TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER REPRESENTATIVES OF THE PERFORMANCE AND AUDIT COMMITTEE OF DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

Dear Sir or Madam

PERFORMANCE AND AUDIT COMMITTEE

I would like to invite you to attend a meeting of the above Committee which is to be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 17th January, 2017 at 2.00 pm.

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

Yours faithfully

DAVID W LYNCH
Chief Officer
AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS 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 PERFORMANCE AND AUDIT COMMITTEE – MEMBERSHIP

Reference is made to Article VI of the minute of meeting of the Integration Joint Board held on 25th October, 2016 and Article V of the minute of the meeting of the Integration Joint Board held on 6th December, 2016, wherein the membership of the Performance and Audit Committee was discussed and agreed.

The membership of the Performance and Audit Committee has been agreed as follows: Doug Cross (Chair); Judith Golden; Councillor David Bowes; Councillor Stewart Hunter; Jane Martin; Cesar Rodriguez or Dr Frank Weber and Raymond Marshall.

4 INTERNAL AUDIT PLAN 2016/17 - Page 1

(Report No PAC2-2017 by the Chief Finance Officer, copy attached).

5 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT - Page 5

(Report No PAC3-2107-2017 by the Chief Finance Officer, copy attached).

6 OUTCOME OF CARE INSPECTORATE INSPECTIONS - Page 39

(Report No PAC1-2017 by the Chief Finance Officer, copy attached).

7 AUDIT SCOTLAND HEALTH AND SOCIAL CARE INTEGRATION REPORT - ACTION PLAN UPDATE - Page 65

(Report No PAC5-2017 by the Chief Finance Officer, copy attached).

8 ANNUAL INTERNAL AUDIT REPORT – 2015/16 ACTIONS UPDATE - Page 79

(Report No PAC4-2017 by the Chief Finance Officer, copy attached).

9 HIGH LEVEL RISK REGISTER – UPDATE - Page 87

(Report No PAC6-2017 by the Chief Finance Officer, copy attached).

10 PROGRAMME OF MEETINGS 2017

It is proposed that the programme of meetings of the Performance and Audit Committee over 2017 be as follows:-

<table>
<thead>
<tr>
<th>Date</th>
<th>Venue</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday, 14th March, 2017</td>
<td>Committee Room 1, 14 City Square, Dundee</td>
<td>2.00 pm</td>
</tr>
<tr>
<td>Tuesday, 20th June, 2017</td>
<td>Committee Room 1, 14 City Square, Dundee</td>
<td>2.00 pm</td>
</tr>
<tr>
<td>Tuesday, 12th September, 2017</td>
<td>Committee Room 1, 14 City Square, Dundee</td>
<td>2.00 pm</td>
</tr>
<tr>
<td>Tuesday, 28th November, 2017</td>
<td>Committee Room 1, 14 City Square, Dundee</td>
<td>2.00 pm</td>
</tr>
</tbody>
</table>
11 DATE OF NEXT MEETING

The next meeting of the Committee will be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 14th March, 2017 at 2.00pm.
1.0 PURPOSE OF REPORT

The purpose of this paper is to advise the Performance and Audit Committee of the Annual Internal Audit Plan for Dundee Integration Joint Board (IJB) for 2016/17.

2.0 RECOMMENDATIONS

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

2.1 Notes the approved Annual Internal Audit Plan for 2016/17.

2.2 Notes the responsibility placed by Dundee IJB on the Performance and Audit Committee to monitor performance against this plan and to consider recommendations arising from the specific reviews within the plan.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no financial implications arising from this report.

4.0 MAIN TEXT

4.1 As stated in the Integrated Resources Advisory Group guidance, it is the responsibility of the IJB to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. In May 2016, Dundee IJB provided ‘delegated authority to the Chief Officer and Chief Finance Officer to conclude discussions with Fife, Tayside and Forth Valley Management Services (FTF) and Dundee City Council for the provision of internal audit services for 2016/17’.

4.2 Resources to deliver the plan will be provided by the NHS Tayside and Dundee City Council Internal Audit services. 20 days have been included in the 2016/17 Internal Audit Plans for each party.

4.3 The draft operational plan for 2016/17 has been designed to target the priority issues identified by the Internal Auditors assessment of risk. The plan includes the delivery of standard products required each year, addresses work required under the Financial Assurance Guidance and is further based on professional judgement of the IJB risk environment, targeting those risks identified in the IJB’s risk register where the controls established have the greatest impact. The Chief Internal Auditor has also discussed the proposed plan with the Chief Officer and Chief Finance Officer to ensure the substantive audit assignments add value.
4.4 The proposed plan is set out below:

<table>
<thead>
<tr>
<th>Ref</th>
<th>Audit</th>
<th>Indicative Scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>D01-17</td>
<td>Audit Planning</td>
<td>Agreeing audit universe and preparation of audit plan and mapping of Governance and Assurance arrangements within the IJB.</td>
</tr>
<tr>
<td>D02-17</td>
<td>Audit Management</td>
<td>Liaison with managers and Directors and attendance at Performance and Audit Committee.</td>
</tr>
<tr>
<td>D03-17</td>
<td>Annual Internal Audit Report</td>
<td>Chief Internal Auditor’s annual assurance statement to the IJB and review of governance self-assessment.</td>
</tr>
<tr>
<td>D04-17</td>
<td>Governance &amp; Assurance</td>
<td>Ongoing support and advice on further development of governance and assurance structures, including issues identified as part of the annual report process.</td>
</tr>
<tr>
<td>D05-17</td>
<td>Due Diligence</td>
<td>Review/Validation of IJB post-implementation review.</td>
</tr>
<tr>
<td>D06-17</td>
<td>Workforce</td>
<td>Review of arrangements established to control and mitigate Risk 3 from the high level risk register - Staff resource to develop sufficient integrated arrangements. To include a review of corporate support functions.</td>
</tr>
<tr>
<td>D07-17</td>
<td>Clinical, Care &amp; Professional Governance</td>
<td>Review of arrangements established to control and mitigate Risk 8 from the high level risk register - Clinical, Care &amp; Professional Governance.</td>
</tr>
</tbody>
</table>

4.5 Work to deliver the internal audit plan is undertaken under the supervision of the Chief Internal Auditor. Through agreement between the Chief Executives of the Parties and the Chief Officer, a Joint Internal Audit Protocol will be developed setting out shared working arrangements, including access to information held by the parties and reporting protocols.

4.6 The audit plan is designed to provide the Chief Internal Auditor with sufficient evidence to form an opinion on the adequacy and effectiveness of internal controls. Within the first year, the Chief Internal Auditor will identify areas for inclusion within the audit universe and develop an Audit Strategy congruent with the IJB’s risk register.

4.7 The audit plan was approved by Dundee IJB at its meeting held on 6 December 2016. The IJB approved the recommendation to remit to the Performance and Audit Committee to monitor performance against this plan and to consider recommendations arising from the specific reviews with the plan.

5.0 POLICY IMPLICATIONS

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

6.0 CONSULTATION

The Chief Officer, the Chief Finance Officer and the Senior Manager - Internal Audit of Dundee City Council have been consulted on the content of this paper. The draft plan has also been issued to the IJB’s external auditors for comment.
7.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 21 December 2016
1.0 PURPOSE OF REPORT

The purpose of the report is to update the Performance and Audit Committee on progress in implementing the Partnership’s performance framework. The report also brings forward the Quarter 2 Performance Report for 2016/17 for consideration by the Committee.

2.0 RECOMMENDATIONS

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

2.1 Notes the progress that has been made in further developing and implementing the performance framework, and supporting structures and systems, since the last update was provided to the Integration Joint Board (IJB) in August 2016.

2.2 Notes the intention to establish an Outcomes and Performance Co-ordination Group to support the further development and production of annual and quarterly performance reports.

2.3 Notes the performance of Dundee Health and Social Care Partnership as outlined in Appendix 1.

2.4 Remits the Chief Finance Officer to further develop the appended performance report into a performance improvement plan, including timescales for delivery and appropriate links to the Partnership risk register.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Performance Framework

4.1.1 At the meeting of the IJB on 23 February 2016 the Board approved an outline performance framework and reporting cycle (see report DJB10-2016). An update report was provided to the IJB on 30 August 2016 (see report DJB37-2016) detailing progress to date in implementing the agreed framework, bringing forward an exemplar section of the first annual performance report (due July 2017) and an exemplar quarterly performance report against a single strategic priority.

4.1.2 The IJB meeting on 30 August 2016 agreed to the establishment of an Outcomes and Performance Co-ordination Group to support the PAC. The full terms of reference of the Outcomes and Performance Co-ordination Group, including membership, will be developed following the first PAC. However, the overall remit of the group will be to support the further
development and production of annual and quarterly performance reports, with the intention that such reports are considered in detail by the PAC prior to submission to the IJB.

4.1.3 The Strategy and Performance Team is continuing to work with the wider Partnership to develop a suite of local integration indicators for each service area which will measure Strategic Shifts. A development event was held during September and the Strategy and Performance Team is supporting teams to finalise these indicators. The aim is for all service areas to begin reporting their suite of indicators for the 2017/18 financial year. Finalising these indicators will allow a full set of performance indicators across all levels of the multi-tiered performance framework for the Partnership to be confirmed for use in the 2017/18 financial year, supporting continuous improvement across the Partnership.

4.1.4 Covalent is the tool which will be used by lead officers across the Partnership, to input data and narrative around the national and local indicators. It will also be used to provide updates towards the agreed actions reported in the Strategic and Commissioning Plan. The administrative exercise to enter all actions onto Covalent is nearing completion and a training session was provided to key leads during November 2016 which demonstrated how to upload information. Further training will be provided as required.

4.1.5 Version 1 of the Strategic Needs Assessment accompanied the publication of the Strategic and Commissioning Plan. Work has now commenced to update data and make necessary improvements to Version 1. Version 2 will continue to focus on variation between localities and provide further neighbourhood analysis. It is anticipated that Version 2 will be completed by the end of the 2016/17 financial year.

4.1.6 The Information Officers within the Strategy and Performance Team are continuing to work with their counterparts in Angus and Perth and Kinross Partnerships to develop a subset of the Dundee Performance Framework which will be reported consistently across Tayside. This will allow for accurate regional benchmarking which will assist with continuous improvements and sharing good practice.

4.1.7 Dundee City Council are currently developing a new corporate approach to Performance Management. Through discussion with the Chief Officer it has been agreed that the interface between the Partnership and this new corporate approach will take the form of submission of the IJB quarterly performance reports to Council Committee alongside the Council’s own performance reports.

4.1.8 The development and implementation of Dundee and Tayside wide datasets is in part reliant on up-to-date and accurate output from NHS information systems managed by the NHS Tayside Business Support Unit. Partnerships currently receive an IJB Performance Pack (previously the Community Health Partnership Performance Pack). Data within the Performance Pack requires to be revised and further developed to more meaningfully inform performance reporting and subsequent improvement activity, including providing data at locality level.

4.1.9 The National Services Scotland, Information Services Division (NSS ISD) LIST team consists of analysts who are seconded to partnerships to assist with the production and analysis of NHS data required for performance reporting and strategic commissioning. The production of NHS data for all reporting, including Strategic Needs Assessments and Performance Reports is currently completed by the LIST analyst seconded to Dundee for 2.5 days per week. At present this resource is available to the Partnership until 31st March 2017 and NSS ISD are currently discussing with Partnerships their requirements beyond this.

4.1.10 NSS ISD also compile the SOURCE data set which brings together service user level health and social care data. All Partnerships are required to submit defined data, for the past 5 years if possible. Dundee has now provided 5 years data for all but one area of the data set. The final area, Respite, is currently being worked on. The submission of SOURCE data supports the Partnership to link individual social care data with health data (currently secondary care) and to link individual data with unit cost financial information to allow tracking of costs per service user in order to inform improvement to services. This type of analysis will further support the Partnership to identify good practice and improvement activities that will impact positively on outcomes for individuals and communities.
4.1.11 The new Social Work client record system (Mosaic) went live in November 2016. The Information Team is leading on the development of Crystal Reports which will be used to report from Mosaic on some national and local indicators, statutory Scottish Government Returns and national information sharing and linking work streams (such as SOURCE). These reports will also be used to assist operational teams deliver services and monitor operational activity and performance and support improvements in outcomes for individuals and communities. The demand on the Partnership resource with regard to this workstream is significant and will have an impact on available resources until at least the end of this financial year.

4.1.12 Following recent recruitment activity the Information Team is now operating at its full staff compliment. Whilst this will assist with the additional demands brought by integration and the implementation of Mosaic significant pressure still remains. Ways of improving efficiencies, streamlining resources and aligning individual and team work plans to strategic plans are being explored across the wider Strategy and Performance Team. This includes considering how additional resources available to the partnership from NHS Tayside, Dundee City Council, NSS ISD and national improvement agencies can be further utilised. This will allow any remaining resource deficit to be assessed and solutions sought in due course in order that the Team can continue to support performance improvement activity that delivers improvement outcomes for service users.

4.2 Quarter 2 Performance Report 2016/17

4.2.1 Previous performance reports presented to Dundee IJB have focussed on trends in performance within the partnership over time and have, in part, been based on historical reporting indicators used within Dundee City Council and NHS Tayside. The performance report in Appendix 1 sets out performance benchmarked against national data. This outward looking approach highlights the fundamental reasons for the introduction of integrated health and social care services and draws out a range of key areas the Partnership needs to focus on to improve outcomes for individuals and communities in the future. The National Indicators which form the basis of this report focus on key drivers for health and wellbeing within our communities. Performance reflects the social and demographic profile of Dundee and the issues of inequality for people living in poverty, as recently highlighted through the publication of Dundee’s Fairness Commission. As such, this performance report is imperative in supporting the partnership’s commitment to continuous improvement in order to achieve our vision that each citizen of Dundee will have access to the information and support that they need to live a fulfilled life.

4.2.2 The Quarter 2 Performance Report covers local performance against National Indicators 11-23. Under each of these indicators there is a summary of current and planned improvement actions. Indicators 1-10 are reported from The Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially and the results from the 2015/16 survey were presented to the IJB in August 2016. Local indicators are currently under development and will be reported on in future performance reports (see 4.1.3), as will progress in implementing strategic shifts and associated actions within the Partnership Strategic and Commissioning Plan (see 4.1.4).

4.2.3 Committee members will note that the availability of data varies across the national indicators in relation to geographic focus. Health data provided by NSS ISD is not always provided at a locality level.

4.2.4 National indicators relating to delayed discharge and the quality of care services, as assessed by the Care Inspectorate, show that Dundee is performing better than the Scottish rate in 2015/16. Report PAC1-2017 also being presented to the Committee today highlights examples of the high quality of care provided by Partnership services. Two indicators show that Dundee is performing at the Scottish rate and in 6 of the indicators Dundee is amongst the most poorly performing partnerships in Scotland.

4.2.5 As at 2015/16, Dundee had the 3rd highest death rate in Scotland, the 5th highest emergency bed day rates, the 1st highest re-admission rate within 28 days, the 2nd highest falls rate, the 2nd lowest percentage of adults with intensive needs receiving care at home and the 4th highest proportion of health and social care resource spent on hospital emergency bed days.

4.2.6 The National Indicator quarterly data is currently only available for 4 national indicators – emergency bed day rate for adults, emergency admissions rate for adults, falls rate for 65+ and
delayed discharges for 75+. Between the baseline year 2015/16 and 2016/17 Q2 Dundee has seen an improvement in three out of these four indicators. Emergency bed day rates for all adults have decreased by 3%; with a greater than 5% decrease in Maryfield, West End, East End and North East. Falls rate for 65+ have decreased by 2%, with the Ferry showing the greatest improvement with a 16% decrease. Bed days lost to delayed discharges for 75+ have decreased by 4%; the West End and Coldside have seen the biggest improvements with a 26% and 15% reduction respectively.

4.2.7 Analysis by deprivation supports previous findings in the Strategic Needs Assessment that there is a strong correlation between deprivation and poor health outcomes. East End, Coldside and Lochee are the 3 localities where performance against the National Indicators is poorest. The Strategic Needs Assessment and future performance reports will continue to present analysis by locality and neighbourhood to support strategic planning in these areas. The implementation of the Locality Manager Model will also enhance capacity to analyse and respond to performance in targeted localities.

4.2.8 In addition to the National Indicators, additional analysis around potentially preventable emergency admissions (charts 5 and 6) and dementia (charts 20 and 21) have been included. These are areas that, if targeted, could improve performance across many of the National Indicators.

5.0 POLICY IMPLICATIONS

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

6.0 CONSULTATIONS

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

7.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 22 December 2016
Executive Summary

- This report sets out performance benchmarked against national data. This outward looking approach highlights the fundamental reasons for the introduction of integrated health and social care services and draws out a range of key areas the Partnership needs to focus on to improve outcomes for individuals and communities in the future. As such, this report is imperative in supporting the Partnership’s commitment to continuous improvement in order to achieve our vision that each citizen of Dundee will have access to the information and support that they need to live a fulfilled life.

- The National Indicators which form the basis of this report focus on key drivers for health and wellbeing within our communities. Performance reflects the social and demographic profile of Dundee and the issues of inequality for people living in poverty, as recently highlighted through the publication of Dundee’s Fairness Commission.

- National indicators relating to delayed discharge and the quality of care services, as assessed by the Care Inspectorate, show that Dundee is performing better than the Scottish rate in 2015/16. Two indicators show that Dundee is performing at the Scottish rate and in 6 of the indicators Dundee is amongst the most poorly performing partnerships in Scotland.

- As at 2015/16, Dundee has the 3rd highest death rates in Scotland, the 5th highest emergency bed day rates, the 1st highest re-admission rates within 28 days, the 2nd highest falls rate, the 2nd lowest percentage of adults with intensive needs receiving care at home and the 4th highest proportion of health and social care resource spent on hospital emergency bed days.

- Between the baseline year 2015/16 and 2016/17 Q2 Dundee has seen a decrease in rates (improvement) in 3 out of 4 indicators; emergency bed day rates for all adults, falls rate for 65+ and bed days lost to delayed discharges for 75+.

- Emergency admission rates have increased slightly by 2% for Dundee since 2015/16 and only Strathmartine and the Ferry have seen a decrease over this period. The East End continues to have the highest emergency admission rate in Dundee.

- Emergency bed day rates since 2015/16 have decreased by 3% for Dundee and only Lochee has shown a noticeable increase. The biggest improvements were seen in Maryfield, West End, East End and North East of which all showed greater than a 5% decrease in bed day rates.
• Falls rates since 2015/16 have decreased by 2% for Dundee with the Ferry showing the greatest improvement with a 16% decrease. The North East has deteriorated the most by a 14% increase.

• Bed days lost to delayed discharges as a rate of the 75+ population have fallen by 4% in Dundee since 2015/16. The West End and Coldside have seen the biggest improvements with a 26% and 15% reduction respectively. The East End and Maryfield have seen the biggest increases with 17% and 14% respectively.

Purpose
The purpose of the quarterly performance report is to monitor trajectories and inform action plans throughout the year, in advance of the statutory annual performance report. The first statutory annual performance report will be available in June 2017. Data is presented by locality where possible in order to identify variation and share best practice / improvements.

Demographic Background
Dundee is one of the most economically deprived cities in Scotland with 28.6% of the population living in 15% of the most deprived areas of Scotland. Life expectancy is low and many people are diagnosed with morbidities and multi-morbidities earlier in life than in more affluent areas. The current demographic situation poses challenges to health and social care services and these remain a focus of strategic planning within the Health and Social Care Partnership.

Dundee’s Ranked Performance between 2010/11 and 2015/16

Where 1st is the best performing partnership and 32nd is the most poorly performing partnership

Dundee is better than the average Scottish performance

nd charts under the heading ‘Management Information’ are not official statistics as they have been produced by the Dundee Health and Social Care Partnership Information Team rather than by a UK statistics authority (UKSA) accredited organisations. As such, whilst every effort has been made to ensure its accuracy and consistency with NSS ISD (National Services Scotland, Information Service Division) methodology, all management information at locality level data should be treated with some caution until their general release by ISD.
Dundee is performing similar to the average Scottish performance

Dundee is below the average Scottish performance

Table 1: Dundee Ranked Performance as between 2010/11 and 2015/16

<table>
<thead>
<tr>
<th>National Indicators</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Premature Mortality</td>
<td>30th</td>
<td>28th</td>
<td>29th</td>
<td>30th</td>
<td>30th</td>
</tr>
<tr>
<td>12. Admissions</td>
<td>19th</td>
<td>20th</td>
<td>17th</td>
<td>21st</td>
<td>19th</td>
</tr>
<tr>
<td>14. Re-admissions</td>
<td>32nd</td>
<td>31st</td>
<td>30th</td>
<td>31st</td>
<td>32nd</td>
</tr>
<tr>
<td>15. Last 6 months</td>
<td>10th</td>
<td>12th</td>
<td>19th</td>
<td>17th</td>
<td>15th</td>
</tr>
<tr>
<td>16. Falls</td>
<td>18th</td>
<td>29th</td>
<td>30th</td>
<td>30th</td>
<td>31st</td>
</tr>
<tr>
<td>17. Care Inspectorate</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>6th</td>
<td>6th</td>
</tr>
<tr>
<td>18. Intensive Needs</td>
<td>30th</td>
<td>32nd</td>
<td>32nd</td>
<td>31st</td>
<td>31st</td>
</tr>
<tr>
<td>19. Delayed Discharges</td>
<td>N/A</td>
<td>18th</td>
<td>15th</td>
<td>13th</td>
<td>19th</td>
</tr>
<tr>
<td>20. Spend on emergencies</td>
<td>31st</td>
<td>30th</td>
<td>29th</td>
<td>29th</td>
<td>29th</td>
</tr>
</tbody>
</table>

Performance in 2016/17 Quarter 2 rolling year against baseline year 2015/16

Table 2: Performance in 2016/17 Quarter 2 (Q2) rolling year against baseline year 2015/16

<table>
<thead>
<tr>
<th>National Indicator</th>
<th>Dundee</th>
<th>Coldside</th>
<th>East End</th>
<th>Lochee</th>
<th>Maryfield</th>
<th>North East</th>
<th>Strath martine</th>
<th>The Ferry</th>
<th>West End</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Admissions</td>
<td>+2.0%</td>
<td>+2.0%</td>
<td>+0.3%</td>
<td>+4.3%</td>
<td>+4.1%</td>
<td>+5.7%</td>
<td>-1.5%</td>
<td>-0.6%</td>
<td>+4%</td>
</tr>
</tbody>
</table>

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Historically, Dundee has always had a higher premature mortality rate than the Scottish rate and although the Dundee rate was decreasing between 2010 and 2014 it has begun to increase thereafter.

National Indicator 12 - Rate of Emergency Admissions for Adults

Latest National Position as at 2015/16

Source: ISD Scotland

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Dundee currently is performing at the Scottish average with 12,000 emergency admissions per 100,000 population.

Management Information at Locality Level for 2016/17 Q2

The rate for Dundee has generally been increasing from 11,500 per 100,000 in 2012/13 to 12,200 per 100,000 in 2016/17 Q2. All Local Community Planning Partnerships (LCPPs) since 2012/13 have seen increases in their rates with the East End experiencing the highest rates in every financial year. The West End, the Ferry and Maryfield have the lowest rates in Dundee (the West End rate is almost 50% less than the East End rate).

Through the Home and Hospital Transition Group, the high rate of emergency admissions and re-admissions was recognised when reviewing our performance in regards to this area. A Home & Hospital Transition Plan was developed and ratified by the Integration Joint Board at their meeting on 30 August 2016.

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A commitment was made within this plan to review reasons for emergency admission and re-admission across hospital settings to establish a clear benchmark and then identify and agree improvement actions which will contribute to a reduction in emergency admission to hospital.

What we have achieved to date:

- The demographic makeup up Dundee’s population is increasingly putting pressure on health and care services. Dundee has an ageing population and due to the effects of deprivation many people are developing morbidities and multi-morbidities earlier in life than in more affluent areas. Despite all efforts to provide preventative and anticipatory care and support, the health complexities which many people are experiencing mean that a hospital stay is often unavoidable.
- In order to reduce admissions and to support people to live independently at home, the following improvements, have been made:
  - The continued expansion of the Enhanced Community Support service, which is aligned to GP clusters and supports those most at risk of admission.
  - Enhanced the nursing input to homeless people and hard to reach people through a further development of the Parish Nurse approach. Tested a peer volunteer model.
- Reviewed and consolidated existing health inequalities work to identify priorities and explored how this will be addressed at a locality basis. From this we have established the Health Inequalities Strategic Planning Group and are developing a Health Inequalities Commissioning Statement. Keep Well continues to engage people around their health via health checks with the community team delivering 286 health checks to “at risk “ groups including those who are homeless, offenders, or carers, in Q1 and 354 in Q2, with 1170 Keep well checks over the 2 quarters including those seen in general practice based on living in a deprived area. There are also improved links and referrals from Tayside Substance Misuse Service (TSMS) to consider wider health issues. The Equally Well team host health and wellbeing network meetings across the city to support joint working in localities.

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What we plan to do:

- Redesign Stroke patient services.
- Redesign the Tayside Neurological Rehabilitation services.
- Lead a review, with partners, of the current Learning Disability acute liaison service and develop future model.
- Increase our investment in intermediate forms of care such as step up/down accommodation and support for all adults.
- Develop further work to support reducing health inequalities and prevention, including developing social prescribing models to support individuals around improving their health and wellbeing.
- Review reasons for emergency admission across hospital settings to establish a clear benchmark and then identify and agree improvement actions which will contribute to a reduction in emergency admission to hospital.
- Further develop use of technology enabled care as a means of enabling people to live independently and look after their own health.
- Further develop awareness and use of anticipatory care plans for all Adults where a plan would be of benefit to the Adult.
- Embed health checks as a means to engage people in the health and wellbeing agenda, to increase self-care, and avoid longer term ill health.
The following management information, charts 5 and 6, on Potentially Preventable Admissions is supplementary to National Indicator 12 “Rate of Emergency Admissions”.

Management Information at Locality Level for 2016/17 Q2

<table>
<thead>
<tr>
<th>Location</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
<th>16/17Q1</th>
<th>16/17Q2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dundee</td>
<td>1,788.8</td>
<td>1,688.1</td>
<td>1,736.9</td>
<td>1,805.7</td>
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<td>2,080.6</td>
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<td>Lochee</td>
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<td>1,957.1</td>
<td>2,124.3</td>
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<td>2,044.6</td>
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<td>Maryfield</td>
<td>1,491.5</td>
<td>1,209.2</td>
<td>1,181.5</td>
<td>1,349.1</td>
<td>1,474.6</td>
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<td>North East</td>
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<td>1,663.8</td>
<td>1,936.5</td>
<td>1,833.1</td>
<td>1,757.1</td>
<td>1,790.8</td>
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<td>Strathmartine</td>
<td>2,192.7</td>
<td>2,016.7</td>
<td>1,878.6</td>
<td>2,199.2</td>
<td>2,323.6</td>
<td>2,238.5</td>
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<tr>
<td>The Ferry</td>
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<td>1,376.1</td>
<td>1,667.9</td>
<td>1,449.2</td>
<td>1,545.4</td>
<td>1,419.1</td>
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<td>West End</td>
<td>958.7</td>
<td>988.7</td>
<td>1,018.5</td>
<td>1,169.7</td>
<td>1,214.0</td>
<td>1,142.0</td>
</tr>
</tbody>
</table>

Source: SMR01/SMR50/SMR04 Datasets (management information)
Note: 2016/17 Q1 and Q2 are annual rolling years i.e. 2016/17 Q2 is Oct 15 to Sep 16

The rate of potentially preventable admissions (PPAs) for people aged 18+ in Dundee has been increasing slightly since 2012/13. The East End has the highest rates of PPAs with 2,720 per 100,000 population aged 18+ as at 2016/17 Q2. This is more than twice the rate of the West End of 1,140 per 100,000 population aged 18+.

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One in five potentially preventable admissions (PPAs) in 2016/17 Q2 were COPD (chronic obstructive pulmonary disease) related. Almost half of the PPAs were made up of only 3 conditions; COPD, ENT infections (ear, nose and throat infections) and influenza and pneumonia.
National Indicator 13 - Rate of Emergency Bed Days for Adults

Latest National Position as at 2015/16

Source: ISD Scotland

Dundee currently has the 5th highest emergency bed day rates in Scotland with a rate of 131,000 per 100,000 population for people aged 18+.

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Management Information at Locality Level for 2016/17 Q2

The emergency bed day rates for Dundee have slightly decreased from 134,000 per 100,000 population in 2012/13 to 128,000 per 100,000 population for people aged 18+ in 2016/17 Q2. Like the emergency admission rates, the East End has the highest bed day rates and the West End has the lowest bed day rates in Dundee. All localities except Lochee have seen a decrease in 2016/17 Q2.

<table>
<thead>
<tr>
<th>Locality</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
<th>16/17Q1</th>
<th>16/17Q2</th>
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<tr>
<td>Dundee</td>
<td>134,081.8</td>
<td>127,207.4</td>
<td>129,420.2</td>
<td>131,474.9</td>
<td>130,680.4</td>
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<td>Coldside</td>
<td>180,267.7</td>
<td>164,151.9</td>
<td>162,853.2</td>
<td>166,698.0</td>
<td>171,896.2</td>
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<td>East End</td>
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<td>154,833.8</td>
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<td>Lochee</td>
<td>180,097.6</td>
<td>159,590.0</td>
<td>158,974.0</td>
<td>153,901.8</td>
<td>152,935.4</td>
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<tr>
<td>Maryfield</td>
<td>103,565.5</td>
<td>107,497.0</td>
<td>113,154.7</td>
<td>110,704.6</td>
<td>106,519.4</td>
<td>102,760.9</td>
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<tr>
<td>North East</td>
<td>97,747.7</td>
<td>102,670.6</td>
<td>92,534.4</td>
<td>112,130.4</td>
<td>110,356.5</td>
<td>105,533.0</td>
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<tr>
<td>Strathmartine</td>
<td>122,478.4</td>
<td>116,648.0</td>
<td>131,811.6</td>
<td>125,330.5</td>
<td>125,913.1</td>
<td>123,890.6</td>
</tr>
<tr>
<td>The Ferry</td>
<td>130,248.4</td>
<td>131,021.4</td>
<td>133,248.4</td>
<td>124,708.4</td>
<td>125,393.9</td>
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<tr>
<td>West End</td>
<td>92,184.6</td>
<td>87,784.3</td>
<td>96,490.6</td>
<td>91,762.3</td>
<td>88,735.5</td>
<td>86,401.7</td>
</tr>
</tbody>
</table>

Source: SMR01/SMR50/SMR04 Datasets (management information)

Note: 2016/17 Q1 and Q2 are annual rolling years i.e. 2016/17 Q2 is Oct 15 to Sep 16

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National Indicator 14 - Re-admissions to Hospital within 28 Days of Discharge

Latest National Position as at 2015/16

Source: ISD Scotland

Dundee currently has the highest readmission rates within 28 days in Scotland with a rate of 121 per 1,000 admissions for people of all ages.

Source: ISD Scotland

Dundee has consistently had higher readmission rates within 28 days than Scotland since 2010/11 and although there was a decrease between 2010/11 and 2013/14, the rates have been increasing between 2013/14 and 2015/16.

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What we have achieved to date:

- Discharged from hospital. (80% seen with 5 days of discharge/83% seen within 4 days of referral). 65% received additional support to meet their clinical needs, and data suggest that there is a reduction in re-admission rates (respiratory infection). Introduced Healthcare Support Workers to create capacity to support more complex patients, including those who have frequent readmissions.
- Expanded the Enhanced Community Support, including the testing of multidisciplinary assessment meetings at GP Practice level; and the further roll out of the model to additional practices across the 4 cluster areas. Introduced a locality nurse role in each locality to coordinate assessments and reviews and support anticipatory care planning and carer assessments. Demonstrated reduced length of hospital stay and emergency admissions through the initial test site, reduced waiting times for comprehensive geriatric assessments and a falls assessment, increased diagnostics through day hospital sessions. The work has supported Medicine for Elderly Consultant Teams linked to GP practices.
- Developed step down beds within a local authority adult care respite unit to support transition from the Acquired Brain Injury Unit. Testing project with two patients.
- Step Down (Gourdie Place) – testing of a step down housing model to support early, safe discharge from hospital. This support enables adults awaiting specialist or adapted housing to move from a hospital setting while awaiting allocation of a new home. The model commenced part year and has been in use. Two further step down housing options to commence in this financial year.
- Introduced medication reviews and employed a pharmacy technician as part of the social care enablement teams.
- Invest in resources which support assessment for 24 hour care taking place at home or home like settings.

What we plan to do:

- Review reasons for re-admission to hospital within 28 days of discharge across hospital settings to establish a clear benchmark and then identify and agree improvement actions which will continue to contribute to a reduction in re-admission to hospital.
- Further develop post-discharge support to people with long term conditions in order to contribute to a reduction in emergency hospital admission and re-admission to hospital.

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Further implement the planned date of discharge model so that patients and their carers are involved in a well-planned discharge and have co-ordinated follow up care where required upon discharge.

Support more people to be assessed at home rather than in hospital by completing and evaluating the ‘Moving Assessment into the Community’ project for older people and resource the proposed change.

Expand the ‘Moving Assessment into the Community’ project to specialist areas and test pathways.

Further develop discharge planning arrangements for adults with mental ill-health, physical disability and acquired brain injury.

**National Indicator 15 - Proportion of last 6 months of life spent at home or in a community setting**

**Latest National Position as at 2015/16**

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dundee City</td>
<td>87</td>
</tr>
</tbody>
</table>

Dundee is performing at the Scottish average with 87% of time in the last 6 months of life spent at home.

**What we have achieved to date:**

Dundee partnership entered into the second Macmillan Local Authority Partnership in Scotland to work with people living with cancer.

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What we plan to do:

The Palliative Care Tool Bundle and Response Standards will be used across community based health and social care services in Dundee to enable staff to identify, assess, plan and evaluate care for any person with palliative and end of life care needs regardless of diagnosis.

The aim of this project is to give the person the best appropriate care through an individualised care and support plan which suits that person’s needs and wishes. It would provide clear, consistent communication between secondary and primary care and reduce delays in starting treatments, or highlight where treatments/investigations would not be beneficial.

National Indicator 16 - Falls rate per 1,000 population in over 65s

Latest National Position as at 2015/16

Source: ISD Scotland

Dundee is the second poorest performing partnership in Scotland with a falls rate of 25 per 1,000 population for people aged 65+.
Management Information at Locality Level for 2016/17 Q2

Coldside and the East End have the highest rates of falls in Dundee with 29 per 1,000 population for people aged 65+. The North East had the lowest rates in 2012/13 but they have seen a sharp rise in falls in 2014/15 and again in 2016/17 Q2 to 23 per 1,000 population. The Ferry has seen a continual decrease in their falls rate and now have the lowest rates with 17 per 1,000 population. The West End, surprisingly, has one of the highest falls rates in Dundee with 28 per 1,000 population as at 2016/17 Q2.

What we have achieved to date:

- Developed a draft equipment prescribers learning framework supported by e-learning and a mentoring programme. Piloted an e-learning module.
- Expanded on the falls service to ensure Patients aged over 65 years are routinely screened by Allied Health Professional (AHP) staff if presenting with a fall and follow up interventions put in place; offered a single point of referral, triage takes place and information shared.
- Introduced falls prevention care home education resulting in a reduction in falls in care homes.
- Otago falls classes now well established in community venues showing clear improvements in clinical outcomes. Introduced self-referrals to Community Rehabilitation Team to improve access.

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What we plan to do:

- Rolling classes with an educational component. This will prevent patients from waiting too long before they start a class and hopefully help to prevent as many drop outs.
- In discussions with Dundee College to start a project were students are trained in Otago and then with Community Rehabilitation Team support are able to implement it within care homes.
- Home based Otago project following the Otago research for patients that are unable to come to the class.
- In development of an Otago based maintenance class within the community to try and prevent re-referrals and re current falls. Based on the pulmonary rehab model.

National Indicator 17 - Proportion of care and care services rated good or better in care inspectorate inspections

Latest National Position as at 2015/16

![Chart 14 - Proportion of Care Services Graded 'Good' (4) or Better in Care Inspectorate Inspections](image)

Source: ISD Scotland

Dundee currently has the 6th highest proportion of care services rated as good or better in Scotland with 88%.

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National Indicator 18 - Percentage of adults with intensive needs receiving care at home

Latest National Position as at 2014/15 (2015/16 not available)

Source: ISD Scotland

Dundee is the 2nd poorest performing partnership in Scotland with only 50% of adults receiving personal care at home (which includes Direct Payments) as a proportion of those receiving personal care at home or as part of a continuing care or long stay care home care package.

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National Indicator 19 - Number of days people aged 75+ spend in hospital when they are ready to be discharged

Latest National Position as at 2015/16

![Chart 16 - Number of Days People Aged 75+ Spend in Hospital when they are Ready to be Discharged as a Rate per 1,000 Population](chart)

Source: ISD Scotland

Dundee is currently performing below the Scottish average of bed days lost to delayed discharges for people aged 75+ with a rate of 832 per 1,000 population.

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Management Information at Locality Level for 2016/17 Q2

The East End has consistently been one of the poorest performing LCPP areas for this indicator and as at 16/17 Q2 it has the highest number of bed days lost to delayed discharges for people aged 75+ and is one of only two LCPP areas to have seen an increase between 16/17 Q1 and Q2. The North East saw a big increase from 554 per 1,000 population in 2014/15 to 1,290 per 1,000 population in 2015/16 (an increase of 132%). As at 16/17 Q2, the Ferry has the lowest rates in Dundee with 358 per 1,000 population; the East End rates are approximately 280% more than the Ferry’s.

What we have achieved to date:

- A Home and Hospital Transition Plan was developed which aims to ensure that citizens of Dundee are supported at home, but when people do have to go to hospital they are only there as long as they need to be. The plan was ratified at the Integration Joint Board meeting on 30 August 2016 and is currently being implemented.
- There are currently 2 step down housing options which are working very well. An example of this is a ‘Smart Flat’ which uses a range of Technology Enabled

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Care to support people who are waiting for housing adaptations of a new home and who are delayed in hospital. A third step down housing option will be introduced during 2016/17.

- The capacity within the Mental Health Officer team has been enhanced and Dundee City has joined a Power of Attorney Campaign to support the discharge of people who are delayed in hospital as a result of a legal issue around guardianships.
- Pathways from hospital have been reviewed and assessment services have been aligned to more locality based working.
- We have mainstreamed a number of Reshaping Care for Older People projects and fully embedded them into models of working. An example is the development of a community pharmacy technician within the enablement service. This post supports people to be discharged from hospital by dealing with medicine complications which would otherwise have caused delays.

**What we plan to do:**

- Implement actions identified in the Home & Hospital Transition Plan and monitor progress of that plan through the Home and Hospital Transition Group.
- Increase our investment in intermediate forms of care such as step up/step down accommodation and support for all adults.
- Further develop discharge planning arrangements for adults with mental ill-health, physical disability and acquired brain injury.
- Invest in resources which support assessment for 24 hour care taking place at home or home like settings.
- Promote Power of Attorney through local campaigns as a means of increasing number of Power of Attorneys so that Adults are not waiting in hospital settings for decisions about their care upon discharge.
- Further develop earlier identification of requirement for measures under Adults With Incapacity (Scotland) Act 2016 so that people are not waiting for completion of formal measures within a hospital setting.
- Embed within care group strategic commissioning plans the development of a range of community resources and supports which facilitate community based assessment, enable people to remain in their own home and be discharged from hospital when they are ready.
- Review and remodel care at home services to provide more flexible responses.

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- Further develop models of Community Rehabilitation to support transitions between home and hospital.
- Develop and implement discharge management procedures and guidance to promote consistency in practice in relation to discharge management and use of planned date of discharge.
- Implement a statement and pathway for involving Carers in discharge planning process in line with section 28 of the Carers (Scotland) Act 2016 in partnership with Carers and Carers Organisations.
- Implement a fully Integrated Discharge Management Team to increase capacity of the service and enhance and further develop opportunity for discharge assessment for all patients at Ninewells.
- The Enhanced Community Support Service is working with people to identify increased support needs, particularly around requirements for care home placements at an earlier stage. It is anticipated that this proactive planning will have the positive effect of minimising the number of applications for care homes and also Power of Attorney which often happen as a crisis response when the person is in hospital.
- Extend the range of supports for adults transitioning from hospital back to the community.
- Continue to focus on those service users delayed as a result of complex needs who result in the most bed days lost per individual.
- The development of a step down and assessment model for residential care is planned for the future.

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Management Information at Locality Level for 2016/17 Q2

Source: Edison (excludes codes 100, 42T, Early Supported Discharge Service and Integrated Care Fund)

Note: 2016/17 Q1 and Q2 are annual rolling years i.e. 2016/17 Q2 is Oct 15 to Sep 16

As at 16/17 Q2, the East End has the highest rate of bed days lost to standard delayed discharges for people aged 75+ with 814 per 1,000 population. Lochee is the second worst performing LCPP area with 639 per 1,000 population as at 16/17 Q2. The West End also performs poorly in this indicator as since 2014/15 its rate has always been above the Dundee rate.

Standard delays tend to be associated with higher volume of people who are inpatients. This is mainly due to our activity in relation to streamlining processes, planned date of discharge work and changes to social care packages taken forward.

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Management Information at Locality Level for 2016/17 Q2

Source: Edison (excludes codes 100, 42T, Early Supported Discharge Service and Integrated Care Fund)

Note: 2016/17 Q1 and Q2 are annual rolling years i.e. 2016/17 Q2 is Oct 15 to Sep 16

Dundee saw a significant increase in the rate of bed days, per 1,000 population for people aged 75+, lost to Code 9 delayed discharges in 2015/16 and in particular LCPP areas such as the East End, the North East and Strathmartine saw the biggest increases. Since then, most LCPP areas have seen a decrease in bed days lost to Code 9 delays with the notable exception of the East End. The Ferry had 0 bed days lost to Code 9 delays in 16/17 Q2.

The reason for the increase is mainly due to a change in recording practice, as a result of improvement work, within specialist hospitals where recording of delays has increased as a result of these now being reported.

It was agreed within the Discharge Management Group that each care group strategic planning group would incorporate consideration in relation to complex care packages and specialist facilities within their strategic commissioning statements to support a strategic focus in relation to bed delays for patients with more complex needs.

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The following management information, charts 20 and 21, on dementia is supplementary to National Indicator 19 “Number of days people spend in hospital when they are ready to be discharged”.

Management Information at Locality Level for 2016/17 Q2

The chart above might help explain why there was a significant increase in bed days lost to Code 9 delays as at rate per 1,000 population in 2015/16. The East End, the North East and Strathmartine all saw significant increases in emergency admission rates for dementia (aged 65+) from 2014/15 to 2015/16. Maryfield has the lowest number of emergency admission rates for dementia with 31 per 1,000 population aged 65+ and the Ferry has the second lowest rates with 64 per 1,000 population aged 65+ as at 2016/17 Q2.

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**Management Information at Locality Level for 2016/17 Q2**

**Note:** Only records with a completed CHI (Community Health Index) were used for this analysis. Approximately two-thirds of the prescribing information comes from GP practices and one-third come from clinics. The information from clinics are poorly captured as only 20% of CHIs are recorded whereas GP practices capture between 95-99% of CHI records. This means that the number of prescriptions for dementia is only likely to be around 72% complete.

The estimated proportion of people living with dementia who are taking medication for their condition is highest in Maryfield, the Ferry and the North East. Interestingly, these three areas have the lowest number of emergency admissions for dementia in any diagnostic position for people aged 65+ as a rate per 1,000 population.

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National Indicator 20 - Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency

Latest National Position as at 2015/16

Source: ISD Scotland

In 2015/16 26% of Dundee’s health and care budget was spent on hospital stays. This puts Dundee as the 4th highest spenders on hospital stays as a proportion of their budget with Perth & Kinross and Angus also spending above the Scottish average.

All tables and charts under the heading ‘Management Information’ are not official statistics as they have been produced by the Dundee Health and Social Care Partnership Information Team rather than by a UK statistics authority (UKSA) accredited organisations. As such, whilst every effort has been made to ensure its accuracy and consistency with NSS ISD (National Services Scotland, Information Service Division) methodology, all management information at locality level data should be treated with some caution until their general release by ISD.
Background to the National Indicators

All of the 23 indicators have been developed in consultation between National Services Scotland, Information Services Division (ISD) and a wide range of stakeholders across all sectors, and with significant input from COSLA, and agreed by the Ministerial Steering Group. It should be noted that the indicators will develop and improve over time, and that some of them still require data development.

Core indicators 1-10 are qualitative measures that are based on survey feedback and questionnaires, such as the Social Care Survey carried out every two years. Core indicators 11-23 are quantitative measures and are derived from organisational/system data and these will be centrally available at ISD every quarter from January 2017. Only indicators 11 – 23 will be provided quarterly at partnership level.

Indicators 11 – 23 are:

11. Premature mortality rate (not available for 2016 or at locality level)
12. Rate of emergency admissions for adults
13. Rate of emergency bed days for adults
14. Readmissions to hospital within 28 days of discharge
15. Proportion of last 6 months of life spent at home or in a community setting (not available at locality level)
16. Falls rate per 1,000 population in over 65s
17. Proportion of care and care services rated good or better in care inspectorate inspections (not available at locality level)
18. Percentage of adults with intensive needs receiving care at home (not available for 2015/16 or at locality level)
19. Number of days people spend in hospital when they are ready to be discharged
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency (not available at locality level)
21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home (still under development)
22. Percentage of people who are discharged from hospital within 72 hours of being ready (still under development)
23. Expenditure on end of life care (still under development)

Definitions for all of the indicators can be accessed at:

All tables and charts under the heading ‘Management Information’ are not official statistics as they have been produced by the Dundee Health and Social Care Partnership Information Team rather than by a UK statistics authority (UKSA) accredited organisations. As such, whilst every effort has been made to ensure its accuracy and consistency with NSS ISD (National Services Scotland, Information Service Division) methodology, all management information at locality level data should be treated with some caution until their general release by ISD.
REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 17 JANUARY 2017

REPORT ON: OUTCOME OF CARE INSPECTORATE INSPECTIONS

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC1-2017

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Performance & Audit Committee of the outcome of the recent Care Inspectorate inspections of Oakland Day Centre and older people care homes Janet Brougham House and Menzieshill House.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of this report and the content of the inspection reports (attached as appendices 1, 2 & 3).

2.2 Notes the one recommendation for Menzieshill House as outlined in paragraph 4.3.5.

2.3 Notes the grades awarded to the service, the strengths of the service, and the very positive comments made by service users and carers.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Oakland Centre

The Oakland Centre was inspected by the Care Inspectorate on 28 September 2016. The Care Inspectorate inspection report is attached as Appendix 1. The service was inspected on two quality themes:

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<thead>
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<tr>
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<tr>
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4.1.1 The Oakland Centre is a day centre providing a day opportunity for mainly older people living in Dundee. The service also offers a Community Link Service which is designed to support service users to re-establish links with their communities through a brief intervention model.

4.1.2 The inspector reported that, ‘Oakland Centre demonstrated a clear vision of social inclusion, working in collaboration with service users and relatives to achieve identified personal
outcomes. Personal plans were detailed and person centred, influenced by the Joint Improvement Team’s document ‘Talking Points Personal Outcomes Approach’. Plans were regularly reviewed and updated as required.’

4.1.3 The inspection report also highlighted the staff groups’ involvement in the development of the service. ‘Staff are proactive in coming up with new ways for the service users to connect with the wider community and explore ways to get people excited about developing their creative skills. Some recent exciting achievements had been initiated by staff who soon had service users enthusiastic about getting involved. Staff and service users were proud of their collaborative creation of a new tartan for the centre which was officially registered and launched on Tuesday 20 September 2016’. ‘The staff were confident, knowledgeable and demonstrated a real commitment to supporting service users to get the best out of their time at the centre’.

4.1.4 Service user comments included:

‘Everyone is very kind and helpful. I enjoy coming here, there is always plenty to do and I can choose if I want to be involved in any of the activities.’

‘I’ve just had my nails done, what do you think of them? I enjoy getting pampered here. When you are at home you don’t tend to bother with little things like that but I’m always made to feel I am important when I am here.’

4.1.5 There were no recommendations or requirements in the report.

4.2 Janet Brougham House

Janet Brougham House was inspected by the Care Inspectorate on 27 October 2016. The Care Inspectorate inspection report is attached as Appendix 2. The service was inspected on two quality themes:

<table>
<thead>
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<th>Theme</th>
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<td>Quality of staffing</td>
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Previous inspections

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<td>08/11/13</td>
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</tr>
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4.2.1 Janet Brougham House is a care home for predominantly older people. The care home cares for 24 residents, the vast majority of whom have a diagnosis of dementia. The home is divided into three suites of eight bedrooms, with a central dining room. The home is designed in a circular layout which enables service users to walk round and find their way back to the area they live in.

4.2.2 The Inspector reported that ‘Janet Brougham House offered a warm and welcoming atmosphere. Residents and visitors told us that they felt comfortable and relaxed in the home. Two of the residents were very proud to show us their rooms which they had made personal to them with their own furnishings, photographs and items that had special meaning for them. This reinforced a homely environment, helped residents settle into the home and promoted a sense of attachment and belonging.’

4.2.3 ‘Entries in care planning documentation demonstrated how the care home service linked with healthcare professionals such as GPs, district nurses and physiotherapists, to promote good health for residents. We were told by a visiting professional how well staff had implemented the advice given to support a resident through a period of recovery. They were most impressed with the progress the resident had made and put this down to the commitment of the staff.’
4.2.4 Relatives and service users comments included:

‘I love living here. Staff are courteous, respectful and very helpful.’

‘This is a really good place, especially the food, which is great. I have put some weight on since coming into the home. I have no complaints.’

‘I am very happy with the support offered by staff to my relative. I have no concerns. My relative is very well cared for. Couldn’t fault the place. It is always very clean and fresh.’

4.2.5 There were no recommendations or requirements in the report.

4.3 Menzieshill House

Menzieshill House was inspected by the Care Inspectorate on 7 November 2016. The Care Inspectorate inspection report is attached as Appendix 3. The service was inspected on two quality themes:

<table>
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Previous inspections

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<tr>
<td>04/10/13</td>
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</tbody>
</table>

4.3.1 Menzieshill House is a care home for predominantly older people. The care home cares for 32 residents, the vast majority of whom have a diagnosis of dementia. The home is divided into four suites with eight bedrooms in each. There is a large, central activity area and a themed reminiscence room.

4.3.2 The inspection report detailed that ‘residents and the relatives we spoke with described staff as very caring, friendly and were confident in their ability to provide the care and support required. They told us they felt listened to and that staff respected their views and choices.’

4.3.3 ‘The activity champion, who took the lead in the provision of purposeful activities, events and outings was being supported by an activity co-ordinator. A survey had been undertaken with residents which enabled staff to produce a varied programme of activities which included identified interests. All staff were, however, involved in facilitating activities. The service discussed with staff their own interests and strengths before selecting staff to lead particular activity sessions. This helped promote a positive atmosphere and successful activity session.’

4.3.4 The inspector spoke to a group of relatives who said:

‘We are very lucky with the carers they have here, they are always very welcoming and pay attention to the little things and helping residents put on favourite pieces of jewellery or just spending that little bit of extra time listening to what they have to say. The staff are very good listeners and are very good at keeping us up to date with things. Overall, we think the care home is fantastic and feel blessed. We can sleep at night knowing our parents are safe.’

4.3.5 The service had no requirements and one recommendation:

‘It is recommended for the provider to develop and implement a system that would evidence the continued fitness of staff to provide care and support to vulnerable adults’.

4.3.6 This recommendation stems from, ‘Disclosure Scotland recommends rechecking status through the PVG scheme every three years to ensure the continuing suitability of staff working with vulnerable people. There was no formal policy in place for the rechecking staff under the PVG scheme’.
4.3.7 The action from this recommendation is for the Resource Manager to discuss the viability for all staff to have a PVG scheme check every three years with Human Resources.

5.0 POLICY IMPLICATIONS

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

6.0 CONSULTATIONS

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

7.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 16 December 2016
Oakland Centre
Support Service

Morven Terrace
Dundee
DD2 2JU

Telephone: 01382 435900

Type of inspection: Unannounced
Inspection completed on: 28 September 2016

Service provided by: Dundee City Council
Service provider number: SP2003004034

Care service number: CS2004056189
The support service provided from Oakland Centre is provided by Dundee City Council Social Work Department. The service also provides a Community Link service. This service was registered with the Care Inspectorate on 3 March 2005.

The service aims to be a friendly place, where service users can enjoy the company of other people in a stimulating environment. The service also aims to assist service users to maintain and develop skills and interests and to improve the quality of life for service users and their carers. People using the Community Link element of the service are supported to maintain links in their local community by the centre staff.

Oakland Centre is registered by the Care Inspectorate to provide a service to up to 40 adults and older people on any day. This number is inclusive of a maximum of eight people requiring a dementia specific group.

The service is based in a purpose-built centre on the west side of Dundee and is open seven days a week, between 8:30am and 5:30pm. Transport to and from service users’ homes is provided as part of the service.

We obtained the views of the people supported by the service and their relatives through Care Inspectorate Care Standards Questionnaires (CSQs) and from speaking directly with the people being supported by the service during our inspection visit.

We issued 15 CSQs prior to our inspection visit of which 10 had been completed and returned to the Care Inspectorate. Comments made in the completed questionnaires and in direct discussion with service users were extremely positive and included:

- “Everyone is very kind and helpful. I enjoy coming here, there is always plenty to do and I can choose if I want to be involved or not in any of the activities.”

- “Yes, I know I have a support plan, I remember discussing this with staff. They asked me the things I needed help with and we also talked about my interests.”

- “It’s nice here, some of these types of places are a bit dirty looking but just look around you; this place is kept immaculate.”

- “The meals are really good but if I don’t like what’s on offer I can have something else, I never leave here hungry.”

- “I’ve just had my nails done, what do you think of them? I enjoy getting pampered here. When you are at home you don’t tend to bother with little things like that but I’m always made to feel I am important when I am here.”

- “We have a committee group here run by the service users. This is where we take any suggestions to when we have any ideas for activities or outings or changes we would like to make to the place itself. I’m not on the committee but we have feedback meetings where we can discuss with staff the items put forward for discussion and the progress the service has made on achieving any suggestions made.”
- “The place is really clean and very comfortable. Sometimes I think the staff that do the domestic duties are overlooked but they do a really important job in here. Keeping things clean and comfortable for us makes it a pleasure to be here and also keeps us healthy."

- “Staff are helpful, kind and intelligent. The time we spend at the centre had never disappointed us.”

We concluded that there was an extremely high level of satisfaction with the service provided at Oakland Centre.

**Self assessment:**

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

There was strong evidence of service user involvement in the production of the self assessment with examples given of the progress made in addressing suggested improvements.

The service provider identified what they thought they did well, some areas for development and any changes they planned. The service provider told us how the people who use the care service had taken part in the self assessment process.

**From this inspection we graded this Service as:**

<table>
<thead>
<tr>
<th>Quality of care and support</th>
<th>6 - Excellent</th>
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<tbody>
<tr>
<td>Quality of environment</td>
<td>not assessed</td>
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<tr>
<td>Quality of staffing</td>
<td>6 - Excellent</td>
</tr>
<tr>
<td>Quality of management and leadership</td>
<td>not assessed</td>
</tr>
</tbody>
</table>

**What the service does well:**

Oakland Centre demonstrated a clear vision of social inclusion, working in collaboration with service users and relatives to achieve identified personal outcomes. Personal plans were detailed and person-centred, influenced by the Joint Improvement Team’s document ‘Talking Points Personal Outcomes Approach’. Plans were regularly reviewed and updated as required. Service users were supported to access professional health services, where needed, to ensure their continued health and wellbeing.

Staff were proactive in coming up with new ways for service users to connect with the wider community and explore ways to get people excited about developing their creative skills. Some recent exciting achievements had been initiated by staff who soon had service users enthusiastic about getting involved. Staff and service users were proud of their collaborative creation of a new tartan for the centre which was officially registered and launched on Tuesday 20 September 2016. The launch event included an afternoon of musical entertainment from an accordionist and violinist, a highland tea and mini highland games.

Service users suggested the use of the names of Scottish castles to help identify the different activity areas within the service. A member of staff created excellent paintings of each of the named castle areas, making each activity area easily identifiable. Service users had their own pop up art exhibition where their work was displayed in a local café.
Staff had shared with service users the idea of writing to the service users of a similar type of service in Victoria, sharing their experiences and how things may differ. Service users were thrilled to receive a response from the service users in Victoria and the international pen pal group was born.

It was evident the service recognised and celebrated the achievements of service users. People we spoke with described how their time at the centre had helped improve their confidence and develop their skills.

We had the opportunity to attend a service user committee progress meeting where progress made in taking people’s ideas forward was discussed. Requests and suggestions made by service users were seen to be responded to in a positive manner.

Safer recruitment policies and procedures had been fully implemented for the protection of service users.

The service demonstrated a commitment to pursue continued learning and development opportunities for staff to support them in addressing the health and wellbeing of service users. Staff were introduced to policies and procedures as part of a comprehensive induction programme which was tailored for specific job roles.

All staff were required to complete core training, such as moving and handling, food hygiene and protecting people awareness which formed part of the induction process. Staff had completed additional training to help them support the service users in their care. This included stroke awareness, best practice in dementia care and deaf awareness. Staff had training in using British Sign Language (BSL) and Makaton and the use of talking mats to ensure they had the ability to support all service users to be involved in events and activities and the development of the service.

Staff were confident, knowledgeable and demonstrated a real commitment to supporting service users to get the best out of their time at the centre. This was supported by the positive comments made by service users. Staff told us they reflected on the day and if a service user had not enjoyed their day, staff looked at what went wrong and how the experience could be improved for the service user on their return.

Staff had a very good knowledge of safeguarding adults and the procedures to follow if they thought someone may be at risk of harm.

**What the service could do better**

The manager and staff should continue to develop the outdoor space, promoting a safe and stimulating outdoor space for people to enjoy. We discussed the Kings Fund best practice document ‘How dementia friendly is your service’ and how they could use this to further enhance the indoor and outdoor experience for service users.

The service should ensure that ‘key facts’ sheets are signed to ensure staff are aware of the most up to date information about the people being supported.

The service should review and improve systems for recording and storing recruitment information.

**Requirements**

Number of requirements: 0
**Recommendations**

Number of recommendations: 0

**Complaints**

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

**Inspections and Gradings**

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</tr>
<tr>
<td></td>
<td></td>
<td>Management and leadership 5 - Very good</td>
</tr>
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</table>
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This report is available in other languages and formats on request.

tha am foillseachadh seo ri fhaighinn ann an cruthannan is cânain eile ma nithear iarrtas.

अनुवाद या पीढ़ियों के स्वीकार एवं अन्य भाषा पात्री पाया याय।

پیش نمایندگان کر نپرداز اکثر کلمه اور کلمات نظرات کارکنان پاک ہے۔

کھدائی ہے دیہ بھی پنچاہ بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی بھی
Janet Brougham House
Care Home Service

1 Banchory Road
Dundee
DD4 7TQ

Telephone: 01382 307190

Type of inspection: Unannounced
Inspection completed on: 27 October 2016

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Care service number:
CS2003000476
Inspection report

About the service

Janet Brougham House is run by Dundee City Council. The home is in the Douglas area of Dundee. It is registered to provide care for 24 residents. The care home is divided into three suites; each with a large spacious lounge and separate sun room, disabled access bathroom, additional toilets, and a kitchen to make drinks and snacks.

The care home is on one level. All residents have single bedrooms with en suite toilet and shower rooms. The bedrooms are large enough for residents to bring in additional furniture and to have a comfortable place to sit in.

The home has a dining room for residents to take their meals and this is where entertainment and activities are held. There is a secure garden area where residents can go for a walk or sit out. There is also a central sheltered courtyard where residents can sit in privacy.

The care home is built with features and facilities to meet the needs of people with dementia. These features include symbols and colour schemes to help residents find their way around and each suite has all the facilities residents require within their line of sight. When moving around the home, the circular layout of the home always brings residents back to their own suite.

This service was previously registered with the Care Commission on 1 April 2002 and transferred its registration to the Care Inspectorate on 1 April 2011.

What people told us

We obtained the views of the people supported by the service and their relatives through Care Standards Questionnaires (CSQs) and from speaking directly with the people being supported by the service during our inspection visit.

We issued 20 CSQs prior to our inspection visit for distribution to residents and relatives. At the time of writing this report, seven had been completed and returned by residents and four from the relatives of service users.

Comments made in the completed questionnaires and in direct discussion with service users and relatives were extremely positive and included:

- "I am very happy with the support offered by staff to my relative. I have no concerns. My relative is very well cared for. Couldn’t fault the place. It is always very clean and fresh."

- "This is a really good place, especially the food, which is great. I have put on some weight since coming into the home. I have no complaints."

- "I am enjoying my time here. I like to get involved in the activities but I’m not one for jumping around. I prefer listening to music, knitting or just chatting to some of the others. There is a good laundry service here and I always get my clothes back in pristine condition. I wouldn’t change a thing here. The staff are wonderful."

- "I love living here. Staff are courteous, respectful and very helpful."

- "The girls are all good, I like things in the home just as they are."

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views. On this inspection we observed staff interactions
with three residents. We observed warm, respectful engagement between the residents and staff. Staff were attentive and responsive to individual residents and were seen to be caring and discreet in their approach.

We concluded that there was a high level of satisfaction with the service provided at Janet Brougham House.

Self assessment

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

There was strong evidence of service user involvement in the production of the self assessment, with examples given of the progress made in addressing suggested improvements and direct quotes from service users of their views of the service provision.

The service provider identified what they thought they did well, some areas for development and any changes they planned.

The service provider had made good links with how the evidence they provided linked with the relevant National Care Standards (NCS) and the Scottish Social Services Council (SSSC) codes of practice. A number of documents had been attached to the self assessment document to support the statements made by the provider.

From this inspection we graded this service as

<table>
<thead>
<tr>
<th>Quality of care and support</th>
<th>5 - Very Good</th>
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<tbody>
<tr>
<td>Quality of environment</td>
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</tr>
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<td>Quality of management and leadership</td>
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</table>

What the service does well

Janet Brougham House offered a warm and welcoming atmosphere. Residents and visitors told us they felt comfortable and relaxed in the home. Two of the residents were very proud to show us their rooms which they had made personal to them with their own furnishings, photographs and items that had a special meaning for them. This reinforced a homely environment, helped residents settle into the home and promoted a sense of attachment and belonging.

Care plans sampled confirmed the level of support each person required had been fully discussed and agreed with them and their relative, where this was their choice. Risk assessments informed the care plans which were seen to be reviewed regularly. Care plans varied in terms of the level of detail recorded. Detailed plans ensured staff could provide appropriate responsive care while recognising each individual’s choice and preferences.

Entries in care planning documentation demonstrated how the care home service linked with healthcare professionals, such as GPs, district nurses and physiotherapists, to promote good health for the residents. We were told by a visiting professional how well staff had implemented the advice given to support a resident through a period of recovery. They were most impressed with the progress the resident had made and put this down to the commitment of staff.
An activity coordinator enhanced the provision of activities for residents. An activity survey had been completed with residents to find out what they enjoyed and if there was anything new they would like to try. Findings of the survey are to be used to inform each person's care plan, ensuring all staff are aware of the things enjoyed by residents. An evaluation form was completed following resident participation in activities and outings to assist in planning future events. We observed a chair exercise session which was clearly being enjoyed by those participating and watching as there was much laughter going on. Residents were enjoying a game of dominoes on our second visit to the home. Staff were seen to promote a fully inclusive atmosphere supporting residents to get involved while respecting their choice.

Medication was stored, administered and recorded appropriately promoting the safety and wellbeing of residents.

Inductions of new staff included the completion of core training essential to their role, such as health and safety, manual handling, infection control, and food hygiene.

Staff were progressing through the University of Stirling's Best Practice in Dementia Care learning programme. Staff told us this had given them a better understanding of dementia and how it may affect the person. Having this insight had enabled them to put a suitable care plan in place, guiding staff practice to help reduce any anxieties the person may experience. Training records also demonstrated that staff had accessed a range of additional training relevant to their role.

All staff, where required, were registered with SSSC, the regulator for the social service workforce in Scotland.

Staff files sampled evidenced senior staff having regular supervision meetings with staff. Supervision meetings give staff the opportunity to reflect on their practice and identify any further training or support needed for them to carry out their role with confidence. Minutes of these meetings recorded the progress made in addressing any actions identified in the previous meeting. The senior team also conducted observations of staff practice of which the outcome was discussed at supervision meetings.

All of the comments we received about staff from residents, their families and visiting professionals were extremely positive. It was clear that staff were respected and appreciated.

Overall, we saw that staff support systems such as regular meetings, training and supervision helped promote a skilled, professional and motivated staff team that promoted the health and wellbeing of residents.

While three of the five care plans we sampled were extremely detailed, two had limited information. We discussed this as an area for improvement to ensure recorded information was consistent in demonstrating a clear account of the wishes, preferences and level of support each person required. We also highlighted to the manager some inconsistencies between information recorded in assessments and care plans. All records made should be dated to ensure staff are guided by the most up to date information.

Although staff we spoke with were aware of their responsibilities in respect of protection of vulnerable adults, training records showed that mostly senior staff had completed specific training for this. All staff should have the opportunity to attend this training to ensure they remain up to date with current legislation, are familiar with local authority and service specific guidance and be able to identify a range of indicators which may suggest a person is at risk.
The service should give consideration to the development of a register of all Adult with Incapacity (AWI) Section 47 certificates that are in place for residents and a system to ensure they remain valid.

Elements of the electronic information held about staff was not up to date. The service should review and improve systems for recording and storing of staff information. This is with particular reference to their status in respect of registration with the relevant professional body.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading report

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5 - Very good |
| 18 Jul 2011 | Unannounced | Care and support  
Environment  
Staffing  
Management and leadership  
4 - Good  
5 - Very good  
Not assessed  
Not assessed |
| 25 Nov 2010 | Unannounced | Care and support  
Environment  
Staffing  
Management and leadership  
4 - Good  
Not assessed  
Not assessed  
Not assessed |
| 26 Aug 2010 | Announced  | Care and support  
Environment  
Staffing  
Management and leadership  
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5 - Very good  
Not assessed  
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Environment  
Staffing  
Management and leadership  
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4 - Good  
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Management and leadership  
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4 - Good  
4 - Good |
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Environment  
Staffing  
Management and leadership  
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5 - Very good  
4 - Good  
4 - Good |
| 18 Jun 2008 | Announced  | Care and support  
Environment  
Staffing  
Management and leadership  
4 - Good  
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4 - Good |
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هذه الوثيقة متوفرة بلغات ونماذج أخرى عندطلب

本出版品有其他格式和其他语言备索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.
Menzieshill House
Care Home Service

201 Earn Crescent
Dundee
DD2 4GD

Telephone: 01382 432955

Type of inspection: Unannounced
Inspection completed on: 7 November 2016

Service provided by: Dundee City Council

Service provider number: SP2003004034

Care service number: CS2003000477
Menzieshill House is a care home service for older people and is provided by Dundee City Council. The service was previously registered with the Care Commission on 1 April 2002 and has been registered with the Care Inspectorate since 1 April 2011. The service registered to provide a care service to a maximum of 32 older people as permanent residents or for respite care. The home had 30 residents at the time of this inspection.

The service is currently piloting an additional service offering intermediate care for people who are ready to be discharged from hospital but not quite ready to go home. The service provides an enablement approach to care in a homely setting. Staff work closely with NHS professionals for continuous assessment of progress made on the journey to discharge home.

The home is located within the Menzieshill area to the west of Dundee. The building is purpose-built and the design of the building incorporates good care principles for accommodation suited to the needs of older people and older people with dementia.

The home is divided into four units, each with eight en suite rooms, a separate kitchen, assisted bathing facilities, and direct access to the garden area. In each unit the individual rooms open directly onto a living space with lounge and dining areas. Individual units provide a homely and supportive living environment with well thought out interior decoration and furnishings.

The home has extensive communal facilities including a large activities room, team room/reminiscence room, hairdresser salon, and reception area. There is a good provision of staff accommodation and a well-equipped main kitchen and laundry.

We obtained the views of the people supported by the service and their relatives through Care Standards Questionnaires (CSQs) and from speaking directly with the people being supported by the service during our inspection visit.

We issued 20 CSQs prior to our inspection visit for distribution to residents and relatives. At the time of writing this report, six had been completed and returned by residents and nine from the relatives of service users.

Comments made in the completed questionnaires and in direct discussion with service users and relatives were extremely positive. Residents told us:

- "Care staff are perfect, very good at listening to me. Laundry service and the food is good. I'm happy here."
- "The staff are all lovely here and everything is kept clean and fresh. The meals not so good as they used to be, we don't get mince or stew very often. I like listening to music and enjoy the entertainment that comes in."
- "I'm happy with everyone and everything."
- "It's not home but it's as near as. I have my own things in my room, so it feels like me."
- "I spend a lot of time in my room as I like my own space but I do join the others for musical entertainment."
- "I love the meals here, I think I've put on a bit of weight but still look forward to the next meal."
- "I have a buzzer that I can press if I need help, the staff are usually quite quick to answer but I understand they are sometimes busy with other folk."

- "There is always something going on. We enjoy quizzes, sing-a-long, dominoes, bingo, we even do exercises, although I'm not very good but it can be a laugh."

We had the opportunity to speak with a group of relatives who told us:

- "We are very lucky with the carers they have here, they are always very welcoming and pay attention to the little things and helping residents put on favourite pieces of jewellery or just spending that little bit of extra time listening to what they have to say. The staff are good listeners and are very good and keeping us up to date with things. Overall, we think the care home is fantastic and feel blessed. We can sleep at night knowing our parents are safe."

Other relatives we spoke to told us Menzieshill House provided a fully inclusive environment with staff assisting less able residents to participate in table top activities giving them equal opportunity to win prizes and enjoy the fun.

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views. On this inspection we observed staff interactions with three residents. We observed warm, respectful engagement between the residents and staff. Staff were attentive and responsive to individual residents and were seen to be caring and discreet in their approach.

### Self Assessment

The Care Inspectorate received a fully completed self assessment document from the provider. We were satisfied with the way the provider/manager completed this and the relevant information included for each heading that we grade services under.

The provider/manager identified what they thought the service did well, some areas for development and any changes they had planned. The manager had highlighted the strengths and areas that the team wanted to improve within the service. We spoke with the manager and staff about the areas of improvement and looked at the supporting evidence along with the self assessment.

We also spoke with the people who use the service and asked their views on the strengths and limitations of the service.

### From the inspection we grade this service as

- **Quality of care and support**: 5 - Very Good
- **Quality of environment**: not assessed
- **Quality of staffing**: 5 - Very Good
- **Quality of management and leadership**: not assessed

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**what the staff does well**
We found that Menzieshill House supported residents to maintain their sense of wellbeing. Residents told us they received care which respected their choices.

Residents and the relatives we spoke with described the staff as very caring, friendly and were confident in their ability to provide the care and support required. They told us they felt listened to and that staff respected their views and choices. Bedrooms were seen to have been personalised with photographs and ornaments creating a feeling of familiarity and ownership of their private space.

Our observations of interactions between staff and residents evidenced that staff were attentive to residents' needs, wishes and preferences.

Residents discussed with staff as part of the assessment process the things they could do for themselves and what they would need some assistance with. The agreed level of support required was recorded in the person's care plan and reviewed monthly to ensure the information remained current. However, we found some records made were unsigned and undated.

Care records were generally clear and detailed outcomes of healthcare assessments and subsequent care plans. Individual care plans demonstrated staff worked closely with healthcare professionals to promote the health and wellbeing of each resident. Records evidenced that medical and specialist support was accessed promptly if required.

Systems for the storage and administration of medications were in line with organisational policies and procedures and best practice guidance. The medication room was within an acceptable temperature ensuring medications were stored within manufacturers guidelines and medication administration records (MARs) were signed appropriately demonstrating medications were being given as prescribed.

The activity champion who took the lead in the provision of purposeful activities, events and outings was being supported by an activity coordinator. A survey had been undertaken with residents which enabled staff to produce a varied programme of activities which included identified interests. All staff were, however, involved in facilitating activities. The service discussed with staff their own interests and strengths before selecting staff to lead particular activity sessions. This helped promote a positive atmosphere and successful activity session.

Menzieshill House had suitable policies and procedures in place for protecting residents against abuse and neglect. Staff confirmed their awareness of the policy and procedures and demonstrated a good knowledge of their responsibilities, the action they should take and who they should report any concerns to.

Our sample of staff recruitment files evidenced safe recruitment policies and procedures had been fully implemented when appointing new staff. This included the completion of an application form, the taking up of references, interview, and a Protection of Vulnerable Groups (PVG) disclosure scheme. This gives assurance to residents and relatives that the people providing their care are fit to do so.

The staff we spoke with confirmed regular supervision which is one to one meeting time with their line manager to discuss practice issues, development and learning. Staff were further supported by team meetings, although some staff interviewed felt that the frequency of these could be improved.

All staff, where required, were registered with Scottish Social Service Council (SSSC), the regulator for the social service workforce in Scotland.

Staff training records indicated staff had received training in key areas, such as infection control, manual handling, health and safety, food hygiene, and first aid. Additional training completed or in progress included
Scottish Vocational Qualification (SVQ) assessment level 2 and 3 and the University of Stirling’s Best Practice in Dementia Care learning programme. Training records also demonstrated that staff had accessed a range of additional training relevant to their role.

It was clear from our observations of staff practice and discussions with residents and their relatives, that their experience of living within or visiting Menzieshill House was extremely positive. Staff support systems such as regular meetings, training and supervision helped promote a skilled, professional and motivated staff team that promoted the health and wellbeing of residents.

What the Service could do better:

In the main the level of detail recorded in individual care plans was very good. However, some of the records we sampled required more detail. For example, a care plan for the promotion of continence simply recorded: “wears continence aids”. This is not an intervention to promote and support continence. We discussed this as an area for improvement to ensure recorded information was consistent in demonstrating a clear account of the wishes, preferences and level of support each person required. We also highlighted to the manager some inconsistencies between information recorded in assessments and care plans.

Updates to care plans were sometimes handwritten and not always legible. The provider should ensure that care staff provide clear, legible information which is signed and dated to ensure staff are guided by the most up to date information.

Some of the individual staff development records we examined were not up to date. The training matrix for the home and statements from staff evidenced additional training had been completed. However, this was not reflected in the individual staff development record.

Disclosure Scotland recommends rechecking status of staff through the PVG scheme every three years to ensure the continuing suitability of staff working with vulnerable people. There was no formal policy in place for the rechecking staff under the PVG scheme. The service provider needs to have a system in place to ensure staff remain fit to provide care and support to vulnerable people (see recommendation 1).

Requirements:

Number of requirements: 0

Recommendations:

Number of recommendations: 1

1. It is recommended for the provider to develop and implement a system that would evidence the continued fitness of staff to provide care and support to vulnerable adults.

National Care Standards, Care Homes for Older People – Standard 5(5): Management and Staffing Arrangements.
There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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1.0 PURPOSE OF REPORT

This report provides an update to the Performance and Audit Committee of the actions identified to mitigate the risks highlighted by Audit Scotland following their review of Health and Social Care Integration in December 2015.

2.0 RECOMMENDATIONS

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

2.1 Notes the progress of the key actions identified as a response to the recommendations arising from the Audit Scotland Report on Health and Social Care Integration.

3.0 FINANCIAL IMPLICATIONS

There are no direct financial implications arising from this report.

4.0 MAIN TEXT

4.1 In February 2016, Dundee Integration Joint Board noted the content of Audit Scotland’s report on progress made in establishing the new Integration Authorities following the implementation of the Public Bodies (Joint Working) (Scotland) Act 2014 which was published in December 2015. This was the first of three planned audits to be undertaken of the major reform of health and social care services as a result of the changes in legislation. This particular audit provided a progress report during the transitional year and highlighted a number of key risks which needed to be addressed as a priority to ensure the reforms were a success.

4.2 The report in February 2016 (Report DIJB8-2016) set out an action plan to be adopted locally in order to mitigate the identified risks for Dundee Health and Social Care Partnership. The action plan covered the key risk areas identified by Audit Scotland, namely Governance and Accountability, Finance, Service Redesign, Workforce and Performance Management and progress made to date against these actions is noted in Appendix 1.

4.3 Good progress has been made in many areas with others continuing to evolve as the Health and Social Care Partnership develops further. A number of these areas such as ensuring clear lines of governance and accountability are also reflected in the Annual Internal Audit Report update and it is therefore proposed to report future progress of the action points through this review process.

5.0 POLICY IMPLICATIONS

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

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

7.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 4 January 2017
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<td>The Scottish Government should:</td>
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<td>• work with IAs to help them develop performance monitoring to ensure that they can clearly demonstrate the impact they make as they develop integrated services. As part of this work:</td>
<td>Scottish Government guidance has been issued (National Health and Wellbeing Outcomes: A framework for the planning and delivery of integrated health and social care services) to assist IJBs in developing their performance management systems</td>
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<tr>
<td>◦ work with IAs to resolve tensions between the need for national and local reporting on outcomes so that it is clear what impact the new integration arrangements are having on outcomes and on the wider health and social care system</td>
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<tr>
<td>• monitor and publicly report on national progress on the impact of integration. This includes:</td>
<td>The Strategic Plan connects the National Outcomes and Indicators and local outcomes to the vision for the people of Dundee. These will be incorporated into an Outcomes and Performance Framework being developed for the Partnership. The Framework will include measures to allow us to monitor our progress in achieving the strategic priorities and shifts identified in the Plan, as well as our improvement against the National Outcomes.</td>
<td></td>
<td>June 2016</td>
<td>First local performance report presented to August 2016 IJB meeting. (Note these are Scottish Govt recommended actions)</td>
</tr>
<tr>
<td>◦ measuring progress in moving care from institutional to community settings, reducing local variation in costs and using anticipatory care plans</td>
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<td>◦ reporting on how resources are being used to improve outcomes and how this has changed over time</td>
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<td>◦ reporting on expected costs and savings resulting from integration</td>
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<td>• continue to provide support to IAs as they become fully operational, including leadership development and sharing good practice, including sharing the lessons learned from the pilots of GP clusters.</td>
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<td>Integration authorities should:</td>
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<td>• provide clear and strategic leadership to take forward the integration agenda; this includes:</td>
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<td>o developing and communicating the purpose and vision of the IJB and its intended impact on local people</td>
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<td>o having high standards of conduct and effective governance, and establishing a culture of openness, support and respect</td>
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<td></td>
<td>The vision and purpose of the IJB has clearly been reflected in the Draft Strategic plan “Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life.”</td>
<td>Continue to communicate the vision and purpose of the IJB and performance in meeting expected outcomes for individuals and the community through its Communication and Participation and Engagement Strategies.</td>
<td>Ongoing</td>
<td>Vision and purpose of the IJB communicated in Strategic &amp; Commissioning Plan. Participation and Engagement Strategy included within the Strategic &amp; Commissioning Plan.</td>
</tr>
<tr>
<td></td>
<td>As described in the Strategic Plan, the IJB will seek assurances that recommendations presented to them by the Chief Officer have been scrutinised against the following four key strands of governance prior to decisions being made relating to the work of the Partnership:</td>
<td>Ensure the continued development of the IJB’s Workforce and Organisational Development Strategy and Participation and Engagement strategy provides a focus on the delivery of improved outcomes as outlined in the vision</td>
<td>Ongoing</td>
<td>Workforce and Organisational Development strategy included within the Strategic &amp; Commissioning Plan. IJB member’s Codes of Conduct approved in May 2016 with specific development session held in August 2016.</td>
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</table>
|                | • Our national and local performance frameworks  
|                | • Our financial due diligence requirements  
|                | • Our clinical and professional care governance arrangements, which will include the regulatory requirements of appropriate professional bodies  
|                | • Our participation and engagement activities as outlined in our Participation and Engagement strategy.  
|                | Clear statement within the Strategic Plan that values which will be applied in delivering the plan include being professional and honest, listening and learning, being open and transparent and respecting and caring.  
|                | The IJB has adopted a Participation and Engagement Strategy which sets out principles which will ensure that the voices of service users, carers, staff and communities are heard, recognised and valued.  
<p>|                | Development of Performance and Audit Committee (PAC) to provide further opportunity for scrutiny and openness. |
|----------------|---------------------------------------|-----------------|-----------|---------------------------------|</p>
<table>
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<tr>
<th>* set out clearly how governance arrangements will work in practice, particularly when disagreements arise, to minimise the risk of confusing lines of accountability, potential conflicts of interests and any lack of clarity about who is ultimately responsible for the quality of care and scrutiny. This includes:*&lt;br&gt;  o setting out a clear statement of the respective roles and responsibilities of the IJB (including individual members), NHS board and council, and the IJB’s approach towards putting this into practice</th>
<th>Roles and responsibilities of all parties are reflected in the Integration Scheme including arrangements for Clinical and Care Governance and Professional Governance</th>
<th>IJB to continue to develop and agree roles and responsibilities as partnership arrangements evolve and new challenges faced</th>
<th>Ongoing</th>
<th>Report presented and agreed at May 2016 IJB meeting outlining governance arrangements with Dundee City Council and NHS Tayside. New challenges continue to require mature dialogue with partner agencies to agree appropriate responsibilities. Workshop on Governance Scenarios to be arranged early in 2017.</th>
</tr>
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<tbody>
<tr>
<td>o ensuring that IJB members receive training and development to prepare them for their role, including managing conflicts of interest, understanding the organisational cultures of the NHS and councils and the roles of non-voting members of the IJB</td>
<td>A number of focussed IJB development sessions have been held for members including roles and responsibilities, Due Diligence and Standing Orders in addition to Strategic Planning. IJB Chair &amp; Vice Chair have participated in the National Development Programme.</td>
<td>Develop and progress further IJB leadership and development sessions for IJB members</td>
<td>Ongoing</td>
<td>Codes of Conduct Development session for IJB members held during 2016. Development event for Performance and Audit Committee to be arranged early 2017. Draft Development Plan for 2017 to be approved.</td>
</tr>
<tr>
<td>• ensure that a constructive working relationship exists between IJB members and the chief officer and finance officer and the public. This includes:</td>
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<td>o setting out a schedule of matters reserved for collective decision-making by the IJB, taking account of relevant legislation and ensuring that this is monitored and updated when required</td>
<td>Standing Orders in place to govern the business of the IJB. Participation &amp; Engagement Strategy developed which sets out the framework for ongoing dialogue and developing shared understanding of issues</td>
<td>Ensure business is continuously conducted in line with the principles and values expressed within the Participation and Engagement Strategy</td>
<td>Ongoing</td>
<td>Cycle of IJB business reports now embedded</td>
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| • be rigorous and transparent about how decisions are taken and listening and acting on the outcome of constructive scrutiny, including:  
  o developing and maintaining open and effective mechanisms for documenting evidence for decisions; | As noted above, recommendations to the IJB will have been scrutinised against a range of governance areas (e.g. clinical and care governance arrangements) before being presented to the IJB. Through the Workforce and Organisational Development strategy and focus on co-production within the Participation and Engagement Strategy, support will be provided to staff and the public to engage in the process of service redesign and change. Through the Clinical and Care Governance Strategy, a range of advisory mechanisms are in place to support the evidence in decision making | IJB Standing Orders highlights Code of Conduct and Conflicts of Interest for members of the Integration Joint Board. Employees will continue to operate under existing policies of their respective organisations | Development of the Performance and Audit Committee provides the opportunity for further scrutiny | Members Code of Conduct approved at May 2016 IJB meeting. Separate Code of Conduct Development Session held in August 2016 |
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<tr>
<td>o developing and maintaining an effective audit committee;</td>
<td></td>
<td>Proposals to be developed to agree most appropriate method of provision of internal scrutiny of the IJB</td>
<td>April 2016</td>
<td>Establishment of Performance and Audit Committee agreed in principle at May IJB with remit and membership agreed in August 2016. First meeting to be held in January 2017</td>
</tr>
<tr>
<td>o ensuring that effective, transparent and accessible arrangements are in place for dealing with complaints;</td>
<td>Complaints procedure for the IJB developed</td>
<td>Complaints procedure to be formally tabled at the IJB</td>
<td>April 2016</td>
<td>Complaints Procedure Report approved by IJB in June 2016</td>
</tr>
<tr>
<td>o ensuring that an effective risk management system is in place</td>
<td>Integration Scheme states intention to develop and adopt a risk management strategy</td>
<td>Risk management process and risk register to be developed</td>
<td>April 2016</td>
<td>Risk Management Strategy approved in May 2016 with High Level Risk Register considered in August 2016 and reporting arrangements to PAC established</td>
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Appendix 1
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<tr>
<th>Recommendation</th>
<th>Dundee IJB Position as at February 2016</th>
<th>Action Proposed</th>
<th>Timescale</th>
<th>Update Position – December Position</th>
</tr>
</thead>
</table>
| • develop strategic plans that do more than set out the local context for the reforms; this includes:  
  o how the IJB will contribute to delivering high-quality care in different ways that better meet people’s needs and improves outcomes | Clear vision, priorities and proposed actions to deliver these described in the draft Strategic Plan | Ensure final version of the Strategic Plan and subsequent revisions to the Plan continue to focus on delivering high quality care and improving outcomes | March 2016             | Strategic and Commissioning Plan published in March as intended with positive feedback from stakeholders including the Scottish Govt |
<p>| o setting out clearly what resources are required, what impact the IJB wants to achieve, and how the IA will monitor and publicly report their progress | Financial framework within the Strategic Plan sets out current resources and anticipated level of future demand. Performance management framework sets out how this is being achieved | Continue to review and revise the level of resource requirements in light of the overall local authority and NHS financial position, anticipated demand for services and extent to which resource shifts are achieved as a result of actions taken within the Strategic Plan. Performance management framework to be presented to February IJB | Ongoing                | Development of IJB’s Transformation Programme sets out overall investment and efficiencies plan to support resource shifts. Financial monitoring reports presented to the IJB on a regular basis. |</p>
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<tr>
<th>o developing strategies covering the workforce, risk management, engagement with service users and data sharing, based on overall strategic priorities to allow the IA to operate successfully in line with the principles set out in the Act and ensure these strategies fit with those in the NHS and councils</th>
<th>The IJB is a full member of the Dundee Community Planning Partnership and works closely with Integrated Children’s Services in Dundee.</th>
<th>Workforce and Organisational Development and Participation and Engagement Strategies developed and to be presented to the February IJB meeting</th>
<th>February 2016</th>
<th>Both Strategies included as part of Strategic and Commissioning Plan.</th>
</tr>
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<tbody>
<tr>
<td>o making clear links between the work of the IA and the Community Empowerment (Scotland) Act and Children and Young People (Scotland) Act</td>
<td>Strategic Plan highlights a shift to community based and preventative services as key to improving outcomes.</td>
<td>Continue to develop strong links with the Chief Social Work Officer and Integrated Children’s Services. Locality planning arrangements to be aligned across all partnerships</td>
<td>Ongoing</td>
<td>Strong relationship exists with Chief Social Work Officer who is also a member of the IJB. Health and Social Care Partnership agreed localities consistent with Community Planning Partnership Areas.</td>
</tr>
<tr>
<td>• develop financial plans that clearly show how IAs will use resources such as money and staff to provide more community-based and preventative services. This includes:</td>
<td>As noted above, highlighted as key to improving outcomes. Actions within the Strategic Plan note how these will be achieved</td>
<td>Move to locality planning models of budgeting and allocating resources through using methodologies such as the Integrated Resource Framework to identify local population resource consumption and need.</td>
<td>Ongoing – dependent on timing of shifts to new locality models of service provision</td>
<td>Locality managers recently recruited and respective localities/service areas agreed. Work will commence during 2017 to assess local resource consumption</td>
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<tr>
<td>o developing financial plans for each locality, showing how resources will be matched to local priorities</td>
<td></td>
<td>As part of the financial monitoring and performance management framework, develop range of indicators to reflect how well resources are being utilised (e.g. benchmarking frameworks)</td>
<td>During 2016/17</td>
<td>Continual assessment of Best Value through the Transformation Programme and opportunities for efficiencies. Financial monitoring presented as an aligned budget during 2016/17 with</td>
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<td>• shift resources, including the workforce, towards a more preventative and community-based approach; it is important that the IA also has plans that set out how, in practical terms, they will achieve this shift over time.</td>
<td></td>
<td>Ensure that the Workforce and Organisational Development Strategy continues to reflect the changing needs of changing service delivery models</td>
<td>Ongoing</td>
<td>Early shifts in resources expressed within the IJB’s Transformation Programme.</td>
</tr>
<tr>
<td>Integration authorities should work with councils and NHS boards to:</td>
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<td>• recognise and address the practical risks associated with the complex accountability arrangements by developing protocols to ensure that the chair of the IJB, the chief officer and the chief executives of the NHS board and council negotiate their roles in relation to the IJB early on in the relationship and that a shared understanding of the roles and objectives is maintained;</td>
<td>Integration Scheme and Standing Orders reflect the respective roles and accountability arrangements</td>
<td>High level group to be formed consisting of the CO, Chair and Vice Chair of the IJB, Chair of the NHS Board and the Chief Executives of Dundee City Council and NHS Tayside</td>
<td>June 2016</td>
<td>Group has met on a number of occasions to date with further meetings planned during 2017</td>
</tr>
<tr>
<td>• review clinical and care governance arrangements to ensure a consistent approach for each integrated service and that they are aligned to existing clinical and care governance arrangements in the NHS and councils;</td>
<td>Clinical and Care Governance framework has been recognised by the IJB</td>
<td>Further work to be undertaken by the local Dundee Clinical and Care Governance Group, supported by the Chief Social Work Officer and clinical advisors to the IJB to agree how this is implemented in practice</td>
<td>During 2016/17</td>
<td>Clinical and Care Governance Development session held with Dundee Health &amp; Social Care Partnership (DH&amp;SCP) Extended Management Team.</td>
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<td>• urgently agree budgets for the IA; this is important both for their first year and for the next few years to provide IAs with the continuity and certainty they need to develop strategic plans; this includes aligning budget-setting arrangements between partners;</td>
<td>Dundee City Council 2016/17 revenue budget process at an advanced stage with overall financial resource levels to be confirmed following the setting of the Council’s Revenue Budget on the 25th February. Discussions with NHS Tayside initiated.</td>
<td>CFO to continue to engage with NHS Tayside Director of Finance to achieve clarity as to the level of budgeted resources associated with delegated budgets and associated risks prior to the 1st April 2016. In conjunction with the Perth &amp; Angus IJB’s, negotiate with NHS Tayside to better align budget setting arrangements with local authority timescales</td>
<td>March 2016</td>
<td>Update report due to be presented to the IJB in early 2017.</td>
</tr>
<tr>
<td>• establish effective scrutiny arrangements to ensure that councillors and NHS non-executives, who are not members of the IJB board, are kept fully informed of the impact of integration for people who use local health and care services;</td>
<td>Proposals developed by Head of Democratic &amp; Legal Services, Dundee City Council with regards to future IJB reporting arrangements to Dundee City Council</td>
<td>Dundee City Council reporting arrangements to be presented to Policy &amp; Resources Committee in February 2016 recommending that scrutiny of the IJB’s functions and also the Council’s functions in delivering services commissioned by the IJB should be added to the remit of the Policy and Resources Committee Proposals to be developed by NHS Tayside to agree scrutiny arrangements back to the NHS Board.</td>
<td>April 2016</td>
<td>Due diligence process reported to IJB in June 2016 outlining view of adequacy of level of delegated resources.</td>
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<td></td>
<td>DH&amp;SCP’s Transformation Programme approved in August 2016. 2017/18 budget process ongoing.</td>
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<td></td>
<td>Dundee City Council arrangements as noted under proposed action. Meeting arranged with NHS Tayside and Chief Officers of the 3 local Integration Joint Boards to agree NHS reporting arrangements.</td>
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<td>• put in place data-sharing agreements to allow them to access the new data provided by ISD Scotland.</td>
<td>Data sharing arrangements already in place and data currently being accessed to assist with the development of the Strategic Plan and associated performance framework</td>
<td>Review effectiveness of data sharing arrangements to ensure comprehensive enough to access the range of information required to inform the IJB of current performance and future needs</td>
<td>Ongoing</td>
<td>Member of the Scottish Government Information Services Division seconded to DH&amp;SCP to work closely with Information Officers to access relevant information.</td>
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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 17 JANUARY 2017
REPORT ON: ANNUAL INTERNAL AUDIT REPORT - 2015/16 ACTIONS UPDATE
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC4-2017

1.0 PURPOSE OF REPORT

The purpose of this report is to update the Performance and Audit Committee of progress in responding to the required actions highlighted within the Chief Internal Auditor's Annual Internal Audit Report 2015/16.

2.0 RECOMMENDATIONS

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

2.1 Notes the progress made against the actions highlighted in Appendix 1.

2.2 Remits the Chief Finance Officer to bring a further progress report to the PAC to conclude the 2015/16 action plan.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Dundee Integration Joint Board’s Annual Internal Audit Report was presented to the IJB at its meeting on 28 June 2016. This report noted that the Chief Internal Auditor’s assessment of the IJB’s governance, risk management and control frameworks as they had developed during 2015/16 had established no major issues and that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in 2015/16. The report noted a number of areas of planned improvements for 2016/17 and recommended the development of an action plan to ensure these and other developing governance issues are managed effectively. This action plan is shown in Appendix 1. The Chief Internal Auditor will provide an assessment of the adequacy of these as part of their 2016/17 Annual Audit Report.

5.0 POLICY IMPLICATIONS

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

6.0 CONSULTATIONS

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

None.

Dave Berry  
Chief Finance Officer

DATE: 28 December 2016
<table>
<thead>
<tr>
<th>Annual report actions</th>
<th>Proposed management action</th>
<th>Responsible Officer</th>
<th>To be reported to</th>
<th>Status</th>
<th>Red/Amber Green (Complete)</th>
<th>Comments</th>
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<tbody>
<tr>
<td>IJB Code of Conduct based on a national template issued in April 2016.</td>
<td>Produce a draft code of conduct on behalf of the IJB for submission to the Scottish Government for approval.</td>
<td>Clerk to the IJB</td>
<td>IJB</td>
<td>Green</td>
<td>Complete</td>
<td>Agreed as Item 15 at the IJB meeting held in May 2016. In addition, specific IJB Development Session held in August 2016 to cover IJB members Code of Conduct.</td>
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<tr>
<td>Amend the Standing Orders to include conflicts of interest.</td>
<td>Present recommended amendment to IJB for approval.</td>
<td>Clerk to the IJB</td>
<td>IJB</td>
<td>Green</td>
<td>Complete</td>
<td>Agreed as part of Item 15 at the IJB meeting held in May 2016.</td>
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<tr>
<td>The IJB received a report on governance arrangements in May 2016 providing a progress update on governance documents and processes.</td>
<td>Advise IJB members of the proposed governance arrangements with Dundee City Council and NHS Tayside.</td>
<td>Chief Officer</td>
<td>IJB</td>
<td>Green</td>
<td>Complete</td>
<td>Report presented and agreed at IJB meeting in May 2016 (Report DIJB21-2016).</td>
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<tr>
<td>Deputising arrangements to be clarified.</td>
<td>Chief Officer to agree longer term deputising arrangements with NHS Tayside and Dundee City Council Chief Executives.</td>
<td>Chief Officer</td>
<td>IJB</td>
<td>Amber</td>
<td>Complete</td>
<td>Short term deputising arrangements to be covered by Health and Social Care Management Team.</td>
</tr>
<tr>
<td>Progress on implementation of the action plan in response to the December 2015 Audit Scotland report to be reported back to the IJB.</td>
<td>Update report to be brought to the Performance &amp; Audit Committee (PAC).</td>
<td>Chief Finance Officer</td>
<td>PAC</td>
<td>Amber</td>
<td>Complete</td>
<td>Report to be presented to the January 2017 PAC meeting.</td>
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<tr>
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<td>Proposed management action</td>
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<td>Establishment of a Performance &amp; Audit Committee in May 2016 and the appointment of the internal auditors for 2016/17.</td>
<td>Report to be brought to the IJB to establish a PAC.</td>
<td>Chief Finance Officer</td>
<td>IJB</td>
<td>Green</td>
<td>Agreed in principle at May IJB and formalised at the August IJB (Report DIJB36-2016).</td>
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<tr>
<td>Remit &amp; membership of the Performance &amp; Audit Committee.</td>
<td>Report to be brought to the IJB outlining remit and terms of reference for the PAC including seeking nominations for membership.</td>
<td>Chief Finance Officer</td>
<td>IJB</td>
<td>Green</td>
<td>Report agreed at the August IJB with membership and Chair confirmed at IJB meeting in October 2016 (Item 6).</td>
<td></td>
</tr>
<tr>
<td>Approval of the 2016/17 annual internal audit plan.</td>
<td>Internal Audit Plan 2016/17 to be developed and agreed with Chief Internal Auditor and presented to IJB for approval.</td>
<td>Chief Finance Officer</td>
<td>IJB</td>
<td>Green</td>
<td>Internal Audit Plan agreed at December 2016 IJB meeting (Report DIJB60-2016).</td>
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<tr>
<td>IJB’s risk profile to be developed.</td>
<td>High level risk register to be developed and presented to the IJB.</td>
<td>Chief Finance Officer</td>
<td>IJB/PAC</td>
<td>Green</td>
<td>High level risk register agreed at August 2016 IJB meeting (Report DIJB35-2016).</td>
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</tr>
<tr>
<td>Second line management arrangements for the partnership.</td>
<td>Establish and recruit to locality and other second line managers.</td>
<td>Chief Officer/Head of Service, Health and Community Care and Head of Strategy and Performance</td>
<td>Health &amp; Social Care Partnership (HSCP) Management Team</td>
<td>Green</td>
<td>Locality managers, and Lead Nurse Role all now appointed with Primary Care Development Manager recruitment in progress.</td>
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<tr>
<td>Further work is planned on the Large Hospital plan and arrangements for hosted services.</td>
<td>Work in conjunction with the Scottish Government, NHS Tayside and Perth and Angus Health and Social Care Partnerships to determine the scale of the Large Hospital Set</td>
<td>Chief Officer/Chief Finance Officer</td>
<td>IJB</td>
<td>Amber</td>
<td>Limited progress to date as replicated across Scotland. Tayside to work closely with Scottish Government on a pilot basis on behalf of other partnerships to progress this further and inform updated national guidance.</td>
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<td>Aside and how shifts in this can be effected. Further work to be done with Angus and Perth re management and reporting of Hosted Services arrangements.</td>
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<td>Initial discussions taken place between Chief Officers and Chief Finance Officers with regards to the strategic, operational and financial management of hosted services.</td>
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<tr>
<td>Plans are to be developed in year for the Health and Social Care Localities in Dundee including links to local Community Planning Structures.</td>
<td>Development of locality plans to be progressed following appointment of locality managers.</td>
<td>Head of Health and Community Care/Head of Strategy &amp; Performance</td>
<td>Integrated Strategic Planning Group/IJB</td>
<td>Amber</td>
<td>Locality Managers recently appointed and transition to new portfolios, including localities throughout Jan-March 2017. Locality plans to be developed during 2017/18.</td>
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</tr>
<tr>
<td>Review the support services requirements through regular reports from the Chief Officer.</td>
<td>Assess the sufficiency of corporate support to enable the Health and Social Care Partnership to deliver its’ strategic objectives.</td>
<td>H&amp;SCP Management Team</td>
<td>H&amp;SCP Management Team/IJB</td>
<td>Amber</td>
<td>Internal Audit Plan for 2016/17 includes assessment of corporate support provision from Dundee City Council and NHS Tayside.</td>
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</tr>
<tr>
<td>Further work on the development of the Outcomes and Performance Framework is planned.</td>
<td>Continue to develop the performance framework including a focus on localities and present to the PAC on a regular basis for scrutiny. Financial monitoring reports to be presented to IJB on a regular basis.</td>
<td>Head of Strategy &amp; Performance</td>
<td>H&amp;SCP Management Team/PAC/IJB</td>
<td>Amber</td>
<td>First performance report presented to the IJB in August 2016 with updated report with revised format to be presented to January PAC meeting. Financial monitoring reports presented to the IJB from August 2016.</td>
<td></td>
</tr>
<tr>
<td>Annual report actions</td>
<td>Proposed management action</td>
<td>Responsible Officer</td>
<td>To be reported to</td>
<td>Status Red/Amber Green (Complete)</td>
<td>Comments</td>
<td></td>
</tr>
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<tr>
<td>Financial regulations were approved in May 2016.</td>
<td>Present to the IJB a set of financial regulations.</td>
<td>Chief Finance Officer</td>
<td>IJB</td>
<td>Green</td>
<td>Presented and approved at the IJB meeting in May 2016 (Report DIJB3-2016).</td>
<td></td>
</tr>
<tr>
<td>Internal Audit review of Due Diligence work is to be reported to the June 2016 IJB meeting.</td>
<td>Present and consider Chief Internal Auditors Report on Financial Assurance/Due Diligence.</td>
<td>Chief Finance Officer</td>
<td>IJB</td>
<td>Green</td>
<td>Report presented to the June IJB meeting (Report DUB16-2016) which noted the Chief Internal Auditors opinion that the financial assurance/due diligence process undertaken comprehensively covered the requirements of the Financial Assurance Guidance.</td>
<td></td>
</tr>
</tbody>
</table>
| Implementation and embedding of the Clinical & Care & Professional Governance Framework; including remit and membership of the Dundee Clinical and Care Governance and Professional Governance Forum and monitoring of adverse events data. | Ensure R2 group governance framework is in place.                                                             | Head of Health and Community Care   | Clinical Director/PAC | Amber                            | R2 group framework is implemented and embedded with regular meetings taking place.  
Reporting schedule to PAC to be agreed.                                                                                                                                                                                   |
| Further development of the Workforce and Organisational Development Strategy and reporting of workforce planning.                                                                                                       | Develop workforce strategy and report to the IJB.                                                            | Chief Officer                       | IJB               | Amber                            | Workforce strategy contained within published Strategy and Commissioning Plan. Further development work required with regards to reporting.  
Regular meetings taking place between HSCP management team and Trade Union/Staff Side representatives.                                                                                                             |
<table>
<thead>
<tr>
<th>Annual report actions</th>
<th>Proposed management action</th>
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<th>Status Red/Amber Green (Complete)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objectives and appraisal processes for the Chief Officer and Chief Finance Officer to be considered.</td>
<td>Develop and agree process.</td>
<td>Chief Officer</td>
<td>HSCP Management Team/Chief Executives</td>
<td>Red</td>
<td>Chief Officer objectives agreed with DCC Chief Executive. Progress to be made in developing further appraisal systems.</td>
</tr>
<tr>
<td>The IJB to become a party to the SASPI Information Sharing protocol.</td>
<td>Ensure information sharing protocol in place.</td>
<td>Chief Finance Officer</td>
<td>IJB</td>
<td>Amber</td>
<td>DCC and NHS Tayside already signed up to SASPI and services follow this currently. New national framework being developed re Information Sharing.</td>
</tr>
<tr>
<td>Accountability and responsibilities of the IJB in respect of all governance arrangements should be clarified and agreed by the IJB and parties, and should flow through to risk management and assurance arrangements.</td>
<td>Governance development workshops to be arranged to explore a range of governance scenarios to provide clarity.</td>
<td>Chief Finance Officer</td>
<td>H&amp;SCP Management Team</td>
<td>Red</td>
<td>Initial discussions taken place with regards to hosting a Tayside wide event. Chief Finance Officer to progress before the end of the current financial year.</td>
</tr>
<tr>
<td>Assurance arrangements should include consideration of reporting lines and the flow of assurance including any officer and governance groups in place.</td>
<td>As above</td>
<td>As above</td>
<td>As above</td>
<td>Red</td>
<td>As above.</td>
</tr>
<tr>
<td>The IJB’s strategic risk profile should be developed to clearly reflect risks to the delivery of the IJB’s strategic objectives rather than joining previous operational risks of the services within the partnership.</td>
<td>Prepare and present a high level risk register to the IJB to highlight and monitor strategic risks.</td>
<td>Chief Finance Officer</td>
<td>IJB/PAC</td>
<td>Green</td>
<td>Risk Management Policy and Strategy agreed at IJB meeting in May 2016 (Report DIJB22-2016). High level risk register agreed at August 2016 IJB meeting (Report DIJB35-2016).</td>
</tr>
<tr>
<td>Annual report actions</td>
<td>Proposed management action</td>
<td>Responsible Officer</td>
<td>To be reported to</td>
<td>Status</td>
<td>Comments</td>
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</tr>
<tr>
<td>Following the development of a risk profile for the organisation, an Assurance Framework linking the strategic risk profile and associated controls with assurance processes should be adopted <em>(Cf Risk Management Policy and Strategy Appendix 2).</em></td>
<td>Link identified strategic risks with controls and assurance processes.</td>
<td>Chief Finance Officer</td>
<td>IJB/PAC</td>
<td>Green</td>
<td>Included as part of assessment of risk levels and controls as set out within Report DIJB35-2016 as noted above.</td>
</tr>
<tr>
<td>An exercise should be undertaken to ensure the report planner document shows all items of business required to be considered in year to deliver the purpose and remit of the IJB as well as any additional reporting agreed by members.</td>
<td>Develop a report planner outlining the IJB’s business for the year.</td>
<td>Chief Officer</td>
<td>H&amp;SCP Management Team</td>
<td>Amber</td>
<td>Report planner is a standing item at H&amp;SCP management team meetings and will continue to evolve as the regularity of business to the IJB becomes clearer.</td>
</tr>
<tr>
<td>A formal Scheme of Delegation (as referred to in the Financial Regulations) should be developed and the IJB should work with the parties to develop a Further Scheme of Delegation within the partnership.</td>
<td>Develop a scheme of delegation to reflect the nature and extent of the Chief Officer or Chief Finance Officer delegating their responsibilities to other officers.</td>
<td>Chief Finance Officer</td>
<td>IJB</td>
<td>Red</td>
<td>Scheme to be developed.</td>
</tr>
<tr>
<td>The IJB should be kept informed of progress with the implementation of the Clinical, Care &amp; Professional Governance Strategy.</td>
<td>Develop reporting schedules for the IJB.</td>
<td>Head of Health and Community Services</td>
<td>IJB</td>
<td>Red</td>
<td>Report scheduled to be presented to February 2017 IJB meeting.</td>
</tr>
</tbody>
</table>
ITEM No …9…………

REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 17 JANUARY 2017
REPORT ON: HIGH LEVEL RISK REGISTER UPDATE
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC6-2017

1.0 PURPOSE OF REPORT

The purpose of this report is to update the Performance and Audit Committee of the status of
the Health and Social Care Partnership’s High Level Risk Register.

2.0 RECOMMENDATIONS

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

2.1 Notes the current risk levels associated with the risk categories as set out in Appendix 1.

2.2 Remits the Chief Finance Officer to continually review the risk register in line with any areas of
concern identified within future Dundee Health & Social Care Partnership performance reports.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Dundee Health and Social Care Partnership’s High Level Risk Register was approved at the
Integration Joint Board’s meeting on 30 August 2016 (Report DIJB35-2016). The risks are set
against various categories including financial, workforce, governance and legal risks and have
been given an initial risk score, providing a risk level, prior to the implementation of a range of
control actions. The August report identified the impact of implementing the control actions
which resulted in a reduction in a number of the risk scores and risk levels however a range of
medium to very high risks remained.

4.2 The previous report noted that the risk register would be subject to annual scrutiny by the IJB’s
Performance and Audit Committee however, given this is the first Performance and Audit
Committee held, it is deemed appropriate to provide the Committee with an update of the status
of the control options and an assessment of the impact on the risk levels as appropriate as at
December 2016. This update is shown at Appendix 1 and this notes that risk levels have been
maintained from the August position with a number of actions due to be implemented which
should lead to a future reduction in the levels of risk. It should be noted that a number of high
level risks remain and these will continue to be assessed for any potential deterioration in risk
levels and reported to the Performance and Audit Committee.

5.0 POLICY IMPLICATIONS

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

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

7.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 28 December 2016
<table>
<thead>
<tr>
<th>Ref</th>
<th>Risk Type</th>
<th>Description of Risk</th>
<th>Risk Owner</th>
<th>Initial Risk Level</th>
<th>Control Actions</th>
<th>December 2016 Update</th>
<th>Current Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Financial</td>
<td>Continuing restrictions on public sector funding will impact on Local Authority and NHS budget settlements in the medium term impacting on the ability to provide sufficient funding required to support services delivered by the IJB. This could lead to the IJB failing to meet its aims within anticipated timescales as set out in its Strategic and Commissioning Plan.</td>
<td>Chief Finance Officer</td>
<td>5</td>
<td>4</td>
<td>20</td>
<td>Very High</td>
</tr>
<tr>
<td>2</td>
<td>Financial</td>
<td>IJB is unable to maintain spend within allocated resources which could lead to being unable to deliver on the Strategic &amp; Commissioning Plan.</td>
<td>Chief Finance Officer</td>
<td>5</td>
<td>4</td>
<td>20</td>
<td>Very High</td>
</tr>
<tr>
<td>3</td>
<td>Workforce</td>
<td>The volume of staff resource required to develop effective integrated arrangements while continuing to undertake existing roles / responsibilities / workload of key individuals may impact on organisational priorities and operational delivery.</td>
<td>Chief Officer</td>
<td>4</td>
<td>4</td>
<td>16</td>
<td>Very High</td>
</tr>
<tr>
<td>4</td>
<td>Workforce</td>
<td>Negative staff perception of integration due to historical experiences and lack of communication will lead to an adverse effect on engagement / buy-in to new partnership.</td>
<td>Chief Officer</td>
<td>4</td>
<td>4</td>
<td>16</td>
<td>Very High</td>
</tr>
<tr>
<td>Ref</td>
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<tr>
<td>4</td>
<td>Workforce</td>
<td>Differing employment terms could expose the partnership to equality claims and impact on staff morale.</td>
<td>Chief Officer</td>
<td>3</td>
<td>5</td>
<td>15</td>
<td>High</td>
</tr>
<tr>
<td>5</td>
<td>Governance</td>
<td>Relevant stakeholders have not been included and adequately consulted with during the development and subsequent implementation of the Strategic &amp; Commissioning Plan which may lead to adverse political and/or reputational impact.</td>
<td>Chief Officer</td>
<td>2</td>
<td>4</td>
<td>8</td>
<td>Medium</td>
</tr>
<tr>
<td>7</td>
<td>Governance</td>
<td>Revised governance mechanisms between the IJB and partners could lead to increased bureaucracy in order to satisfy the arrangements required to be put in place.</td>
<td>Chief Officer</td>
<td>3</td>
<td>4</td>
<td>12</td>
<td>High</td>
</tr>
<tr>
<td>Ref</td>
<td>Risk Type</td>
<td>Description of Risk</td>
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<tr>
<td>5</td>
<td>Governance</td>
<td>Clinical, Care &amp; Professional Governance arrangements being established fail to discharge the duties required.</td>
<td>Chief Officer</td>
<td>4</td>
<td>4</td>
<td>16</td>
<td>Very High</td>
</tr>
<tr>
<td>9</td>
<td>Governance</td>
<td>Uncertainty around future service delivery models may lead to resistance, delay or compromise resulting in any necessary developments or potential opportunities for improvement not being fulfilled.</td>
<td>Chief Officer</td>
<td>3</td>
<td>3</td>
<td>9</td>
<td>Medium</td>
</tr>
<tr>
<td>10</td>
<td>Legal</td>
<td>Amendment of legislation or publication of further guidance from Government which conflicts with planning assumptions, requiring decisions already made to be revisited which may lead to further slippage of previously agreed timescales.</td>
<td>Chief Officer</td>
<td>3</td>
<td>3</td>
<td>9</td>
<td>Medium</td>
</tr>
</tbody>
</table>