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

City Chambers
DUNDEE
DD1 3BY

25th January, 2022

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER REPRESENTATIVES OF THE PERFORMANCE AND AUDIT COMMITTEE OF DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
(See Distribution List attached)

Dear Sir or Madam

PERFORMANCE AND AUDIT COMMITTEE

I would like to invite you to attend a meeting of the above Committee which is to be held remotely on Wednesday, 2nd February, 2022 at 10.00am.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434228 or by email at committee.services@dundeecity.gov.uk by no later than 12 noon on Monday, 31st January, 2022.

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

Yours faithfully

VICKY IRONS

Chief Officer

A G E N D A

1 APOLOGIES FOR ABSENCE

2 DECLARATION OF INTEREST

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

3 MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE - Page 1

The minute of previous meeting of the Committee held on 24th November, 2021 is attached for approval.

(b) ACTION TRACKER - Page 9

The Action Tracker (PAC8-2022) for meetings of the Performance and Audit Committee is attached for noting and updating accordingly.

4 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2021/2022 - Page 15

(Report No PAC1-2022 by the Chief Finance Officer, copy attached).

5 NATIONAL INDICATOR 17 – INSPECTION GRADINGS ANALYSIS - Page 33

(Report No PAC2-2022 by the Chief Finance Officer, copy attached).

6 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT - Page 49

(Report No PAC3-2022 by the Chief Finance Officer, copy attached).

7 GOVERNANCE ACTION PLAN PROGRESS REPORT - Page 55

(Report No PAC4-2022 by the Chief Finance Officer, copy attached).

8 CLINICAL, CARE AND PROFESSIONAL GOVERNANCE - Page 69

(Report No PAC5-2022 by the Clinical Director, copy attached).

9 QUARTERLY COMPLAINTS PERFORMANCE 2ND QUARTER 2021/2022 - Page 83

(Report No PAC6-2022 by the Chief Finance Officer, copy attached).

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

(Report No PAC7-2022 by the Chief Finance Officer, copy attached).

11 ATTENDANCE LIST - Page 93

(A copy of the Attendance Return (PAC9-2022) for meetings of the Performance and Audit Committee held over 2021 is attached for information and record purposes).

12 DATE OF NEXT MEETING

The next meeting of the Committee will be held on Wednesday, 23rd March, 2022 at 10.00 am.

PERFORMANCE AND AUDIT COMMITTEE
PUBLIC DISTRIBUTION LIST

(a) DISTRIBUTION – PERFORMANCE AND AUDIT COMMITTEE

(* - DENOTES VOTING MEMBER)

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

(b) DISTRIBUTION – FOR INFORMATION ONLY

Organisation	**Recipient**
Dundee City Council (Chief Executive)	Greg Colgan
Elected Member – Proxy	Depute Lord Provost Bill Campbell
Elected Member – Proxy	Councillor Steven Rome
Elected Member – Proxy	Councillor Margaret Richardson
Dundee City Council (Executive Director of Corporate Services)	Robert Emmott
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
NHS Tayside (Chief Executive)	Grant Archibald
NHS Non Executive Member – Proxy	Norman Pratt
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	VACANT
Dundee City Council (Members' Support)	Sharron Wright
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership	Kathryn Sharp
NHS Tayside (Communications rep)	Jane Duncan
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
NHS (PA to Tony Gaskin)	Carolyn Martin
Audit Scotland (Audit Manager)	Anne Marie Machan
Dundee City Council (Secretary to Dave Berry)	Jordan Grant

ITEM No …3(a)……..

Dundee Health & Social Care Partnership

At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 24th November, 2021.

Present:-

Members	Role
Trudy MCLEAY(Chairperson)	Nominated by Health Board ((Non Executive Member)
Lynne SHORT	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Donald MCPHERSON	Nominated by Health Board (Non Executive Member)
Vicky IRONS	Chief Officer
Dave BERRY	Chief Finance Officer
Tony GASKIN	Chief Internal Auditor
Diane MCCULLOCH	Chief Social Work Officer
Raymond MARSHALL	Staff Partnership Representative
Martyn SLOAN	Person providing unpaid care in the area of the local authority

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

Christine JONES	Partnership Finance Manager
Jenny HILL	Head of Health and Community Care
Arlene MITCHELL	Locality Manager
Michelle RAMAGE	NHS Tayside
Anne Marie MACHAN	Audit Scotland Representative
Kathryn SHARP	Strategy and Performance Service Manager
Lynsey WEBSTER	Strategy and Performance Service Senior Officer
Sheila WEIR	Finance and Support Services Section Leader
Fiona MITCHELL-KNIGHT	Audit Scotland

Trudy MCLEAY, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

There were no apologies for absence submitted.

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE

The minute of meeting of the Committee held on 29th September, 2021 was submitted and approved.

(b) ACTION TRACKER

There was submitted the Action Tracker (PAC33-2021) for meetings of the Performance and Audit Committee.

The Committe noted and updated accordingly.

Following questions and answers the Committee further agreed:-

(i) to note that following enquiry from Bailie Wright that Jenny Hill would provide an update on re-admissions to the next meeting of the Committee; and

(ii) to note as advised by Kathryn Sharp that analytical work on readmissions in the North East area was recommencing and that works in relation to Falls would also be undertaken.

IV PERFORMANCE AND AUDIT COMMITTEE – MEMBERSHIP AND CHAIRPERSON

Reference was made to Article V of the minute of meeting of the Integration Joint Board held on 25th October, 2021, wherein reappointments to the Performance and Audit Committee were agreed and appointment was made to the position of Chairperson of the Committee.

The Committee agreed to note that Trudy McLeay, Donald McPherson, Dr James Cotton, Raymond Marshall and Martyn Sloan had been reappointed as members of the Performance and Audit Committee and that Trudy McLeay had also been appointed to the position of Chairperson of the Committee.

V AUDIT SCOTLAND ANNUAL REPORT AND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2020/2021

There was submitted Report No PAC30-2021 by the Chief Finance Officer presenting the Integration Joint Board's (IJB) Draft Audited Annual Statement of Accounts for the year to 31st March, 2021 for approval, to note the draft external auditor's report in relation to these accounts and approve the response to this report.

The Committee agreed:-

(i) to note the contents of the Audit Scotland cover letter attached as Appendix 1 of the report and the draft external auditor's report attached as Appendix 2 of the report including the completed action plan outlined on pages 23 to 27 of the report, and in particular that Audit Scotland had indicated they would issue an unqualified audit opinion on the Integration Joint Board's 2020/2021 Annual Accounts;

(ii) to endorse the report as the Integration Joint Board's formal response to the external auditor's report;

(iii) to instruct the Chief Finance Officer to provide an update on progress of the action plan noted in Appendix 1 of the external auditor's report by February 2022;

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

(v) to instruct the Chief Finance Officer to arrange for the Annual Accounts to be published on the Dundee Health and Social Care Partnership website by no later than 30th November, 2021.

Following questions and answers the Committee further agreed:-

(vi) to note as requested by Trudy McLeay that Dave Berry would look to provide information on Accounts in Inductions for Members;

(vii) to note as advised by Donald McPherson the availability of induction information on a national level and a local level and that Dave Berry may wish to look at the content of the Induction Manual provided by the Perth Partnership for future inductions;

(viii) to note following enquiry from Donald Macpherson that information on Transformation would be covered in forthcoming Budget Development Sessions;

(ix) to note following enquiry from Donald McPherson that Tony Gaskin had made a presentation to the Angus Partnership on the topic of Risk Appetite and that he would share this with the Committee;

(x) to note as advised by Tony Gaskin that the South Lanarkshire area had also done some work in relation to their Strategic Commissioning Plan and the identification of Risks and he would look to get permission from them to share that document with the Committee; and

(xi) to note the advice of Dave Berry that a further Development Session on Risk Management would be arranged for members in the new year;

VI INTERNAL AUDIT REPORT - PERFORMANCE MANAGEMENT

There was submitted Report No PAC31-2021 by the Chief Finance Officer presenting findings of the Internal Audit Review of Performance Management to the Committee.

The Committee agreed:-

(i) to note the content and findings of the Internal Audit Review of Performance Management attached as Appendix 1 to the report;

(ii) to note and agree the action plan associated with the report as the management response to the findings, as detailed on pages 7 to 9 of Appendix 1 of the report; and

(iii) to instruct the Chief Finance Officer to report progress in delivering the actions set out in the action plan through the Governance Action Plan presented to each Performance and Audit Committee Meeting.

Following questions and answers the Committee further agreed:-

(iv) to note following enquiry from Trudy McLeay the advice of Vicky Irons that work was ongoing in relation to recruitment and career development for staff and that this would feature in future reports incuding work in relation to the establishment of a hybrid SVQ which would enable staff to transfer more easily across care areas such as adult and child care more easily;

(v) to note following enquiry from Trudy McLeay that Dave Berry would keep the Committee appraised of progress in relation to the Finance Group;

(vi) to note following enquiry from Councillor Short the advice of Tony Gaskin that he welcomed feedback from the Committee on the possible direction of future audits and that he would arrange for the current annual audit plan to be reissued to Councillor Short for her reference and that he would also liaise with Dave Berry on engagement process with the Committee in relation to the next plan including the possibility of development sessions; and

(vii) to note following enquiry from Donald McPherson the advice of Dave Berry that Directions could only be issued to partner bodies against the resources the Parterhsip had in its delegated budget and that the Partnership were currently examining additional funding streams which would require support functions.

VII DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2021/2022 – QUARTER 1

There was submitted Report No PAC26-2021 by the Chief Finance Officer updating the Performance and Audit Committee on 2021/2022 Quarter 1 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' interim targets.

The report also proposed a revised approach and format for quarterly performance reports based on feedback received from Integration Joint Board Members and internal audit colleagues.

The Committee agreed:-

(i) to note the changes that had been made to the format and content of the quarterly performance report based on learning to date and feedback received (section 4.3 and 4.4 of the report);

(ii) to approve the proposed future approach to quarterly performance reports, analytical reports and improvement reports (section 5 of the report);

(iii) to note the performance of Dundee Health and Social Care Partnership, at Local Community Planning Partnership (LCPP), Dundee, Tayside and Scotland levels (where available), against the National Health and Wellbeing Indicators and Measuring Performance Under Integration indicators (summarised in section 6 and Appendix 1 of the report);

(iv) to instruct the Chief Finance Officer to submit a further in-depth analysis of readmissions data, which should include analysis of the data for the specialty with the highest readmission rate (excluding where reasons for poor performance were due to coding) no later than 31st March, 2022 (sections 5.4 and 6 of the report);

(v) to instruct the Chief Finance Officer to submit a further analysis of the reasons for the deterioration of performance against National Indicator 17 (care inspectorate gradings) no later than 31st March, 2022 (sections 5.4 and 6 of the report); and

(vi) to instruct the Chief Finance Officer to submit an update report on improvement activity that had been undertaken to address the increased rate in hospital admissions due to a fall no later than 31st March, 2022 (sections 5.5 and 6 of the report).

Following questions and answers the Committee further agreed:-

(vii) to note following enquiry from Trudy McLeay in relation to figures on readmission rates showing as being 40% poorer since 2016 the advice of Kathryn Sharp that this didn't reflect a training need in relation to recording of information but that this reflected current national guidance being followed by NHS Tayside and that the Scottish Government had been approached on this basis with a view to possible review on impact of this on how this appeared against content of reports;

(viii) to note the advice of Jenny Hill that there were areas of higher levels of readmission and that this wasn't about being discharged from hospital early but more likely reflecting a large population with respiratory problems and that these areas were being examined;

(ix) to note the observation of Donald McPherson that in future reports charts represented could benefit from indicators on upper and lower ranges driven by national targets to get a sense of the position of the Partnership in this regard;

(x) to following enquiry from Donald McPherson in relation to data on falls and further work in this regard for the over 65s as to whether this was due to environment such as lighting, gritting and pavement conditions the advice of Lynsey Webster that currently

the Partnership received data to say there had been a fall in a street but not the nature or possible cause;

(xi) to note the advice of Jenny Hill that Dr Matthew Kendall had been undertaking a lot of work in relation to Falls and that this may be of benefit for presentation to future meeting of the Committee; and

(xii) to note that Diane McCulloch would look at points raised in relation to falls, increased frailty of older people due to Covid and other areas such as deaths arising from use of drugs in terms of risks for representation in future reports.

VIII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC27-2021 by the Chief Finance Officer providing the Performance and Audit Committee with a progress update in relation to the current Internal Audit Plan as well as work ongoing relating to the 202/2022 plan.

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

Following questions and answers the Committee further agreed:-

(i) to note following enquiry from Donald McPherson on a previous action that the status of ongoing audits be inserted in reports the advice of Tony Gaskin that he would arrange for this to be done for the next meeting.

IX GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC28-2021 by the Chief Finance Officer providing the Performance and Audit Committee with an update on the progress of the actions set out in the Governance Action Plan.

The Committee agreed to note the progress made in relation to the actions set out in the Governance Action Plan as outlined in Appendix 1 of the report.

X PSYCHOLOGICAL THERAPIES WAITING TIMES

There was submitted Report No PAC29-2021 by the Chief Finance Officer updating the Performance and Audit Committee on those specialities within the hosted Psychological Therapies Service that continued not to achieve Health Improvement, Efficiency, Access & Treatment (HEAT) targets, highlighting contributory factors and the actions being taken to address the same. This was based on the previous report Psychological Therapies Waiting Times PAC33-2018 and was inclusive of all Psychological Therapies Services that contributed to the adult 18 week referral to treatment target and excluded those that did not. For that reason, Psychotherapy Services had been added to the report.

The Committee agreed:-

(i) to note the current position and reasons for certain specialities currently failing to meet HEAT targets as outlined in sections 4.3, 4.4, 4.5 and 4.7 of the report;

(ii) to note the actions undertaken within the Psychological Therapies Service (PTS) to address the current waiting time challenges as outlined in sections 4.6 and Appendices 1 and 2 of the report; and

(iii) to note the intention to develop a Strategic Plan including the introduction of a pan-Tayside Strategic Commissioning Group as noted in section 4.7 of the report.

Following questions and answers the Committee further agreed:-

(iv) to note the advice of Dr Michelle Ramage that in light of national trauma training programme as to what services were to be provided that this would be examined in terms of the Strategic Commissioning Plan;

(v) to note following enquiry from Bailie Wright the advice of Arlene Mitchell that the Partnership were looking to develop a micro site to encourage recruitment within the mental health service;

(vi) to note following enquiry from Bailie Wright in relation to increase of workload in particular for older people due to Covid the advice of Arlene Mitchell that this reflected a decrease in referrals initially and then an increase as people may have paused therapy to await face to face consultations rather than technological based consultations.

XI CLINICAL, CARE AND PROFESSIONAL GOVERNANCE

There was submitted Report No PAC32-2021 by the Clinical Director providing an update to the Performance and Audit Committee on the business of the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group. The report was presented as an SBAR (Situation, Background, Assessment and Recommendations).

The Committee agreed:-

(i) to note the exception report for the Dundee Health and Social Care Partnership Clinical Care and Professional Governance;

(ii) to the proposal to amend the reporting format to reflect that adopted by NHS Tayside Care Governance Committee as detailed in 4.1 of the report; and

(iii) to note that the authors were recommending that the report provided moderate assurance.

Following questions and answers the Committee further agreed:-

(iv) to note following observations of Trudy McLeay in relation to the fabric of the building at Constitution Street the advice of Diane McCulloch that this was currently under examination by NHS Tayside in relation to upgrading works and possibilities of the service being co-located within another building shared with the Third Sector.

XII ATTENDANCE LIST

There was submitted Agenda Note PAC34-2021 providing a copy of the attendance return for meetings of the Performance and Audit Committee held to date over 2021.

The Committee agreed to note the position as outlined.

XIII PROGRAMME OF MEETINGS - PERFORMANCE AND AUDIT COMMITTEE – 2022

The Committee agreed to note that the programme of meetings for the Committee over 2022 would be as follows:-

Wednesday, 2nd February, 2022 - 10.00 am
Wednesday, 23rd March, 2022 - 10.00 am
Wednesday, 20th July, 2022 - 10.00 am
Wednesday, 28th September, 2022 - 10.00 am
Wednesday, 23rd November, 2022 - 10.00 am

XIV DATE OF NEXT MEETING

The Committee agreed to note that the next meeting of the Committee would be held on Wednesday, 2nd February, 2022 at 10.00 am.

Trudy MCLEAY, Chairperson.

ITEM No …3(b)……..

PERFORMANCE AND AUDIT COMMITTEE – ACTION TRACKER – Meeting on 2nd February 2022

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
1.	"	III(ii)	MINUTE OF PREVIOUS MEETING – 3RD FEBRUARY 2021	The Partnership to progress public information being placed on the website including information on Voluntary Action Exercise Group.	Chief Finance Officer	Sep 2021	In progress
2.	"	V(vii)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2020/2021 QUARTER 3 SUMMARY	Kathryn Sharp to undertake further analysis of the position in relation to the figures for the North East area to establish what learning could be achieved for the benefit of the other areas in Dundee.	Strategy and Performance Manager	June 2022	In progress
3.	"	VI (iv)	DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX AND STANDARD DELAYS	Jenny Hill to prepare a one page outline document showing an organisational graph of the Partnership for circulation to the full Committee.	Head of Health and Community Care	Sep 2021	In progress
4.	"	VII (iv)	LOCAL GOVERNMENT BENCHMARKING FRAMEWORK – 2019/2020 PERFORMANCE	Chief Officer to work with partners, including Dundee City Council and Audit Scotland, to consider the value of the Health and Social Care Partnership's continued participation in the LGBF arrangements for adult social care.	Chief Officer	March 2022	In progress
5.	"	VII(v)	LOCAL GOVERNMENT BENCHMARKING FRAMEWORK – 2019/2020 PERFORMANCE	Partnership to work with Dundee Voluntary Service on participation of volunteers and Adult Health Partnership Staff in care settings to assist with stimulating in Care Homes and that this feature in the Remobilisation Plan.	Head of Health and Community Care	Sep 2021	Complete
6.	"	VIII(vi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT	Dave Berry to take forward the provision of information on Equality Impact Assessment in New Member Induction Training and the possibility of training not being confined to new members but offered as a refresher for the full membership with Tony Gaskin	Chief Finance Officer/Chief Internal Auditor	June 2022	In progress – timescale to reflect planned induction for new members post local government elections

7.	26/05/21 (cont'd)	VIII(vii)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT	Tony Gaskin arrange for information to be shared with the Committee on Good Assurance Principles.	Chief Internal Auditor	Sep 2021	Complete
8.	26/05/21	XII(iii)	GOVERNANCE ACTION PLAN PROGRESS REPORT	Anne Marie Machan to examine the position in relation to filling of GP position on Integration Joint Boards with a view to making a national recommendation if necessary.	Audit Scotland Representative	Sep 2021	Complete
9.	29/09/21	IV(vi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2020/2021 - QUARTER 4 SUMMARY	to note following enquiry from Bailie Wright in relation to readmissions to hospital and whether or not it was the same people who were presenting on each occasion and whether or not care packages were in place for them when discharged from hospital the explanation from Jenny Hill as to what was meant by clinically fit and medically fit and she would look further at readmissions to see what could be identified in these cases.	Head of Health and Community Care (JH)	November 2021	In progress- now combined with action point 29 below: Deferred to June 2022 due to Covid response
10.	29/09/21	IV(ix)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2020/2021 - QUARTER 4 SUMMARY	to note following enquiry from Trudy McLeay that Diane McCulloch would examine what may be required in terms of Assurance in reports to the Committee.	Head of Health and Community Care (DM)	November 2021	Complete
11.	29/09/21	VI(v)	CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS /OLDER PEOPLE AND OTHER ADULT SERVICES 2020/2021	to note following enquiry from Tony Gaskin in relation to level of assurance that could be ascertained from internal measures against external measures that Diane McCulloch would look at how this may be included in future reports.	Head of Health and Community Care (DM)	November 2021	Complete
12.	29/09/21	VII(i)	GOVERNANCE ACTION PLAN PROGRESS REPORT	to note following enquiry from Donald McPherson that Dave Berry would look to	Chief Finance Officer	November 2021	In progress

				provide further information in the report explaining some of the descriptions on status and that the figure in relation to progress on workforce issues would be further examined.			
13.	29/09/21	VIII(i)	DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT	to note that Tony Gaskin would submit a summary of all reports to the next meeting of the Health Board.	Chief Internal Auditor	November 2021	In progress – Discussions ongoing with NHST re public sharing of information
14.	29/09/21	VIII(iii)	DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT	to note following enquiry from Bailie Wright the explanation from Tony Gaskin in relation to what was meant by Viability as indicated in the report and that a report on Key Risk Viability would be submitted to the February meeting.	Chief Internal Auditor	February 2022	In progress – Deadline to move to coincide with planned completion of Internal Audit Report on provider sustainability
15.	29/09/21	VIII(iv)	DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT	to note following suggestion by Donald McPherson that Tony Gaskin would look at possibility of including an additional column in future reports on how each of the Audits was progressing.	Chief Internal Auditor	November 2021	Complete
16.	24/11/21	V(iii)	AUDIT SCOTLAND ANNUAL REPORTAND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2020/2021	to instruct the Chief Finance Officer to provide an update on progress of the action plan noted in Appendix 1 of the external auditor's report by February 2022.	Chief Finance Officer	4th February 2022	In Progress
17.	24/11/21	V(iv)	AUDIT SCOTLAND ANNUAL REPORTAND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2020/2021	to approve the Audited Annual Accounts attached as Appendix 3 of the report for signature and instruct the Chief Finance Officer to return these to the external auditor.	Chief Finance Officer	4th February 2022	Complete
18.	24/11/21	V(v)	AUDIT SCOTLAND ANNUAL REPORTAND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2020/2021	to instruct the Chief Finance Officer to arrange for the Annual Accounts to be published on the Dundee Health and Social Care Partnership website by no later than 30th November, 2021.	Chief Finance Officer	30th November 2021	Complete
19.	24/11/21	V(vi)	AUDIT SCOTLAND ANNUAL REPORTAND INTEGRATION JOINT BOARD ANNUAL	to note as requested by Trudy McLeay that Dave Berry would look to provide information on Accounts in Inductions for Members.	Chief Finance Officer	4th February 2022	In Progress

			ACCOUNTS 2020/2021				
20.	24/11/21	V(vii)	AUDIT SCOTLAND ANNUAL REPORTAND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2020/2021	to note as advised by Donald McPherson the availability of induction information on a national level and a local level and that Dave Berry may wish to look at the content of the Induction Manual provided by the Perth Partnership for future inductions.	Chief Finance Officer	4th February 2022	In Progress
21.	24/11/21	V(viii)	AUDIT SCOTLAND ANNUAL REPORTAND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2020/2021	to note following enquiry from Donald Macpherson that information on Transformation would be covered in forthcoming Budget Development Sessions.	Chief Finance Officer	January 2022	In Progress
22	24/11/21	V(ix)	AUDIT SCOTLAND ANNUAL REPORTAND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2020/2021	to note following enquiry from Donald McPherson that Tony Gaskin had made a presentation to the Angus Partnership on the topic of Risk Appetite and that he would share this with the Committee.	Chief Internal Auditor	January 2022	In Progress – Development session on risk appetite planned for March 2022
23	24/11/21	V(x)	AUDIT SCOTLAND ANNUAL REPORTAND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2020/2021	to note as advised by Tony Gaskin that the South Lanarkshire area had also done some work in relation to their Strategic Commissioning Plan and the identification of Risks and he would look to get permission from them to share that document with the Committee.	Chief Internal Auditor	Once approved by South Lanarkshire	In Progress
24	24/11/21	V(xi)	AUDIT SCOTLAND ANNUAL REPORTAND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2020/2021	to note the advice of Dave Berry that a further Development Session on Risk Management would be arranged for members in the new year.	Chief Finance Officer	January 2022	In Progress
25	24/11/21	VI(iii)	INTERNAL AUDIT REPORT – PERFORMANCE MANAGEMENT	to instruct the Chief Finance Officer to report progress in delivering the actions set out in the action plan through the Governance Action Plan presented to each Performance and Audit Committee Meeting.	Chief Finance Officer	4th February 2022	Complete

26	24/11/21	VI(vi)	INTERNAL AUDIT REPORT – PERFORMANCE MANAGEMENT	to note following enquiry from Lynne Short the advice of Tony Gaskin that he welocmed feedback from the Committee on the possible direction of future audits and that he would arrange for the current annual audit plan to be reissued to Councillor Short for her reference and that he would also liaise with Dave Berry on engagement process with the Committee in relation to the next plan including the possibility of development sessions.	Chief Internal Auditor	4th February 2022	In progress- Audit Plan to be presented to the PAC by the end of June 2022
27	24/11/21	VII(iv)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – QUARTER 1	to instruct the Chief Finance Officer to submit a further in-depth analysis of readmissions data, which should include analysis of the data for the specialty with the highest readmission rate (excluding where reasons for poor performance were due to coding) no later than 31st March, 2022 (sections 5.4 and 6 of the report).	Chief Finance Officer	31st March 2022	Deferred to June 2022 due to Covid response
28	24/11/21	VII(v)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – QUARTER	to instruct the Chief Finance Officer to submit a further analysis of the reasons for the deterioration of performance against National Indicator 17 (care inspectorate gradings) no later than 31st March, 2022 (sections 5.4 and 6 of the report).	Chief Finance Officer	31st March 2022	Complete
29	24/11/21	VII(vi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – QUARTER	to instruct the Chief Finance Officer to submit an update report on improvement activity that had been undertaken to address the increased rate in hospital admissions due to a fall no later than 31st March, 2022 (sections 5.5 and 6 of the report).	Chief Finance Officer	31st March 2022	Deferred to June 2022 due to Covid response

ITEM No …4……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 2 FEBRUARY 2022**

REPORT ON: **DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2021-22 QUARTER 2**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC1-2022**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2021-22 Quarter 2 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. This report also sets out a revised approach and format for quarterly performance reports based on feedback received from Integration Joint Board Members and internal audit colleagues.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this summary report.

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

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

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 REVISION OF QUARTERLY PERFORMANCE REPORT

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

5.0 QUARTER 2 PERFORMANCE 2021-22 – KEY ANALYTICAL MESSAGES

5.1 Key analytical messages for the Quarter 2 2021/22 period are:

- Premature mortality rate is high for Dundee and performance is second poorest of the 8 comparable Partnerships (as aligned by the Improvement Service) and poorest out of the 3 Tayside partnerships.

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

- Performance poorer than the 2015/16 baseline in all or most of the LCPPs for rate of emergency admissions 18+, emergency admission numbers from A+E 18+, emergency admissions as a rate of all A+E attendances 18+.

- Despite having a deteriorating rate of emergency admissions 18+, performance is 2nd best out of the 8 family group partnerships, although performance is poorest out of the 3 Tayside Partnerships.

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

- The rate of emergency bed days 18+ has reduced since 2015/16, which is an improvement although the rate has been increasing (deteriorating) over the 2021 calendar year. Performance is best in the family group and 2nd out of the 3 Tayside Partnerships.

- 91.4% of the last 6 months of life was spent at home or in a community setting and this is higher than the 2015/16 baseline (improvement) and although performance across Scotland is similar it is best out of the 8 family group partnership and is 2nd out of the 3 Tayside partnerships.

- Rate of hospital admissions due to a fall for aged 65+ is 31.3% higher than the 2015/16 baseline and is higher in every LCPP. The rate decreased (improved) between quarter 1 and 2, however is the poorest of the 8 family group partnerships and poorest out of the 3 Tayside partnerships. An improvement report is currently being prepared.

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

- Rate of bed days lost to a standard delayed discharge for age 75+ is 30.6% less than the 2015/16 baseline. There were improvements across every LCPP except The Ferry.

- Rate of bed days lost to complex (code 9) delayed discharge for age 75+ is 36% less than the 2015/16 baseline, with increases across 3 LCPPs (Lochee, West End and The Ferry). Performance has however deteriorated over the last 4 quarters.

- % of health and social care resource spent on hospital stays where the patient was admitted as an emergency was 5.8% less in 2020/21 than 2015/16.

5.2 The data included in this report for rate of readmissions within 28 days is for Q1. The Business Support Unit at NHS Tayside identified a data quality issue which they are currently working to resolve. Q2 data will be analysed and presented when it becomes available.

5.3 As agreed at the Performance and Audit Committee in November 2021, the Strategy and Performance Team are continuing to work with colleagues to progress an in-depth analytical report relating to readmissions and operational colleagues are continuing to progress a report on improvement plans to address poor performance in relation to falls.

6.0 POLICY IMPLICATIONS

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

7.0 RISK ASSESSMENT

Risk 1 Description	Poor performance against national indicators could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	- Continue to develop a reporting framework which identifies performance against national and local indicators. - Continue to report data quarterly to the PAC to highlight areas of exceptional performance (poor and excellent). - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data. - Work with operational managers, through a recommencement of the Performance and Finance Group, to identify areas of poor performance that result in operational risk and undertake additional analysis as required.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

8.0 CONSULTATIONS

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

9 BACKGROUND PAPERS

9.1 None.

DATE: 10 January 2022

Dave Berry
Chief Finance Officer

Lynsey Webster
Senior Officer, Strategy and Performance

APPENDIX 1 – Performance Summary

Table 1: Performance in Dundee's LCPPs - % change in Q2 2021-22 against baseline year 2015/16

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+ (Covid and Non Covid)	+1.2%	+6.0%	+7.0%	-6.3%	+0.5%	+2.9%	+9.0%	-0.3%	-7.0%
Emer Admissions rate per 100,000 18+ (Non Covid Only)	-20.0%	-3.5%	-4.4%	-16.4%	-9.5%	-8.7%	-2.3%	-7.5%	-15.1%
Emer Bed Days rate per 100,000 18+ (Covid and Non Covid)	-13.1%	-8.0%	-15.6%	-17.9%	-6.5%	-8.6%	-13.1%	-23.1%	-9.3%
Emer Bed Days rate per 100,000 18+ (Non Covid Only)	-20.5%	-14.8%	-23.0%	-25.8%	-14.1%	-16.9%	-20.3%	-28.9%	-17.0%
Readmissions rate per 1,000 Admissions All (Q1)*	27%	34%	17%	18%	-11%	6%	38%	31%	64%
Hospital admissions due to falls rate per 1,000 65+	+25.4%	+30.0%	+22.5%	+18.0%	-32.4%	+12.4%	+59.5%	+28.5%	+48.3%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-30.6%	-32.2%	-45.8%	-55.6%	-29.5%	-49.0%	-33.2%	-31.8%	+38.3%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-36.4%	+173.2%	-58.7%	-46.9%	-86.0%	-90.0%	-39.4%	+40.8%	+71.0%

* The quarterly and locality data included in this report for rate of readmissions within 28 days is for Q1. The Business Support Unit at NHS Tayside identified a data quality issue which they are currently working to resolve. Q2 data will be analysed and presented when it becomes available.

Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q1 2021-22 compared to Dundee

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strath martine	Mary field	West End	The Ferry
Emer Admissions rate per 100,000 18+ (Covid and Non Covid)	12,080	14,584	16,928	12,856	11,686	13,470	10,809	7,974	10,246
Emer Admissions rate per 100,000 18+ (Non Covid Only)	9,554	13,280	15,132	11,470	10,524	11,957	9,689	7,400	9,357
Emer Bed days rate per 100,000 18+ (Covid and Non Covid)	115,519	149,085	153,875	133,846	105,316	113,261	92,675	75,499	114,603
Emer Bed days rate per 100,000 18+ (Non Covid Only)	94,550	138,173	140,285	120,977	96,778	102,948	84,966	69,768	104,882
Readmissions rate per 1,000 Admissions All (Q1)*	31.7	35.7	32.2	35.3	18.4	26.6	32.0	36.2	33.2
Hospital admissions due to falls rate per 1,000 65+	31.3	34.6	33.6	35.3	13.9	28.3	37.0	35.4	30.0
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	365	412	353	246	333	250	398	465	433
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	184	449	216	235	106	41	98	305	71

Source: NHS Tayside data

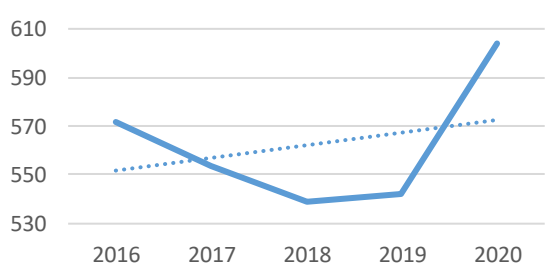
* The quarterly and locality data included in this report for rate of readmissions within 28 days is for Q1. The Business Support Unit at NHS Tayside identified a data quality issue which they are currently working to resolve. Q2 data will be analysed and presented when it becomes available.

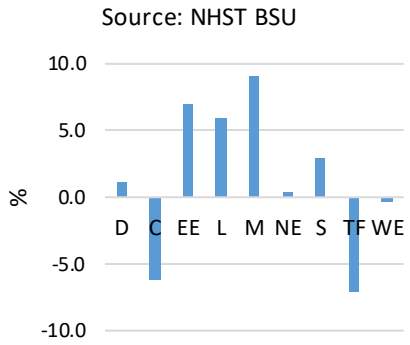
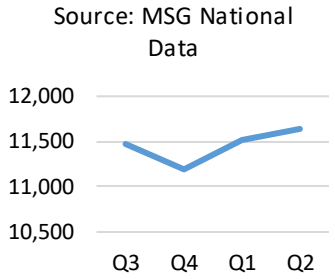
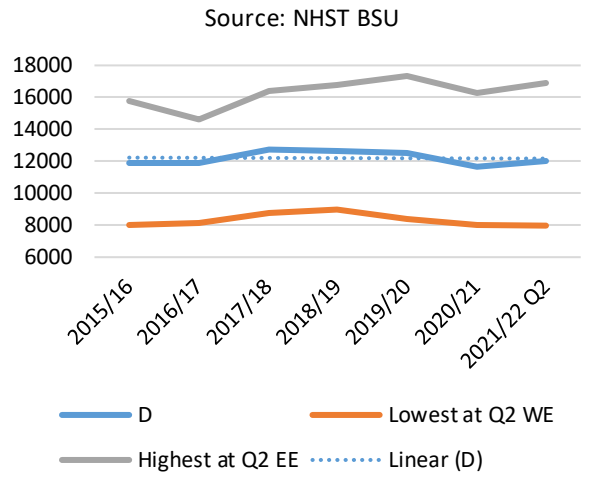
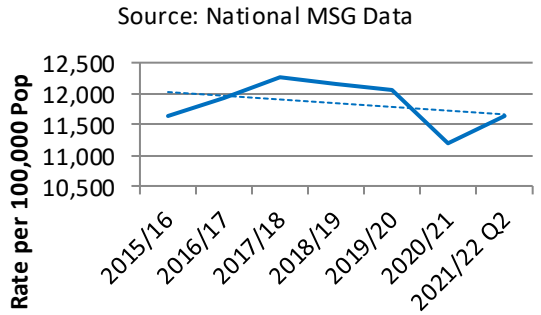
Key: Improved/Better | Stayed the same | Declined/Worse

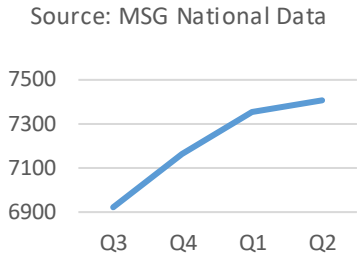
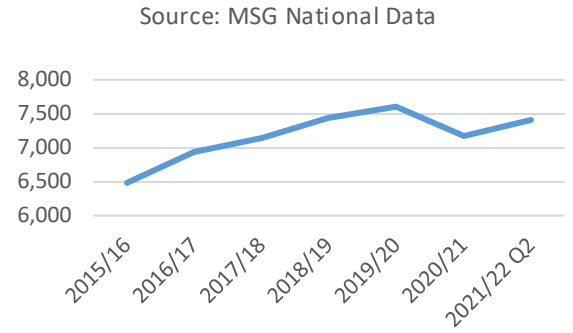
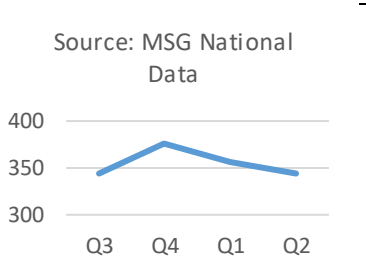
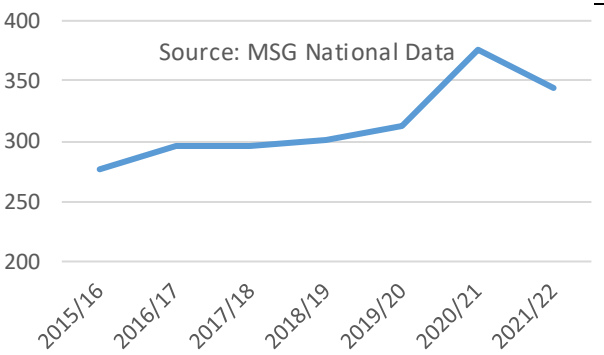
Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q2 2021-22 compared to Dundee

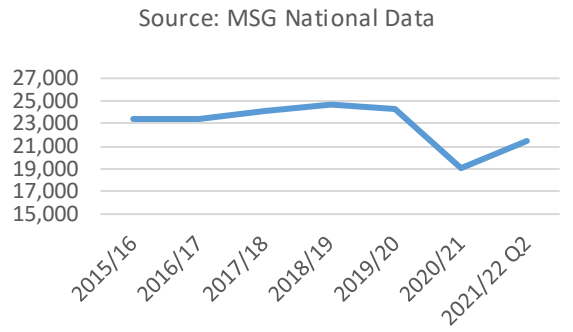
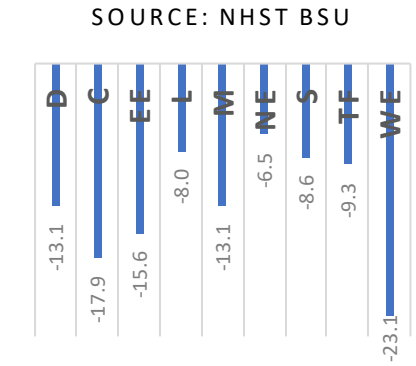
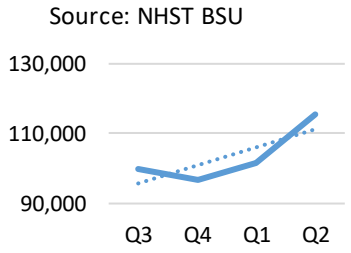
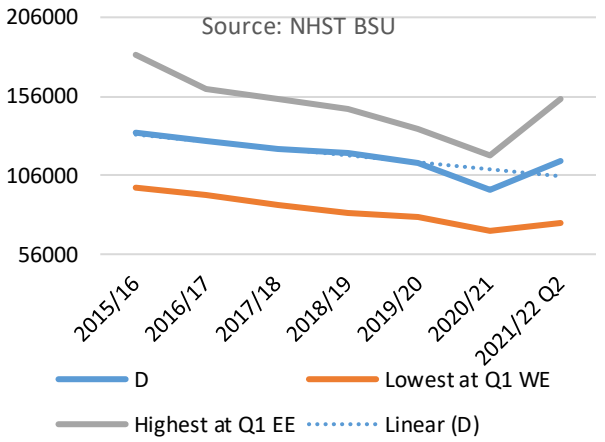
Dundee = D	East End = EE	Coldside = C	West End = WE
Strathmartine = S	North East = NE	Lochee = L	The Ferry = TF

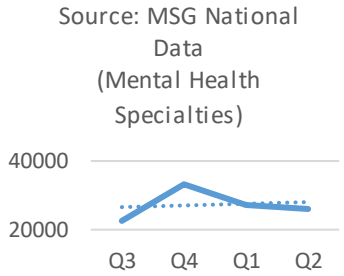
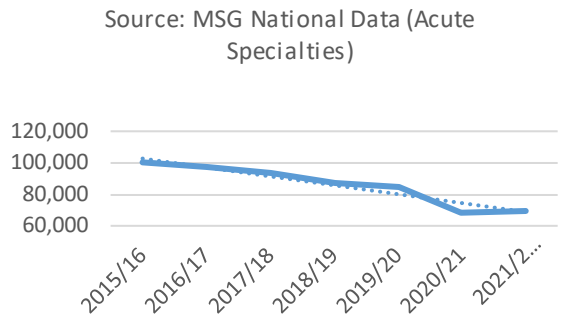
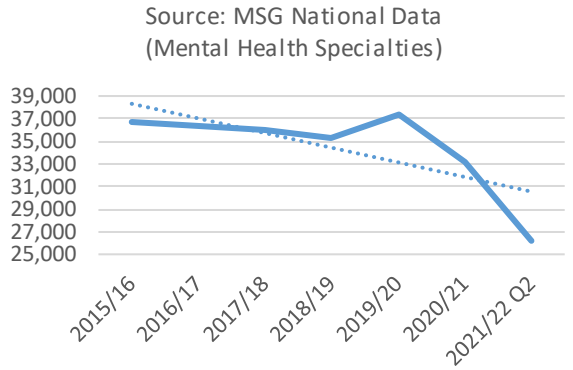
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
1.% of adults able to look after their health very well or quite well				25th	2nd (92%)	3rd
2.% of adults supported at home who agreed that they are supported to live as independently as possible				24th	7th (79%)	3rd
3.% of adults supported at home who agreed that they had a say in how their help, care, or support was provided				26th	6th (73%)	3rd
4. % of adults supported at home who agree that their health and social care services seem to be well co-ordinated				22th	7th (72%)	3rd
5.% of adults receiving any care or support who rate it as excellent or good				29th	8th (75%)	3rd
6.% of people with positive experience of care at their GP practice				16th	4th (79%)	2nd

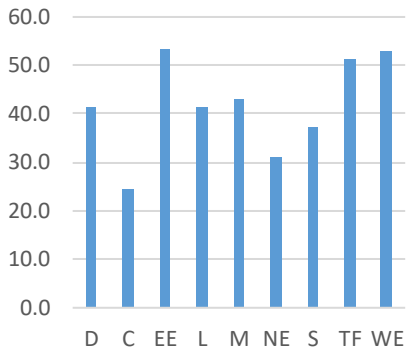
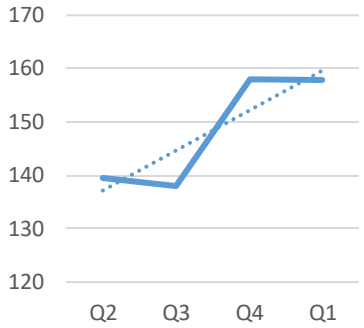
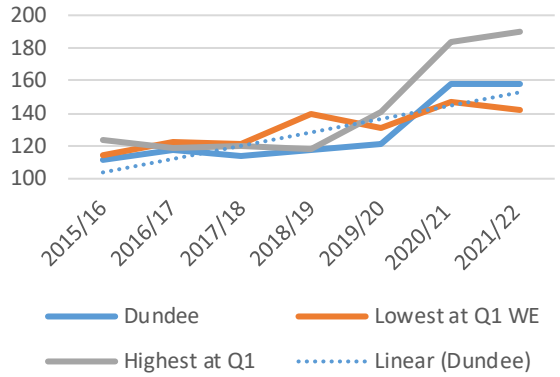
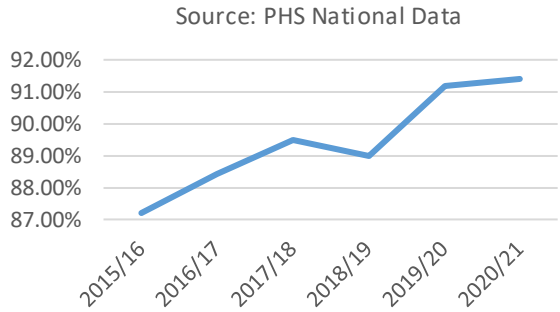
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
7.% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life				27th	7th (77%)	3rd
8.% of carers who feel supported to continue in their caring role				17th	6th (35%)	3rd
9.% of adults supported at home who agreed they felt safe				19th	6th (82%)	3rd
10. % staff who say they would recommend their workplace as a good place to work	Not Available Nationally	Not Available Nationally	Not Available Nationally			
11. Premature mortality rate per 100,000 persons	6% less in 20/21 than 15/16 (improved)	Not Available		29th	7th	3rd

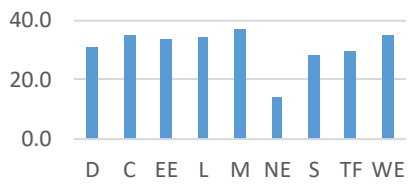
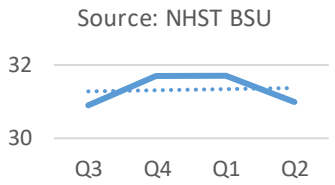
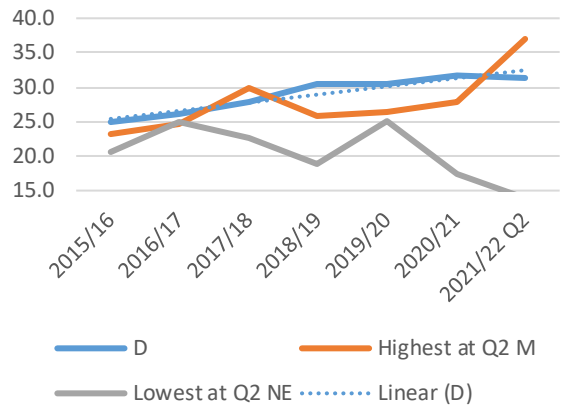
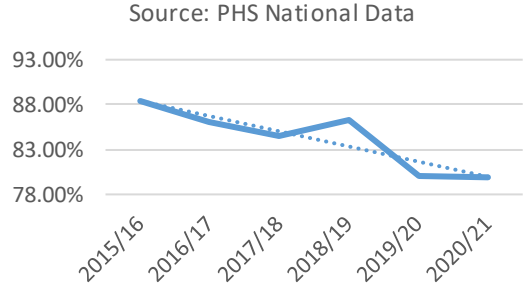
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
12. Emer Admissions rate per 100,000 18+	0.4% more in 2021/22 than 2015/16 (deterioration) (source: MSG) 		 	18th	2nd	3rd

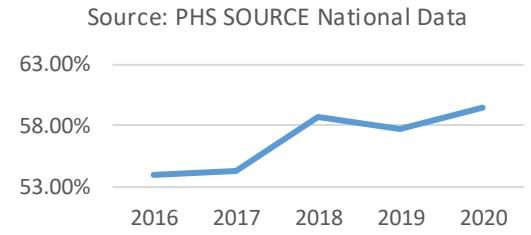
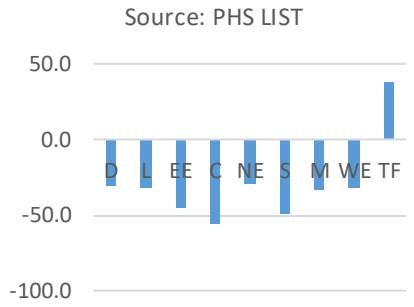
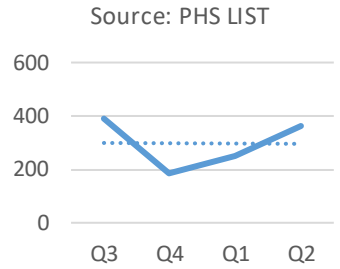
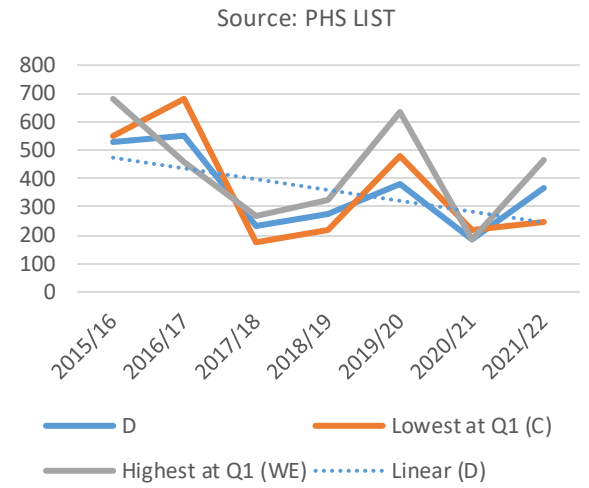
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Emergency Admissions Numbers from A&E (MSG)	924 more attendances in 2021/22 Q2 than 2015/16			NA as number and not rate	NA as number and not rate	NA as number and not rate
Emergency Admissions as a Rate per 1,000 of all Accident &Emergency Attendances (MSG)	67 higher in 2021/22 Q2 than 2015/16			Not Avail	Not Avail	Not Avail

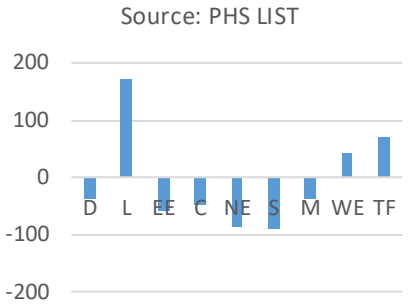
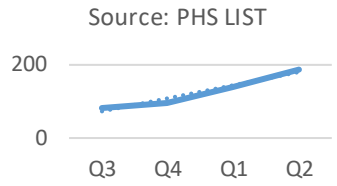
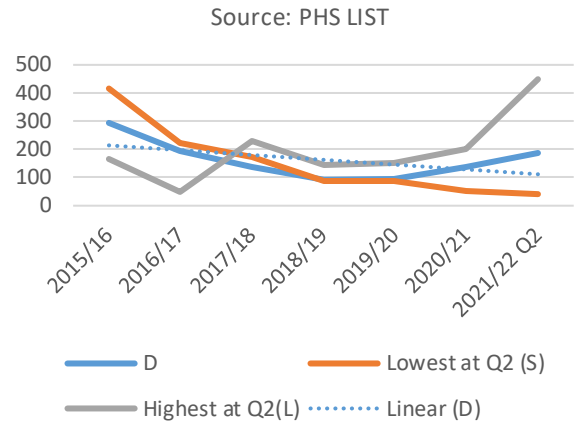
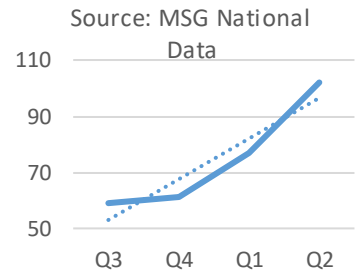
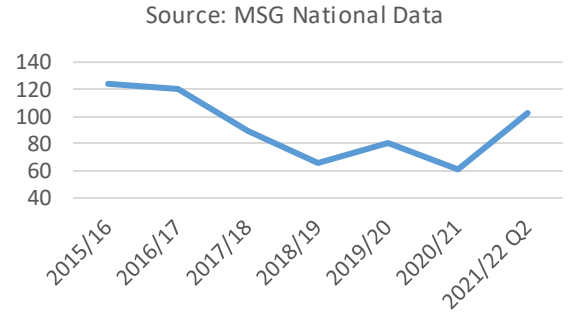
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Accident & Emergency Attendances (MSG)	2047 fewer in 2021/22 Q2 than 2015/16			NA as number and not rate	NA as number and not rate	NA as number and not rate
13.Emer Bed days rate per 100,000 18+	 36,899 (30%) less acute bed days in 2021/22Q2 than 2015/16 (improved) (source: MSG)			11th	1st	2nd

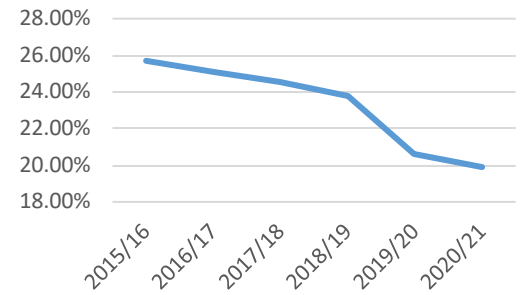
	12,622 (28%) less mental health bed days in 2021/22Q2 than 2015/16 (improved) (source: MSG)		 			

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
14.Readmissions rate per 1,000 Admissions All Ages* * The quarterly and locality level data included in this report for rate of readmissions within 28 days is for Q1. The Business Support Unit at NHS Tayside identified a data quality issue which they are currently working to resolve. Q2 data will be analysed and presented when it becomes available.	 41.6% more at Q1 2021/22 than 2015/16 (deterioration). Variation ranges from 24.6% in Coldside to 53.3% in East End*			28th	8th	3rd
15. % of last 6 months of life spent at home or in a community setting	Up by 2.8% between 2015/16 and 2020/21 (improvement)	Not Available		11th	1st	2nd

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
16. Hospital admissions due to falls rate per 1,000 65+	Source: NHST BSU  31.3% more in 2021/22Q2 than 2015/16 (deterioration). Greatest increase (deterioration) was in Maryfield with 37% increase (deterioration).	Source: NHST BSU  Improvement between Q1 and Q2. Lochee, North East, The Ferry and West End saw improved performance between Q1 and Q2	Source: NHST BSU 	32nd	8th	3rd
17. % care services graded 'good' (4) or better in Care Inspectorate inspections	10% less in 2020/21 than 2015/16 (deterioration)	Not Available	Source: PHS National Data 	29th	8th	3rd

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
18. % adults with intensive care needs receiving care at home	5.5% more in 2020 than 2016 (improvement) (note calendar year)	Not Available		22nd	7th	2nd
19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)	 30.6% reduction (improvement) since 2015/16 with improvements across every LCPP except for The Ferry	 Deteriorating trend over the last 3 quarters, although still 30.6% improvement since 2015/16		NA	NA	NA

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	 Overall 36% improvement since 2015/16 Increase in Lochee 173%, West End 41% and The Ferry 71%	 Deteriorating trend over the last 4 quarters, although still 36% improvement since 2015/16		NA	NA	NA
Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)	2,624 less bed days lost in 2021/22 Q2 than 2015/16 (improvemement)			18th	3rd	3rd

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

APPENDIX 2 – DATA SOURCES USED FOR MEASURING PERFORMANCE

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

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

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

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

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

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

[1] Rolling data is used so that quarterly data can be compared with financial years. This means that data for Quarter 2 shows the previous 12 months of data including the current quarter. Therefore, Quarter 2 data includes data from 1 October 2020 to 30 September 2021.

ITEM No …5……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 2 FEBRUARY 2022**

REPORT ON: **NATIONAL INDICATOR 17: INSPECTION GRADINGS ANALYSIS**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC2-2022**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Performance and Audit Committee with an in-depth analysis of performance against national indicator 17 (care inspectorate gradings). This report also provides an overview of approaches within the Dundee Health and Social Care Partnership to monitor the quality of services and to provide improvement support where required.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report.

2.2 Note the analysis of performance against national indicator 17 contained within section 4 and appendix 1.

2.3 Note the range of mechanisms through which the Dundee Health and Social Care Partnership montiors the quality of social care and social work services on an ongoing basis, both for internal services and those that are externally commissioned (section 5).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 NATIONAL INDICATOR 17 – DEFINITION AND ANALYSIS

4.1 National Indicator 17 of the suite of 23 National Health and Wellbeing Indicators focuses on the proportion of care services graded 'good' (4) or better in Care Inspectorate inspections. The calculation of the indicator includes the following care services:

- Care homes for adults and older people – 29 registered services in Dundee on 31 March 2021.
- Housing support services – 56 registered services in Dundee on 31 March 2021.
- Support services including care at home and adult daycare – 64 registered services in Dundee on 31 March 2021.
- Adult placements – 1 registered service in Dundee on 31 March 2021.
- Nurse agency – 0 registered services in Dundee on 31 March 2021.

Care services are graded by the Care Inspectorate across the themes of:

Care Homes[1]	Other Adult Services
People's wellbeing	Quality of care and support
Leadership	Quality of staffing
Staff team	Quality of management and leadership
Setting	
Care and support planning	

Services are graded on a six-point scale: 1 – unsatisfactory; 2 – weak; 3 – adequate; 4 – good; 5 – very good; and, 6 – excellent. National indicator 17 is calculated as the total number of adult care services receiving a grade of 4 or above on all themes as a proportion of the total number of services with grades at year end (as distinct from the total number of services actually inspected during the year). The indicator is updated annually based on the latest grading for each care service on the 31 March each year.

4.2 Since 2015/16 performance against this indicator has decreased from 88.4% to 79.9% in 2020/21. The Performance and Audit Committee agreed in November 2021 that further in-depth analysis of national indicator 17 should be undertaken to identify reasons for this deterioration in performance (Article VII of the minute of the Performance and Audit Committee held on 24 November 2021 refers). Officers across the Strategy and Performance Team, Social Care Contracts Team and operational teams have collaborated to complete this further analysis. This analysis focuses on financial years 2018/19, 2019/20 and 2020/21 and is contained in full in appendix 1.

4.3 Key findings within the in-depth analysis are:

- There are no clear trends or explanations for the deterioration in performance.
- Care homes showed the greatest pattern of deterioration to 2021, primarily between 2019 and 2020, with People's Wellbeing and Care and Support Planning being most likely to be graded as less than 'good'.
- Care at Home services also showed a small deterioration between 2019 and 2020, with Quality of Management and Leadership being the theme most likely to be graded less than 'good'.
- Seven care homes received gradings less than 'good; in at least one theme in two of the three years analysed. None received grades of less than 'good' in all three years.
- Two adult care services received gradings less than 'good' in at least one theme in two of the three years analysed. One received grades of less than 'good' in all three years.

4.4 The Inclusion Group Housing Support Service was the only adult care service that consistently received at least one grading of less than 'good' in all 3 years analysed. Since 2018/19 the service has progressed from having grades of less than 'good' across all three themes inspected to having only one theme assessed as less than 'good' (quality of management and leadership) in 2020/21. In July 2018 a co-ordinating group chaired by a Service Manager from the Partnership and including key stakeholders, including the Care Inspectorate, was established to support the service to progress improvements. The group met regularly during 2018/19 to agree improvement actions and monitor implementation and impact. This continued into 2019/20 however progress slowed at the onset on the pandemic in early 2020. Having assessed the position in April 2021 the co-ordinating group concluded their work following a noted and continuous improvement in service quality; routine contract monitoring was reinstated from that point.

5.0 QUALITY ASSURANCE OF ADULT SOCIAL CARE SERVICES

[1] These themes were adopted in 2019/20 for care homes. Prior to this the same themes were used as for other adult services with the addition of a fourth theme, 'quality of environment'. In 2019/20 some care homes were inspected against the new themes and some against the old themes.

5.1 The quality of both internally delivered and externally commissioned registered social work and social care services is monitored on an ongoing basis through the Social Care Contracts Team, operational managers and Clinical, Care and Professional Governance structures. As well as considering inspection gradings, quality assurance activities also encompass a wider range of indicators of service quality and safety.

5.2 The outcome of Care Inspectorate inspections is tracked, reported and scrutinised on an ongoing basis. As well as providing an annual overview report to the Performance and Audit Committee and being included as a core indicator reported in the Partnership's Annual Performance Report, data is considered by the Social Care Contracts Team, operational managers and Clinical, Care and Professional Governance Forums. In relation to externally commissioned providers the Social Care Contracts Team will work alongside the operational lead for the contract to consider any immediate significant risks and mitigating actions, to provide improvement support and to revise contract monitoring arrangements to take account of issues identified. Prior to the pandemic officers from the Social Care Contracts Team were routinely invited by the Care Inspectorate to inspection feedback meetings with providers; this arrangement will be re-visited again in 2022 with a view to re-establishing this practice. For internal services, outcomes of inspection reports will be considered by operational managers and will be reported to both management teams and where required to service level clinical, care and professional governance forums.

5.3 The Clinical Care and Professional Governance Group has considered the information it receives in relation to inspection gradings and is seeking to strength the approach taken. The CCPG Group is working towards arrangements whereby it will receive a detailed report on inspection gradings every second month which contains accompanying narrative from operational managers. Narrative will cover areas of exceptional practice, areas of concern and associated mitigations. The CCPG Group's experience to date is that services with low gradings are already known to operational leads and mitigating actions have been developed and are being implemented. Regular reporting also has the additional benefit of raising awareness across services of areas of potential concern identified during inspections and supporting them to target improvement work to prevent poor gradings. Plans are also being developed to support routine reporting of inspection grades to the Chief Social Work Officer's Governance Group, with data already being included in their statutory annual performance report.

5.4 As well as carrying out inspections of registered services the Care Inspectorate also has a role in investigating complaints made to them about registered services. A summary of this information is reported to PAC as part of the annual summary inspection grading report. Where any aspect of a complaint relates to duties under the Adult Support and Protection (Scotland) Act 2007 / concerns for an adult(s) at risk of harm the Care Inspectorate will share information directly with the Dundee Health and Social Care Partnership. In these circumstances the Care Inspectorate will subsequently be notified of the outcome of the Partnership's adult support and protection process. Where complainst are upheld by the Care Inspectorate this information is published on their website. In addition, as part of contractual arrangements and contract monitoring providers are required to notify the Partnership of any complaints activity.

5.5 The quality of internal services is also monitored through regular scrutiny of complaints data. Complaints regarding social work and social care services subject of regular performance reporting to PAC, management teams and Clinical, Care and Professional Governance groups, including the Chief Social Work Officers Governance Group.

5.6 For externally commissioned services the Social Care Contracts Team work with an operational lead to implement contract monitoring arrangements. Standard monitoring templates are utilised specific to service areas, such as care homes or care at home. These templates capture information about any incidents that are reportable (under legislation and regulations) by registered providers to the Care Inspectorate, activity information, outcome reporting, information about service compliments and complaints, any other sources of service user feedback, any areas of concern / improvement identified (including complaints, grievances or activity involving the Care Inspectorate) and financial matters. Contract monitoring ensures good governance, including financial governance, but also offers a supportive forum in which providers can raise concerns and request support where they have identified challenges or areas for improvement. The information gathered through the contract monitoring process means that the Partnership has good, ongoing

insight into the quality of services and that inspection gradings that fall below 'good' (4) have normally been anticipated by both the provider and Partnership officers in advance of inspection activity taking place. This also means that improvement actions may already have been agreed and be in the process of being implemented when an inspection takes place.

5.7 An Early Indicators of Concern process is in place within the Partnership. This is a simple process that supports and encourages the workforce involved in care at home and care home services to highlight concerns about quality and practice to operational leads and Contracts Officers. Issues raised can range from specific concerns about individual care packages, to more general issues relating to managerial and leadership aspects of a service, such as lack of communication. Early Indicators of Concern inform the contract monitoring process but urgent issues can also be addressed with providers outside the normal contract monitoring timescales where this is proportionate. Where concerns relate to quality of care for an individual or group of individuals the process also triggers case responsible workers to progress multi-agency consideration of the concerns and actions required in response, including adult support and protection measures and the use of large-scale inquiries.

5.8 Taken together the different methods of monitoring service quality outlined in sections 5.2 to 5.7 provide ongoing information about the quality and safety of registered social care and social work services, both internally and commissioned. This supplements the formal inspection of services by the Care Inspectorate and ensure that issues relating to service quality are identified and addressed at the earliest possible stage. However, it must also be recognised that statutory inspection powers provide the Care Inspectorate with significantly more authority to examine the detail of services provision and supporting systems of externally commissioned services (such as recruitment documentation and service user records) than are available to Partnership staff. Whilst for the vast majority of services where inspection grades below 'good' (4) are awarded Partnership staff are already aware of areas for improvement, and in many cases working actively with the provider to address this, inspection does on some occasions identify previously unknown concerns. It is for that reason that inspection continues to be an important part of the overall quality assurance process for social work and social care services.

6.0 POLICY IMPLICATIONS

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

7.0 RISK ASSESSMENT

Risk 1 Description	Clinical, Care and Professional Governance Group does not consistently receive sufficient information on an ongoing basis regarding inspection gradings.
Risk Category	Governance, Operational
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Mitigating Actions (including timescales and resources)	• Standing report on inspection gradings to be incorporated into Clinical Care and Professional Governance Group agenda, including grades awarded and accompanying narrative.
Residual Risk Level	Likelihood 1 x Impact 4 = Risk Scoring 4 (which is a Low Risk Level)
Planned Risk Level	Likelihood 1 x Impact 4 = Risk Scoring 4 (which is a Low Risk Level)
Approval recommendation	Given the low level of planned risk, this riks is deemed to be manageable.

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

DATE: 10 January 2022

Appendix 1

Care Inspectorate Gradings

An investigation to explain deteriorating performance towards National Indicator 17

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

Senior Officer, Strategy and Performance Team
December 2021

Introduction

This report has been prepared by the Strategy and Performance Team in order to better understand the data used to calculate National Indicator 17 and the reasons why performance has deteriorated over the last 5 years.

Data Sources

The data used for this report is taken from the National SOURCE data file which is updated annually for this indicator and Care Inspectorate Inspection Reports for further regulatory information. The Care Inspectorate provided further context to assist understanding of the data included in the numerator and denominator and the Contracts Team provided working knowledge and of the services and commissioning arrangements.

National Health and Wellbeing Outcomes:

- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- People using health and social care services are safe from harm.

Rationale for indicator 17
This indicator is intended to provide a measure of assurance that adult care services meet a reasonable standard. It would be envisaged however that services should not just aspire to adequacy and therefore the indicator looks at those who are "good" or better on all gradings. Care services would be expected to continuously improve.

Definition
Care services included in this indicator are:

- Care Homes for adults and older people
- Housing Support Services
- Support Services including Care at Home and adult Daycare
- Adult placements
- Nurse Agency

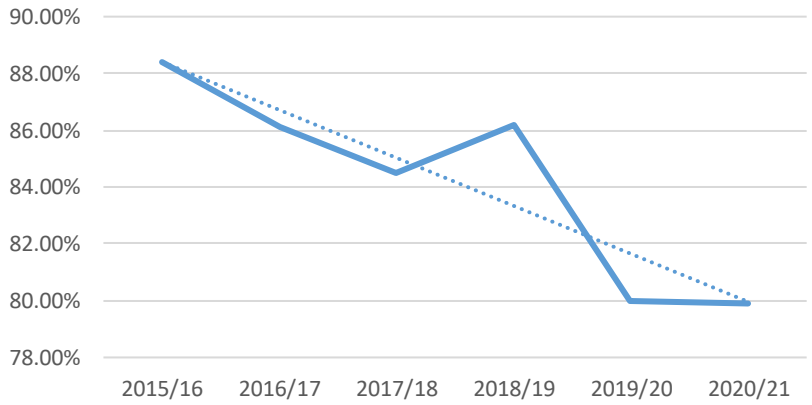
Care services are graded on a six point scale: 1) Unsatisfactory; 2) Weak; 3) Adequate; 4) Good; 5) Very good; 6) Excellent

The indicator is the total number of adult care services receiving a grading of 4 or above (i.e. "good", "very good" or "excellent") on all themes as a proportion of the total number of services graded. The indicator is updated annually and shows the latest gradings for each care service at the end of March each year.

Main Points

- Performance deteriorated by 10% between 2015/16 and 2020/21.
- When investigating by service there were no apparent trends or explanation for the deterioration.
- Regulatory information regarding services which received a grade of less than 4 across any theme over 2 or all of the 3 years included in the analysis (2018/19, 2019/20, 2020/21) were assessed.
- There are many services across each of the 3 years analysed that were graded less than 4 across only 1 theme (47% of all services inspected who were awarded grades across multiple themes); it is the lowest grade received across all themes which determines the overall grade used for the calculation of the national indicator. Further analysis did not identify any underlying pattern in relation to this.
- Themes used to inspect services and grade were changed for the 2020/21 year due to the pandemic.Fewer services were inspected due to the risk associated with outside visitors entering services and inspections were decided on a risk and intelligence led basis which was informed by a desk exercise including local intelligence and regulatory activity and information.
- Gradings for all service areas except for care homes did not vary much between 2020 and 2021 as very few services, other than care homes, were inspected during 2021 and those not inspected retained the previous grade.
- Care homes showed the greatest pattern of deterioration to 2021, although the deterioration between 2020 and 2021 was very small in comparison to 2019 where People's Wellbeing and Care and Support Planning were the themes most likely to be graded less than 4.
- Care at Home services also showed a deterioration between 2019 and 2020 with Quality of Management and Leadership being the theme most likely to be graded less than 4.

Performance



- Overall the % of services graded 4 or more has decreased over the last 6 years (although there was in increase in 2018/19).
- The decrease was from 88.4% in 2015/16 to 79.9% in 2020/21. 10% less in 2020/21 than 2015/16 (deterioration)
- The denominator (number of services graded) decreased by 28 services and the numerator (number of services receiving grades 4 or better) decreased by 34 services.

Services which received gradings of 3 or less

2018/19

Other Adult Services						
Organisation	**Service Name**	**Inspection Date**	**Quality of Care and Support**	**Quality of Staffing**	**Quality of Management and Leadership**	**Contracted Service**
Nestor Primecare Services (now Allied Health Services Ltd)	Allied Healthcare (Dundee)	06/04/18	4	5	3	Yes
Blackwood Homes and Care	Tayside Services Housing Support	29/06/18	3	4	3	Yes
British Red Cross	British Red Cross Support at Home	23/05/18	4	4	3	Yes
Caledonia Housing Association Limited	Caledonia Care at Home Service	07/02/19	3	3	3	Yes
The Inclusion Group (Dundee)	The Inclusion Group	05/07/18	3	2	2	Yes
My Homecare (Dundee) Ltd		18/05/18	4			Yes
Carr Gomm	Support Service 2	07/02/19	4	3	3	Yes
Cornerstone	Dundee and Angus Service	16/01/19	3	4	4	Yes
Priority Care Ltd	Magdalen House	07/03/19		3	3	Yes

Care Homes								
Organisation	**Service Name**	**Inspection Date**	**People's Wellbeing**	**Leadership**	**Staff Team**	**Setting**	**Care and Support Planning**	**Contracted Service**
Enhance Healthcare Ltd	Elder Lea Manor	16/01/19	4	4	3	4		Yes
Bertinaley Care Ltd	Helenslea Service now closed.	03/0718 23/08/18	Individual gradings not available					
HC-One	Ballumbie Court	30/11/18	2	2	3	4	2	Yes
Living AmbitionsLtd	Linlathen Neurodisability Unit	18/10/18	2	2	2	2	3	Yes

	Service now closed.							
Dundee HSCP	Menzieshill House	07/03/09	3				4	Internal service
Rosebank (Dundee) Ltd	McGonagall House	24/01/19	2	3	4	4	3	Yes
Trustees of St Margaret's	St Margaret's	09/10/18	4	4	4	3	3	Yes

8 Adult care services and 8 Care Homes received grades in 2018/19

Adult Care Services

- 3 of the 8 Adult Care Services received grades of 3 or less across all 3 themes inspected.
- 1 of the 8 Adult Care Services received grades of 3 or less across 2 out of 3 of the themes inspected (quality of staffing and quality of management and leadership).
- 4 of the Adult Care Services received grades of 3 or less across 1 out of 3 of the themes inspected (3 regarding quality of management and leadership and 1 regarding quality of staffing).

Care Homes

- 1 of the 8 Care Homes received grades of 3 or less across all 5 themes inspected.
- 1 of the 8 Care Homes received grades of 3 or less across 4 out of 5 of the themes inspected.
- 2 of the 8 Care Homes received grades of 3 or less across 3 out of 5 of the themes inspected.
- 1 of the 8 Care Homes received grades of 3 or less across 2 out of 5 of the themes inspected.
- 2 of the 8 Care Homes received grades of 3 or less across 1 out of 5 of the themes inspected.

There is no information available for Helenslea and this service is now closed

2019/20

Other Adult Services						
Organisation	**Service Name**	**Inspection Date**	**Quality of Care and Support**	**Quality of Staffing**	**Quality of Management and Leadership**	**Contracted Service**
Allied Health Services Dundee	Care at Home	24/10/19	4	3	3	Yes
British Red Cross	Support at Home	21/09/19	4	4	3	Yes
Call in Home Care	Care at Home	03/03/20	5	5	3	Yes
Crossroads	Caring Scotland Dundee	19/12/19	4	4	3	Yes
Hillcrest Futures	Homecare	10/10/19	4	4	3	Yes
The Inclusion Group (Dundee)	Care at Home	13/01/20	4	3	2	Yes
The Inclusion Group (Dundee)	Housing Support	13/01/20	3	3	2	Yes
SAMH	Dundee Specialist Mental Health Outreach (care at home / housing support)	08/07/19	4	3	4	Yes

Dudhope Villa	Dundee and Angus Services	28/08/19	4	4	3	Yes
Sense Scotland	Supported Living Dundee 2 (care at home / housing support)	11/09/19	4	4	3	Yes
Transform Community Development	Housing support service	04/06/19	2	4	2	Yes

Care Homes								
Organisation	**Service Name**	**Inspection Date**	**People's Wellbeing**	**Leader ship**	**Staff Team**	**Setting**	**Care and Support Planning**	**Contracted Service**
Hudson Healthcare Ltd	Pitkerro Care Centre	28/01/20	3				3	Yes
Kennedy Care Group	Redwood House	09/02/19	3				3	Yes
HC-One	Riverside View	21/06/19	3				4	Yes
Kennedy Care Group	Rose House	17/01/20	3	3		3	3	Yes
Trustees of St Margaret's Home	St Margaret' s Home	02/10/19	4	4	4	3	3	Yes
Cygnet Healthcare	Thistle Care Home	21/06/19	3	3	3	4	3	No
Balhousie Care Limited	Balhousie Clement Park	27/08/19	3				3	Yes
HC-one	Ballumbie Court	31/05/19	3	4	4	4	4	Yes
Sanctuary Care	Bridge View House Nursing Home	30/04/19	3	3	3	3	4	Yes
Cygnet Healthcare	Ellen Mhor	21/06/19	3	4	4	4	4	No
Forebank Ltd	Forebank	28/01/19	2				4	Yes

11 Adult Care Services and 11 Care Homes received grades in 2019/20.

Adult Care Services

- 1 of the 11 Adult Care Services received grades of 3 or less across all 3 themes inspected.
- 3 of the 11 Adult Care Services received grades of 3 or less across 2 out of 3 of the themes inspected.
- 7 of the 11 Adult Care Services received grades of 3 or less across 1 out of 3 of the themes inspected.

Care Homes

- 0 of the 11 Care Homes received grades of 3 or less across all 5 themes inspected.
- 2 of the 11 Care Homes received grades of 3 or less across 4 out of 5 of the themes inspected.
- 1 of the 11 Care Homes received grades of 3 or less across 3 out of 5 of the themes inspected.
- 3 of the 11 Care Homes received grades of 3 or less across 2 out of 5 of the themes inspected.
- 5 of the 11 Care Homes received grades of 3 or less across 1 out of 5 of the themes inspected.

2020/21

Other Adult Services						
Organisation	**Service Name**	**Inspection Date**	**Quality of Care and Support**	**Quality of Staffing**	**Quality of Management and Leadership**	**Contracted Service**
My Homecare (Dundee) Ltd		04/03/21	4	3	3	Yes
The Inclusion Group (Dundee)	Housing Support Service	20/01/21	4	4	3	Yes

Care Homes						
Organisation	**Service Name**	**Inspection Date**	**People's health and well-being are supported and safeguarded during the COVID-19 pandemic**	**Infection control practices support a safe environment for people experiencing care and staff**	**Staffing arrangements are responsive to the changing needs of people experiencing care**	**Contracted Service**
HC-One Ltd	Ballumbie Court	10/09/20	4	3	4	Yes
Sanctuary Care	BridgeView House Nursing Home	04/09/20	Overall grade of 3			Yes
Enhance Healthcare Ltd	Elder Lea Manor	17/11/20	4	3	4	Yes
Brookesbay Limited	Forebank	22/09/2020	Overall grade of 3			Yes
Thistle Healthcare Ltd	Lochleven	02/09/20	4	3	4	Yes
Hudson Healthcare	Pitkerro Care Centre	24/06/20	3	2	3	Yes
Kennedy Care Group	Rose House	17/02/21	Overall grade of 3			Yes
Cygnet Healthcare	Thistle	29/09/20	4	3	4	No

2 Adult Care Services and 8 Care Homes received grades in 2020/21.

Adult Care Services

- 0 of the 2 Adult Care Services received grades of 3 or less across all 3 themes inspected.
- 2 of the 2 Adult Care Services received grades of 3 or less across 2 out of 3 of the themes inspected.

- 0 of the 2 Adult Care Services received grades of 3 or less across 1 out of 3 of the themes inspected.

Care Homes

- 0 of the 8 Care Homes received grades of 3 or less across all 3 themes inspected.
- 4 of the 8 Care Homes received grades of 3 or less across 2 out of 3 of the themes inspected.
- 4 of the 8 Care Homes received grades of 3 or less across 1 out of 3 of the themes inspected.

Services with grades less than 4, inspected in 2020/21 and in either 2018/19 or 2019/20

Care Homes

7 Care Homes received grades of less than 4 in 2020/21 and in either 2018/19 or 2019/20. Fewer services were inspected due to the risk associated with outside visitors entering care homes and services inspected were decided on a risk and intelligence led basis which was informed by a desk exercise including local intelligence and regulatory activity and information.

During 2020/21, which was the first year of the COVID-19 Pandemic services were inspected on 'How good is our care and support during the COVID-19 pandemic?' , which looked at 3 themes: 1. health and wellbeing; 2. infection control; and, 3. staffing arrangements during the pandemic. The services which received grades of less than 4 during 2020/21 and 1 other year over the last 3 are:

- **Ballumbie Court**
  The inspection grading included in the 2020/21 calculation was 10 September 2020 and this is the latest inspection report to be published. The only theme to be graded less than 4 was regarding infection control which was graded a 3 (adequate). Complaints were received during each of the 3 years included in this analysis and were regarding wellbeing, healthcare, record keeping communication and choice. No enforcement has been made.

- **Bridge View House Nursing Home**
  Service has received gradings of less than 4 on several years over the last 10 years across all themes. At the first inspection of 2020/21 (22 June 2020) the service received an overall grading of 1 (unsatisfactory). The inspection report which was used for the 2020/21 gradings (4 September 2020) calculation is not available on the Care Inspectorate website therefore we can not report which of the 3 themes the service scored less than 4 on, although we know that the overall grading was a 3 (adequate). At the subsequent unannounced inspected on 28 May 2021 the only theme to be graded less than 4 was regarding infection control which was graded a 3 (adequate). The latest inspection was on 31 August 2021 where the service was graded a 4 (good) against each theme. The latest complaint received was in 2018 and no enforcement has been made.

- **Elderlea Manor**
  The inspection grading included in the 2020/21 gradings calculation was 17 November 2020 and this is the latest inspection report to be published. The only theme to be graded less than 4 (good) was regarding infection control which was graded a 3 (adequate). The latest complaint was in 2018 and was regarding staff and no enforcement has been made.

- **Forebank**
  At the first inspection of 2020/21 (6 August 2020) the service received an overall grading of 2 (weak). The inspection report which was used for the 2020/21 gradings (22 September 2020) calculation is not available on the Care Inspectorate website therefore we can not report which of the 3 themes the service scored less than 4 on, although we know that the overall grading was a 3 (adequate). This is the most recent inspection report to be published. The latest complaint was in 2019 and was regarding user participation, healthcare and policies and procedures. There have been no enforcement notices during the last 3 years.

- **Pitkerro Care Centre**

Service has received gradings of less than 4 on several years over the last 10 years across all themes. At the inspection used for the gradings calculation in 2020/21 (24 June 2020) the service was graded as 3 (adequate) for health and wellbeing, 2 (weak) for infection control and 3 (adequate) for staffing arrangements. The service has been inspected 3 times since receiving an overall grading of 3 (adequate) on 17 July 2020, 2 (weak) on 24 May 2021 and 3 (adequate) on 23 June 2021. 6 complaints were received over the 3 years included in this report and they were regarding staff, healthcare, communication, policies and procedures, environment and property. No enforcement has been made.

- **Rose House** is now closed

- **Lochleven**
  The inspection grading included in the 2020/21 calculation was 02 September 2020 and this is the latest inspection report to be published. The only theme to be graded less than 4 was regarding infection control which was graded a 3 (adequate). 4 complaints were received over the 3 years included in this report and these were regarding policies and procedures, communication, staff, protecting people and record keeping. No enforcement has been made.

Adult Care Services

2 adult care services received grades of less than 4 in both 2018/19 and 2019/20

- **Allied Health Services Dundee**
  Service was last inspected on 24 October 2019 and received a 3 (adequate) for management and leadership. 4 complaints have been made over the last 3 years included in this report and these were regarding, healthcare, wellbeing, communication and record keeping. No enforcement has been made.

- **British Red Cross Support at Home**
  Service was last inspected on 21 September 2019 and received a 3 (adequate) for staffing and a 3 (adequate) for management and leadership. No enforcement has been made.

Services with grades less than 4 and inspected in 3 separate years (all) between 2018/19 and 2020/21

Care Homes
No care homes received grades of less than 4 is all 3 years.

Adult Care Services
1 adult care service received grades of less than 4 in all three years 2018/19, 2019/20 and 2020/21

- **The Inclusion Group Housing Support Service**
  The inspection used for the grading calculation was 20 January 2021 and the service was graded a 3 (adequate) for staffing arrangements. A follow up inspection took place on 4 May 2021 and all areas for improvement had been met. No complaints or enforcement have been made.

ITEM No …6……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 2 FEBRUARY 2022**

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

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC3-2022**

1.0 PURPOSE OF REPORT

1.1 This Paper provides the Performance and Audit Committee with an update on the ongoing work from the 2021/22 plan and the one remaining review from the 2020/21 plan.

2.0 RECOMMENDATIONS

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

2.1 Notes the continuing delivery of the audit plans and related reviews as outlined in this report, including Appendix 1.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

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

4.2 Audit work is planned so as to allow the Chief Internal Auditor to provide the necessary assurances prior to the signing of the accounts. In order to ensure a timely flow of assurance and provide audit work sufficient to allow the Chief Internal Auditor to provide his opinion on the adequacy and effectiveness of internal controls at year-end, we are committed to ensuring that internal audit assignments are reported to the target PAC as noted in the proposed plan. Following a suggestion at the September 2021 PAC (Article VIII of the minute of meeting of this Committee of 29th September 2021 refers, the progress of each audit has been risk assessed and a RAG rating added showing an assessment of progress using the following definitions:

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

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

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

Date: 01/11/21

2020/21 outstanding								
Ref	**Audit**	**Indicative Scope**	**Target Audit Committee & current RAG status**	**Planning Commenced**	**Work in Progress**	**Draft Issued**	**Completed**	**Grade**
D06-21	Audit Follow Up	Joint exercise between Internal Audit and management to review & update and consolidate actions arising from all sources of previous recommendations as well as reprioritising using a RAG status.	~~September 2021~~ March 2022* 	✓	✓			

*: Additional work to be performed to ensure the audit adds value and the Governance Action Plan is complete with no duplication

2021/22:								
Ref	**Audit**	**Indicative Scope**	**Target Audit Committee**	**Planning Commenced**	**Work in Progress**	**Draft Issued**	**Completed**	**Grade**
D01-22	Audit Planning	Agreeing audit universe and preparation of strategic plan	May 2021 	✓	✓	✓	✓	**N/A**
D02-22	Audit Management	Liaison with management and attendance at Audit Committee	Ongoing 	✓	✓			**N/A**
D03-22	Annual Internal Audit Report (2020/21)	Chief Internal Auditor's annual assurance statement to the IJB and review of governance self-assessment	June 2021 	✓	✓	✓	✓	**N/A**
D04-22	Governance & Assurance	Ongoing, independent review and advice of the Integration Scheme update and provide formal assurance on the final product.	N/A- Year end report 	✓	✓			
D05-22	Viability of External Providers	Review the controls established to manage Strategic Risk HSCP00d1. A review of the IJB's approach to continually assess the viability of its contracted social care providers as essential partners in delivering health and social care services and the priorities set out in the IJB's Strategic and Commissioning Plan.	September 2022** 	✓				

2021/22:								
Ref	**Audit**	**Indicative Scope**	**Target Audit Committee**	**Planning Commenced**	**Work in Progress**	**Draft Issued**	**Completed**	**Grade**
		The review will consider the steps taken to engage with providers around the IJB's strategic direction and how the IJB provides ongoing support to them, including the process invoked should there be concerns over financial or operational sustainability.						
D06-22	Category 1 responders	Review the necessary arrangements in place to meet the requirements of the Act as well as alignment and coordination with partners	May 2022*** 	✓	✓			

** This audit is being delivered by Dundee City Council Internal Audit department. Initial planning discussions have now been held but resources and other priorities have delayed the commencement of audit fieldwork.

*** This audit is being delivered by FTF. Delivery of internal audit work has been impacted by the long term absence of a staff member due to illness. To mitigate the risk to delivery of sufficient work by year end, the Tayside team has been supplemented by a staff member based in another FTF Client Health Board.

ITEM No …7……..

REPORT TO: **PERFORMANCE AND AUDIT COMMITTEE – 2 FEBRUARY 2022**

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

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC4-2022**

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATIONS

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

2.1 Notes the content of the report and the progress made in relation to the actions set out in the Governance Action Plan as outlined in Appendices 1 and 2.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

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

4.2 The progress of the actions considered previously in the Governance Action Plan update, and not yet completed are noted in Appendix 1. Work is progressing to clear these outstanding actions. The completed actions previously reported to the Performance and Audit Committee have been removed from Appendix 1.

4.3 Internal audit report PAC 5-2021 highlighted that an action plan arising from the Transformation & Service Redesign internal audit report (PAC20-2019) had not been fully reflected in the governance action plan. Appendix 2 shows each of the actions included in PAC20-2019 and how these are being monitored or how they have been concluded.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

DATE: 5 January 2022

PAC - HSCP Governance Action Report

APPENDIX 1

Rows are sorted by Progress

	Action Code & Title	Progress Bar	Due Date	Original Due Date	Ownership Assigned To	Latest Update
✓	PAC30-2021-3 The PAC and IJB as necessary, should continue to be updated on implementation progress across all governance and improvement areas	100%	31-Mar-2022	31-Mar-2022	Dave Berry	Actions being complied with as reported by external audit
✓	PAC30-2021-5 Establish review period for Best Value assessment	100%	31-Mar-2022	31-Mar-2022	Dave Berry	The review will be annual and form part of the final accounts process. This will be included in the 2021/22 Best Value review report to the PAC
✓	PAC5-2021 - 2 Actions arising from the Transformation & Service Redesign internal audit report (2019)should continue to be monitored by being added to the Governance Action plan	100%	31-Mar-2022	31-Mar-2022	Dave Berry	28-5-2019 minute of PAC - reference to the minute of PAC on 12th February, 2019. Report No PAC20-2019 considering an action plan to progress recommendations from the Internal Audit Review of the IJB Transformation and Service Redesign Programme. All actions from this plan have now been completed or added to the Governance Action Plan. Proposed Appendix to Feb 2022 Governance Action Plan Report to PAC to demonstrate
✓	PAC7-2019-5 Further develop the Integration Joint Board's local Code of	100%	30-Sep-2021	30-Sep-2021	Dave Berry	Following discussion with External & Internal Auditors, it was agreed that the IJB did not

	Action Code & Title	Progress Bar	Due Date	Original Due Date	Ownership Assigned To	Latest Update
	Governance.					require one specific document to comply with "The Delivering good governance in Local Government Framework 2016 Edition" A single document is not a departure from the Framework. What's key is being be able to demonstrate that the IJBs governance structures comply with the core and sub-principles contained. This is considered as part of the annual accounts process.
	PAC7-2019-1 Clarification of deputising arrangements for the Chief Officer to be presented to the IJB.	90%	31-Mar-2022	31-Mar-2022	Dave Berry	Being considered as part of revision of integration scheme
	PAC 34-2019-3 Agree budget with partner organisations to ensure approval prior to the start of the year.	70%	31-Mar-2022	31-Mar-2022	Dave Berry	Proposals on budget agreement are included within the updated draft integration scheme
	PAC 34-2019-4 Combine financial and performance reporting to ensure that members have clear sight of the impact of variances against budget in terms of service performance.	70%	31-Dec-2021	31-Dec-2021	Kathryn Sharp	Revised quarterly performance report and reporting framework was approved by the PAC in November 2021. Further work to develop links to financial information to be developed as part of revision of strategic and commissioning plan.
	PAC8-2018-2 Develop a formal Service Level Agreement (SLA) detailing all key corporate support services to be provided to the DH&SCP by DCC and NHST	70%	31-Mar-2022	31-Mar-2022	Dave Berry; Kathryn Sharp	The key corporate support service arrangements will be reviewed and included in the integration scheme as part of its current review
	PAC9-2018-1 Clinical and care governance across delegated services review of remits	70%	30-Sep-2021	30-Sep-2021	Matthew Kendall	The GIRFE Group continue to review the processes and structures for Hosted Services. A sample of Hosted services governance

	Action Code & Title	Progress Bar	Due Date	Original Due Date	Ownership Assigned To	Latest Update
						reports have been shared across HSCP's for comment and this will be reviewed through the GIRFE Group. Presenting exceptions are escalated through professional lines where required.
	PAC7-2019-4 Development of improved Hosted Services arrangements around risk and performance management for hosted services.	60%	31-Mar-2022	31-Mar-2022	Dave Berry; Kathryn Sharp	Initial agreement has been reached regarding principles of performance reporting for hosted services. Schedule of reporting is to be developed and implemented.
	PAC 36-2020-1 Status of savings proposals and transformation should be clearly and regularly reported to members. The impact from Covid-19 and delivering pandemic remobilisation plans will also need to be considered.	50%	31-Mar-2022	31-Mar-2022	Dave Berry	Risk assessment of achievement of savings targets provided within financial monitoring reports to IJB
	PAC20-2019-1 The Transformation Programme should be recorded in an overarching document	50%	31-Mar-2022	31-Aug-2021	Dave Berry	March 2022 - The transformation programme will be presented as part of the IJB's budget setting papers in March 2022 A revised completion date for this action is now March 2022
	PAC20-2019-2 Summary reports on the progress of the Transformation Programme should be prepared and submitted to the PAC for its review. The Terms of Reference of the PAC should be updated to reflect the requirement for the TDG to report to it.	50%	31-Aug-2022	31-Aug-2021	Dave Berry	The Transformation Programme will be presented as part of the IJB's budget setting papers in March 2022 The Transformation Delivery Group (TDG) no longer exists

	Action Code & Title	Progress Bar	Due Date	Original Due Date	Ownership Assigned To	Latest Update
	PAC26-2021-2 Submit a further analysis of the reasons for the deterioration of performance against National Indicator 17 (care inspectorate gradings)	50%	31-Mar-2022	31-Mar-2022	Kathryn Sharp	Analysis has been completed and report currently being drafted for submission in February 2022.
	PAC31-2021 - 1 Assurance and performance reports should be related to specific risks and contain a conclusion on whether the controls are operating effectively to mitigate the intended risks	50%	30-Jun-2022	30-Jun-2022	Kathryn Sharp	PAC has agreed performance reporting approach which includes more direct link between risk and performance reporting.
	PAC7-2019-2 Provide the IJB with reporting on workforce issues	50%	31-Mar-2022	31-Mar-2022	Dave Berry	A workforce plan is being developed for presentation to the IJB by Sept 2022 to meet a statutory deadline
	PAC7-2019-3 Development of Large Hospital Set Aside arrangements in conjunction with the Scottish Government, NHS Tayside and Angus and Perth and Kinross Integration Joint Boards.	50%	31-Mar-2022	31-Mar-2022	Dave Berry	Further direction from SG around development of LHSA being considered by CFO's and NHS Director of Finance
	PAC 36-2020-3 The Board and PAC are updated on progress in delivering against the risk maturity action plan.	40%	31-Mar-2022	31-Mar-2022	Clare Lewis-Robertson	Risk management strategy approved by IJB and Risk Management development session held
	PAC7-2019-6 Further develop performance report information into a delivery plan framework	40%	31-Dec-2021	31-Dec-2021	Kathryn Sharp	The development of a delivery plan will be progressed through the statutory review of the strategic and commissioning plan. This will address both short-term requirements as the pandemic conditions continue and approach to strategic and supporting delivery plans for the longer term.

	Action Code & Title	Progress Bar	Due Date	Original Due Date	Ownership Assigned To	Latest Update
	PAC28-2020-1 The DHSCP management team should review attendance at groups based on agreed principles	30%	31-Mar-2022	31-Mar-2022	Dave Berry	An initial review of group remits has streamlined attendance to avoid duplication of DHSCP Management team
	PAC 36-2020-2 A programme of development and training opportunities for Board members should be progressed.	20%	31-Mar-2022	31-Mar-2022	Kathryn Sharp	Development sessions are provided to IJB members on specific topics, including development sessions associated with the budget setting process. Topics include those identified by officers as well as requested by IJB members. Induction materials for IJB members developed by other Partnerships are being considered. All voting members continue to benefit from development and training opportunities provided to them via NHS Tayside and Dundee City Council.
	PAC28-2020-2 A governance mapping best practice guidance document is developed to ensure the operation of all groups conforms to the various principles detailed in the report.	20%	31-Mar-2022	31-Mar-2022	Dave Berry; Diane Mcculloch	Review ongoing in line with increased capacity of Senior management team
	PAC28-2020-3 A review should be undertaken to update the strategic risk in relation to Increased Bureaucracy.	20%	31-Mar-2022	31-Mar-2022	Dave Berry; Diane Mcculloch	Review ongoing in line with increased capacity of Senior management team
	PAC30-2021 - 2 The IJBs five-year financial framework is to be updated to reflect the impact of the Covid-19 pandemic.	20%	31-Mar-2022	31-Mar-2022	Dave Berry	An updated financial framework is due to be presented to the IJB in March 2022

	Action Code & Title	Progress Bar	Due Date	Original Due Date	Ownership Assigned To	Latest Update
	PAC8-2018-1 Work to fully implement the actions in the Workforce and Organisational Development Strategy	20%	31-Mar-2022	31-Mar-2022	Dave Berry; Diane Mcculloch	Review of Workforce and Organisational development strategy as companion document to the review of Strategic Plan.
	PAC26-2021-1 Submit a further in-depth analysis of readmissions data	10%	31-Mar-2022	31-Mar-2022	Kathryn Sharp	Scoping of further analytical work to support further analysis and production of report has commenced.
	PAC26-2021-3 Submit an update report on improvement activity that has been undertaken to address the increased rate in hospital admissions due to a fall	10%	31-Mar-2022	31-Mar-2022	Kathryn Sharp	Scoping of report content has commenced and meeting scheduled between relevant officers to progress.
	PAC20-2019-3 Terms of Reference documents should be developed / reviewed for all groups that impact on the transformation and service redesign arrangements of the DH&SCP, including the ISPG	0%	31-Mar-2022	31-Mar-2022	Dave Berry	Dec 2021 - This action had been previously omitted from the governance action plan
	PAC29-2021-1 Develop a Psychological Therapies Strategic Plan including the introduction of a pan-Tayside Strategic Commissioning Group	0%	30-Jun-2022	30-Jun-2022	Diane Mcculloch	
	PAC30-2021-1 Refine financial monitoring reports to the Board related to earmarked funding	0%	30-Jun-2022	30-Jun-2022	Dave Berry	Future financial monitoring year-end reports will detail the relevant funding streams, associated expenditure and any surplus funding as recommended.
	PAC30-2021-4 Review and further develop the IJB's risk management policy	0%	31-Oct-2022	31-Oct-2022	Clare Lewis-Robertson	Per the audit report management response, this will continue to be reported through the Governance Action Plan Update Report.

	Action Code & Title	Progress Bar	Due Date	Original Due Date	Ownership Assigned To	Latest Update
	PAC31-2021-2 The Finance & Performance Group, when constituted, should consider both finance and performance in the context of the IJB's strategic risks	0%	30-Jun-2022	30-Jun-2022	Dave Berry	The finance and performance group will be reconstituted as recommended.
	PAC31-2021-3 The IJB should monitor whether the Strategic Commissioning Plan is delivering the required outcomes	0%	31-Mar-2024	31-Mar-2024	Dave Berry	The Integration Scheme is currently being revised and consideration will be given to establishing the relevant performance information relating to non-integrated functions as part of that process.
	PAC31-2021-4 Develop a process to trigger further analytical reports	0%	30-Jun-2022	30-Jun-2022	Dave Berry	A more formal process to trigger further analytical reports will be developed.
	PAC31-2021-5 Consider performance information relevant to non integration functions in the review of the Integration Scheme	0%	31-Mar-2024	31-Mar-2024	Dave Berry	The Integration Scheme is currently being revised and consideration will be given to establishing the relevant performance information relating to non-integrated functions as part of that process.
	PAC31-2021-6 The IJB should direct its partners to undertake a review of the resources required for performance management	0%	30-Jun-2022	30-Jun-2022	Dave Berry	Corporate support arrangements to the IJB are being assessed as part of the review of the Integration Scheme. The HSCP is also reviewing the level of resources it deploys to performance management with a view to enhancing the team. This will be reported back to the IJB and Performance and Audit Committee through risk management reporting arrangements i.e. through a reduction or removal of this risk once all controls are implemented.

Action Status	
	Overdue
	Check Progress, Completion due
	Assigned
	Completed

PAC5-2021 Recommendation: Actions arising from the Transformation & Service Redesign internal audit report (2019) should continue to be monitored by being added to the Governance Action plan

DIJB TRANSFORMATION PROGRAMME INTERNAL AUDIT REPORT ACTION PLAN - PAC20-2019

Ref	Audit Recommendations	2019 - Actions Proposed	Responsible Officer	Timescales	Dec 2021 - Update
1	To improve existing review and monitoring arrangements of the DH&SCP's Transformation Programmes, a record should be introduced and reviewed on a regular basis by key members of staff and groups • List of each transformation project contained within each Programme. • Lead Officer details for each Programme and its projects. • Desired outcomes. • Progress to date towards implementation. • Estimated savings where applicable.	The existing documentation supporting the Transformation Programme will be enhanced to ensure the areas suggested in the audit recommendation are included along with appropriate implementation status indicators. Performance monitoring will be supported through the use of the Pentana performance monitoring system. This will enable project leads and other stakeholders to track progress of implementation.	Chief Finance Officer / Head of Health and Community Care Services	31st August 2019	Progress on action included in governance action plan
2	It is vital that TDG meetings are not cancelled and that there is ongoing engagement at the meetings from all relevant individuals and groups. This should be stipulated in the TDG Terms of Reference, which should be endorsed by the TDG prior to approval by the PAC. Regular summary reports on the progress of the Transformation Programme should be prepared by the TDG and submitted to the Performance and Audit Committee for its review. The Terms of Reference of the PAC should be updated to reflect the requirement for the TDG to report to it.	Review of governance meetings and interrelationships has been initiated to ensure the most effective governance routes for policy and decision making. This includes reviewing the clearance route for papers to be presented to the IJB and PAC, Clinical and Care Governance Forum, relationships between strategic planning groups, the ISPG and the oversight of transformation in line with the Strategic and Commissioning Plan. This will provide more clarity on responsibilities and a rationalisation of meeting structures with the strong	Dundee Health and Social Care Partnership Management Team	30th June 2019	Progress on action included in governance action plan

PAC5-2021 Recommendation: Actions arising from the Transformation & Service Redesign internal audit report (2019) should continue to be monitored by being added to the Governance Action plan

DIJB TRANSFORMATION PROGRAMME INTERNAL AUDIT REPORT ACTION PLAN - PAC20-2019

Ref	Audit Recommendations	2019 - Actions Proposed	Responsible Officer	Timescales	Dec 2021 - Update
		possibility that the Transformation Delivery Group will not be required in future.			The Transformation Delivery Group was disbanded in 2020
3	Terms of Reference documents should be developed / reviewed for all groups that impact on the transformation and service redesign arrangements of the DH&SCP, including the ISPG. These should detail the roles, remits and governance arrangements of the group. Reporting requirements should be reviewed in relation to the Transformation Programme with clarity on the groups that transformation proposals should be presented to, i.e. IJB and Performance and Audit Committee, that should give approval to proceed with those proposals and the groups that require to be copied into proposals for information only.	This recommendation will be considered as part of the review noted above, including an assessment of the range and structure of the various client and theme based strategic planning groups. Please note development of terms of reference will take longer to establish hence the later action by date	Dundee Health and Social Care Partnership Management Team	30th September 2019	Added to the Governance Action Plan Dec 2021
4	Transformation Programme and Workstreams Reports should include a section noting the potential impact of the transformation programme /project on quality and make reference to the impact on clinical or / social work standards.	The existing documentation supporting the Transformation Programme will be enhanced to ensure the areas suggested in the audit recommendation are included	Chief Finance Officer / Head of Health and Community Care Services	31st August 2019	Ongoing development regarding presentation of information and not included as governance action
5	To ensure that efficiency savings can be easily identified, explained and tracked, evidence, including the methodology and principles applied, should be available / retained.	A comprehensive summary of the 2019/20 savings proposals methodology will be developed as part of the final 2019/20 budget development source files	Chief Finance Officer	30th June 2019	This recommendation was implemented in 2019/20 and therefore not included in the 2021 governance action plan

PAC5-2021 Recommendation: Actions arising from the Transformation & Service Redesign internal audit report (2019) should continue to be monitored by being added to the Governance Action plan

DIJB TRANSFORMATION PROGRAMME INTERNAL AUDIT REPORT ACTION PLAN - PAC20-2019

Ref	Audit Recommendations	2019 - Actions Proposed	Responsible Officer	Timescales	Dec 2021 - Update
6	To ensure consistency of approach for IJB transformation projects and assist with ensuring buy in and subsequent achievement of savings, corresponding budgets should be adjusted in NHS Tayside's general ledger.	This recommendation was implemented in 2018/19 and budget adjustments will be made timeously to the ledger for 2019/20 for those savings identified as being in relation to NHS provided services/expenditure	Chief Finance Officer	30th June 2019	This recommendation was implemented in 2018/19 and therefore not included in the governance action plan

ITEM No …8……..

Dundee Health & Social Care Partnership

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 2 FEBRUARY 2022**

REPORT ON **CLINICAL, CARE AND PROFESSIONAL GOVERNANCE (CCPG)**

REPORT BY: **CLINICAL DIRECTOR**

REPORT NO: **PAC5-2022**

1.0 PURPOSE OF REPORT

This is presented to the Committee for:

- **Assurance**

This report relates to:
- Government policy/directive
- Legal requirement

This aligns to the following NHS Scotland quality ambition(s):
- Safe
- Effective
- Person Centred

2.0 RECOMMENDATIONS

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

2.1 Note the Clinical, Care and Professional Governance exception report.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4 Report summary

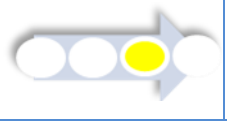
4.1 Situation

This report is being brought to the meeting to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone Framework in accordance with the Partnership integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL(1998)75. The Care Governance Committee is being asked to provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is from 1 August 2021 to 30 September 2021.

The Care Governance Committee is advised of these key risks noted with this report:

- Dundee Drug and Alcohol Recovery Service (DDARS) continues to have four of our top five risks across the HSCP. While the scores remain high across all of these risks recruitment is noted to be improving for this service.
- Clinical Treatment of Patients within the Mental Health Service Risk is showing an improving picture in terms of recruiting to support an alternative model of care for this team.
- Recruitment challenges persist across a range of staff groups (medical, nursing, AHP, social care) increasing the challenges for service delivery considering the impact of COVID-19 and winter pressures.

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

Level of Assurance		System Adequacy	Controls
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

Systems are developing well across the HSCP although the Primary Governance Groups and associated reporting needs to develop to provide comprehensive reporting across all aspects of all services. The management of overdue adverse events continues to improve but is still significantly higher than we would expect from the HSCP. The number of outstanding actions linked to service risks across the HSCP remains high and needs to be reduced. These factors, once addressed, will support movement towards a comprehensive level of assurance.

4.2 Background

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

The GIRFE Framework has been agreed by all three HSCPs and the recent refresh of the document was endorsed at Care Governance Committee. To ensure consistency of approach between Local Authorities, Tayside NHS Board and the IJBs for the three HSCPs, quality assurance is assessed against an agreed, prioritised common data set for each of the governance domains as detailed below. A GIRFE Steering Group has been established and continues to meet, with representatives from each of the three Partnerships and part of its remit is to support additional common assurance measures and this template.

The six domains continue to evolve over time and must be adaptable and responsive to the changes in legislation and external support and monitoring. The domains reflect the principles set out in the Health and Social Care Standards, My support, My life; Scottish Government, 2018 and the Quality of Care Approach, HIS and Care Inspectorate, September 2018. The domains are:

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

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

4.3 Assessment

a. Clinical and Care Risk Management

a.1 Dundee HSCP Service Risks are considered within the Dundee Clinical, Care and Professional Governance Group (CCPG Group) every two months and are presented via the DHSCP Analysis Report provided by the Governance Team. This reports lists all risks and current risk level, it lists any new risks added to the register since the last meeting and details actions required to ensure risk management is up to date. Pending risks are also listed.

Each Primary Governance Group (PGG) will review risks for their service area on a monthly basis. The PGG has operational responsibility for managing the risks.

Review of the service level risk register on Datix is evident since the last report. Whilst the majority of risks still require action to ensure they are contemporary, there is evidence that review of the risks is in progress.

a.2 The last report highlighted 14 risks with no documented planned/proposed controls. This has reduced to 2 risks. Similarly, the number of risks overdue for review has reduced from 17 to 9. Work is ongoing to ensure risk management is better maintained across the HSCP.

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

Four of the top five risks continue to sit with the Dundee Drug and Alcohol Recovery Service. There have been further service pressures due to staff turnover that affect all the key risks identified.

Two of these risks continue to show a current risk score in excess of the inherent risk score. This is primarily due to ongoing challenges relating to recruitment and retention into the DDARS service, although this is seeing signs of improvement.

Measures currently in place to support mitigation include:

- Access assessments clinics continue to run at a reduced rate (four down to two). Priority is given to any person presenting with high risk behaviours including non-fatal overdose. Work is continuing on the overarching workforce plan to support a sustainable model and patients continue to be advised on sources of alternative support, where required.
- Appointment to 1.0wte consultant has been made (start date 1.11.2021). There was unsuccessful recruitment to additional 1.5 wte specialty doctors. The team are reviewing plans to readvertise and also investigating the opportunities for a locum post.
- Nurse recruitment is progressing. Three band 5 nurses have been appointed, one band 6 nurse interview date is set and one band 7 nurse is advertised. The total number of nurse vacancies across the current established service is 2.0 wte which shows a remarkable improvement.

- GPs with an interest in substance misuse are developing services in collaboration with the DDARS. This is in early development.
- Service Level Agreements continue to be discussed with a number of Community Pharmacists to enhance harm reduction provision.
- Workforce review has identified the requirement to uplift a number of posts from band 5 to band 6 to meet prescribing requirements and this has been agreed to be progressed which will support risks 612 and 233. This work has been presented to the Alcohol and Drugs Partnership and there is support for the model although further work has been requested on the workforce plan to support justification for the proposed model.

a.3 DDARS implemented the Dundee Drug Commission recommendations to increase access to treatment by introducing same day prescribing, and to improve retention by reducing unplanned discharges which has successfully increased numbers of people in treatment with DDARS to 1410. Unplanned discharges have proved challenging in that we are unable to discharge individuals who do not engage/attend appointments. The management of this results in increasing demands on various staff across the service. Further work has been commenced on an assertive outreach model with a variety of partner agencies to support those who have difficulties engaging with statutory services.

Two additional nursing posts (Advanced Nurse Practitioner and Specialist Nurse with NMP) have been agreed to support this model and improve efficiency and safety of decision-making and ensure early access to assessment and treatment for hard to reach individuals.

a.4 Risk 946: Clinical Treatment of Patients – Mental Health Service

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

Progress to date: Dundee HSCP has successfully secured a fifth Locum Consultant Psychiatrist (0.8 wte) who is deployed within the East Community Mental Health Team. This is a replacement for a retiring member of staff (0.6 wte) and represents a small overall rise in availability of medical time.

Importantly, we have made significant progress in modernising models of care to become less dependent on medical staff time, having appointed two Advanced Nurse Practitioners and a Specialist Mental Health Pharmacist. Work is currently underway to clearly define the unique roles of each to ensure service users see the right person at the right time in the right place.

<u>New or Emerging Risks</u>

a.5 There are 36 services risks recorded on Datix at the time of the data extraction. Of these, 26 are current service risks. There were three new current risks added to Datix since the last report:

- 1050 Psychiatry of Old Age – Older People Services (Dundee) – Workforce – rated Yellow (Category 2) – Medium

  RMN ward posts have had to be re-advertised. Each ward now has two CNs which will allow for senior support on night shift.
- 1052 Psychiatry of Old Age – Older People Services (Dundee) – Pathways of Care/Complex Needs Patients – rated Amber (Category 2) High

  Learning themes being developed around community pathways between disciplines and transitions, and a review of the changing demographics of the patient population.
- 1060 Psychiatry of Old Age – Older People Services (Dundee) – Ligature Risk - rated Yellow (Category 2) – Medium

  Ongoing risk due to new works being considered for building as part of the rolling improvements being made throughout Tayside.

a.6 Risks relating to workforce availability have been noted across a number of services and professional groups including medical, nursing, AHP and social care. Workforce plans, escalation processes and working with our Partners across Tayside have supported ongoing service delivery. As the COVID-19

pandemic continues this becomes more challenging with impacts on staff health and wellbeing being noted more frequently.

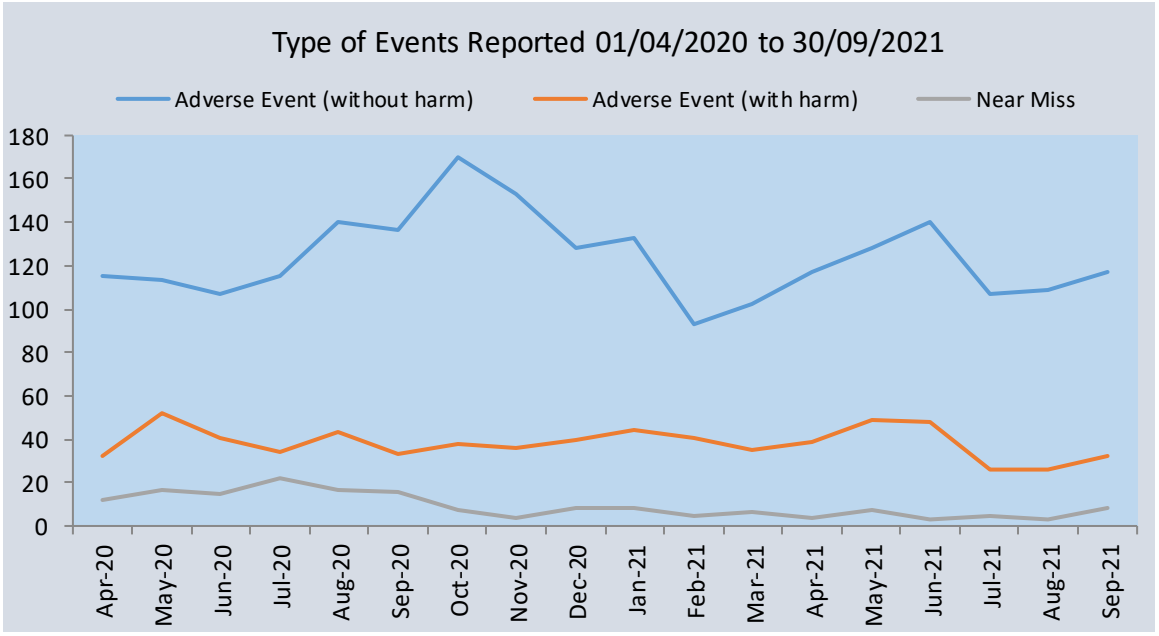
b. Clinical & Care Governance Arrangements

Dundee HSCP Governance arrangements are outlined in Appendix 1. All services across Health and Social Care report into the CCPG Group via the Primary Governance Groups. Due to management changes within the HSCP the Primary Governance Groups continue to be reviewed and updated.

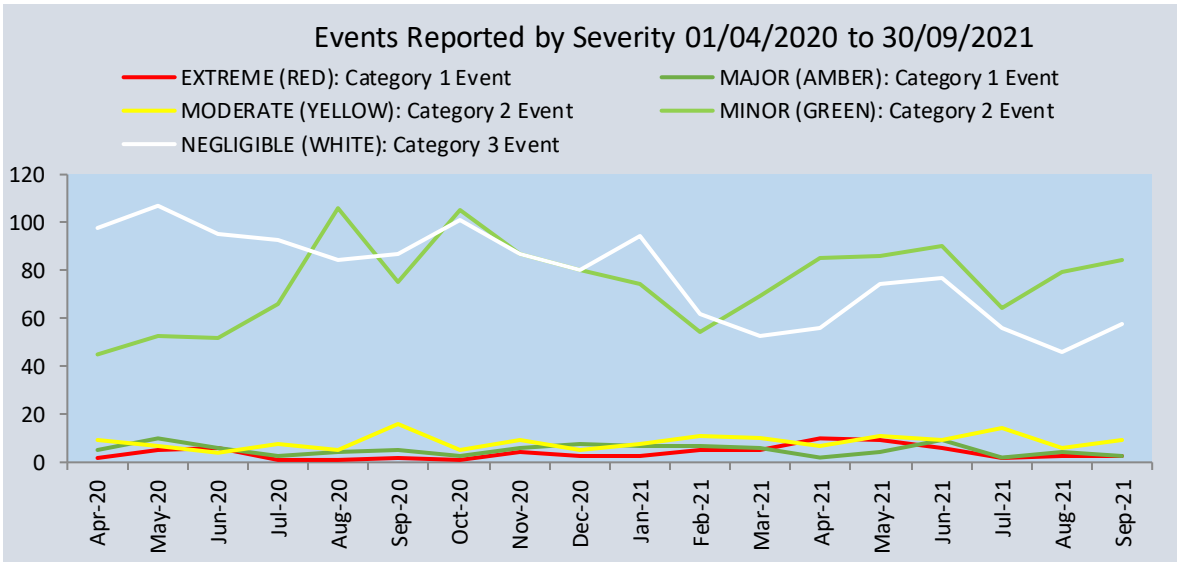
It continues to be challenging to ensure comprehensive reporting across Health and Social Care Integrated Teams in terms of access to comparable data, integration of cultures and access to and use of systems within integrated teams (i.e. electronic patient records)

c. Adverse Event Management

c.1 There were 295 adverse events reported within the time period. The following graph shows the type of adverse events reported though Datix by month over the past 18 months. There is a reduction in the number of incidents when compared with August and September 2020.

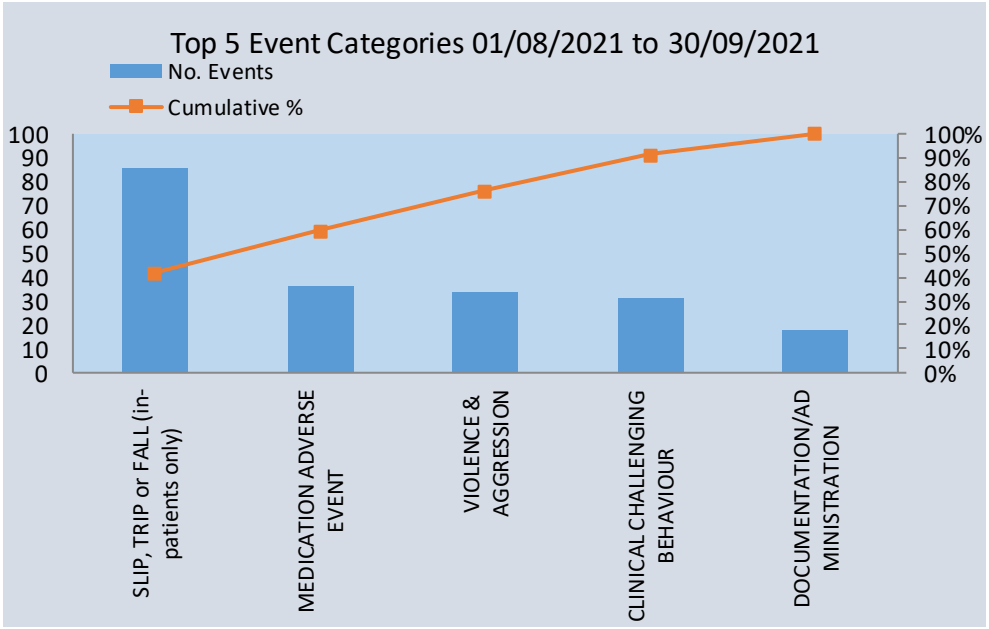


c.2 The following graph shows the impact of the reported adverse events by month over the past 18 months, which shows a relatively low number of red and amber incidents.



Top Five Categories of Adverse Events

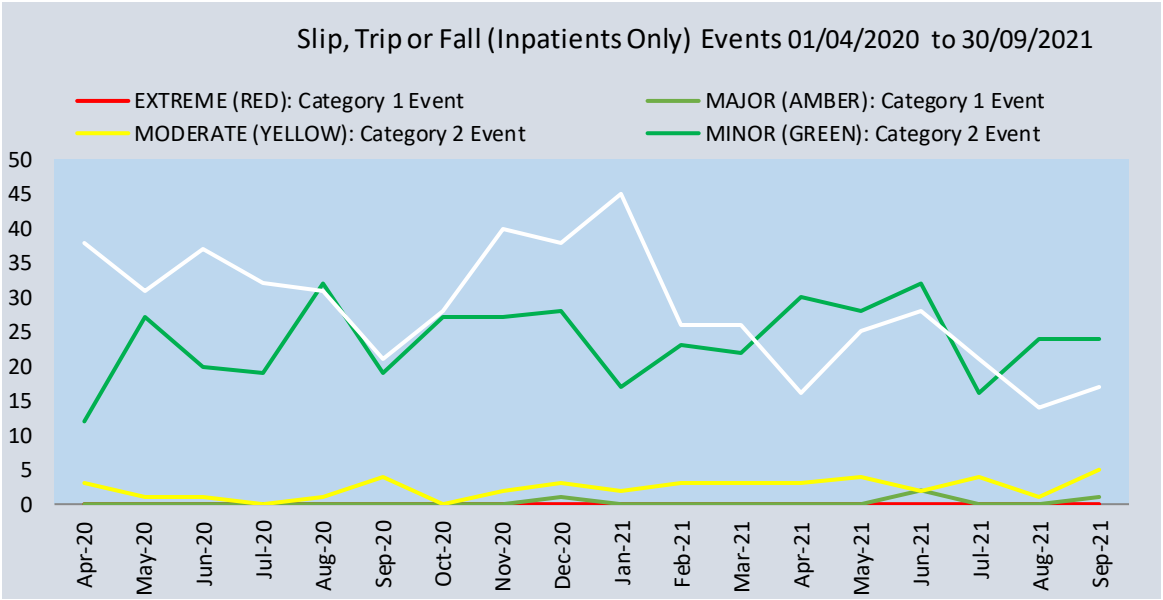
c.3 The following graph shows the top five categories reported between 1.08.2021 and 30.09.2021. The top five categories are: slip, trip or fall (inpatients only), medication adverse event, violence and aggression, clinical challenging behaviour and documentation/administration.



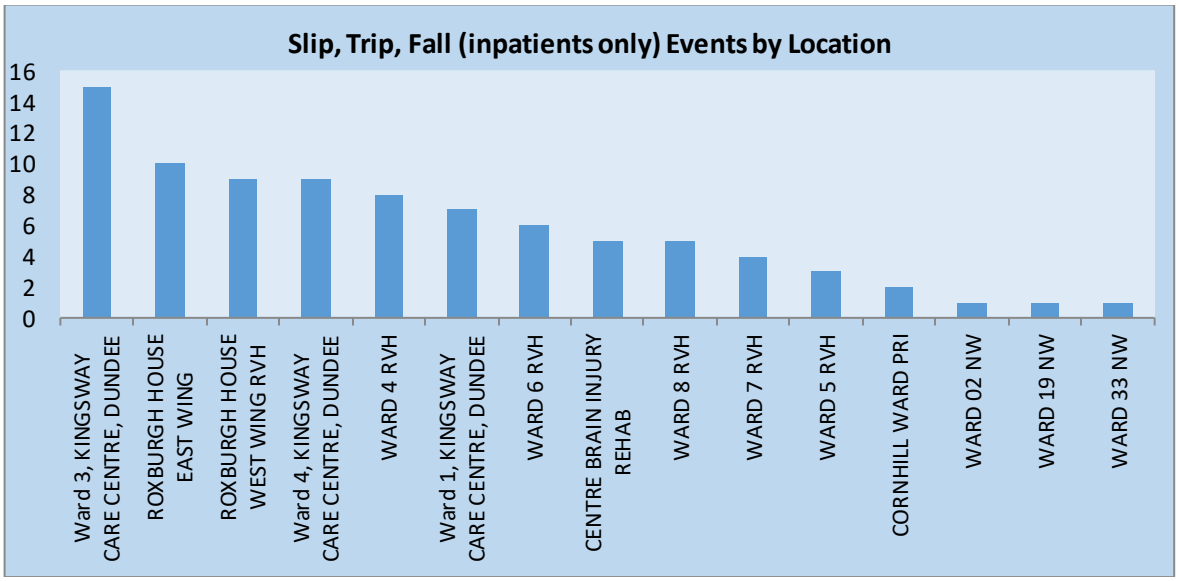
These categories account for 205 of the 295 events (69%) reported within the time period.

Slip, Trip or Fall (Inpatients Only) Events

c.4 There were 86 events reported within the time period.



c.5 The following table shows the number of slips, trips and falls (inpatients only) by location. The areas with the highest number of falls were Ward 3 Kingsway Care Centre (15 falls), Roxburghe House East Wing (10 falls), Roxburghe House West Wing (9 falls) and Ward 4 Kingsway Care Centre (9 falls).



c.6 A local falls group has been convened for all the inpatient areas within Royal Victoria Hospital, Kingsway Care Centre and Specialist Palliative Care Services (SPCS). This is inclusive of the MDT. All wards within Medicine for the Elderly have nominated falls champions and a daily FUN (Falls, Unwell patients, New patients) huddle looking at high risk patients and relevant interventions. Safety huddles are established in SPCS where patients at risk of falls are identified.

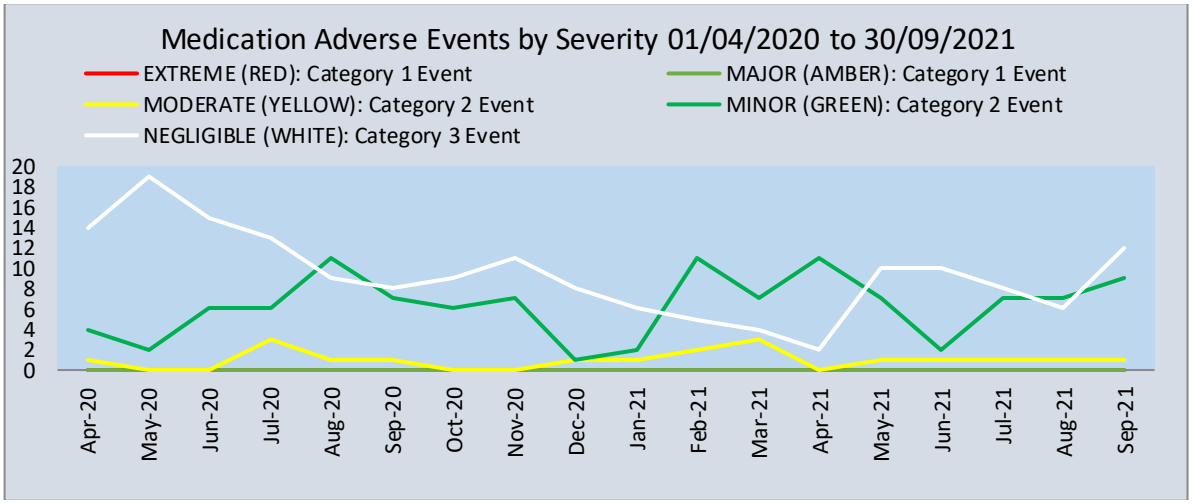
Further quality improvement work is being reviewed regarding person-centred care plans, patient observation SOPs, technology and staff education.

Local ward reviews will take place to understand rates of falls, potential risk factors and any other contributing factors. Extra equipment has been purchased to help prevent those patients who are identified as falls risks to be monitored more closely to minimise the risk. All learning will be shared at primary governance meetings.

The falls within Roxburghe House were higher than usual in this report. Reviews of these falls have been undertaken. In August one individual was responsible for a number of the falls. July showed a number of separate individuals falling. Risk assessments and preventative measures were always implemented where indicated and safety briefs were used to ensure staff awareness of risk. The staff at Roxburghe House will join the inpatient falls group to support ongoing review and management of falls.

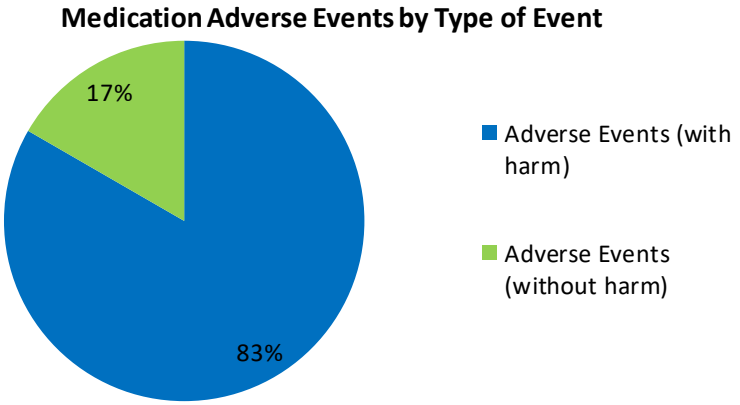
<u>Medication Adverse Events</u>

c.7 There were 36 events reported within the time period.



Medication adverse events have been reported across eight different service areas and include 15 different sub-categories of incidents. There do not appear to be any clear themes or specific areas of concern relating to medication adverse events.

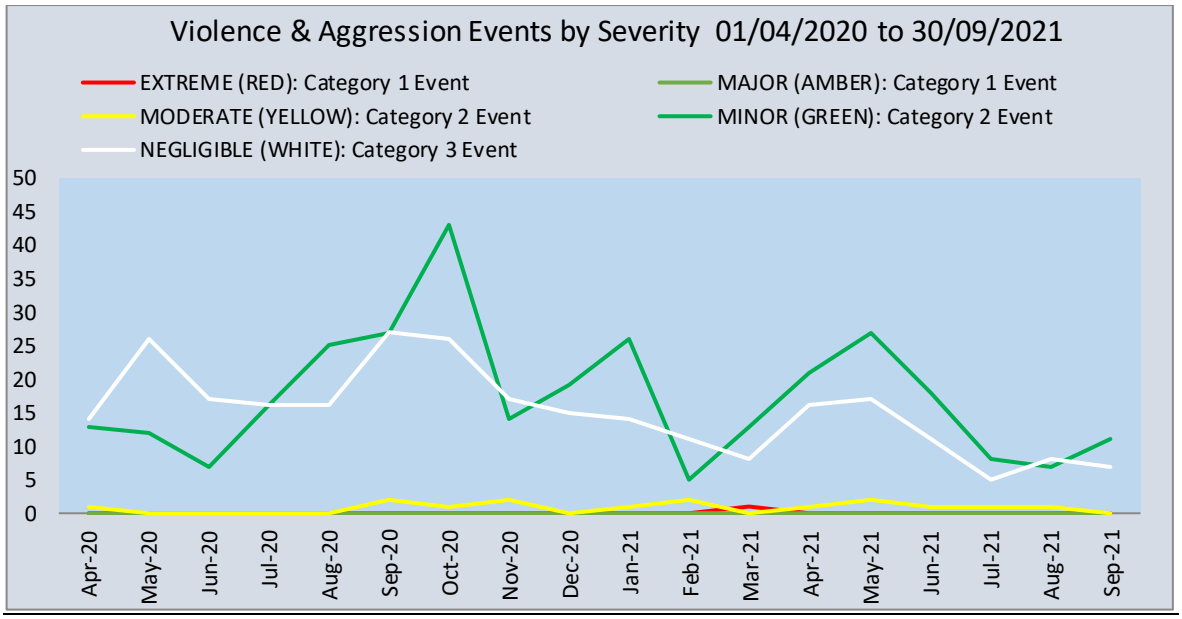
c.8 The following graph shows the type of event reported. Thirty were reported as adverse event (without harm), six as adverse event (with harm), and zero as a near miss. The adverse events with harm showed minimal impact. Medical staff were involved in the observation and monitoring of patients and there were no long term effects. On every occasion the error was noted immediately, corrected and monitored. Patients and families were informed.



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

Violence and Aggression

c.9 There were 34 events reported within the time period.



There were 34 events reported within the time period, compared with 84 events in the previous report. While this is, in part, down to the those patients having multiple incidents being discharged from the inpatient areas, it also signifies the work undertaken by the teams with enhanced training, more

proactive management of complex cases and the sharing of good practice across different clinical areas.

Violence and aggression incidents occur across the Psychiatry of Old Age, Medicine for the Elderly and the Dundee Drug and Alcohol Recovery Services. The majority of events are physical in nature (27) with verbal aggression coming from patients and visitors in seven incidents.

Clinically Challenging Behaviour

c.10 There were 25 events reported within the time period. These are primarily related to impaired cognition and were reported across seven clinical areas.

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

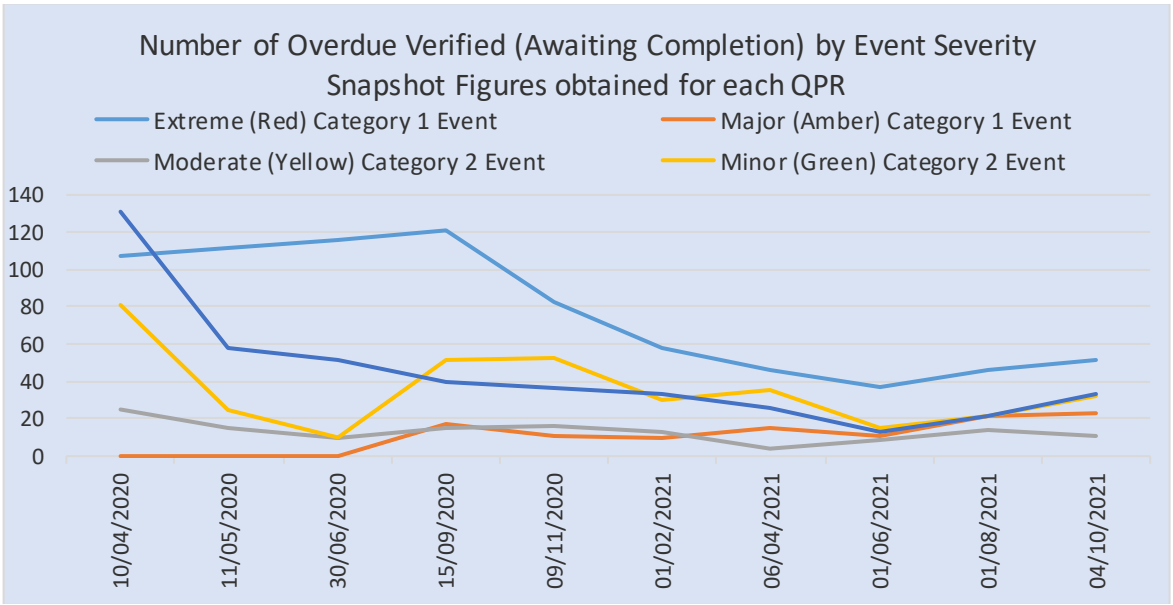
A review of both the violence and aggression and clinically challenging behavior incidents shows a degree of overlap of types of incidents with a number in the violence and aggression category being identified as clinically challenging behavior incidents. Education to staff via the Clinical, Care and Professional Governance Forum has highlighted this to ensure more accurate reporting of these two types of incidents.

Documentation/Administration

c.11 There were 18 events reported within the time period. These were reported across 13 service areas and included seven different incident categories. The most common incidents were documentation error and failed communications (both less than five incidents). Local reviews are undertaken for these incidents and where applicable improvements are implemented including additional training, development/revision of Standard Operating Procedures and awareness raising regarding these types of incidents.

Overdue Adverse Events

c.12 The following graph shows the number of verified events overdue for completion over the past 12 months.



c.13 The table below shows the number of overdue events by the year they were reported. The numbers in brackets represent the number of overdue events by year as included in the last report, demonstrating mostly the number of historical outstanding reviews continues to reduce.

	2017	2018	2019	2020	2021
Extreme	<5	<5	6 (6)	13 (15)	30 (17)
Major	-	-	0 (1)	4 (7)	19 (5)
Moderate	-	-	-	4 (4)	7 (3)
Minor	-	-	-	5 (5)	27 (24)
Negligible	-	-	-	-	33 (25)
TOTAL	**<5**	**<5**	**6 (7)**	**26 (31)**	**115 (74)**

The majority of overdue extreme and major events sit within the Mental Health Service and DDARS. As has been noted in previous reports significant improvement has been noted in reducing the numbers of overdue adverse events. While historical events continue to slowly reduce this report highlights an increase in reports from 2021 from 74 to 115. Increased clinical demand and unplanned staff absence have contributed to this increase for 2021 Datixs.

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

d. Complaints

d.1 Stage 2 Complaints at 28.10.2021

No. of Open Cases - 21								
Division/Partnership	**Days_Band**	**Total**	5-9 Days	15-20 Days	21-25 Days	31-35 Days	36 - 40 Days	40+ Days
Total		**21**	**2**	**1**	**2**	**2**	**2**	**12**
Dundee HSCP		**21**	2	1	2	2	2	12

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

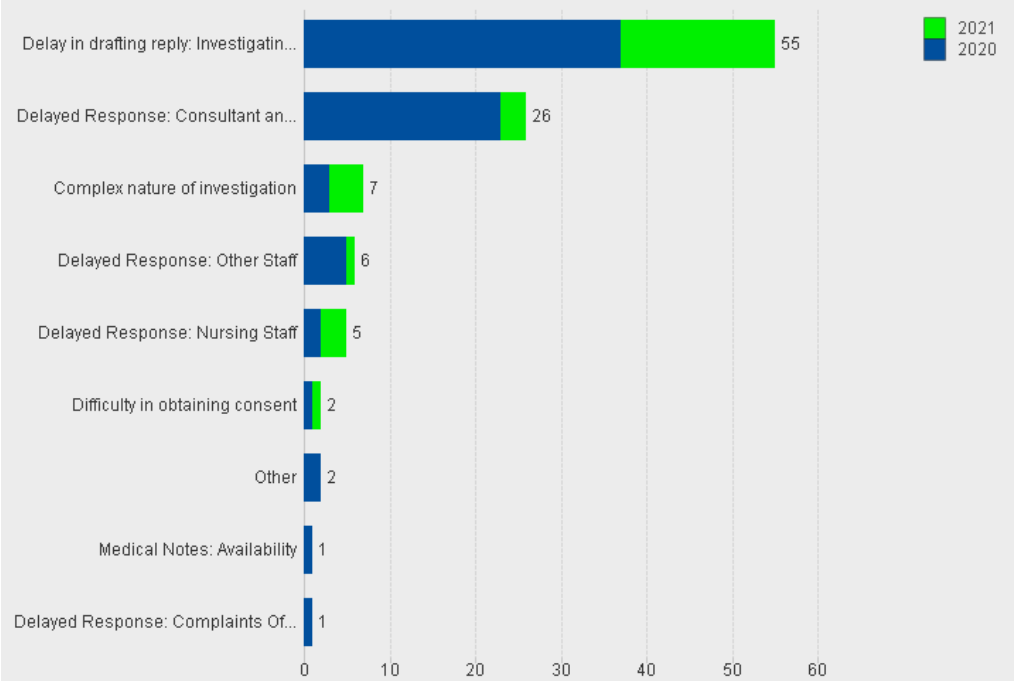
Feedback and positive reports from patients and carers are also being promoted for reporting at Primary Governance Groups as part of performance and learning focus.

Further work is underway to better understand where and why responses to some complaints take longer than the standard 20 days. The CCPG Group monitors response times, themes and support the sharing of learning from complaints. The key themes in this reporting period are clinical treatment (14), attitude and behaviour (5), communication (oral) (<5) and date for appointment (<5). Subthemes for clinical treatment include disagreement with treatment, poor nursing care, co-ordination of treatment and waiting to see doctor/nurse once admitted – all categories received less than 5 complaints.

Learning from complaints tends to be shared via Primary Governance Groups and via exceptions to the CCPG Group.

The DHSCP complaints team are seeking to include learning in the weekly overdue report to support a more widespread sharing of learning from complaints.

d.2 The following chart shows the reasons for breaches for 2020 and 2021.



This shows improvements in 2021 across the majority of breach reasons. The main area that requires further improvement relates to the delay in drafting a reply from the investigating officer, although the projected figure for 2021 will be significantly reduced compared with 2020. The work the HSCP Complaints team are leading with their weekly summary reporting is supporting managers better prioritise management of complaint responses and work has commenced with the NHS Tayside complaints team to further examine how best to support an improved performance in relation to complaints management.

e. External Reports & Inspections

There have been no inspections in this time period.

f. Mental Health

f.1 A Quality and Performance Review (QPR) process is in operation within Mental Health Services and incorporates a system-wide review focusing on shared learning across all three HSCPs and Inpatient areas.

This new format commenced in October 2021 and the Dundee HSCP Mental Health Team presented on Early Follow-Up On Discharge from Inpatient Care. Evidence shows that 15% of post discharge suicides occurs within the first weeks of leaving hospital, with the highest number (22%) occurring on the second full day of discharge from hospital.

A discharge clinic, wraparound model has been designed. Good discharge planning remains essential to support this process. Contact post-discharge should occur within 24 hours (Discharge Clinic) with up to two weeks of post-discharge follow up provided, with the intensity of support being matched to patient need. The Community Mental Health Team should review within seven days to support plans regarding longer term management.

This process is currently being designed and will be audited through the CCPG Group.

<u>Staffing</u>

f.2 Medical staffing remains a significant cause for concern. NHS Tayside is unable to recruit permanent staffing with a recent high-profile recruitment campaign resulting in no success other than agreement to support two Locums to work towards RCPsych membership.

There are currently 19 vacancies in Psychological Therapies. Whilst we are hopeful of an improved position over the next six months, there isn't the workforce to recruit at these levels (increased access monies means increased posts nationwide). Work is underway to improve retention (ending fixed term posts) and the development of a MH & LD employment microsite (similar to the one used in Primary Care) & proactive engagement with staff about to qualify to improve recruitment.

Delays in Agenda for Change Job Description approval are holding up a move to recruitment for the Director of Psychology and a Consultant Clinical Psychologist post for Neurodiversity.

Despite recruitment challenges in a number of disciplines, there has been good success in recruiting to the nursing vacancies that had previously been reported as a cause for concern, and were clustered in one Community Mental Health Team.

f.3 Dundee HSCP MH Leadership are being asked to host an increasing number of key service developments (for example, Perinatal, Maternal, Neonatal and Infant Mental Health; Early Intervention in Psychosis; likely Personality Disorder Service) and there is increasing pressure around leadership capacity, both in terms of local developments and Living Life Well Tayside workstreams. Due to the level of strategic workstreams led within the team both locally and Tayside wide, increased capacity requires to be created. This risk will escalate further as two members of the team retire in 2022.

A series of discussions has commenced to review the skill mix / posts within the local team, and plans to introduce additional roles are under consideration. These actions are required to ensure the pace of change required can be delivered on.

4.3.1 Quality/ Patient Care

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

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

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

4.3.2 Workforce

Remobilising continues to be challenging for staff in the HSCP, who are tired and feeling the impact of the past 18 months working through a pandemic. Senior and Service Managers are focusing on supporting their staff through this period. Work commenced through Silver COVID group on staff wellbeing and reflection.

Challenges:

- Delays in recruitment
- Competing priorities and workload

4.3.3 Risk Assessment/Management

Risks are included in the report above.

4.3.4 Equality and Diversity, including Health Inequalities

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

4.3.5 Other Impacts

There are no other direct impacts for this report.

4.3.6 Communication, Involvement, Engagement and Consultation

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

4.3.7 Route to the Meeting

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

- Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group, 23 September 2021.

4.4 Recommendation

This report is being presented for:

- **Assurance**

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

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None

Responsible Officer Dr David Shaw, Clinical Director
Diane McCulloch, Head of Service, DHSCP

Report Author: Matthew Kendall, Allied Health Professions Lead

ITEM No …9……..

REPORT TO: **PERFORMANCE AND AUDIT COMMITTEE – 2 FEBRUARY 2022**

REPORT ON: **QUARTERLY COMPLAINTS PERFORMANCE – 2nd QUARTER 2021/22**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC6-2022**

1.0 PURPOSE OF REPORT

The purpose of this report is to summarise the complaints performance for the Health and Social Care Partnership (HSCP) in the second quarter of 2021/22. The complaints include complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

2.0 RECOMMENDATIONS

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

2.1 Notes the complaints handling performance for health and social work complaints set out within this report.

2.2 Notes the work which has been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring and reporting (sections 4.6 and 4.13).

3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

4.1 Since the 1st April 2017 both NHS and social work complaints follow the Scottish Public Service Ombudsman Model Complaint Handling Procedure. Both NHS Tayside Complaint Procedure and the Dundee Health and Social Care Partnerships Social Work Complaint Handling Procedures have been assessed as complying with the model complaint handling procedure by the SPSO.

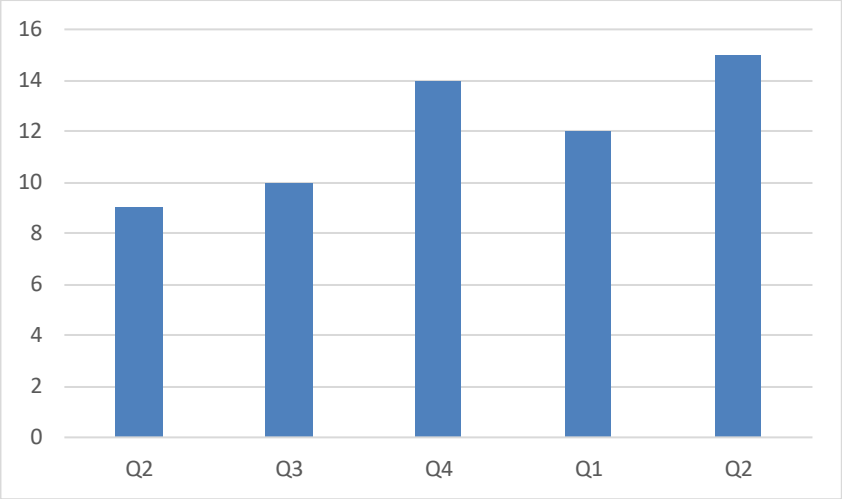
4.2 Complaints are categorised by 2 stages: Stage 1: Frontline Resolution and Stage 2: Investigation. If a complainant remains dissatisfied with the outcome of a Stage 1: Frontline Resolution complaint, it can be escalated to a Stage 2. Complex complaints are handled as a Stage 2: Investigation complaint. If a complainant remains dissatisfied with the outcome of Stage 2: Investigation complaint they can contact the Scottish Public Services Ombudsman who will investigate the complaint, including professional decisions made. Complaints about the delivery of services are regularly presented to the Clinical, Care and Professional Governance Group to inform service improvement.

4.3 No complaints information in relation to the Dundee HSCP delegated health services quarter 2 complaints performance has been received to date from NHS Tayside.

4.4 **Social Work Complaints**

In the second quarter of 2021/22 a total of 15 complaints were received about social work or social care services in the Dundee Health and Social Care Partnership which is the highest we have seen within the last year.

Graph 1 - Number of Social Work complaints received quarterly



The graph shows that compared to quarter two last year, we have received almost double the amount of complaints. On the whole complaints have steadily increased throughout the last year, this quarter we have seen it reach its highest.

4.5 **Social Work complaints by reason for concern**

Complaints relating to Delay in responding to enquiries and requests has doubled this quarter to six complaints. Failure to provide a service has risen from one complaint to four. Failure to meet our service standards has halved from six complaints to three. Through further analysis, they appear to be across the service and not isolated to individual areas.

Attitude, behaviour or treatment by a member of staff	2
Delay in responding to enquiries and requests	6
Dissatisfaction with our policy	0
Failure to provide a service	4
Failure to follow the proper administrative process	0
Failure to meet our service standards	3

The numbers of social work complaints received this quarter are still relatively small.

4.6 **Social Work Complaints Stages and Outcomes**

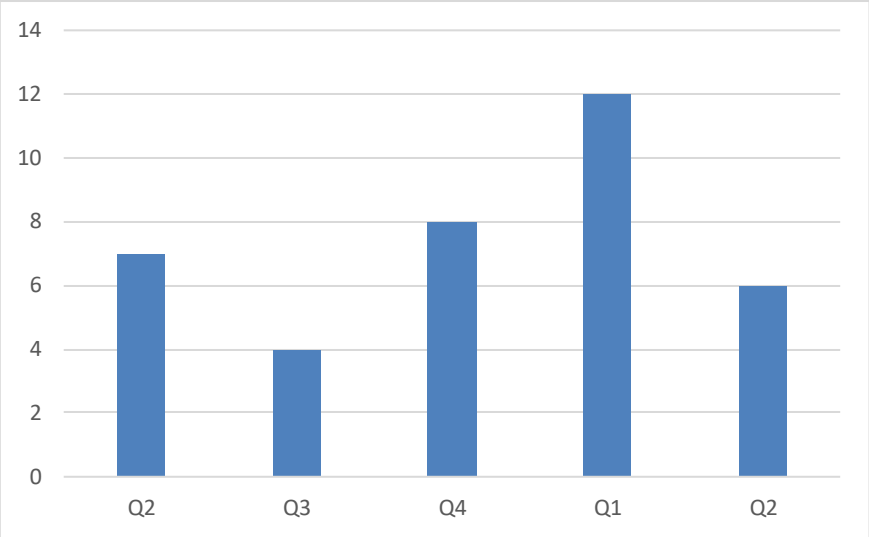
This quarter eight complaints received were handled at a frontline resolution stage compared to seven last quarter, we had three complaints escalated to stage 2 this quarter compared to none and this quarter we received four complaints at stage 2 investigation from the beginning.

Frontline Resolution		8
Investigation (Escalated from Frontline)		3
Investigation		4
Joint with NHS		0

4.7 **Social Work Complaints Resolved Within Timescales**

Six complaints closed this quarter by the Partnership were able to be resolved within the target dates and a further four were extended and closed within their target dates in the following quarter, these four complaints will be included within quarter three data.

Graph 2 - % of Social Work Complaints resolved within timescales



The graph shows that the number of complaints that are resolved within timescales has dropped this quarter. There is a new process for managing open complaints which will be started this week by uploading the report to a Teams channel to ensure more interaction between the Customer Care & Governance Officer and the Managers handling complaints.

4.8 **Planned Service Improvements**

There were four partially upheld complaints and one upheld complaint which have all identified a cause and have service improvements planned to address these.

4.9 **Scottish Public Services Ombudsman Complaints**

None recorded at this time

5.0 IJB COMPLAINTS

No complaints about the Integration Joint Board have been received.

6.0 POLICY IMPLICATIONS

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

7.0 RISK ASSESSMENT

This report has not been subject to a risk assessment as it is provided for information and does not require a policy decisions from the PAC.

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS

None

Dave Berry
Chief Finance Officer

DATE: 11 January 2022

ITEM No …10……..…..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 2 FEBRUARY 2022**

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

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC7-2022**

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATIONS

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

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

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

2.3 Note the emergent risks as outlined in section 6 of the report.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

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

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

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

5.0 STRATEGIC RISK REGISTER UPDATE

5.1 The three highest scoring risks on the Strategic Risk Register are: Staff Resource - Clinical; Dundee Drug and Alcohol Recovery Service; and Staff Resource – Strategy and Performance.

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

6.0 EMERGENT RISKS

6.1 There are several emergent strategic risks which are in the process of being escalated to the Strategic Risk Register, which includes assessing all available information to ensure appropriate risk scoring and identification of all mitigating actions and impact on risk levels.

6.2 These include Mental Health services; Primary Care, Category One Responders; General Data Protection Regulation (GDPR); and National Care Service development and these will be reflected in the next update report to the PAC.

7.0 POLICY IMPLICATIONS

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

8.0 RISK ASSESSMENT

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

9.0 CONSULTATIONS

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

10.0 BACKGROUND PAPERS

10.1 None.

Dave Berry
Chief Finance Officer

DATE: 10 January 2022

Clare Lewis-Robertson
Senior Officer, Strategy and Performance

APPENDIX 1 – Extract From Strategic Risk Register

Description	Lead Director/Owner	Current Assessment			Status	Date Last Reviewed
		L	C	Exp		
Staff Resource Recruitment for Consultants and Doctors in specific areas such as Mental Health, and Substance Misuse has meant that there are significant difficulties in filling posts, with posts remaining vacant. These risks are detailed in Operational Risk Registers and are being escalated as risks for the Strategic Risk Register The impact of Covid 19 continues to impact on recruitment challenges.	Dundee HSCP Chief Officer	5	5	25	→	5/11/2021
Dundee Drug and Alcohol Recovery Service Several risks for the Drug and Alcohol Recovery Service (formerly Integrated Substance Misuse Service) escalated from the Operational Risk Register. These include: • Insufficient numbers of staff in integrated substance misuse service with prescribing competencies. • Increasing Patient demand in excess of resources • Current funding insufficient to undertake the service redesign of the integrated substance misuse service • COVID-19 Maintaining Safe Substance Misuse Service • Nursing Workforce The controls available to DDARS have been applied and the risk exposure remains 25. Proposed controls include the relevant Dundee Partnership Action Plan for Change actions and the implementation of national Medication Assisted Treatment standards, which have been added as Datix risk actions to enable DHSCP and NHST to monitor the consequences of these planned controls. The risk exposure with the planned/proposed controls remains 25 as the controls do not yet address the prescribing capacity issues for those established on opiate substitution treatment with multiple complex needs, the population with the highest fatality risk.	Dundee HSCP Chief Officer	5	5	25	→	5/11/2021
Staff resource is insufficient to address planned performance management improvements in addition to core reporting requirements and business critical work.	Dundee HSCP Chief Officer	4	5	20	→	5/11/2021

The impact of Covid 19 continues to impact on recruitment challenges. Proposals for service restructure are being developed.						
Restrictions on Public Sector Funding Additional Scottish Govt funding directed towards Health and social care integration continues to support the IJB's financial position	Dundee HSCP Chief Finance Officer	**4**	**4**	**16**	→	5/11/2021
Unable to maintain IJB Spend Increased reserves due to favourable 2020/21 financial year end position will support IJB activities during 2021/22 and beyond	Dundee HSCP Chief Finance Officer	**4`**	**4**	**16**	→	5/11/2021
Impact of Covid 19 Despite the success of the vaccination programme infection rates continue to fluctuate with concerns raised nationally about the impact over the winter period. Enhanced by concerns about increased flu outbreaks.. Additional funding has been provided by the Scot Gov to try and mitigate against services being overwhelmed.	Dundee HSCP Chief Officer	**4**	**4**	**16**	→	5/11/2021
Increased Bureaucracy The Covid 19 response has meant an increase in reporting requirements to the Scottish Government, NHS Tayside and Dundee City Council.	Dundee HSCP Chief Officer	**4**	**3**	**12**	→	5/11/2021
Viability of External Providers The Scottish Government have committed to continuing to providing sustainability payments to March 2022..	Dundee HSCP Chief Officer	**2**	**4**	**12**	→	5/11/2021
Governance Arrangements being Established fail to Discharge Duties Pressures of Covid 19 response mean that work to improve governance arrangements has not been progressed . The Governance Action Plan is implemented and overdue actions are being prioritised	Dundee HSCP Chief Officer	**3**	**4**	**12**	→	5/11/2021
Staff Perception of Integration Staff perception over coming period maybe influenced by developments around the potential implementation of a National Care Service and implications for local health and social care services	Dundee HSCP Chief Officer	**3**	**3**	**9**	→	5/11/2021
Employment Terms The risks associated with difference in employment terms still remain, but management and HR work to manage these.	Dundee HSCP Chief Officer	**3**	**3**	**9**	→	5/11/2021
Uncertainty around future service delivery models	Dundee HSCP Chief Officer	**3**	**3**	**9**	→	5/11/2021

This will be managed through the review of the Strategic and Commissioning plan to reflect impact of Covid as indicated within the IJB's Remobilisation plan						
Capacity of Leadership Team Restructure of management team with further restructuring of operational management structure	Dundee HSCP Chief Officer	**2**	**4**	**8**	↓	5/11/2021
Impact of EU Withdrawal The EU UK agreement signed on the 30 December 2020 means that there will not be disruption caused by a no deal transition. However the long term effects of the EU UK transition will still happen. This may include impact on wider staffing levels within HSCP and partner providers. The development of the workforce plan for Health and Social Care will look at this issue in more detail.	Dundee HSCP Chief Officer	**2**	**3**	**6**	→	5/11/2021

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

ITEM No …11…….

PAC9-2022

PERFORMANCE AND AUDIT COMMITTEE – ATTENDANCES - JANUARY 2021 TO DECEMBER 2021

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

Organisation	Member	3/2	24/3^	26/5	29/9	24/11
NHS Tayside (Non Executive Member)	Trudy McLeay **	✓		✓	✓	✓
Dundee City Council (Elected Member)	Helen Wright *	✓		✓	✓	✓
Dundee City Council (Elected Member)	Lynne Short *			✓	✓	✓
Dundee City Council (Elected Member)	Roisin Smith *	✓				
NHS Tayside (Non Executive Member)	Donald McPherson *	✓		✓	✓	✓
Chief Officer	Vicky Irons	✓		✓	✓	✓
Chief Finance Officer	Dave Berry	✓		✓	✓	✓
NHS Tayside (Registered Medical Practitioner – not providing primary medical services)	James Cotton	A		A	A	A
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓		✓	✓	✓
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	A		✓	A	✓
Carers' Representative	Martyn Sloan	✓		✓	✓	✓
Chief Internal Auditor ***	Tony Gaskin	✓		✓	✓	✓
Audit Scotland ****	Anne Marie Machan	✓		✓	✓	✓

✓ Attended

A Submitted apologies

A/S Submitted apologies and was substituted

No longer a member and has been replaced / was not a member at the time

* Denotes Voting Members

** Denotes Office Bearer. Periods of appointment are on fixed terms in accordance with legislation. At meeting of the Integration Joint Board held on 27th October, 2020, Trudy McLeay was appointed as Chair (the Chair of the Committee cannot also be the Chair of the Integration Joint Board).

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

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

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

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

^ This meeting was not required to be held.