated their GP contracts highlights the need for formal mechanisms to provide early warning of a practice/ partnership failing, to provide an opportunity for intervention and planning.

Good practice is in place in P&K HSCP whereby funding through the PCIF as well as additional investment from the IJB budget has been used to establish a GP sustainability team which

GPs can approach for help. In addition, a group of Tayside GPs established in response to Covid has developed good working relationships. These areas should be further explored to ensure good practice can be spread.

### Primary Care Improvement Plan (P&K)

PCIPs are in effect the main control to manage the sustainability risk of GP practices.

Implementation is monitored at a regional level via the GMS Contract Implementation and Advisory Group (CIAG), with specific working groups for each of the seven workstreams which make up PCIP actions as subgroups reporting to the CIAG. In addition, contract implementation groups are in place for each HSCP. The CIAG reports to the Primary Care Board. We evidenced good practice in the reports for each workstream to CIAG as well as the risks and issues log used. We also noted the lack of clear reporting line to governance level for the PCB as set out above.

Perth and Kinross HSCP Primary Care Board fulfils the responsibility of a Programme Board overseeing the Implementation of the PCIP for P&K. A highlight report on PCIP/GMS Programme/Project Planning and Initiation is received at each meeting of this group.

We were also informed that a GP Sustainability plan is being drafted with an overall Primary Care Strategic Delivery Action Plan also in the process of being developed to be reported to the IJB in September 2022. These plans will look at local, regional and national drivers and actions.

Overall, P&K has taken a proactive approach to the primary care risk, for example through the sustainability survey. There is clear engagement from IJB members and the February 2022 minutes show that members requested updates to come in relation to primary care premises, even though these are outwith the scope of P&K IJB in terms of management responsibilities. A risk specifically for premises has also been created. A development event on primary care was held in March 2022 which was well received. An update on the PCIP was last reported to the IJB in June 2021. Annual reporting on this topic is in line with other (Tayside) IJBs.

## Section 4 Definition of Assurance and Recommendation Priorities

### *Definition of Assurance*

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

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

## Section 4 Definition of Assurance and Recommendation Priorities

### *Assessment of Risk*

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

| Risk Assessment | | Definition | Total |
|---|---|---|---|
| Fundamental |  | Non Compliance with key controls or evidence of material loss or error. **Action is imperative to ensure that the objectives for the area under review are met.** | **None** |
| Significant |  | Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. **Requires action to avoid exposure to significant risks to achieving the objectives for area under review.** | **Seven** |
| Moderate |  | Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.** | **None** |
| Merits attention |  | There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.** | **None** |

**ITEM No …11……..**

**PAC7-2023**

**PERFORMANCE AND AUDIT COMMITTEE – ATTENDANCES - JANUARY 2022 TO DECEMBER 2022**

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

| Organisation | Member | Meeting Dates 2022 | | | | |
|---|---|---|---|---|---|---|
| | | 2/2 | 23/3^ | 20/7 | 28/9 | 23/11 |
| NHS Tayside (Non Executive Member) | Trudy McLeay ** | ✓ | | | | |
| NHS Tayside (Non Executive Member) | Pat Kilpatrick** | | | ✓ | ✓ | |
| Dundee City Council (Elected Member) | Ken Lynn | | | | | ✓ |
| Dundee City Council (Elected Member) | Helen Wright * | ✓ | | | | |
| Dundee City Council (Elected Member) | Siobhan Tolland | | | ✓ | ✓ | |
| Dundee City Council (Elected Member) | Lynne Short * | ✓ | | | | |
| Dundee City Council (Elected Member) | Dorothy McHugh | | | ✓ | ✓ | ✓ |
| NHS Tayside (Non Executive Member) | Donald McPherson * | ✓ | | ✓ | ✓ | |
| NHS Tayside (Non Executive Member) | Anne Buchanan | | | | | A |
| NHS Tayside (Non Executive Member) | Sam Riddell | | | | | ✓ |
| Chief Officer | Vicky Irons | ✓ | | ✓ | ✓ | ✓ |
| Chief Finance Officer | Dave Berry | ✓ | | A | ✓ | ✓ |
| 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 | | A | A | A |
| Carers' Representative | Martyn Sloan | ✓ | | ✓ | ✓ | ✓ |
| Chief Internal Auditor *** | Tony Gaskin | ✓ | | ✓ | ✓ | ✓ |

✓ 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 was not required to be held.