

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

Assistant to Clerk:
Arlene Hay
Committee Services Officer
Dundee City Council

City Chambers
DUNDEE
DD1 3BY

6th February, 2019

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 in Committee Room 1 on Tuesday 12th February 2019 at 2.00 pm.

Apologies for absence should be intimated to Arlene Hay, Committee Services Officer, on telephone 01382 4818 or by e-mail arlene.hay@dundeecity.gov.uk.

Yours faithfully

DAVID W LYNCH
Chief Officer

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATION OF INTEREST

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

3 MINUTE OF PREVIOUS MEETING (Page 1)

The minute of previous meeting of the Committee held on 27th November, 2018 is attached for approval.

4 MEASURING PERFORMANCE UNDER INTEGRATION 2019/20 SUBMISSION (Page 5)

(Report No PAC1-2019 by the Chief Finance Officer, copy attached).

5 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2018/19 QUARTER 2 (Page 37)

(Report No PAC2-2019 by the Chief Finance Officer, copy attached).

6 2018/19 MID-YEAR PERFORMANCE SUMMARY (Page 67)

(Report No PAC3-2019 by the Chief Finance Officer, copy attached).

7 FALLS PERFORMANCE AND ACTION PLAN (Page 77)

(Report No PAC6-2019 by the Chief Finance Officer, copy attached).

8 CLINICAL, CARE AND PROFESSIONAL GOVERNANCE (CCPG) GROUP CHAIR'S ASSURANCE REPORT (Page 85)

(Report No PAC4-2019 by the Clinical Director, copy attached).

9 TRANSFORMATION AND SERVICE REDESIGN INTERNAL AUDIT REPORT (Page 91)

(Report No PAC9-2019 by the Chief Finance Officer, copy attached).

10 2017/18 ANNUAL INTERNAL AUDIT REPORT – ACTION PLAN UPDATE (Page 107)

(Report No PAC7-2019 by the Chief Finance Officer, copy attached).

11 RISK MANAGEMENT ACTION PLAN (Page 115)

(Report No PAC8-2019 by the Chief Finance Officer, copy attached).

12 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT (Page 121)

(Report No PAC5-2019 by the Chief Finance Officer, copy attached).

13 MEETING OF PERFORMANCE AND AUDIT COMMITTEE 2018 – ATTENDANCES PAC11-2019 (Page 125)

A copy of the attendance return for meetings of the Performance and Audit Committee held over 2018 is attached for information.

14 DATE OF NEXT MEETING

The next meeting of the Committee will be held in Committee Room 1, 14 City Square, Dundee on Monday 25 March 2019 at 2.00 pm.

PERFORMANCE AND AUDIT COMMITTEE
PUBLIC DISTRIBUTION LIST

(a) DISTRIBUTION – PERFORMANCE AND AUDIT COMMITTEE

(* - DENOTES VOTING MEMBER)

<u>Role</u>	<u>Recipient</u>
Elected Member (Chair)	Councillor Ken Lynn *
Elected Member	Bailie Helen Wright *
Non Executive Member	Jenny Alexander *
Non Executive Member	Norman Pratt *
Chief Officer	David W Lynch
Chief Finance Officer	Dave Berry
Registered medical practitioner employed by the Health Board and not providing primary medical services	Cesar Rodriguez
Chief Social Work Officer	Jane Martin
Chief Internal Auditor	Tony Gaskin
Staff Partnership Representative	Raymond Marshall

(b) DISTRIBUTION – FOR INFORMATION ONLY

<u>Organisation</u>	<u>Recipient</u>
NHS Tayside (Chief Executive)	Chief Executive
Dundee City Council (Chief Executive)	David R Martin
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee City Council (Members' Support)	Sharron Wright
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership	Diane McCulloch
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 (Senior Audit Manager)	Bruce Crosbie

At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 27th November, 2018.

Present:-

<u>Members</u>	<u>Role</u>
Ken LYNN (Chairman)	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Dave BERRY	Chief Finance Officer
David LYNCH	Chief Officer
Jane MARTIN	Chief Social Work Officer
Cesar RODRIGUEZ	Registered Medical Practitioner (not providing primary medical services)

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

Tony GASKIN	Chief Internal Auditor
Clare LEWIS-ROBERTSON	Dundee Health and Social Care Partnership
Diane McCULLOCH	Dundee Health and Social Care Partnership
Arlene MITCHELL	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership

Ken LYNN, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Jenny ALEXANDER	Nominated by Health Board (Non Executive Member)
Norman PRATT	Nominated by Health Board (Non Executive Member)

II DECLARATION OF INTEREST

No declarations of interest were made.

III 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 30th October, 2018, wherein the membership of the Performance and Audit Committee was agreed and appointment was made to the position of Chairperson of the Committee.

The Committee noted that the membership of the Performance and Audit Committee was agreed as follows:- Councillor Ken Lynn, Bailie Helen Wright, Jenny Alexander, Dr Norman Pratt, Jane Martin, Dr Cesar Rodriguez and Raymond Marshall, and that Councillor Ken Lynn was appointed to the position of Chairperson.

IV MINUTE OF PREVIOUS MEETING

The minute of meeting of the Committee held on 25th September, 2018 was submitted and approved.

V DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX DELAYS

There was submitted Report No PAC59-2018 by the Chief Officer updating the Committee on discharge management performance in Dundee in relation to complex delays.

The Committee agreed:-

- (i) to note the current position in relation to complex delays for the 75+ age group, Section 5.2, Table 1, and the 18-74 age group as outlined in Section 5.3, Table 3 of the report;
- (ii) to note the improvement actions planned to respond to areas of pressure for the 18-74 age group as outlined in Section 6 of the report; and
- (iii) to note the improvements as defined in Section 7 of the report.

VI PSYCHOLOGICAL THERAPIES WAITING TIMES

There was submitted Report No PAC61-2018 by the Chief Finance Officer updating the Committee on progress being made towards meeting Health Improvement, Efficiency, Access and Treatment (HEAT) targets within the hosted Psychological Therapies Service.

The Committee agreed:-

- (i) to note the progress being made towards meeting the HEAT targets as outlined in the report; and
- (ii) to note the actions that continue to be taken to address current breaches as outlined in the report.

VII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC60-2018 by the Chief Finance Officer providing the Committee with a progress update in relation to the current Internal Audit Plan.

The Committee agreed:-

- (i) to note the substantial completion of the 2017/18 Internal Audit Plan as well as commencement of delivery of the 2018/19 plan as outlined in Appendix 1 of the report.

VIII MEETING OF PERFORMANCE AND AUDIT COMMITTEE 2018 – ATTENDANCES

There was submitted Agenda Note PAC62-2018 providing a copy of the attendance return for meetings of the Performance and Audit Committee held to date over 2018.

The Committee noted the position as outlined.

IX PROGRAMME OF MEETINGS – PERFORMANCE AND AUDIT COMMITTEE 2019

The Performance and Audit Committee agreed that the programme of meetings of the Performance and Audit Committee over 2019 be as follows:-

<u>Date</u>	<u>Venue</u>	<u>Time</u>
Tuesday, 12th February, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm
Monday , 25th March, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm
Tuesday, 28th May, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm
Tuesday, 30th July, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm
Tuesday, 24th September, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm
Tuesday, 26th November, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm

X DATE OF NEXT MEETING

The Performance and Audit Committee agreed to note that the next meeting of the Performance and Audit Committee would be held in Committee Room 1, 14 City Square, Dundee on 12th February, 2019 at 2.00 pm.



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 12 FEBRUARY 2019

REPORT ON: MEASURING PERFORMANCE UNDER INTEGRATION 2019/20 SUBMISSION

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC1-2019

1.0 PURPOSE OF REPORT

The purpose of this report is to seek approval of the 2019/20 submission made by the Partnership to the Ministerial Strategic Group for Health and Community Care (MSG) as part of the Measuring Performance under Integration work stream.

2.0 RECOMMENDATIONS

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

- 2.1 Endorses the 2019/20 submission to the MSG (appendix 3).
- 2.2 Notes the methodology used to develop proposed targets for submission to the Ministerial Strategic Group (sections 4.2.1, appendix 1 and appendix 2).
- 2.3 Notes that 2019/20 targets will remain in draft until such times as the IJB budget for 2019/20 has been confirmed (section 4.2.2).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND

4.1 Previous Measuring Performance under Integration Submissions

4.1.1 In mid-January 2017 the Scottish Government and COSLA, on behalf of the MSG, wrote to all Health and Social Care Partnerships to invite them to set out local objectives, trajectories and performance targets for 2017/18 under the following six key service delivery areas:

- Unplanned admissions;
- Occupied bed days for unscheduled care;
- A&E performance;
- Delayed discharges;
- End of Life care: and,
- The balance of spend across institutional and community services.

4.1.2 In February 2017 the Dundee Partnership provided an initial response to the Scottish Government for consideration by the MSG, setting out targets in each service delivery area for 2017/18. At this time the Scottish Government asked that targets be submitted for indicators across all age groups. Article X of the minute of the meeting of the Integration Joint Board held on 28 February 2017 provides detailed information regarding the request and response submitted. The submission from Dundee was identified by MSG as a particularly high quality submission.

- 4.1.3 In January 2018 a further submission was made to the Scottish Government setting targets in the six service delivery areas for 2018/19. At this time the Scottish Government amended its approach to allow Partnerships to submit targets for indicators for the 18+ age group only if the Partnership has not been delegated responsibility for children's services functions. Article XII of the minute of the meeting of the Integration Joint Board held on 27 February 2018 provides detailed information regarding the request and response submitted.
- 4.1.4 Since 2017/18 the Scottish Government, via National Services Scotland Information Service Division, has provided a quarterly Measuring Performance under Integration dataset to all Partnerships for each of the indicators within the MSG submission for which data is available. To date information has been provided up to October 2018.
- 4.1.5 At a local level performance against targets set out in the 2018/19 submission has been reported as part of the regular Quarterly Performance Reports submitted to PAC. Report PAC2-2019 (on this agenda) includes the position in Dundee at end of quarter 2 2018/19. In summary, there has been positive performance against 2018/19 interim targets; three areas have exceeded interim targets for the period (unplanned admissions, occupied bed days for unscheduled care and delayed discharges) and A&E performance partially met the interim target. For two areas (end of life care and the balance of spend) data is not available monthly or quarterly to allow for performance monitoring due to time lags associated with the production and provision of datasets to National Services Scotland, Information Services Division from external sources. Emergency admissions as a rate of A&E attendances have consistently not met the interim target.

4.2 Measuring Performance under Integration – 2019/20 Request and Submission

- 4.2.1 As in previous years the Health and Community Care Operational Management Team have been closely supported by the Strategy and Performance Team to develop targets for each service areas for the 2019/20 submission. The following information was utilised in preparation of the current submission (see appendix 1 and 2):
- 15/16 baseline data;
 - 15/16 based projections for 17/18 and 18/19 and 19/20;
 - Trajectories / targets previously submitted in the February 2017 and January 2018;
 - Actual data from 1 April 18 – 31 October 18 and estimated data from 1 November 18 – 31 March 19 to estimate the 18/19 position; and
 - 19/20 trajectories / targets based on the 18/19 estimated position (at city wide and, for some indicators, Local Community Planning Partnership level.)

Where special cause variation, for example improvement work to reduce delayed discharges, caused extraordinary data results, subsequent year targets were adjusted so that the same rate of increase or decrease was not expected in subsequent years. 19/20 targets for delayed discharge were adjusted for these reasons.

Appendix 3 contains the template provided by the Scottish Government. This has been completed and will form the entire Dundee submission.

- 4.2.2 A submission will be made to the Scottish Government to meet the 28 February 2019 deadline set in communication to Chief Officers (see appendix 4), following consideration at the IJB on 26 February 2019. At this time it will be highlighted that the targets contained within the submission for 2019/20 cannot be confirmed until such times as the 2019/20 IJB budget has been finalised and an assessment made of the adequacy of resources to deliver planned improvement actions factored into the calculation of targets.
- 4.2.3 Performance against targets (for both 2018/19 and 2019/20) will continue to be reported as part of the quarterly performance reports submitted to PAC.

5.0 POLICY IMPLICATIONS

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 meeting targets against Measuring Performance under Integration service areas could affect; outcomes for individuals and their carers, and spend associated with poor performance.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Continue to develop a reporting framework which identifies performance against Measuring Performance under Integration targets. - Continue to report data quarterly to the PAC to highlight areas of poor performance. - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as complex delayed discharges. - 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.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 4 February 2019

Clare Harper
Principal Information Development Manager

Stephen Halcrow
Principal Information Analyst

Kathryn Sharp
Senior Manager

			15/16 baseline	17/18 Projection (15/16 based)	17/18 Trajectory agreed Feb 17	17/18 Actual and Estimated	18/19 Trajectory agreed Jan 18	18/19 Actual and Estimated	19/20 Proposed Trajectory Jan 19	%Change (15/16 baseline to 19/20 trajectory)
Unplanned admissions										
1.	Number of emergency admissions	submitted	14,125	15,168	15,153	15,122	15,464	15,225	15,225	7.8%
2.	Number of emergency admissions from A+E	submitted	6,483	7,345	6,797	7,616	7,616	7,440	7,440	14.8%
3.	A+E conversion rate (%)	to be developed								
Occupied bed days for unscheduled care										
4.	Number of emergency bed days	submitted	120,989	115,305	114,132	111,893	108,129	102,844	96,674	-20.6%
5.	Number of emergency bed days; geriatric long stay	to be developed								
6.	Number of emergency bed days; mental health specialities	to be developed								
A+E Performance										
7.	Number of A+E attendances	submitted	23,437	23,336	22,686	26,562	26,562	24,680	24,680	5.3%
8.	A+E % seen within 4 hours	to be developed								

			15/16 baseline	17/18 Projection (15/16 based)	17/18 Trajectory agreed Feb 17	17/18 Actual and Estimated	18/19 Trajectory agreed Jan 18	18/19 Actual and Estimated	19/20 Trajectory Jan 18	% Change (15/16 baseline to 19/20 trajectory)
Delayed Discharges										
9.	Number of bed days lost – standard and code 9	submitted	15,050	14,502	14,042	12,480	11,856	7,860	6,105	-59.4%
10.	Number of bed days lost – code 9	Not submitted	6,668	7,740	7,740	6,273	6,461	5,046	3,785	-43.2%
11.	Number of bed days lost – Health and Social Care Reasons	No data provided from ISD								
12.	Number of bed days lost – Patients/Carer/Family related reasons	No data provided from ISD							2,320	
End of Life Care (*based on 16/17 deaths but will change in 17/18 and 18/19 as % proportions are applied to the total number of deaths in each year)										
13.	% of last 6 months of life in community	submitted	86.9%		88%		89%		+2%	88.9%
14.	% of last 6 months of life in hospice / palliative care unit	submitted	1.4%		2%		3%		-5.0%	
15.	% of last 6 months of life in community hospital	Not applicable								
16.	% of last 6 months of life in large hospital	submitted	11.7%		10%		8%		-4.0%	
17.	Number of days of last 6 months of life in community	submitted	252,351		252,275*		255,143*		n/a as no. of deaths each year varies	
18.	Number of days of last 6 months of life in hospice / palliative care unit	submitted	3,965		5,733*		8,600*		n/a as no. of deaths each year varies	
19.	Number of days of last 6 months of life in community hospital	not applicable								
20.	Number of days of last 6 months of life in large hospital	submitted	34,042		28,668*		22,934*		n/a as no. of deaths each year varies	

			15/16 baseline	17/18 Projection (15/16 based)	17/18 Trajectory agreed Feb 17	17/18 Actual and Estimated	18/19 Trajectory agreed Jan 18	18/19 Actual and Estimated	19/20 Trajectory Jan 18	% Change (15/16 baseline to 19/20 trajectory)
Balance of Care										
21.	% of population living at home (unsupported) – All ages	submitted	97.7%		2					
22.	% of population living at home (supported) – All ages	submitted	1.3%		1.5%					
23.	% of population living in a care home – All ages	submitted	0.7%		0.5%					
24.	% of population living in hospice / palliative care unit – All ages	to be developed								
25.	% of population living in community hospital – All ages	submitted	0%		0%					
26.	% of population living in large hospital – All ages	submitted	0.4%		0.4%					
27.	% of population living at home (unsupported) – 75+	submitted	79.8%		80%					
28.	% of population living at home (supported) – 75+	submitted	11.3%		11.6%					
29.	% of population living in a care home – 75+	submitted	6.8%		6.7%					
30.	% of population living in hospice / palliative care unit – 75+	to be developed								
31.	% of population living in community hospital – 75+	submitted	0%		0%					
32.	% of population living in large hospital – 75+	submitted	2%		1.7%					

**Measuring Performance Under Integration
Charts and Methodologies
2019/20**

Introduction

This report provides key information to assist with the interpretation of the Dundee submission to the Ministerial Strategic Group regarding 'Measuring Performance under Integration'.

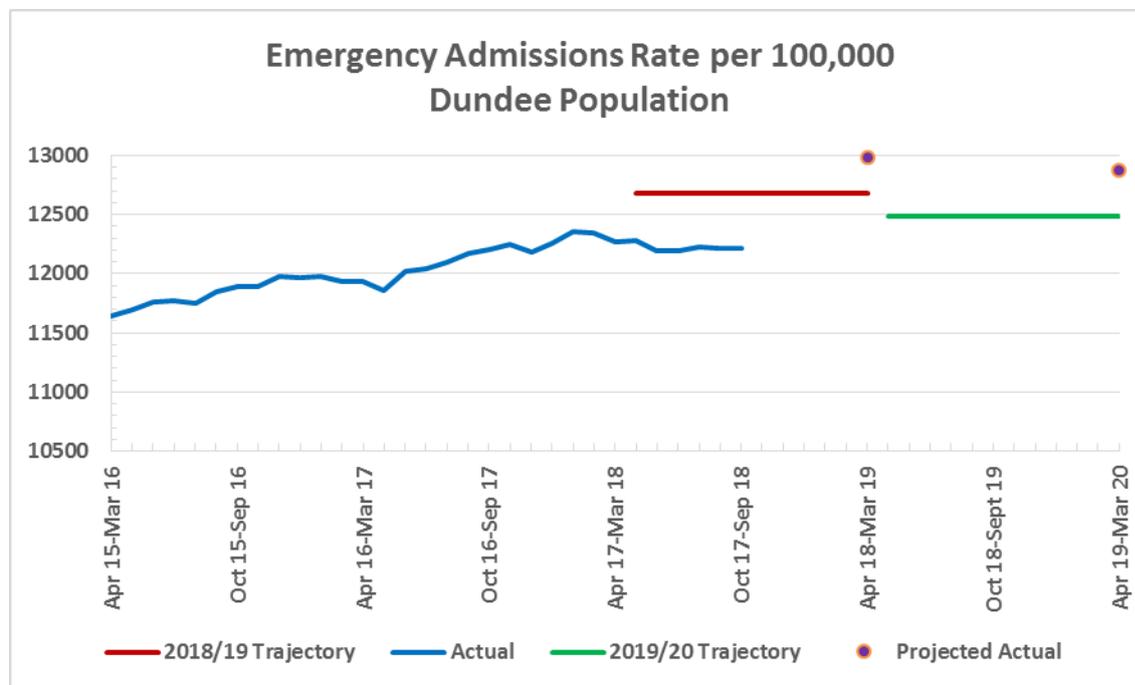
Under each of the six high level service delivery areas are charts which illustrate:

- 'Projected Actual' for 2018/19 is a combination of actual data (up to August 2018) taken from ISD's MSG Integration Integrators Report and estimated data (September 2018 to March 2019) taken from ARIMA modelling. (Data points on charts).
- 'Projected Actual' for 2019/20 – this is calculated in January 2019 using an autoregressive integrated moving average (ARIMA) model based on historical data between November 2014 and August 2018¹. Historical seasonal variation and overall trends are taken into account when modelling projections. Projections for 2019/20 assume that services will continue as they did in 2018/19, including sustaining the same rate of improvement, and that no further changes which either accelerate or decelerate the rate of improvement will be made – this helps the partnership to set their trajectories by estimating what impact changes to services will make on the projections. (Blue data points on charts).
- '2018/19 Trajectory' is the trajectory submitted in January 2018 for 2018/19 which is the projection plus / minus the target applied to each year. This illustrates the improvement or deterioration which was envisaged from 2015/16 onwards. (Red line on charts).
- '2019/20 Trajectory' is the trajectory proposed in January 2019 for 2019/20. Both the 'Projected Actual' for 2018/19 and 2019/20 are used as a baseline to help determine the '2019/20 Trajectory' figure. (Green line on charts).
- 'Actual' shows the actual performance of the Partnership up until September 17 to August 18. (Blue line on charts).

¹ Please note the projections for end of life care are not calculated using the ARIMA model, but instead are based on linear regression using historical annual data. In addition, projections produced through the ARIMA model for delayed discharge have been adjusted to take account of special cause variation associated with steep improvement gradients experienced over the last 3 years.

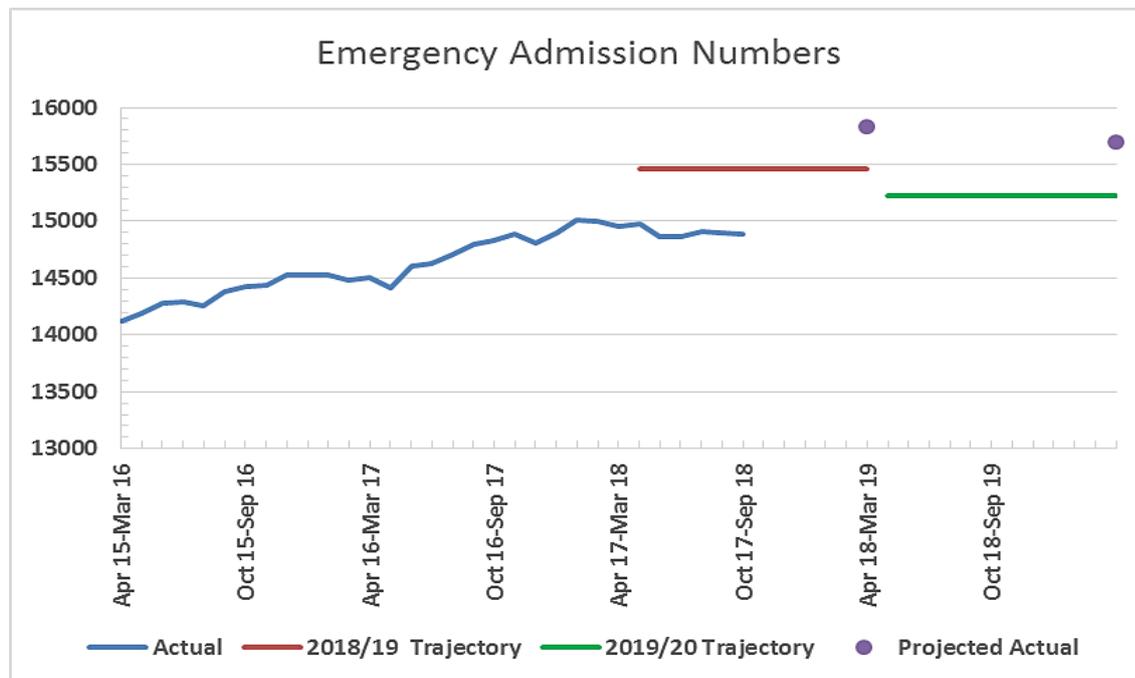
Emergency Admissions

Management Information - Chart 1: Emergency Admissions as a Rate per 100,000 Population in Dundee 18+



Source: ISD LIST management information (not official statistics)

Management Information - Chart 2: Emergency Admission Numbers 18+



Source: ISD LIST management information (not official statistics)

What is the data telling us?

For Emergency Admission Numbers:

- 18/19 estimated and actual performance (15,225) is better than the projection for 18/19 (15,827) and the 18/19 trajectory (15,464) set in January 18.
- Emergency admission numbers were projected to increase in 18/19 to 15,827 from the actual 2017/18 total (14,950) and the trajectory set in January 18 for 18/19 was for emergency admissions to increase slightly less than the projection (15,464).
- The actual and estimated data for 18/19 shows that Dundee is likely to perform better than predicted and there will be approximately 15,225 emergency admissions. This is a further improvement of 239 emergency admissions compared with the 18/19 trajectory set in January 18.

The 19/20 target

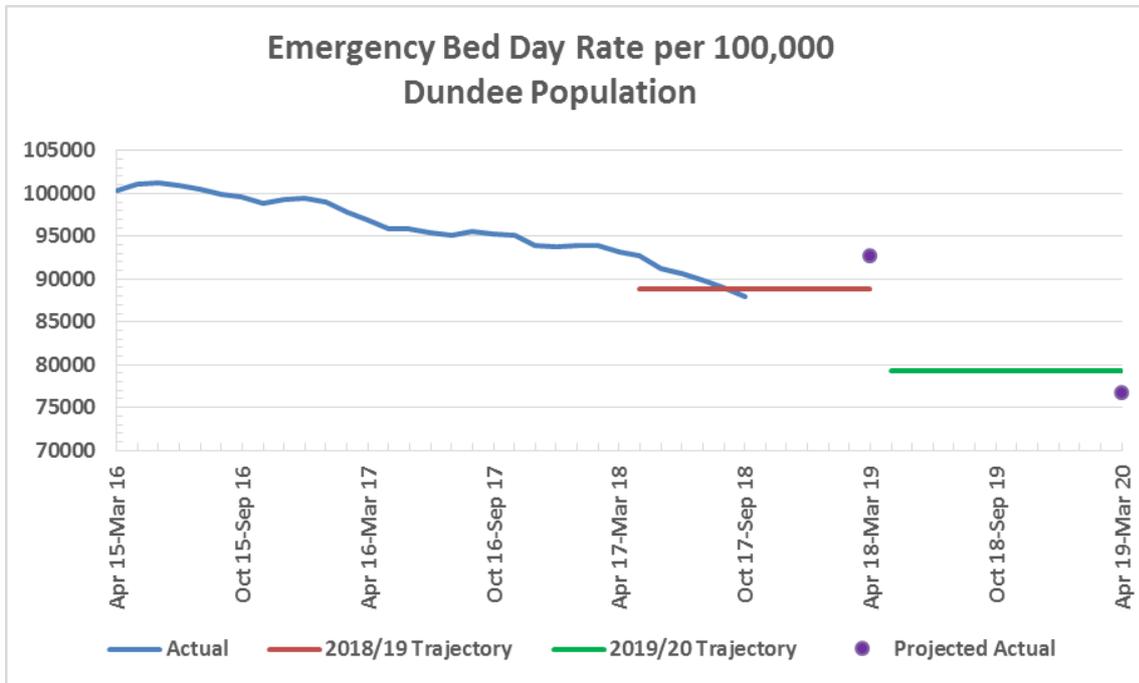
- The 19/20 target number of emergency admissions is 15,225. This is 3.0 % lower than the projected 19/20 number (15,695). This equates to a decrease of 470 in the number of emergency admissions.
- The 19/20 target is to maintain the number of emergency admissions at the 2018/19 actual and estimated figure (15,225).

How will trajectories agreed in Jan 19 for 19/20 be achieved?

- Roll out development of Enhanced Community Support, including acute.
- Implement 7 day targeted working (EA5-USC).
- Increased awareness and use of anticipatory care plans for all Adults where a plan would be of benefit.
- Implement an improvement plan relating to re-admission to hospital within 28 days of discharge analysis and improvement plan.
- Implement the Tayside Falls Prevention and Management Framework (2017-20) and refresh DHSCP falls pathway.
- Transformation of work with primary care and the implementation of the new GP contract.
- Development of locality based out- patient clinics.
- Progression of Reshaping Non-acute Care Redesign Programme.
- Implement Home and Hospital Discharge Plan.
- Implement Tayside Unscheduled Care Improvement Plan.
- Implement Tayside Winter Pressures Plan.

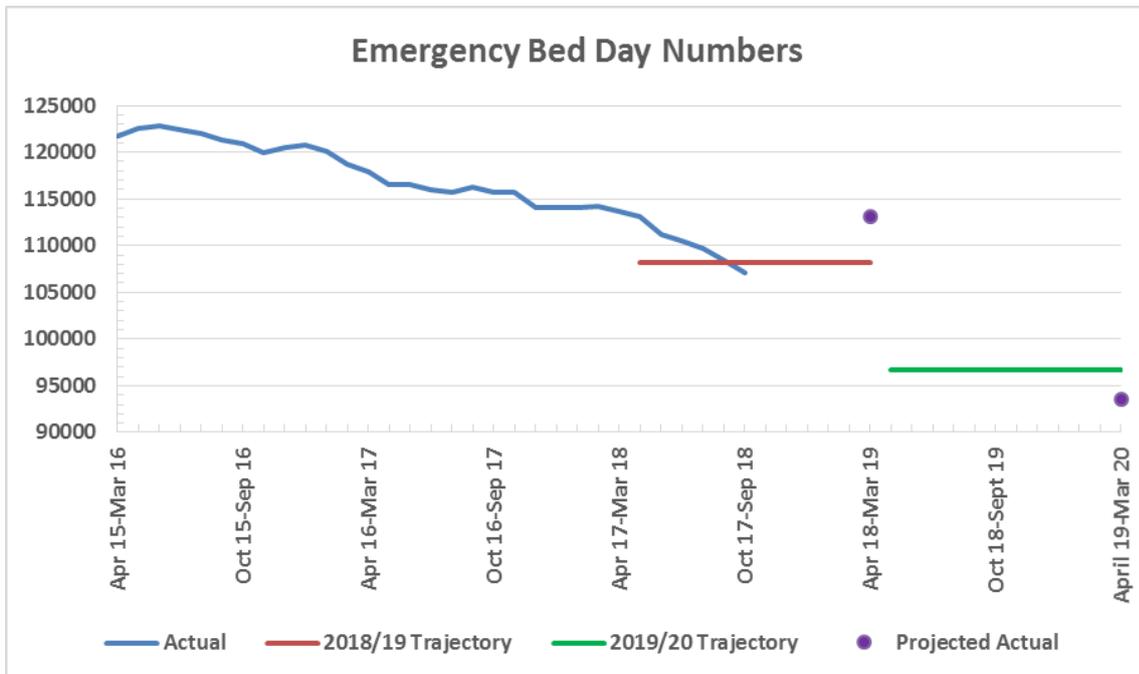
Emergency Bed Days

Management Information - Chart 3: Emergency Bed Days in Acute specialties as a Rate per 100,000 Population in Dundee 18+



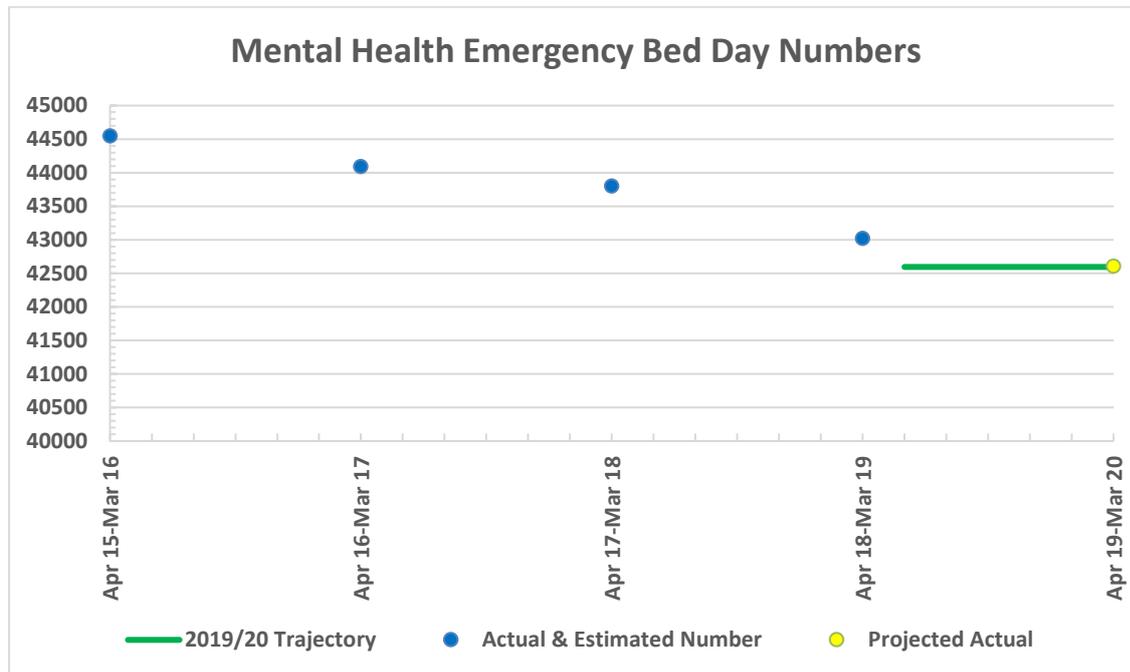
Source: ISD LIST management information (not official statistics)

Management Information - Chart 4: Emergency Bed Day Numbers in Acute specialties 18+



Source: ISD LIST management information (not official statistics)

Management Information - Chart 5: Mental Health Emergency Bed Day Numbers 18+



Source: ISD LIST management information (not official statistics)

What is the data telling us?

For Emergency Bed Day Numbers in Acute specialties:

- 18/19 estimated and actual performance (102,844) is better than the projection for 18/19 (113,085) and the 18/19 trajectory (108,129) set in January 18.
- Emergency bed day numbers were projected to decrease in 18/19 to 113,085 and the trajectory set in January 18 for 18/19 was for emergency bed day numbers to decrease further than the projection (108,129).
- The actual and estimated data for 18/19 shows that Dundee is likely to perform even better and there will be approximately 102,844 emergency bed days. This is a further improvement of 5,285 bed days compared with the 18/19 trajectory set in January 18.

For Mental Health Emergency Bed Day Numbers:

- There was no trajectory set in January 18 for 18/19.
- The actual and estimated number of bed days has been decreasing year on year since 15/16, and is projected to decrease again by 1% during 19/20 to 42,611 from the actual and estimated number for 18/19 (43,025).

The 19/20 target

For Emergency Bed Day Numbers in Acute specialties:

- The 19/20 target number of emergency bed days is 96,674 for Acute specialties. This is 3.3% higher than the projected 19/20 number (93,593). This equates to an increase of 3,081 in the number of emergency bed days.
- The 19/20 target is to reduce emergency bed days from the 18/19 actual and estimated number (102,844) by 6% to 96,674 emergency bed days.

For Mental Health Emergency Bed Day Numbers:

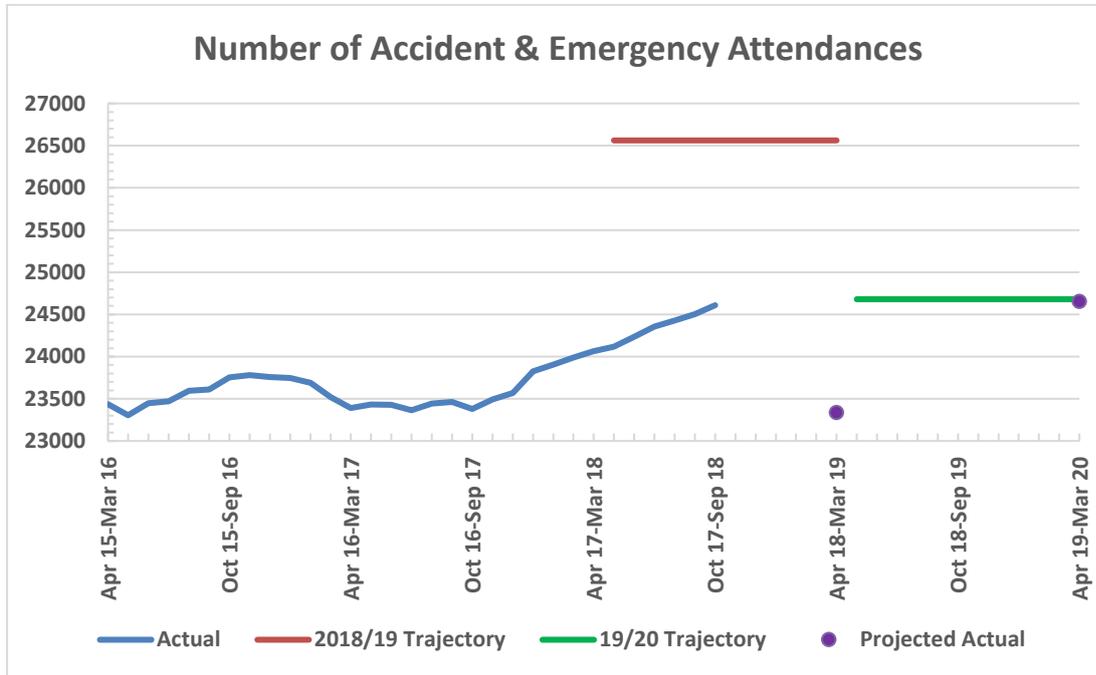
- The 19/20 target number of emergency bed days is 42,595 for Mental Health specialties. This is slightly lower than the projected 19/20 number (42,611).
- The 19/20 target is to reduce emergency bed days from the 18/19 actual and estimated number (43,025) by 1 % to 42,595 emergency bed days.

How will trajectories agreed in Jan 19 for 19/20 be achieved?

- Continue to review in patient models in line with community change.
- Further implement planned date of discharge model.
- Further develop discharge planning arrangements for adults with a learning disability and / or autism, mental ill-health, physical disability and acquired brain injury.
- Increase investment in intermediate forms of care.
- Co-locate the Learning Disability Acute Liaison Service within the Hospital Discharge Team base at Ninewells Hospital.
- Further develop resources which support assessment for 24 hour care taking place at home or home like settings.
- Implement a pathway for people with substance misuse problems and who have multiple morbidities.
- Hold Power of Attorney local campaigns.
- Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016.
- Integrated pathways are being developed across care home teams, ortho-geriatrics and older people psychiatry.
- Remodel AHP services within acute settings to improve pathways.
- Further remodel integrated discharge hubs which will improve joint working arrangements.
- Progression of Reshaping Non-acute Care Redesign Programme.
- Implement Home and Hospital Discharge Plan.
- Implement Tayside Unscheduled Care Improvement Plan.
- Implement Tayside Winter Pressures Plan.

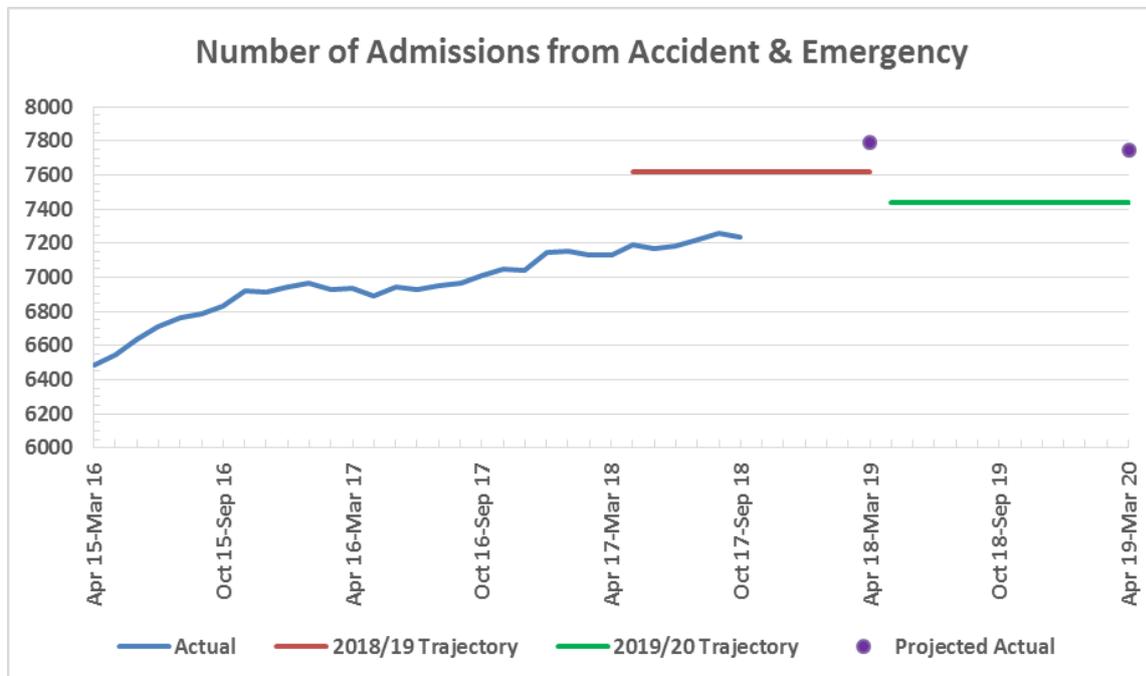
Accident & Emergency

Management Information - Chart 6: Number of Attendances at A+E



Source: ISD LIST management information (not official statistics)

Management Information - Chart 7: Number of 18+ Admissions from A+E



Source: ISD LIST management information (not official statistics)

What is the data telling us?

For Accident & Emergency Attendances:

- 18/19 estimated and actual performance (24,680) is poorer than the projection for 18/19 (23,336) but better than the 18/19 trajectory (26,562) set in January 18.
- Accident & Emergency attendances were projected to decrease in 18/19 to 23,336 from the actual 2017/18 total (24,063) and the trajectory set in January 18 for 18/19 (26,562) was for A&E attendances to increase more than the projection (23,336).
- Note: the 18/19 projection was for there to be zero change from 17/18 and because the number of A&E attendances in 17/18 was higher than predicted due to the flu epidemics and falls caused by adverse weather, this meant that the 2018/19 trajectory set in January 2018 was set higher than otherwise may have been expected.

For Admissions from A&E:

- 18/19 estimated and actual performance (7,440) is better than the projection for 18/19 (7,792) and would indicate an improvement of 176 admissions on the 18/19 trajectory (7,616) set in January 18.
- Admissions from Accident & Emergency were projected to increase in 18/19 to 7,792 from the actual 2017/18 total (7,131) and the trajectory set in January 18 for 18/19 (7,616) was for A&E admissions to be less than the projection (7,792).

The 19/20 target

For Accident & Emergency Attendances:

- The 19/20 target for A&E Attendances is 24,680. This is 0.1% higher than the projected 19/20 number (24,656). This equates to an increase of 24 in the number of A&E attendances.
- The 19/20 target is to maintain the number of A&E attendances at the 2018/19 actual and estimated figure (24,680).

For Admissions from A&E:

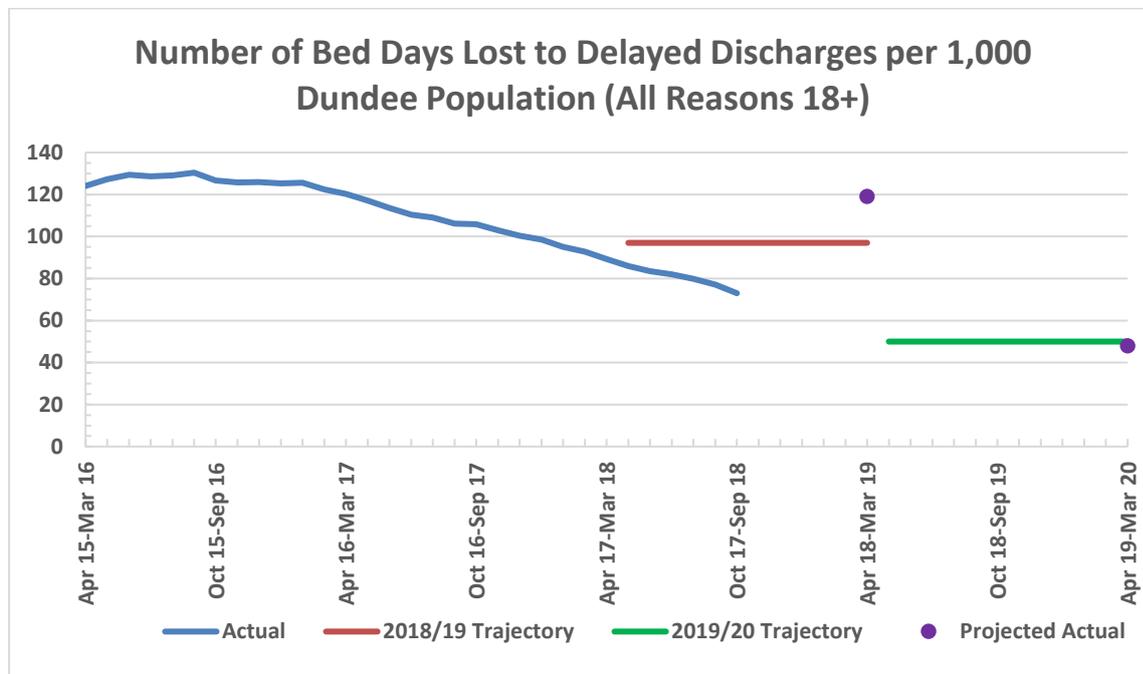
- The 19/20 target for Admissions from A&E is 7,440. This is 3.9% lower than the projected 19/20 number (7,743). This equates to a decrease of 303 in the number of admissions from A&E.
- The 19/20 target is to maintain the number of admissions from A&E at the 2018/19 actual and estimated figure (7,440).

How will trajectories agreed in Jan 19 for 19/20 be achieved?

- Further development of Enhanced Community Support, including acute.
- Increased awareness and use of anticipatory care plans for all Adults where a plan would be of benefit.
- Implement an improvement plan relating to re-admission to hospital within 28 days of discharge analysis and improvement plan.
- Implement the Tayside Falls Prevention and Management Framework (2017-20) and refresh DHSCP falls pathway.
- Implement a pathway for people with substance misuse problems and who have multiple morbidities.
- Transformation of work with primary care and the implementation of the new GP contract.
- Remodelling of polypharmacy.
- Further remodel integrated discharge hubs which will improve joint working arrangements.
- Progression of Reshaping Non-acute Care Redesign Programme.

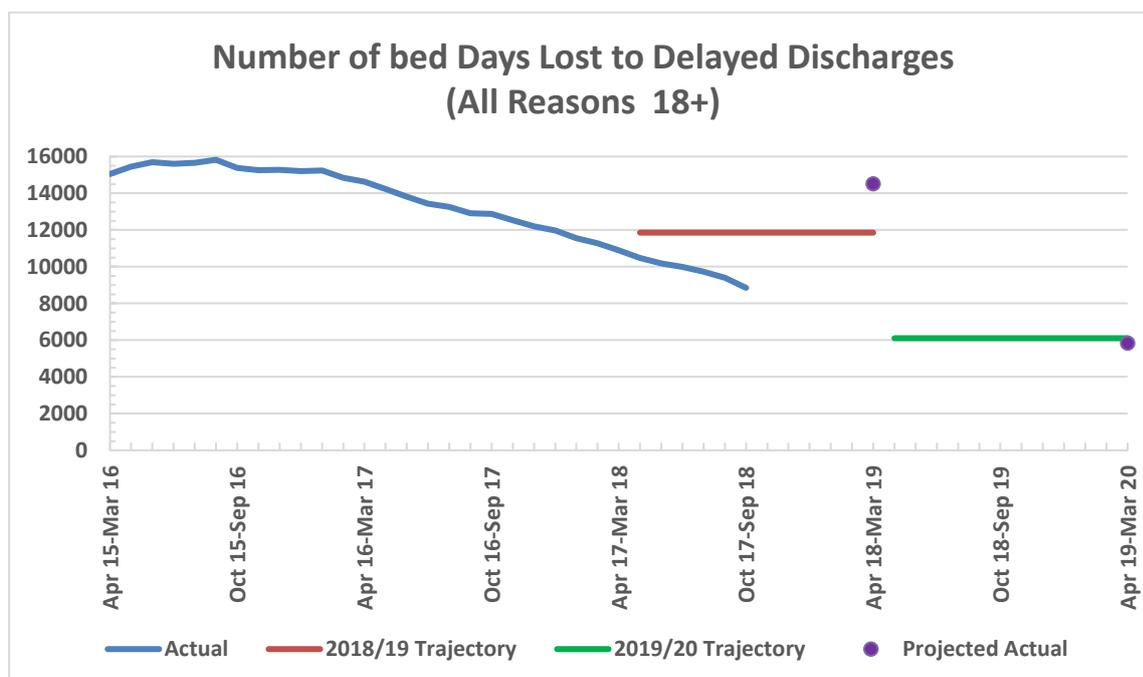
Delayed Discharges

Management Information - Chart 8: Bed Days Lost to Delayed Discharge 18+ as a Rate per 1,000 Population in Dundee



Source: ISD LIST management information (not official statistics)

Management Information - Chart 9: Number of Bed Days Lost to Delayed Discharges 18+



Source: ISD LIST management information (not official statistics)

What is the data telling us?

For Number of bed Days Lost to Delayed Discharges (All Reasons):

- 18/19 estimated and actual performance (7,960) is better than the projection for 18/19 (14,502) and the 18/19 trajectory (11,856) set in January 18.
- Bed days lost to delayed discharge were projected to decrease in 18/19 to 14,502 and the trajectory set in January 18 for 18/19 was for bed days lost to delayed discharges to decrease further than the projection (11,856).
- The actual and estimated data for 18/19 shows that Dundee is likely to perform even better and there will be approximately 7,960 bed days lost. This is a further improvement of 3,896 bed days compared with the 18/19 trajectory set in January 18.

The 19/20 target

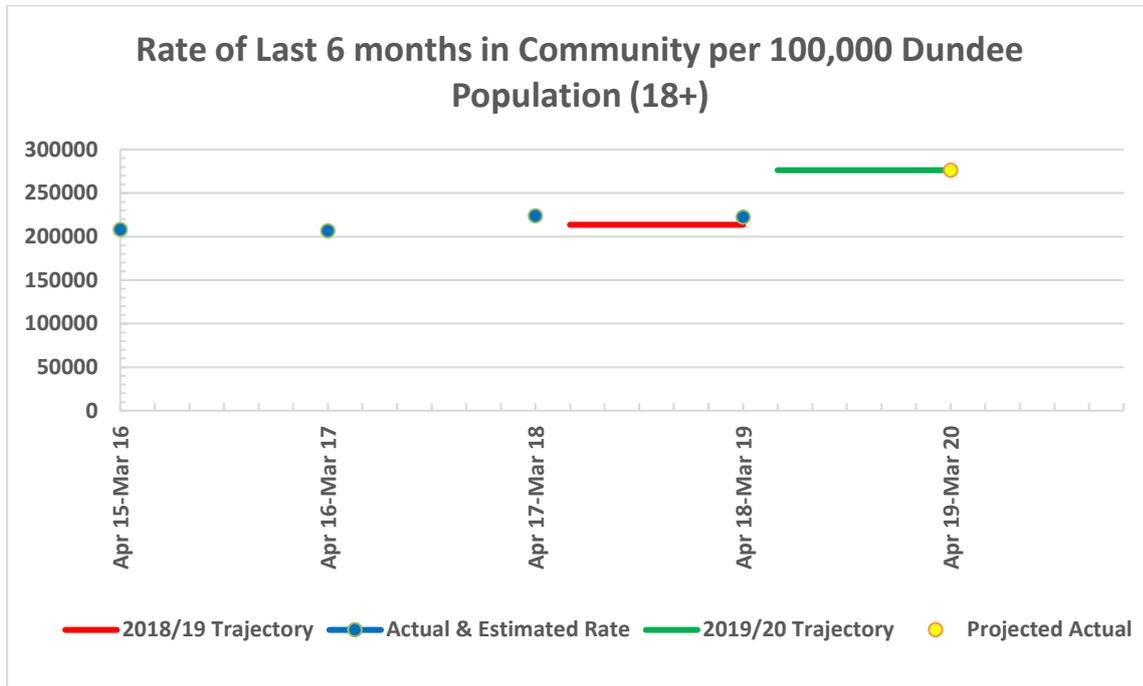
- The 19/20 target number of bed days lost is 6,105. This is 4.7 % higher than the projected 19/20 number (5,832). This equates to an increase of 273 bed days lost due to delayed discharges.
- The 19/20 target is to further reduce bed days lost from the 18/19 actual and estimated (7,960) by 20 % for Standard Delays and 25 % for Code 9 Delays to 6,105 bed days lost.

How will trajectories agreed in Jan 19 for 19/20 be achieved?

- Further develop intermediate forms of care.
- Further develop and remodel social care services to increase capacity and provide more flexible responses
- Further development of Community Rehabilitation and enablement.
- Review discharge pathways and corresponding procedures and guidance.
- Develop a statement and pathway for involving carers in discharge planning process.
- Extend the range of third sector supports for adults transitioning from hospital back to the community.
- Extend the step down and assessment model for residential care.
- Hold Power of Attorney local campaigns.
- Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016.
- Establish an integrated model of support for people with a learning disability and / or autism who also have extremely complex health and care support needs.
- Progression of Reshaping Non-acute Care Redesign Programme.
- Implement Home and Hospital Discharge Plan.
- Implement Tayside Unscheduled Care Improvement Plan
- Implement Tayside Winter Pressures Plan

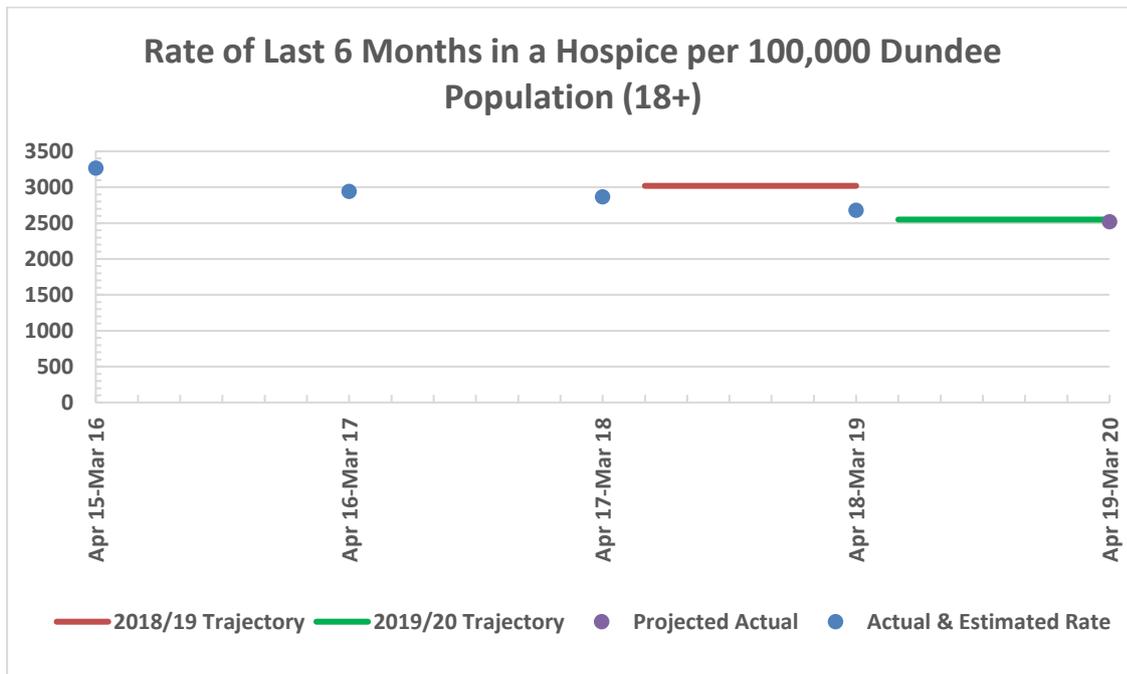
Last 6 Months of Life

Management Information - Chart 10: Last 6 months in community



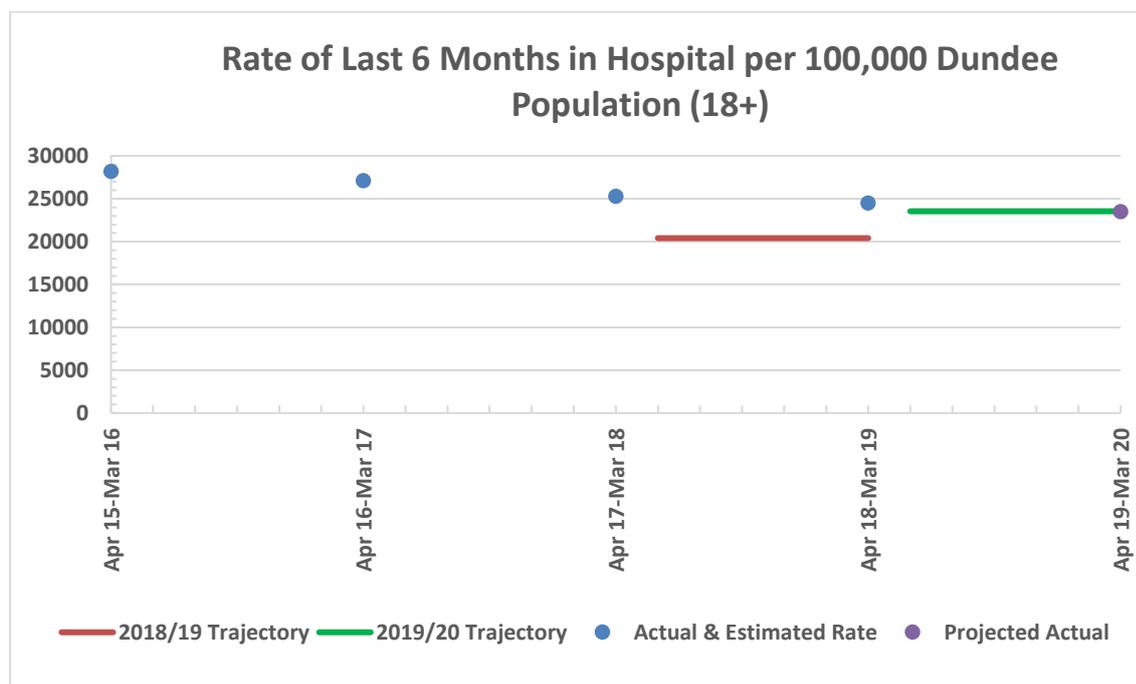
Source: ISD LIST management information (not official statistics)

Management Information - Chart 11: Last 6 months in hospice



Source: ISD LIST management information (not official statistics)

Management Information - Chart 12: Last 6 months in hospital rate per 100,000 18+



Source: ISD LIST management information (not official statistics)

What is the data telling us?

- There has been a year on year decrease since 15/16 in the actual and estimated numbers of people spending the last 6 months of their life in either a hospice or a hospital. The 18/19 actual and estimated number of people spending their last 6 months of life in a hospice (3,270) is well below the 18/19 trajectory (3,680) while the 18/19 actual and estimated number of people spending their last 6 months of life in a hospital (29,894) is above the 18/19 trajectory (24,878).
- Between 16/17 and 17/18 there was an 8.7% increase in the number of people spending the last 6 months of their life in the community, from 250,880 to 272,735. The 18/19 actual and estimated number of people spending their last 6 months of life in the community is 270,897 while the projected number for 19/20 is 276,204 (an increase of 2.0%).

The 19/20 targets

For last 6 months spent in the community:

- The 19/20 target number of bed days for last 6 months spent in the community is 276,314, with a rate of 226,660 bed days per 100,000 Dundee population - as shown in chart 10. This is 0.01 % higher than the projected 19/20 rate (226,569). This equates to an increase in the rate of 31 beds spent in the community during the last 6 months of life.
- The 19/20 target is to increase bed days from the 18/19 actual and estimated number (270,897) by 2 % to 276,314 bed days.

For last 6 months spent in a hospice / palliative care unit:

- The 19/20 target number of bed days for last 6 months spent in a hospice is 3,107, with a rate of 2,549 bed days per 100,000 Dundee population - as shown in chart 11. This is 1.2 % higher than the projected 19/20 rate (2519). This equates to an increase in the rate of 30 beds spent in a hospice during the last 6 months of life.
- The 19/20 target is to decrease bed days from the 18/19 actual and estimated number (3,270) by 5 % to 3107 bed days.

For last 6 months spent in a hospital:

- The 19/20 target number of bed days for last 6 months spent in a hospital is 28,698, with a rate of 23,541 bed days per 100,000 Dundee population - as shown in chart 12. This is 0.2% higher than the projected 19/20 rate (23,507). This equates to an increase in the rate of 34 beds spent in a hospital during the last 6 months of life.
- The 19/20 target is to decrease bed days from the 18/19 actual and estimated number (29,894) by 4 % to 28,698 bed days.

When interpreting this data it became apparent that the % change is determined by the total number of deaths in a year and if the number of deaths is less than the baseline year then targets may not be met. Common sense tells us that reduced numbers of deaths cannot be regarded as negative.

How will trajectories agreed in Jan 19 for 19/20 be achieved?

- PEOLC test site for dementia.
- Expand the use of Palliative Care Tool Bundle and Response Standards in use across community based health and social care services.
- Fully implement the Macmillan Improving the Cancer Project.
- PEOLC Managed Clinical Network in place, to focus on non-specialist palliative care.
- Increased availability of Key Information Summaries and ACPs.
- Develop a community Palliative Care Strategy to further progress support for people dying at home.
- Progression of Reshaping Non-acute Care Redesign Programme.

Balance of Care

Data to measure performance against the 18/19 targets is not currently available from NSS ISD therefore it is not currently possible to measure performance. The 2017/18 figures used to set the targets are provisional.

The 19/20 targets

For Care Homes:

- All Ages: 0.7% of the population living in care homes. (0.5% target set in January 18)
- Aged 75+ : 7.1% of the population living in care homes. (6.7% target set in January 18)

For Large Hospitals:

- All Ages: 0.3% of the population in large hospital. (0.4% target set in January 18)
- Aged 75+ : 1.8% of the population living in large hospital. (1.7% target set in January 18)

For Supported At Home:

- All Ages: 1.5% of the population supported at home.
- Aged 75+ : 11.6% of the population supported at home

For Unsupported At Home:

- All Ages: 97.6% of the population unsupported at home.
- Aged 75+ : 80% of the population unsupported at home.

How will trajectories agreed in Jan 19 for 19/20 be achieved?

- Further develop Enhanced Community Support, including acute.
- Develop a model of support for carers in line with the Carers Act.
- Continue to review in patient models in line with community change.
- Further develop models that support adults within their own homes.
- Further develop and remodel social care services to increase capacity and provide more flexible responses.
- Continue to develop step down to assess model.
- Increase the range of accommodation with support for people with complex needs.
- Further develop social prescribing model for Dundee and improve self-care.
- Further develop accommodation with support models in the community for adults.
- Further remodel the stroke pathway.
- Further develop short breaks and respite opportunities.
- Progression of Reshaping Non-acute Care Redesign Programme.

General

1. All Partnerships are invited to provide objectives for the six MSG indicators for 2019/20. A separate tab has been created for any Partnerships who wish to provide updated 2018/19 objectives although this is **optional**.
2. If Partnerships wish to return narrative/commentary in relation to actual data versus 2018/19 objectives for their area then this can be recorded in the **Notes** section of the 2018/19 objectives tab. This can be done regardless of whether 2018/19 objectives have been updated.
3. Objectives should relate to the data provided in the monthly spreadsheets and not locally sourced information. **Please note that although the latest spreadsheet will show the most recent data available, it is likely that indicator 2 in particular will be affected by completeness issues and also by patients who are yet to be discharged. The impact of this will vary depending on the area in question and so it is important to assess this locally before deciding which time period objectives can be reliably based upon.**
4. To help complete this template, annual figures from 2014/15 to 2017/18 can be found in the "Annual Data" tab. This is based on the spreadsheet *Integration-performance-indicators-v1.12*. Please note that completeness issues may still exist for unplanned bed days in 2017/18; see the Completeness tab for more information.
5. As a minimum Partnerships should provide objectives for the age groups delegated to them under integration but can submit for other age groups if they wish. Consequently, for indicators 1 to 3:
 - All Partnerships should provide objectives for 18+ but those responsible for all ages should also submit for <18.
 - For 18+, more detailed age groups can be used if preferred as long as overall 18+ figures can be derived e.g. objectives for 18-64 and 65+.
6. All Partnerships should provide:
 - 18+ only for indicator 4.
 - All ages for indicator 5.
 - 65+ only for indicator 6.
7. Hovering over certain cells in the template will display help text with information about what should be entered. More detailed notes can be found below.

Objective

1. Each objective requires four pieces of information per indicator:
 - *Baseline year* : the year against which your objective is measured.
 - *Baseline total* : the total annual figure/percentage within the baseline year.
 - *% change/percentage point change* : this is the change expected in 2019/20 compared to the baseline and could be an increase, decrease or the same as the baseline.
 - *Expected 2019/20 total* : the total actual number or percentage expected within this financial year.
2. To clarify, the expected 2019/20 total should be based on the expected percentage change compared to the overall baseline year figure i.e. the percentage should not relate to month on month reductions, whereby a different number could be obtained.
3. For indicator 2, an objective is required from all Partnerships for acute specialties. Separate objectives for Geriatric Long Stay and Mental Health specialties should also be provided by Partnerships where this is relevant.
4. For indicator 4, the row relating to "all reasons" should be completed. The breakdowns for the more specific reasons are **optional**.
5. Details regarding how each indicator is defined can be found within the footnotes of the monthly spreadsheet *Integration-performance-indicators-v1.11*. In particular, when considering objectives for indicators 5 and 6 please note:
 - How "community" is defined for indicator 5.
 - How "supported at home" and "unsupported at home" are defined for indicator 6.
 More detailed location breakdowns for indicators 5 and 6 are available in the spreadsheet *Integration-performance-indicators-v1.11*. If preferred, Partnerships are welcome to provide information by each of these location types.
6. The way in which indicators 5 and 6 are derived will only provide estimates. These indicators will be more robust in the future due to the Source social care data collection and the availability of more complete information regarding care home and care at home activity.

How will it be achieved

1. A brief summary should be provided explaining how each objective will be achieved and may include specific programmes of work which are planned or have already been implemented. Hyperlinks to specific policies can be included.
2. Each Partnership is welcome to submit more detailed information separate to the template if they wish.

Notes

1. Covers any information or background notes which are important to highlight in relation to the objectives provided.
2. May offer some form of context to the objectives or to help explain some of the nuances around local data collection. For example, issues around data completeness or what is/isn't included within bed days figures.
3. Any other local context which may be important to note. More detail can be provided separately to the template if preferred.

MSG Indicators - Annual Data Summary

The data within these tables are taken from the monthly spreadsheet *Integration-performance-indicators-v1.12*. For details explaining how each of these indicators have been derived, please see either the footnotes within that spreadsheet or the technical document named *MSG indicators - technical document*.

Select Partnership:

1. Number of emergency admissions

Partnership: Dundee City		2014/15	2015/16	2016/17	2017/18
Age Group					
Under 18		2,564	2,664	2,833	2,964
18+		14,015	14,127	14,506	14,950

2a. Number of unscheduled hospital bed days; acute specialties

Partnership: Dundee City		2014/15	2015/16	2016/17	2017/18
Age Group					
Under 18		3,286	3,255	3,680	3,517
18+		119,182	121,683	117,848	113,587

2b. Number of unscheduled hospital bed days; geriatric long stay specialties

Partnership: Dundee City		2014/15	2015/16	2016/17	2017/18
Age Group					
18+		10,143	9,787	8,689	1,159

2c. Number of unscheduled hospital bed days; mental health specialties

Partnership: Dundee City		2014/15	2015/16	2016/17	2017/18
Age Group					
Under 18		1,003	727	312	1,004
18+		41,467	44,552	44,092	43,657

3. Number of A&E attendances

Partnership: Dundee City		2014/15	2015/16	2016/17	2017/18
Age Group					
Under 18		6,369	6,225	6,564	6,416
18+		23,423	23,437	23,389	24,063

4. Delayed discharge bed days

Partnership: Dundee City		2014/15	2015/16	2016/17	2017/18
Age Group					
18+		12,239	15,050	14,627	10,893

5. Percentage of last six months of life spent in the community

Partnership: Dundee City		2014/15	2015/16	2016/17	2017/18 ^p
Age Group					
All Ages		86.7%	86.9%	87.3%	88.8%

6. Percentage of 65+ population living at home (supported or unsupported)

Partnership: Dundee City		2014/15	2015/16	2016/17	2017/18 ^p
Setting: Home unsupported & supported					
Age Group					
65+		95.0%	95.0%	94.9%	95.0%

Template for MSG 2019/20 objectives

Health and Social Care Partnership: Dundee City
 Age Group for indicators 1 to 3: 18+

Objective	1. Emergency admissions				2. Unplanned bed days				3. A&E attendances				4. Delayed discharge bed days (18+)				5. Percentage of last 6 months of life spent in community (all ages)				6. Proportion of 65+ population living at home (supported and unsupported)					
	Baseline year	Baseline total	% change	Expected 2019/20 total	Acute	Baseline year	Baseline total	% change	Expected 2019/20 total	Baseline year	Baseline total	% change	Expected 2019/20 total	All reasons	Baseline year	Baseline total	% change	Expected 2019/20 total	Baseline year	Baseline percentage	Percentage point change	Expected 2019/20 %	Baseline year	Baseline percentage	Percentage point change	Expected 2019/20 %
	2015/16	14,127	7.8	15,225		2015/16	121,683	-20.6	96,674	2015/16	23,437	5.3	24,680		2015/16	15,050	-59.4	6,105	2015/16	86.9%	2	88.9%	2015/16	1.3%		
					Geriatric Long Stay	Baseline year	Baseline total	% change	Expected 2019/20 total					H&SC/patient and family related reasons	2015/16			2,320								
					Mental Health	Baseline year	Baseline total	% change	Expected 2019/20 total					Code 9	Baseline year	Baseline total	% change	Expected 2019/20 total								
					2015/16	44,552	-4.4	42,595						2015/16	6,668	-43.2	3,785									
How will it be achieved	<ul style="list-style-type: none"> Roll out development of Enhanced Community Support, including acute. Implement 7 day targeted working (EA5-USC). Increased awareness and use of anticipatory care plans for all Adults where a plan would be of benefit. Implement an improvement plan relating to re-admission to hospital within 28 days of discharge analysis and improvement plan. Implement the Tayside Falls Prevention and Management Framework (2017-20) and refresh DHSCP falls pathway. Transformation of work with primary care and the implementation of the new GP contract. Development of locality based out-patient clinics. Progression of Reshaping Non-acute Care Redesign Programme. Implement Home and Hospital Discharge Plan. Implement Tayside Unscheduled Care Improvement Plan. Implement Tayside Winter Pressures Plan. 				<ul style="list-style-type: none"> Continue to review in patient models in line with community change. Further implement planned date of discharge model. Further develop discharge planning arrangements for adults with a learning disability and / or autism, mental ill-health, physical disability and acquired brain injury. Increase investment in intermediate forms of care. Co-locate the Learning Disability Acute Liaison Service within the Hospital Discharge Team base at Ninewells Hospital. Further develop resources which support assessment for 24 hour care taking place at home or home like settings. Implement a pathway for people with substance misuse problems and who have multiple morbidities. Hold Power of Attorney local campaigns. Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016. Integrated pathways are being developed across care home teams, ortho geriatrics and older people psychiatry. Remodel AHP services within acute settings to improve pathways. Further remodel integrated discharge hubs which will improve joint working arrangements. Progression of Reshaping Non-acute Care Redesign Programme. Implement Home and Hospital Discharge Plan. Implement Tayside Unscheduled Care Improvement Plan. Implement Tayside Winter Pressures Plan. 				<ul style="list-style-type: none"> Further development of Enhanced Community Support, including acute. Increased awareness and use of anticipatory care plans for all Adults where a plan would be of benefit. Implement an improvement plan relating to re-admission to hospital within 28 days of discharge analysis and improvement plan. Implement the Tayside Falls Prevention and Management Framework (2017-20) and refresh DHSCP falls pathway. Implement a pathway for people with substance misuse problems and who have multiple morbidities. Transformation of work with primary care and the implementation of the new GP contract. Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016. Further remodel integrated discharge hubs which will improve joint working arrangements. Progression of Reshaping Non-acute Care Redesign Programme. 				<ul style="list-style-type: none"> Further develop intermediate forms of care. Further develop and remodel social care services to increase capacity and provide more flexible responses. Further development of Community Rehabilitation and enablement. Review discharge pathways and corresponding procedures and guidance. Develop a statement and pathway for involving carers in discharge planning process. Extend the range of third sector supports for adults transitioning from hospital back to the community. Extend the step down and assessment model for residential care. Hold Power of Attorney local campaigns. Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016. Establish an integrated model of support for people with a learning disability and / or autism who also have extremely complex health and care support needs. Progression of Reshaping Non-acute Care Redesign Programme. Implement Home and Hospital Discharge Plan. Implement Tayside Unscheduled Care Improvement Plan. Implement Tayside Winter Pressures Plan. 				<ul style="list-style-type: none"> PEOLC test site for dementia. Expand the use of Palliative Care Tool Bundle and Response Standards in use across community based health and social care services. Fully implement the Macmillan Improving the Cancer Project. PEOLC Managed Clinical Network in place, to focus on non-specialist palliative care. Increased availability of Key Information Summaries and ACPs. Develop a community Palliative Care Strategy to further progress support for people dying at home. Progression of Reshaping Non-acute Care Redesign Programme. 				<ul style="list-style-type: none"> Further develop Enhanced Community Support, including acute. Develop a model of support for carers in line with the Carers Act. Continue to review in patient models in line with community change. Further develop models that support adults within their own homes. Further develop and remodel social care services to increase capacity and provide more flexible responses. Continue to develop step down to assess model. Increase the range of accommodation with support for people with complex needs. Further develop social prescribing model for Dundee and improve self-care. Further develop accommodation with support models in the community for adults. Further remodel the stroke pathway. Further develop short breaks and respite opportunities. Progression of Reshaping Non-acute Care Redesign Programme. 					
Notes																										

Health and Social Care Partnership: Dundee City
 Age Group for indicators 1 to 3: < 18

Objective	1. Emergency admissions				2. Unplanned bed days				3. A&E attendances				
	Baseline year	Baseline total	% change	Expected 2019/20 total	Acute	Baseline year	Baseline total	% change	Expected 2019/20 total	Baseline year	Baseline total	% change	Expected 2019/20 total
					Menal Health	Baseline year	Baseline total	% change	Expected 2019/20 total				
How will it be achieved													
Notes													

Template for MSG 2018/19 objectives

Health and Social Care Partnership: Dundee City
 Age Group for indicators 1 to 3: 18+

Objective	1. Emergency admissions				2. Unplanned bed days				3. A&E attendances				4. Delayed discharge bed days (18+)				5. Percentage of last 6 months of life spent in community (all ages)				6. Proportion of 65+ population living at home (supported and unsupported)					
	Baseline year	Baseline total	% change	Expected 2018/19 total	Acute	Baseline year	Baseline total	% change	Expected 2018/19 total	Baseline year	Baseline total	% change	Expected 2018/19 total	All reasons	Baseline year	Baseline total	% change	Expected 2018/19 total	Baseline year	Baseline percentage	Percentage point change	Expected 2018/19 %	Baseline year	Baseline percentage	Percentage point change	Expected 2018/19 %
	2015/16	14,125	9.5	15,464		2015/16	120,989	-10.6	108,129	2015/16	23,437	13.3	26,562		2015/16	15,050	-21.2	11,856	2015/16	86.9%	2.1	89.0%	2015/16	1.3%		
					Geriatric Long Stay									H&SC/patient and family related reasons												
					Mental Health									Code 9												
															2015/16	6,668	-3.1	6,461								
How will it be achieved	<ul style="list-style-type: none"> Further development of Enhanced Community Support, including acute. Implement 7 day targeted working (EA5-USC) Increased awareness and use of anticipatory care plans for all Adults where a plan would be of benefit. Implement an improvement plan relating to re-admission to hospital within 28 days of discharge analysis and improvement plan. Implement the Tayside Falls Prevention and Management Framework (2017-20) and refresh DHSCP falls pathway. Transformation of work with primary care and the implementation of the new GP contract. Development of locality based out- patient clinics. Development of integrated care homes. 				<ul style="list-style-type: none"> Continue to review in patient models in line with community change. Further implement planned date of discharge model. Further develop discharge planning arrangements for adults with a learning disability and / or autism, mental ill-health, physical disability and acquired brain injury. Increase investment in intermediate forms of care. Co-locate the Learning Disability Acute Liaison Service within the Hospital Discharge Team base at Ninewells Hospital Increase investment in resources which support assessment for 24 hour care taking place at home or home like settings. Implement a pathway for people with substance misuse problems and who have multiple morbidities. Hold Power of Attorney local campaigns. Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016. Integrated pathways are being developed across care home teams, ortho geriatrics and older people psychiatry. Remodel AHP services within acute settings to improve pathways. Further remodel integrated discharge hubs which will improve joint working arrangements. 				<ul style="list-style-type: none"> Further development of Enhanced Community Support, including acute Implement 7 day targeted working (EA5-USC) Increased awareness and use of anticipatory care plans for all Adults where a plan would be of benefit. Implement an improvement plan relating to re-admission to hospital within 28 days of discharge analysis and improvement plan. Implement the Tayside Falls Prevention and Management Framework (2017-20) and refresh DHSCP falls pathway. Implement a pathway for people with substance misuse problems and who have multiple morbidities. Transformation of work with primary care and the implementation of the new GP contract. Remodelling of polypharmacy. Further remodel integrated discharge hubs which will improve joint working arrangements. 				<ul style="list-style-type: none"> Increased investment in intermediate forms of care. Remodel care at home services and provide more flexible responses. Further invest in social care infrastructure, including consolidating current tests of change through third sector partnerships. Further development of Community Rehabilitation. Review discharge management procedures and guidance. Develop a statement and pathway for involving carers in discharge planning process. Extend the range of third sector supports for adults transitioning from hospital back to the community. Develop a step down and assessment model for residential care. Hold Power of Attorney local campaigns. Earlier identification of requirement for measures under Adults with Incapacity (Scotland) Act 2016. Establish an integrated model of support for people with a learning disability and / or autism who also have extremely complex health and care support needs. Implement home and hospital discharge plan. 				<ul style="list-style-type: none"> PEOLC test site for dementia Expand the use of Palliative Care Tool Bundle and Response Standards in use across community based health and social care services. Fully implement the Macmillan Improving the Cancer Project. PEOLC Managed Clinical Network in place, to focus on non-specialist palliative care. Increase availability of Key Information Summaries and ACPs. Learning disability community nursing team will work with MacMillan nurses to improve methods of communication. 				<ul style="list-style-type: none"> Further develop Enhanced Community Support, including acute. Develop a model of support for carers in line with the Carers Act. Continue to review in patient models in line with community change. Increase investment in models that support adults within their own homes. Increase investment and improve capacity in social care. Continue to develop step down to assess model. Increase the range of accommodation with support for people with complex needs. Increase social prescribing and improve self-care. Further develop accommodation with support models in the community for adults. Remodel the stroke pathway. Further develop short breaks and respite opportunities. 					
Notes	% above is for living at home supported.																									

Health and Social Care Partnership: Dundee City
 Age Group for indicators 1 to 3: < 18

Objective	1. Emergency admissions				2. Unplanned bed days				3. A&E attendances				
	Baseline year	Baseline total	% change	Expected 2018/19 total	Acute	Baseline year	Baseline total	% change	Expected 2018/19 total	Baseline year	Baseline total	% change	Expected 2018/19 total
					Menal Health								
How will it be achieved													
Notes													

Template for MSG 2019/20 objectives (completed example)

Health and Social Care Partnership: Partnership A
 Age Group for indicators 1 to 3: 18+

Objective	1. Emergency admissions				2. Unplanned bed days				3. A&E attendances				4. Delayed discharge bed days (18+)				5. Percentage of last 6 months of life spent in community (all ages)				6. Proportion of 65+ population living at home (supported and unsupported)					
	Baseline year	Baseline total	% change	Expected 2019/20 total	Acute	Baseline year	Baseline total	% change	Expected 2019/20 total	Baseline year	Baseline total	% change	Expected 2019/20 total	All reasons	Baseline year	Baseline total	% change	Expected 2019/20 total	Baseline year	Baseline percentage	Percentage point change	Expected 2019/20 %	Baseline year	Baseline percentage	Percentage point change	Expected 2019/20 %
	2015/16	12,634	2% decrease	12,381		2015/16	143,872	4.4% decrease	137,542	2015/16	34,100	2% decrease	33,418		2015/16	18,765	3.06% decrease	18,191	2015/16	85.6%	0.8 increase	86.4%	2015/16	83.2%	1.3 increase	84.5%
					Geriatric Long Stay	Baseline year	Baseline total	% change	Expected 2019/20 total					H&SC/patient and family related reasons	Baseline year	Baseline total	% change	Expected 2019/20 total								
						2015/16	8,985	1% increase	9,075						2015/16	15,000	3.5% decrease	14,475								
					Mental Health	Baseline year	Baseline total	% change	Expected 2019/20 total					Code 9	Baseline year	Baseline total	% change	Expected 2019/20 total								
						2015/16	21,638	Maintain	21,638						2015/16	3,765	1.3% decrease	3,716								
How will it be achieved																										
Notes																										

Health and Social Care Partnership: Partnership A
 Age Group for indicators 1 to 3: < 18

Objective	1. Emergency admissions				2. Unplanned bed days				3. A&E attendances				
	Baseline year	Baseline total	% change	Expected 2019/20 total	Acute	Baseline year	Baseline total	% change	Expected 2019/20 total	Baseline year	Baseline total	% change	Expected 2019/20 total
	2015/16	2,683	1% reduction	2,656		2015/16	32,300	1.1% increase	32,623	2015/16	4,387	0.5% increase	4,606
					Menal Health	Baseline year	Baseline total	% change	Expected 2019/20 total				
						Not applicable	Not applicable	Not applicable	Not applicable				
How will it be achieved													
Notes													

Health and Social Care Integration Directorate
Integration Division



Scottish Government
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To: Chief Officers Integration Authorities



12 December 2018

Dear Colleagues

UNDERSTANDING PROGRESS UNDER INTEGRATION

We are writing to provide you with an update on our work to share progress updates on integration with the Ministerial Strategic Group for Health and Community Care (MSG).

Firstly, we would like to thank you for sharing your local objectives for 2018-19 on the initial six indicators earlier this year. This information has been used to provide MSG with a summary overview of Integration Authority ambitions around these indicators and quarterly progress updates. As with last year, MSG appreciated the time taken to develop and share these objectives and have found the information very helpful in supporting them in their role to provide political leadership for, and oversight of, integration.

The framework continues as agreed, with a view to reviewing and expanding when additional appropriate information, such as the inclusion of social care data in Source, becomes available.

The small MSG Data Working Group established in 2017 continues to meet and has been particularly helpful in developing the reporting framework, especially in terms of tightening links with other networks such as the Integration Authority Chief Finance Officers. The partnership approach has enhanced understanding of progress across the system of the purpose and requirements of the exercise of gathering updated objectives, which has in turn improved the process and quality of submissions. We will continue to work with the MSG Data Working Group and Chief Officers to expand the range of indicators used going forward.

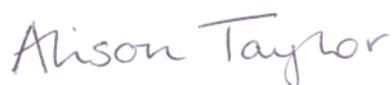
Updates to MSG have included an outline of progress made in collating and sharing data and a short summary of Integration Authorities' improvement plans in March 2018, quarterly updates on progress against the six key framework indicators in June and September 2018, an update on the new single social care data collection in June 2018 and a summary of Integration Authority annual performance reports in September 2018.

MSG have welcomed these updates and have requested for future meetings that we continue to provide such updates, incorporating narrative to explain the data and also to include local experiences of leading improvement, such as that presented to MSG in March by Aberdeen City on their approach to continuous improvement.

You are invited to share your updated objectives for 2019/20. We recognise that you will want to engage with a range of partners in this process. To support the process we have reviewed and updated the guidance notes and format for sharing your objectives. This has all been developed with advice from the MSG Data Working Group, ISD and others. The intention has been to simplify the task locally and provide consistency across the information shared. As with previous years, we anticipate that there will be local support for developing objectives from the LIST team and other local analysts drawing on collective advice on best practice around developing objectives.

We would be grateful if you would provide your updated 2019/20 local objectives for MSG by 28 February 2019. These should be sent to NSS.Source@nhs.net. We recognise that you will want to agree these objectives with your IJB, so if that is not possible within the timescale, we would be happy to accept interim objectives. We also welcome any feedback on this approach and the guidance – please contact Charlie Hogg Charlie.hogg@gov.scot or 0131 244 2493.

Yours faithfully,



Alison Taylor
Head of Integration
Scottish Government



John Wood
Chief Officer Health and Social Care
COSLA



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 12 FEBRUARY 2019

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2018/19 QUARTER 2

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC2-2019

1.0 PURPOSE OF REPORT

The purpose of this report is to update the Performance and Audit Committee on 2018/19 Quarter 2 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' interim targets.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report.
- 2.2 Notes the performance of Dundee Health and Social Care Partnership, at both Dundee and locality levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 and section 6.
- 2.3 Notes the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' interim targets as summarised in Appendix 1 and section 6.
- 2.4 Instructs the Chief Finance Officer to submit to PAC summary reports only for Quarters 1 and 3 of each financial year and full performance reports for Quarters 2 and 4 of each financial year, as described in section 7.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND

- 4.1 The Quarter 2 Performance Report covers local performance against National Health and Wellbeing Indicators 1-23. Appendix 1 provides a summary of performance and Appendix 2 sets out analysis of what the data is telling us and a summary of improvement actions. 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 4.2). The Scottish Government and National Services Scotland Information Services Division (NSS ISD) are working on the development of definitions and datasets to calculate these indicators nationally.

- 4.2 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. A summary of the published results from the 2017/18 survey is provided in Appendix 1 (table 1). Full details have been provided previously in 2018/19 Quarter 1 Performance Report (Article IV of the minute of the meeting of the Performance and Audit Committee held on 25 September 2018 refers).
- 4.3 Appendix 1 also summarises performance against targets set in the Measuring Performance Under Integration (MPUI) submission (Article IX of the minute of meeting of the Dundee IJB held on 13 February 2018 refers) for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges. Detail is provided in Appendix 2. Please note that we are currently unable to provide analysis for balance of care and end of life.

5.0 DATA SOURCES USED FOR MEASURING PERFORMANCE

- 5.1 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 have provided data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls.
- 5.2 Data provided by NHS Tayside differs from data provided by NSS ISD; the main difference being that NHS Tayside uses 'board of treatment' and NSS uses 'board of residence'. Although the two data sources were not identical, Business Support Unit data accuracy remains within an acceptable tolerance and trends are reliable for service planning and performance improvement purposes. The data provided by NHS Tayside Business Unit is provisional and figures should be treated with caution as the methodology used to calculate emergency bed days does not match the national definitions. Planned transfer mental health bed days are not included in the local bed days analysis, unlike the national bed days analysis provided by ISD. The difference in methodology means there are approximately 18,000 bed days (13%) unaccounted for in Dundee during 2018/19 Quarter 2. Work is ongoing with the Business Unit to replicate the methodology used by ISD and local data will be amended for future performance reports. Please note, however, that local trends do match the national trends for emergency bed days analysis.
- 5.3 National benchmarking data is usually presented one quarter in arrears due to the time lag associated with collating and validating national data. As the 2018/19 Quarter 2 report is being submitted one quarter in arrears, on this occasion it does include Quarter 2 benchmarking data provided by NSS ISD. Recent guidance from NSS ISD has meant that other Partnerships can no longer be identified when benchmarking, until submissions rates are acceptable and data has been formally published.
- 5.4 National data is provided to all partnerships, by NSS ISD, to assist with monitoring against targets set under Measuring Performance under Integration arrangements. This data shows rolling monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously NSS ISD 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+.

6.0 QUARTER 2 PERFORMANCE 2018/19

- 6.1 Rolling data from October 2017 to September 2018 demonstrates that performance exceeded 'Measuring Performance Under Integration' targets for emergency admissions, emergency bed days, accident and emergency attendances and delayed discharges. The target for emergency admissions as a rate per 1,000 of all accident and emergency attendances was not met but the last two quarters have shown an improved position. Please refer to Chart 3 in Appendix 2.

6.2 For each of the six high level service delivery areas from the National Health and Wellbeing Indicators and MPUI for which data is currently available performance has been assessed against the:

- a) 2015/16 pre-integration baseline;
- b) 2018/19 Measuring Performance under Integration (MPUI) target;
- c) 2018/19 Quarter 1 Dundee performance; and,
- d) Benchmarking position with other Scottish partnerships (including family group partnerships) and the Scottish average performance.

From this analysis areas of improving/good performance, of mixed performance and of declining/poor performance have been identified. Appendix 2 provides details of planned improvement actions.

6.2.1 *Areas of improving/good performance*

Delayed Discharges (Appendix 2 - Charts 15 to 20 and Tables 2 to 4, 9 to 11)

- Number of bed days lost (all reasons 18+) is significantly better than MPUI projected position and on track to exceed 2018/19 target.
- Number of bed days lost per 1,000 population (all reasons 75+) is better than Scottish average and Dundee is performing better than all but one family group partnership.
- Improvements of 62.9% (standard) and 67.1% (complex) from pre-integration position.
- Improvements from 2018/19 Quarter 1 position in 5 out of 8 LCPPs for both types of delay.
- Number of bed days lost (complex all ages) improved by 23% from pre-integration position.

Emergency Bed Days (Appendix 2 - Charts 6 to 9 and Tables 2 to 4, 6)

- 2018/19 Quarter 2 position is slightly better than MPUI projected position for both Emergency Bed Rate per 100,000 population and Emergency Bed Day Numbers for Acute specialties.
- Both the rate and numbers of emergency bed days have fallen by around 12% compared to the pre-integration position.
- Improved rates between 2018/19 Quarter 1 and Quarter 2 across all LCPPs.
- Emergency Bed Day Rate for Dundee City is higher than the Scottish Average – the eleventh highest in Scotland. However, Dundee City rate performed better than 6 other family group partnerships.

6.2.2 *Areas of mixed performance*

Accident and Emergency Attendances (Appendix 2 - Chart 10 and Table 2)

- Significantly better than MPUI projected position and on track to exceed 2018/19 target.
- Over the last year the number of attendances has been increasing, which is a deterioration in performance.

Emergency Admissions (Appendix 2 - Charts 1 to 5 and Tables 2 to 5)

- Emergency Admission Rate per 100,000 population and Emergency Admission Numbers are both better than MPUI position and if improvement continues will be on track to exceed 2018/19 integration target.
- Emergency Admissions as a Rate per 1,000 of all A and E Attendances significantly higher than MPUI position and questionable whether 2018/19 target will be met.
- Rate of Emergency Admissions for Dundee City was higher than the Scottish average – the tenth most poorly performing partnership in Scotland. However, Dundee City performed better than 6 of the other 7 family group members.

6.2.3 *Areas of declining / poor performance*

Readmissions within 28 days of discharge (Appendix 2 - Charts 11 and 12 and Tables 3, 4 and 7)

- 13.4% increase in rate per 1,000 admissions on pre-integration position, all LCPPs showing a deterioration in performance.

- Rate for Dundee City well above the Scottish average and poorest performing partnership in Scotland.
- All LCPPs showed an increased rate between 2018/19 Quarter 1 and Quarter 2.
- In 2018/19 Quarter 2 LCPP rates vary significantly from 108 in The Ferry to 143 in Coldside.

Falls Admissions (Appendix 2 - Charts 13 and 14 and Tables 3, 4 and 8)

- 17.6% worse than pre-integration position and year on year deterioration in rate since 2015/16.
- Rate for Dundee City well above Scottish average and poorest performing partnership in Scotland.
- Improvements from 2018/19 Quarter 1 in 4 LCPPs.
- In 2018/19 Quarter 2 LCPP rates vary from 20.4 falls related admissions per 1,000 in Strathmartine to 37.7 in West End

7.0 FUTURE PERFORMANCE REPORTING

7.1 Detailed quarterly performance reports have been routinely submitted to PAC since January 2017. These reports have shown a consistent pattern of performance; with delayed discharge and emergency bed days routinely demonstrating good performance and readmissions and falls routinely demonstrating poor performance.

7.2 Since January 2017 the PAC has also received a number of other performance reports, including mid-year performance summaries, annual performance reports, and a range of bespoke analytical reports relating to specific areas of performance (such as falls, readmissions and discharge management). Feedback indicates that these bespoke reports have been particularly valuable in supporting transparent performance reporting, understanding of performance challenges and the identification of targeted improvement actions.

7.3 The data and analytical support capacity within the Partnership is limited and subject to a range of competing demands (Article X of the minute of meeting of the Dundee PAC held on 27 March 2018 refers). This is recognised within the Partnership's high level risk register. In order to make best use of available resources, and taking into account that trends in performance have remained relatively static over the last two years, it is proposed that in the future PAC receives:

- Summary quarterly performance reports, equivalent to Appendix 1 of this report, in quarters 1 and 3 of each financial year; and,
- Full quarterly performance reports, equivalent to Appendix 1 and 2 of this report, in quarters 2 and 4 of each financial year.

This more proportionate approach to quarterly performance reporting will allow data and analytical support capacity to be released to work on bespoke analytical reports and support the further enhancement of performance reporting to operational management teams. Both of these activities are likely to have a greater impact on performance improvement activities than routine quarterly reporting, whilst maintaining transparent public reporting mechanisms against national indicators and MPUI targets.

8.0 POLICY IMPLICATIONS

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

9.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against national indicators could affect; outcomes for individuals and their carers and spend associated with poor performance.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - 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 poor performance. - 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.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

10.0 CONSULTATIONS

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

11.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 21 January 2019

Clare Harper
Principal Information Development Manager

Kathryn Sharp
Senior Manager

DUNDEE LCPP PERFORMANCE REPORT 2018/19 QUARTER 2 – EXECUTIVE SUMMARY

- The Quarter 2 performance report assesses performance against the National Health and Wellbeing Indicators. 5 of the 23 indicators are health and wellbeing national performance indicators which are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost). Benchmarking analysis against other Partnerships, including those that are part of Dundee's Family Group, is also highlighted. Details are provided in Appendix 2.
- In order for quarterly data to be compared with financial years rolling quarterly data is presented for each quarter. 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 2017 to 30 September 2018.
- Quarter 2 data regarding the 5 national health and wellbeing performance indicators was provided by the NHS Tayside Business Unit. Data provided by NHS Tayside differs from data provided by NSS ISD; the main difference being that NHS Tayside uses 'board of treatment' and NSS uses 'board of residence'. The data provided by NHS Tayside Business Unit is provisional and figures should be treated with caution as the methodology used to calculate emergency bed days does not match the national definitions. Planned transfer mental health bed days are not included in the local bed days analysis, unlike the national bed days analysis provided by ISD. The difference in methodology means there are approximately 18,000 bed days (13%) unaccounted for in Dundee HSCP during 2018/19 Q2. Work is ongoing with the Business Unit to replicate the methodology used by ISD and local data will be amended for future performance reports. Please note, however, that local trends do match the national trends for emergency bed days analysis.
- This report should be assessed with regard to the demographic and socio economic context of Dundee; high rates of deprivation, an ageing population, frailty and age associated conditions being diagnosed earlier in life than in more affluent Partnerships and deprivation associated mental health illnesses and substance misuse problems. More indepth analysis of LCPP performance is currently being worked on for future reporting.
- Between the baseline year 2015/16 and 2018/19 Quarter 2 there was an improvement in the rate of bed days lost to delayed discharges for people aged 75+ (for both Standard and Complex delays) and the emergency bed day rate for people aged 18+ across all LCPPs in Dundee.
- Emergency bed day rates since 2015/16 have decreased by 18.6% for Dundee, which is an improvement. Every LCPP showed an improvement in 2018/19 Quarter 2 compared with 2015/16 and the biggest improvements were seen in East End, Coldside, West End and Maryfield, all of which showed a greater than 20% decrease in bed day rates.
- The rate of standard bed days lost to delayed discharges for people aged 75+ has decreased by 62.9% in Dundee since 2015/16, which is an improvement. In 2018/19 Quarter 2 there were decreases across all LCPP areas and the decrease in the rate ranged from 41.1% in Lochee to 77.3% in West End.
- The rate of complex bed days lost to delayed discharges for people aged 75+ has decreased by 67.1% in Dundee since 2015/16, which is an improvement. In 2018/19 Quarter 2 there were decreases across all LCPP areas and the decrease in the rate ranged from 4.9% in Lochee to 92.6% in Maryfield.
- Emergency admission rates have increased by 5.5% for Dundee since 2015/16 and there were increases in all 8 LCPP areas. The lowest increase was in The Ferry (2.1%) and the highest increase was in West End (15%).
- The rate of readmissions in Dundee has increased by 13.4% since 2015/16. The rate has increased in all 8 LCPPs. The biggest increase was in West End (28.1%) and the smallest increase was in Maryfield (3.3%).

- The rate of hospital admissions as a result of a fall for people aged 65+ in Dundee has increased by 17.7% since 2015/16, which is a deterioration. The rate increased in seven LCPPs and only decreased in Strathmartine (19%). The biggest increases were in The Ferry (38.4%) and West End (36.6%).

Table 1: National Health and Wellbeing Indicators 1 to 9

National Health & Well Being Indicator	Scotland	Dundee	North Lanarkshire	Glasgow	North Ayrshire	Inverclyde	Dunbartonshire	East Ayrshire	Western Isles
1 % of adults able to look after their health very well or quite well	93	93	90	90	91	91	91	92	94
2 % of adults supported at home who agree that they are supported to live as independently as possible	81	84	75	82	80	80	81	80	79
3 % of adults supported at home who agree that they had a say in how their help, care or support was provided	76	78	71	80	70	77	80	74	66
4 % of adults supported at home who agree that their health and care services seemed to be well co-ordinated	74	81	70	76	74	79	79	74	64
5 % of adults receiving any care or support who rate it as excellent or good	80	82	75	79	78	83	81	81	85
6 % of people with positive experience of the care provided by their GP practice	83	84	76	86	80	83	85	76	88
7 % of adults supported at home who agree that their service and support had an impact on improving or maintaining their quality of life	80	85	76	80	82	77	79	77	71
8 % of carers who feel supported to continue in their caring role	37	38	33	38	39	40	40	36	41
9 % of adults supported at home who agree they felt safe	83	87	80	85	80	84	89		86

Source: Scottish Health & Care Experience Survey 2017/18

Key points of note:

Best performing partnership in family is highlighted in green for each indicator

2017/18 results:

- All indicators show Dundee to be same or higher than Scottish average
- For indicators 2, 4 & 7 Dundee fared better than all other family members
- Dundee is in top 3 for all indicators except indicators 6 & 8
- Indicator 8 returned a poor result for all family members

Compared to Scottish Health & Care Experience Survey 2015/16:

- All indicators showed a deterioration across Scotland as a whole
- Improvements for Dundee in indicators 4 & 9
- No change in indicator 1 for Dundee
- Deterioration for Dundee in indicators 2-3 & 5-8. Biggest deterioration (6%) in indicators 6 & 8.

Table 2: Measuring Performance under Integration Summary

Integration Indicator (Annual 18+)	Target 18/19	Expected % Difference from 15/16 Baseline	Actual % Difference from 15/16 Baseline		Actual % Difference from 18/19 Target		Direction of Travel from Previous Quarter
			Q1	Q2	Q1	Q2	
Emergency Admission Rate per 100,000 Dundee Population	12,710	↑ 9.16	↑ 4.95	↑ 4.89	↓ 3.86	↓ 3.92	↓
Emergency Admission Numbers	15,464	↑ 9.46	↑ 5.44	↑ 5.38	↓ 3.67	↓ 3.73	↓
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances	281	↑ 1.44	↑ 6.86	↑ 6.14	↑ 5.34	↑ 4.63	↓
Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population	88,875	↓ 11.38	↓ 11.27	↓ 12.36	↑ 0.12	↓ 1.11	↓
Emergency Bed Days Numbers for Acute Specialties	108,129	↓ 11.14	↓ 10.85	↓ 11.95	↓ 0.61	↓ 0.91	↓
Accident & Emergency Attendances	26,562	↑ 13.33	↑ 4.54	↑ 5.00	↓ 7.76	↓ 7.35	↑
Number of Bed Days Lost to Delayed Discharges per 1,000 Population (All Reasons)	97	↓ 21.77	↓ 37.90	↓ 41.13	↓ 20.62	↓ 24.74	↓
Number of Bed Days Lost to Delayed Discharges (All Reasons)	11,856	↓ 21.22	↓ 37.51	↓ 41.20	↓ 20.67	↓ 25.36	↓

Source ISD: ISD MSG Indicators

Key Points:

- The target for Emergency Bed Days (Acute) per 100,000 Dundee population was not met in Q1 but has been met in Q2;
- Based on current performance, Emergency Admissions Rate per 1,000 of all A and E Attendances is the only indicator at this time not on track to meet the 2018/19 trajectory. However, the last 2 quarters have shown improved performance;
- Published MSG data has been used to measure performance therefore there may be a discrepancy when comparing with the local performance data;
- Be aware – some of the differences show an increase which is positive and some show a decrease which is also positive.

Table 3: Performance in Dundee's LCPPs - % change in 2018/19 Q2 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+	+5.5	+9.0	+3.1	+4.8	+7.9	+2.7	+2.7	+15.0	+2.1
Emer Bed Days rate per 100,000 18+	-18.6	-15.0	-24.9	-20.2	-11.9	-12.2	-25.8	-21.6	-14.9
Readmissions rate per 1,000 All Ages	+13.4	+26.0	+5.6	+25.4	+9.1	+4.3	+3.3	+28.1	+10.2
Falls rate per 1,000 65+	+17.7	+16.2	+17.5	+15.1	+8.8	-19.0	+26.7	+36.6	+38.4
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-62.9	-41.1	-63.8	-72.3	-48.6	-68.9	-65.8	-77.3	-62.4
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Complex)	-67.1	-4.9	-85.5	-54.4	-80.9	-71.2	-92.6	-88.9	-7.3

Table 4: Performance in Dundee's LCPPs - LCPP Performance in 2018/19 Q2 compared to the Dundee average

National Indicator									
	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	12,592	14,993	16,310	14,365	12,552	13,449	10,180	9,195	11,258
Emer Bed days rate per 100,000 18+	108,248	137,877	136,963	130,075	99,229	108,734	79,170	76,945	107,547
Readmissions rate per 1,000 All Ages	126.7	130.9	130.6	143.0	119.6	121.1	126.1	132.0	108.3
Falls rate per 1,000 65+	29.3	30.9	32.2	34.4	22.3	20.4	29.4	37.7	28.1
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	218.4	298.7	223.9	231.9	251.3	225.4	229.8	198.7	144.5
Delayed Discharge bed days lost rate per 1,000 75+ (complex)	96.7	155.5	76.2	202.2	145.3	120.5	12.0	24.3	38.2

Source: NHS Tayside data

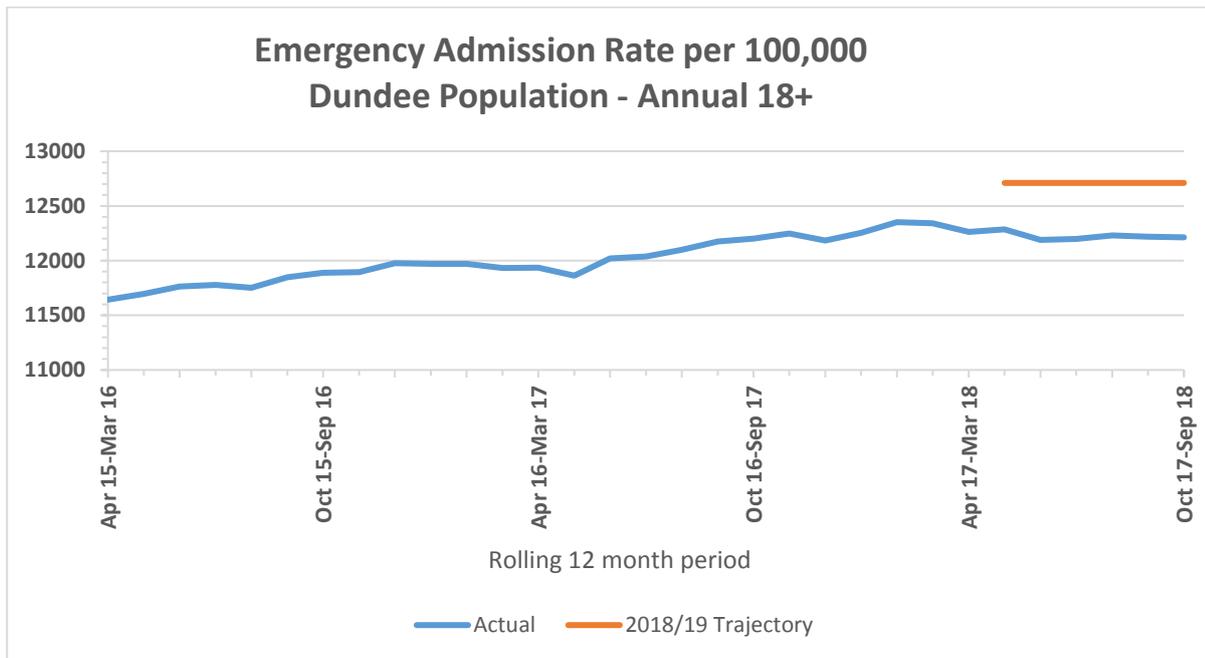
Key:  Improved/Better  Stayed the same  Declined/Worse

DETAILED PERFORMANCE BY SERVICE DELIVERY AREA

Service Delivery Area: Emergency Admissions

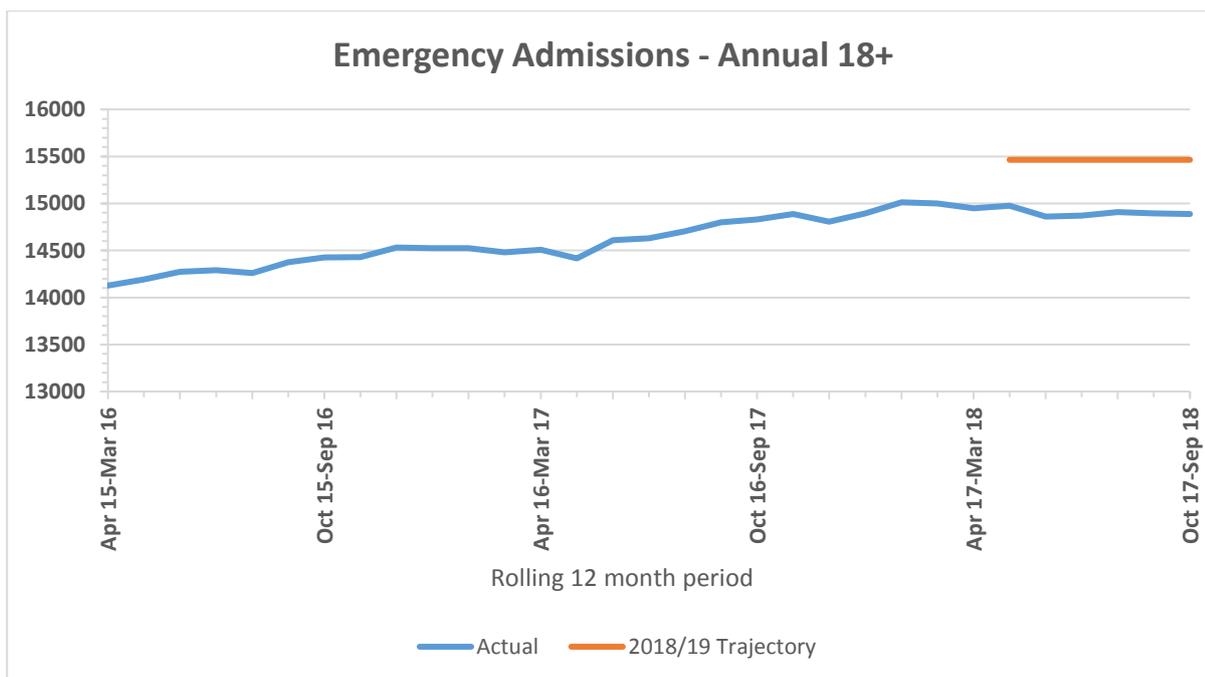
Measuring Performance Under Integration

Chart 1: Emergency Admission Rate per 100,000 Dundee Population – Performance Against MPUI Target Trajectory



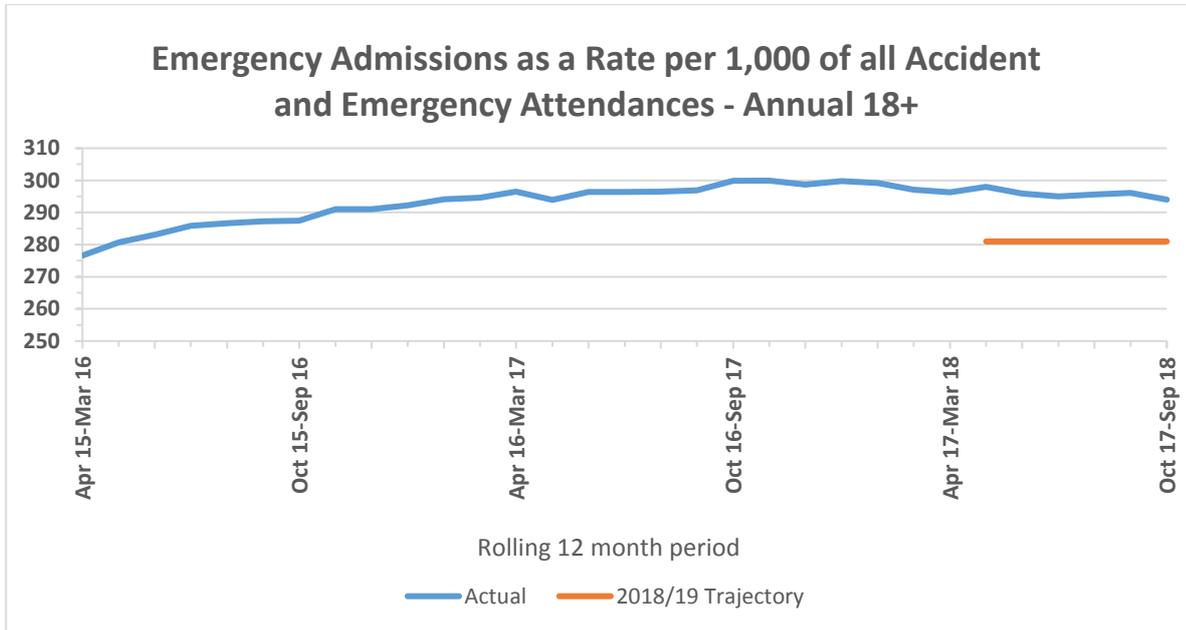
Source ISD: ISD MSG Indicators

Chart 2: Emergency Admission Numbers - Performance Against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

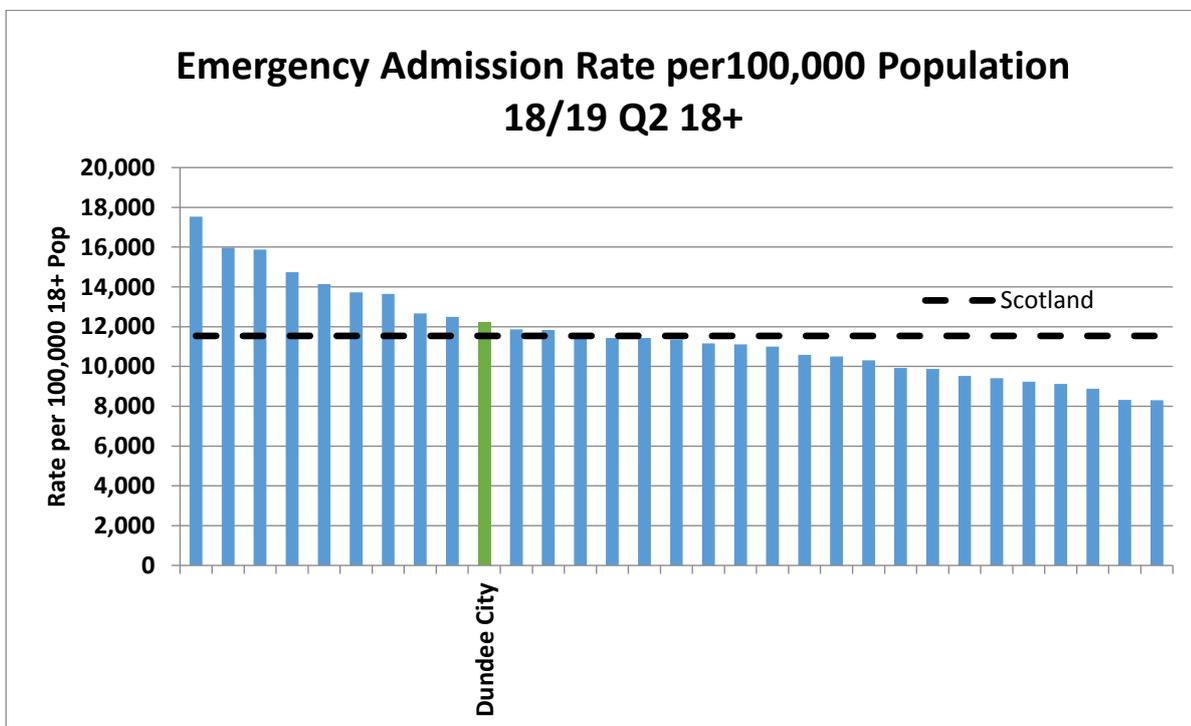
Chart 3: Emergency Admissions Rate per 1,000 of all Accident and Emergency Attendances - Performance Against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

National Health and Wellbeing Indicator 12 – Emergency Admissions

Chart 4: Emergency Admission Rate 18+ Benchmarking 2018/19 Q2

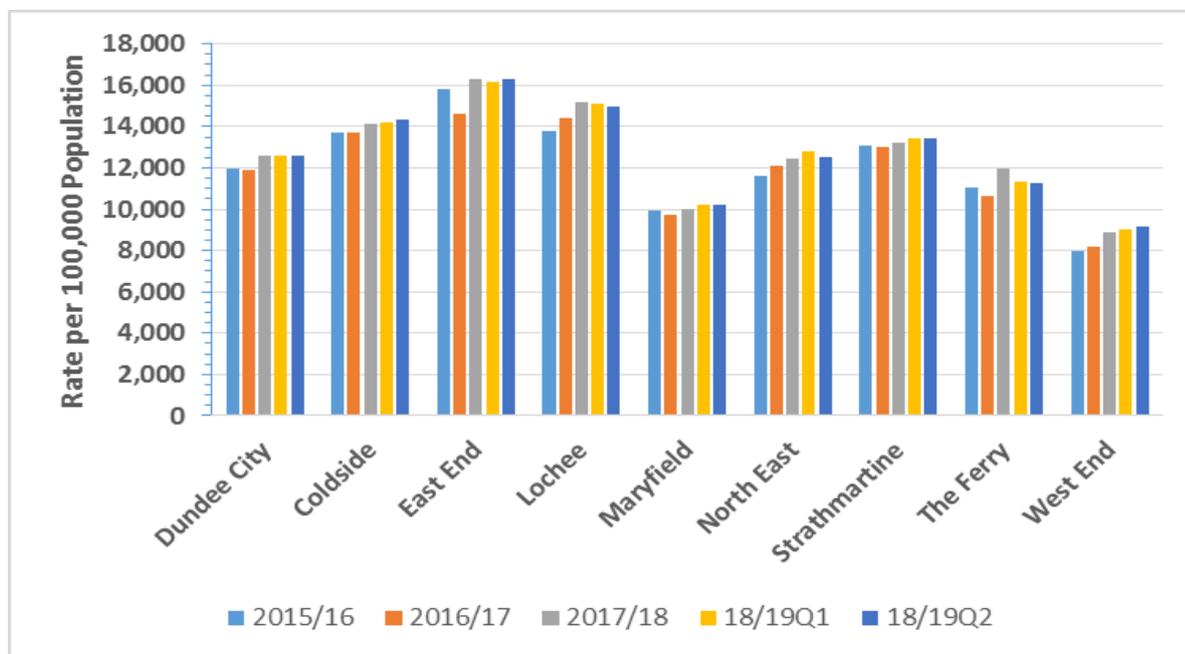


Source ISD: ISD MSG Indicator

Table 5: Rate of Emergency Admissions per 100,000 Population – 18+ by Locality

	2015/16	2016/17	2017/18	18/19Q1	18/19Q2	18/19Q3	2018/19
Dundee City	11,937	11,873	12,578	12,587	12,592		
Coldside	13,713	13,682	14,099	14,232	14,365		
East End	15,822	14,618	16,335	16,147	16,310		
Lochee	13,760	14,407	15,200	15,135	14,993		
Maryfield	9,914	9,753	10,037	10,235	10,180		
North East	11,632	12,129	12,444	12,776	12,552		
Strathmartine	13,091	12,989	13,252	13,442	13,449		
The Ferry	11,022	10,620	11,957	11,330	11,258		
West End	7,999	8,188	8,866	9,008	9,195		

Source: NHS Tayside BSU

Chart 5: Rate of Emergency Admissions per 100,000 Population – 18+ by Locality

Source: NHS Tayside BSU

Analysis

Benchmarking – ISD MSG data

- The rate of emergency admissions was higher in Dundee than the Scottish rate in 2018/19Q2.
- Dundee has been creeping up the rankings from 13th highest in 2017/18Q1 to 10th highest in 2018/19Q2.
- Dundee performed better than 6 of the other 7 family group Partnerships.

Difference from 2015/16 Baseline to 2018/19 Q2 - NHS Tayside BSU data

- 5.5% increase in Dundee rate. All Localities have shown an increase which is a deterioration in performance.
- The rate for Dundee increased from 11,937 per 100,000 in 2015/16 to 12,578 per 100,000 in 2017/18, however decreased in 2018/19 Q1 with a slight increase again in 2018/19 Q2.

Performance Trend between 2018/19 Q1 and 2018/19 Q2 - NHS Tayside BSU data

- Improved rates in Lochee (0.94%), Maryfield (0.54%), North East (1.75%) and The Ferry (0.64%).
- Declining rates in Coldside (0.93%), East End (1.01%), Strathmartine (0.05%) and West End (2.08%).

Variation across Localities in 2018/19 Q2 - NHS Tayside BSU data

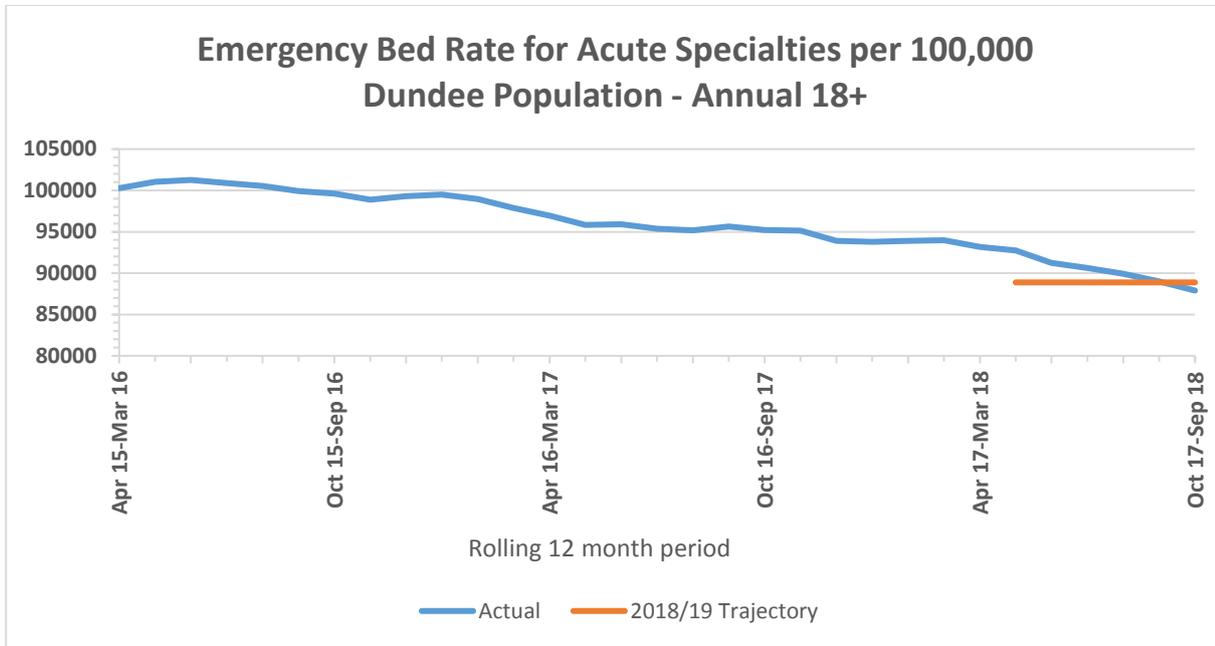
- West End had the lowest rate with 9,195 emergency admissions per 100,000 people in 2018/19 Q2, followed by Maryfield and The Ferry. The East End rate was 43.5% higher than the West End rate.
- East End had the highest rate with a rate of 16,310. All 8 LCPPs saw an increase in their rates since the 2015/16 baseline year. The lowest increase was in The Ferry (2.14%) and the highest increase was in West End (14.95%).

HSCP Operational Lead (s)	<i>Jenny Hill and Mike Andrews</i>
Actions to Improve Performance	<ul style="list-style-type: none"> • Continue to develop ECS/DECSA, intermediate care options and care home model • Implement urgent care actions in Primary Care Improvement Plan • Continue to develop respite options • Continue polypharmacy work • Anticipatory Care Planning work • Development/extension of models for people under 65 with complex needs
Timescale for Improvement	March 2020

Service Delivery Area: Emergency Bed Days

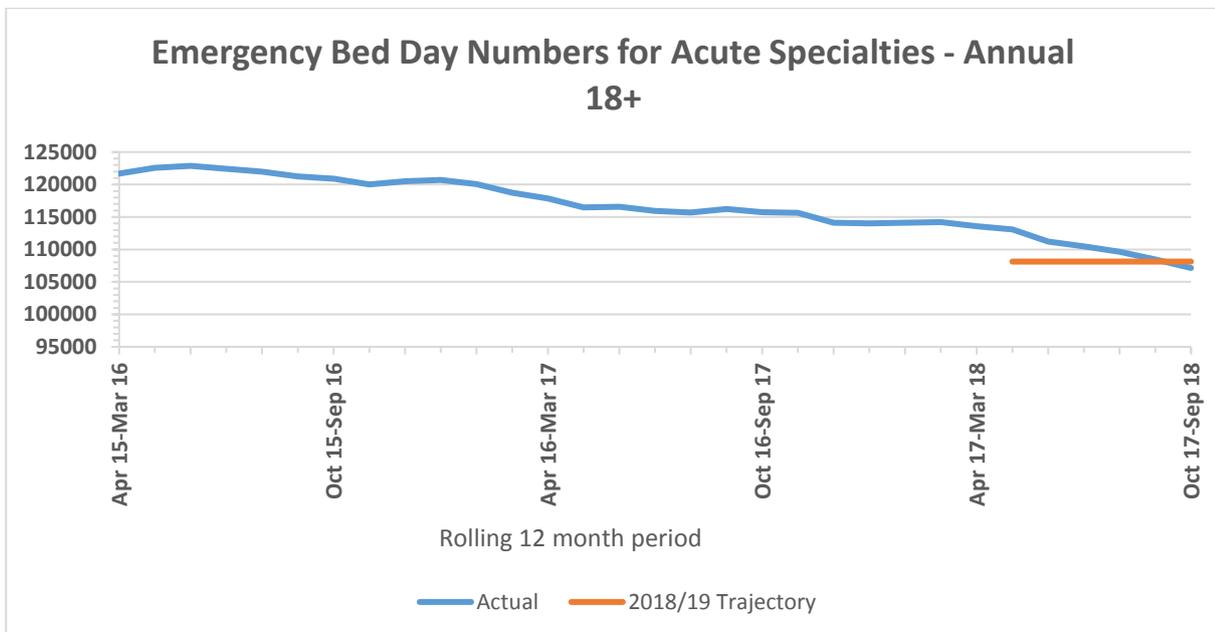
Measuring Performance Under Integration

Chart 6: Emergency Bed Day Rate per 100,000 Dundee Population - Performance Against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

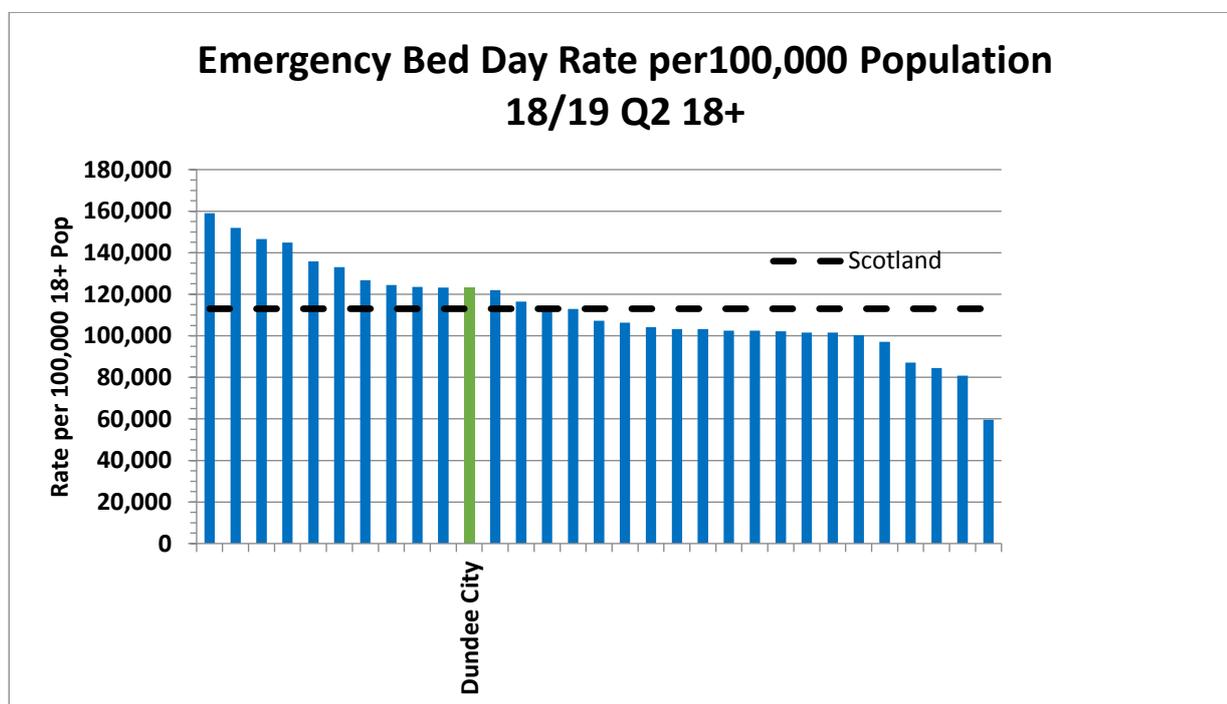
Chart 7: Emergency Bed Day Numbers for Acute Specialties - Annual 18+



Source ISD: ISD MSG Indicators

National Health and Wellbeing Indicator 13 – Emergency Bed Days

Chart 8: Rate of Emergency Bed Days 18+ Benchmarking 2018/19 Q2
(Emergency Bed Days include Acute, Geriatric Long Stay and Mental Health specialties)



Source: ISD MSG Indicators

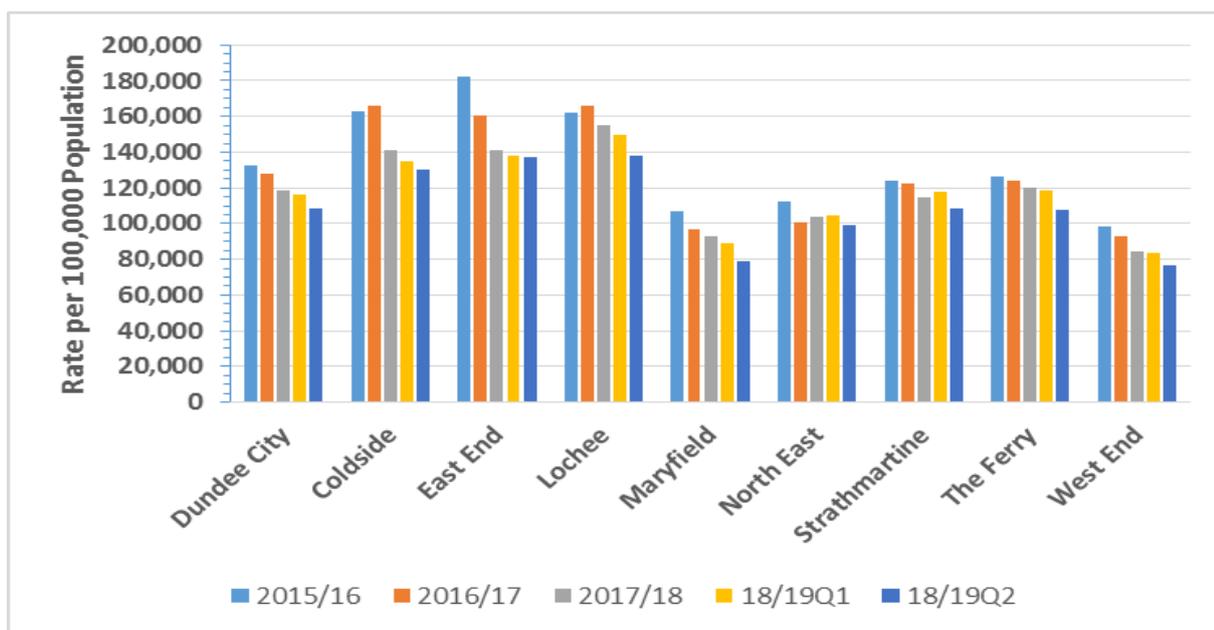
Notes: Geriatric Long Stay (GLS) beds for 2018/19Q2 are unavailable due to data incompleteness. The average of the previous 3 quarters (2017/18Q3,Q4 and 2018/19Q1) for GLS was imputed for 2018/19Q2.

Table 6: Rate of Emergency Bed Days per 100,000 Population - 18+ by Locality

	2015/16	2016/17	2017/18	18/19Q1	18/19Q2	18/19Q3	2018/19
Dundee City	132,959	127,834	118,254	116,020	108,248		
Coldsides	162,998	165,823	141,442	134,988	130,075		
East End	182,267	160,621	141,233	137,878	136,963		
Lochee	162,113	165,775	155,378	149,618	137,877		
Maryfield	106,639	97,080	93,247	89,281	79,170		
North East	112,671	101,067	103,739	104,908	99,229		
Strathmartine	123,877	122,113	114,824	117,809	108,734		
The Ferry	126,326	124,067	120,221	118,261	107,547		
West End	98,143	93,207	84,149	83,963	76,945		

Source: NHS Tayside BSU

Note: Emergency Bed Days are under-reported as data for Mental Health Beds has not been included. This is currently under investigation.

Chart 9: Rate of Emergency Bed Days per 100,000 Population - 18+ by Locality

Source: NHS Tayside BSU

Analysis

Benchmarking – ISD MSG data

- The emergency bed day rate was higher in Dundee than the Scottish rate.
- Dundee dropped from 8th highest in 2017/18 to 11th highest in 2018/19 Q2.
- For Acute specialties, Dundee City performed better than 6 other family partnerships.

Difference from 2015/16 Baseline to 2018/19 Q2 - NHS Tayside BSU data

- The rate for Dundee decreased by 18.59% (from 132,959 per 100,000 in 2015/16 to 108,248 per 100,000 in 2018/09 Q2), thus showing an improvement in performance.
- The overall Dundee rate shows a year on year decrease.

Performance Trend between 18/19 Q1 and 18/19 Q2 - NHS Tayside BSU data

- Improved rates between 2018/19 Q1 and Q2 across all Localities.
- Locality showing biggest improvement was Maryfield (11.32%).
- Locality showing smallest improvement was East End (0.66%).

Variation across Localities in 2018/19 Q2 - NHS Tayside BSU data

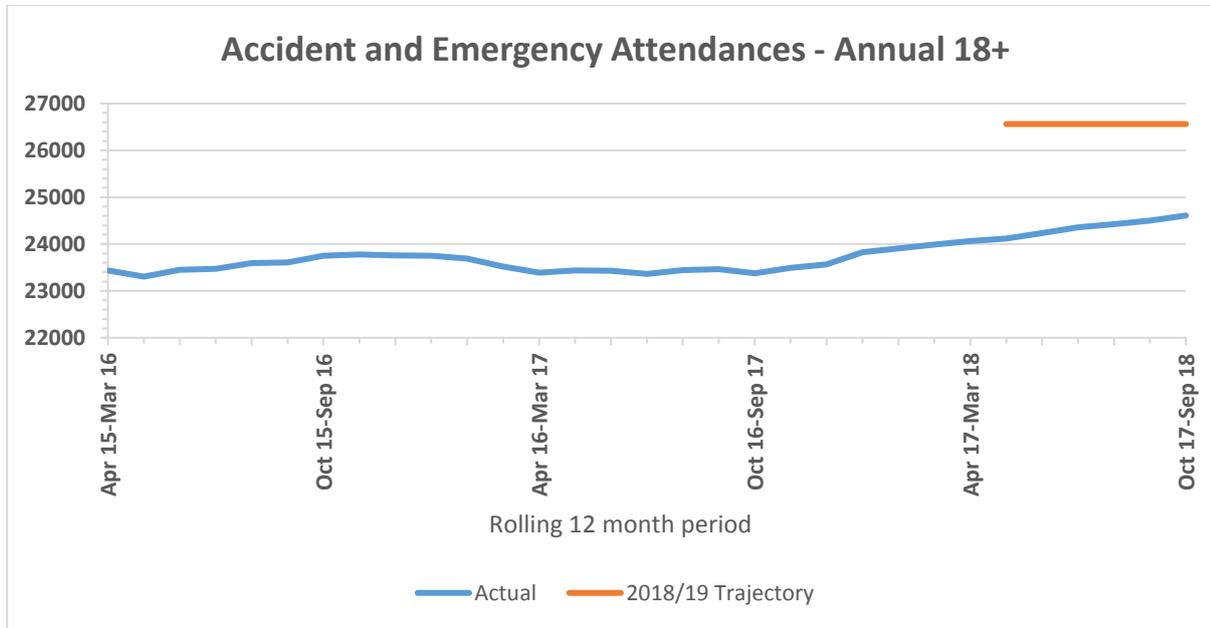
- Lochee (137,877), East End (136,963) and Coldside (130,075) had the highest emergency bed day rates.
- West End (76,945) and Maryfield (79,170) had the lowest emergency bed day rates.

HSCP Operational Lead (s)	<i>Jenny Hill and Mike Andrews</i>
Actions to Improve Performance	<ul style="list-style-type: none"> • Develop locality teams • Test AME (Acute medicine for the Elderly Unit) • Implement the Home and hospital transition Plan • Implement the Unscheduled Care Improvement Actions.
Timescale for Improvement	March 2020

Service Delivery Area: Accident and Emergency

Measuring Performance Under Integration

Chart 10: Accident and Emergency Attendances - Performance Against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

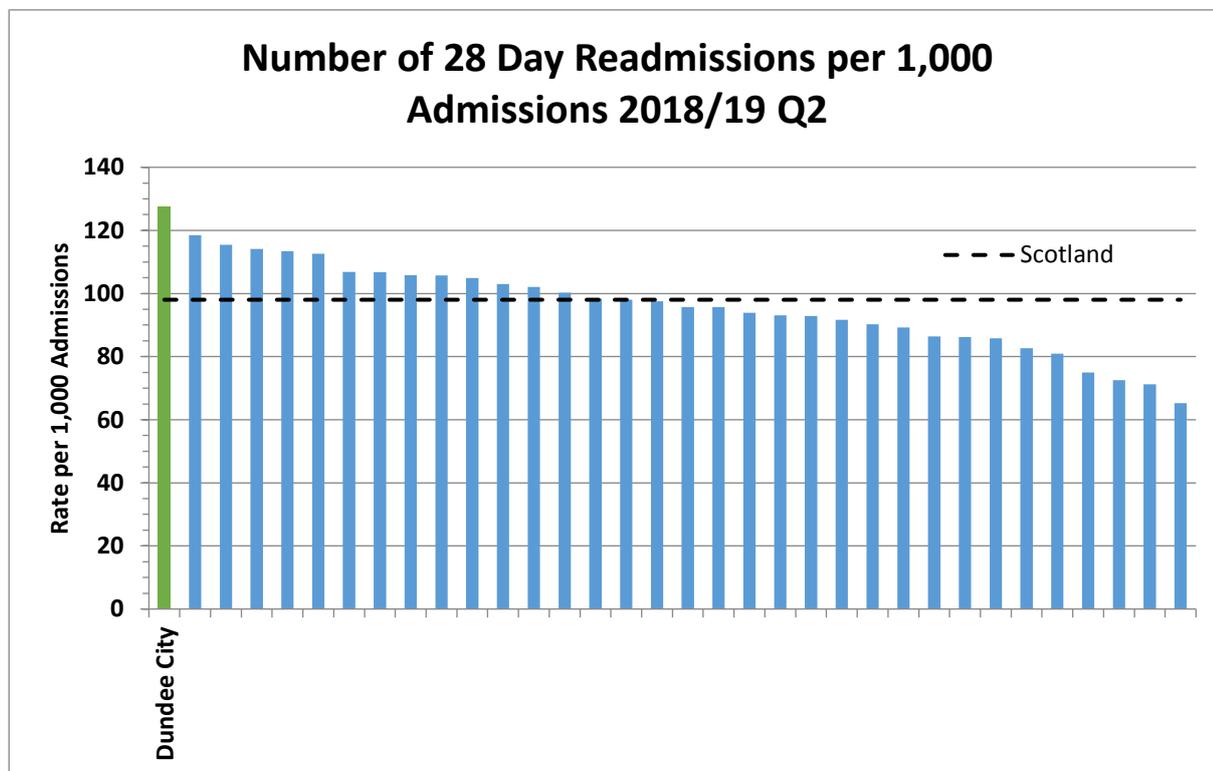
Analysis

- 2018/19Q2 data shows performance is significantly below the target set for 2018/19. However, the number of A and E attendances has been increasing over the last year.

Service Delivery Area: Readmissions

National Health and Wellbeing Indicator 14 – Readmissions

Chart 11: Rate of Readmissions to hospital within 28 days of discharge Benchmarking 2018/19 Q2



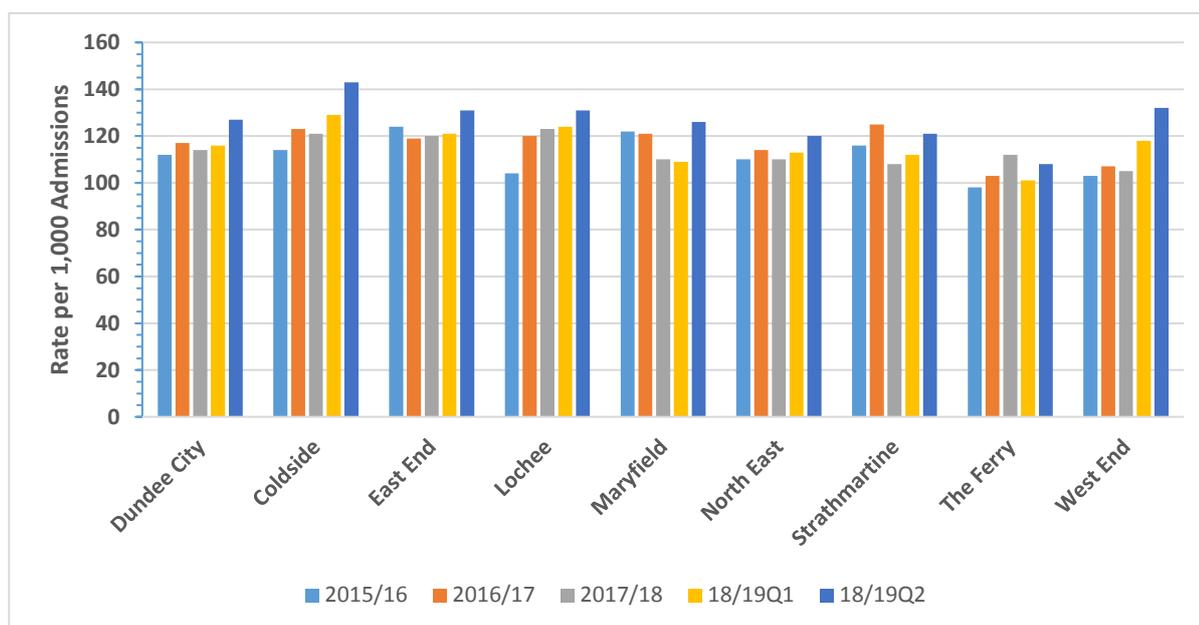
Source: Discovery (Readmissions Residence)

Table 7: Rate of Readmissions within 28 days of discharge per 1,000 admissions - All Ages by Locality

	2015/16	2016/17	2017/18	18/19Q1	18/19Q2	18/19Q3	2018/19
Dundee City	112	117	114	116	127		
Coldsides	114	123	121	129	143		
East End	124	119	120	121	131		
Lochee	104	120	123	124	131		
Maryfield	122	121	110	109	126		
North East	110	114	110	113	120		
Strathmartine	116	125	108	112	121		
The Ferry	98	103	112	101	108		
West End	103	107	105	118	132		

Source: NHS Tayside BSU

Chart 12: Rate of Readmissions within 28 days of discharge per 1,000 admissions - All Ages by Locality



Source: NHS Tayside BSU

Analysis

Benchmarking – ISD MSG data

- The rate of emergency bed days was higher in Dundee than the Scottish rate.
- Dundee was the poorest performing Partnership in Scotland.
- The gap between Dundee and the 2nd poorest performing partnership deteriorated slightly from 5 readmissions per 1,000 admissions in 2018/19Q1 to 9 readmissions per 1,000 in 2018/19Q2.

Difference from 2015/16 Baseline to 2018/19 Q2 - NHS Tayside BSU data

- 13.39% increase in Dundee rate, which is a deterioration in performance.
- The Dundee rate has fluctuated since 2015/16 however 2018/19 Q2 showed the greatest increase from 2015/16 baseline.

Performance Trend between 18/19 Q1 and 18/19 Q2 - NHS Tayside BSU data

- Increased Rates of Readmission between 2018/19 Q1 and Q2 across all Localities.
- Locality showing biggest increase was Maryfield (15.60%).
- Locality showing smallest increase was Lochee (5.65%).

Variation across Localities in 2018/19 Q2 - NHS Tayside BSU data

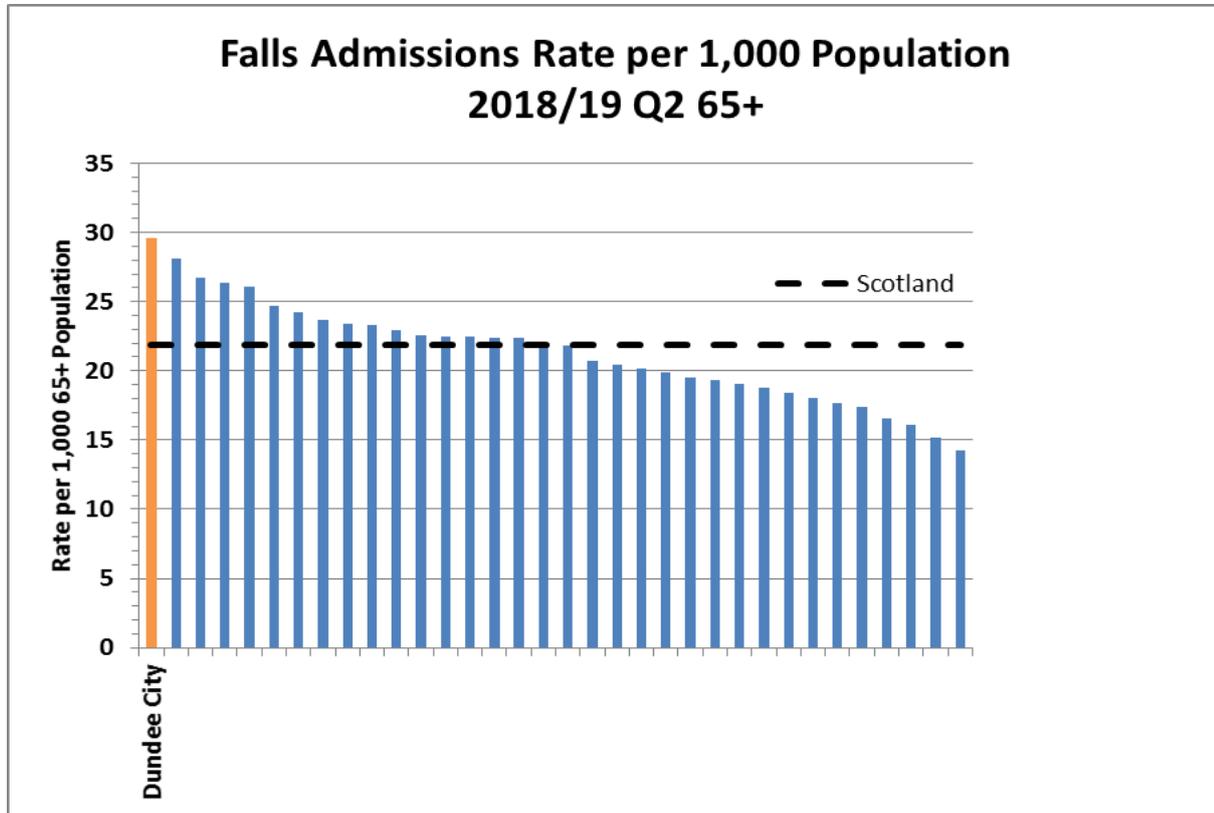
- The highest readmission rate per 1,000 population was in Coldside (143).
- The lowest readmission rate per 1,000 population was in The Ferry (108).

HSCP Operational Lead (s)	<i>Diane McCulloch, Unscheduled Care Board</i>
Actions to Improve Performance	<ul style="list-style-type: none"> • Test AME (Acute medicine for the Elderly Unit) • Further roll out of DECS-A
Timescale for Improvement	March 2020

Service Delivery Area: Falls

National Health and Wellbeing Indicator 14 – Falls

Chart 13: Falls Admissions Rate 65+ Benchmarking 2018/19 Q2

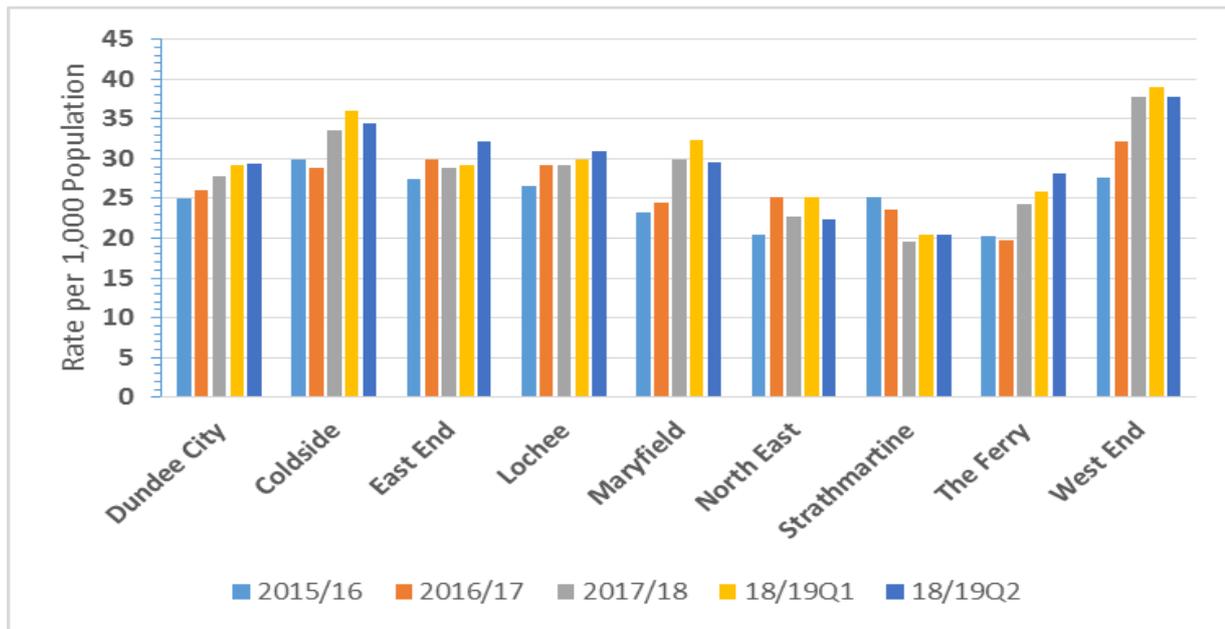


Source: Core Suite of Integration Indicators December 18 (ISD)

Table 8: Rate of Falls Admissions per 1,000 Population – 65+ by Locality

	2015/16	2016/17	2017/18	18/19Q1	18/19Q2	18/19Q3	2018/19
Dundee City	24.9	26.0	27.8	29.2	29.3		
Coldsides	29.9	28.9	33.6	36.0	34.4		
East End	27.4	29.8	28.8	29.1	32.2		
Lochee	26.6	29.2	29.2	29.8	30.9		
Maryfield	23.2	24.4	29.9	32.4	29.4		
North East	20.5	25.1	22.7	25.1	22.3		
Strathmartine	25.2	23.5	19.5	20.4	20.4		
The Ferry	20.3	19.7	24.2	25.9	28.1		
West End	27.6	32.1	37.7	38.9	37.7		

Source: NHS Tayside BSU

Chart 14: Rate of Falls Admissions per 1,000 Population – 65+ by Locality

Source: NHS TAYSIDE BSU

Analysis

Benchmarking – ISD MSG data

- The rate of hospital admissions due to a fall in Dundee was higher than the Scottish rate.
- Dundee is the poorest performing partnership in Scotland.

Difference from 2015/16 Baseline to 2018/19Q2 - NHS Tayside BSU data

- 17.67% increase in Dundee rate, which is a deterioration in performance.
- The Dundee rate has shown an increase year on year since the 2015/16 baseline.
- Increases were shown in all Localities except Strathmartine.

Performance Trend between 2018/19 Q1 and 2018/19 Q2 - NHS Tayside BSU data

- Improved rates in Coldside (4.44%), Maryfield (9.26%), North East (11.16%) and West End (3.08%)
- No change in Strathmartine
- Worsening rates in East End (10.65%), Lochee (3.69%) and The Ferry (8.49%)

Variation across Localities in 2018/19 Q2 - NHS Tayside BSU data

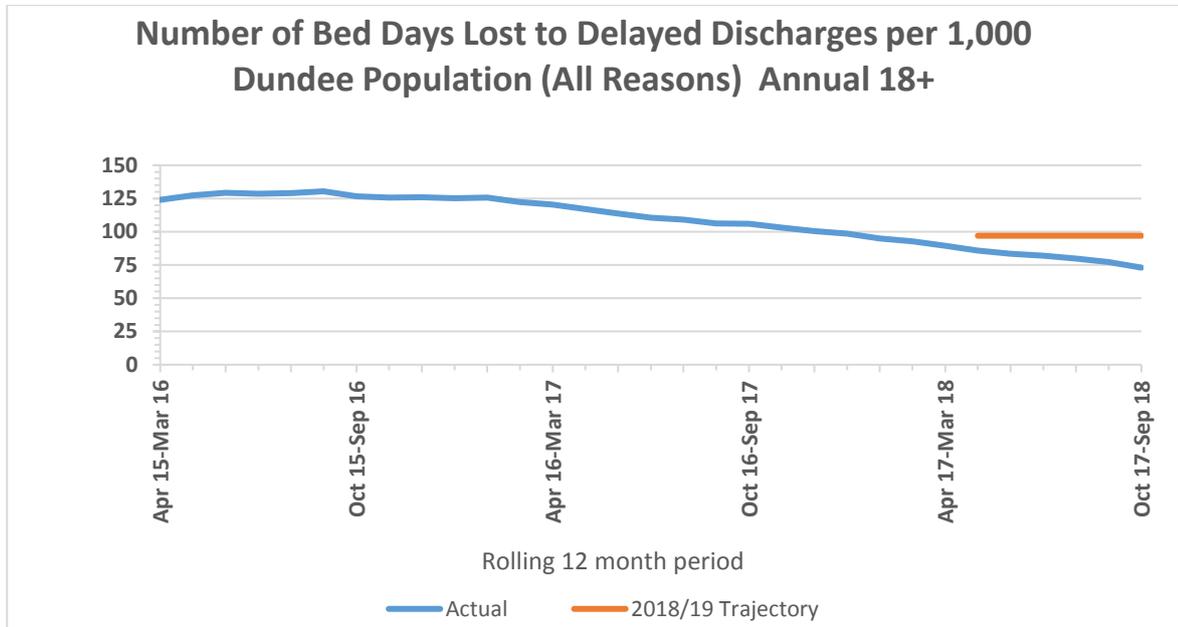
- West End had the highest rate of falls in Dundee with 37.7 falls related hospital admissions per 1,000 population.
- Strathmartine had the lowest rate with 20.4 falls related hospital admissions per 1,000 population.

HSCP Operational Lead (s)	<i>Matthew Kendall</i>
Actions to Improve Performance	<ul style="list-style-type: none"> • Supporting the Scottish Ambulance Service Falls and Frailty Pathways in developing non-conveyance to hospital options, supporting patients remaining in their own homes. • Dundee Health and Social Care Partnership will have systems and processes established to enable a broad spectrum of services and partner agencies to identify people at high risk of falls. This may be through a level 1 conversation enquiring about falls and/or completion of a level 1 falls referral tool. • Opportunities are created for individuals to participate in regular and life-long exercise programmes that include strength and balance to minimise falls risk and prevent further falls and frailty. In developing appropriate programmes, links with local leisure services, volunteer services, walking groups and local exercise groups will be considered as well as training volunteers and staff working with older people including care at home, care homes, day care and sheltered housing. Review of data available to support targeted approach of falls prevention work (NHS, Council, SAS, Fire and Rescue). Explore neighbourhood level data to direct resources to areas most in need
Timescale for Improvement	<ul style="list-style-type: none"> • Falls prevention is an ongoing challenge which can only be met by robust interagency working and development of community resources. A fall is the outcome of a complex interaction of risk factors, many of which are modifiable. The introduction of the Dundee Joint Falls Pathway aims to identify people at high risk of falling and intervene to reduce that risk. If successful, the pathway will deliver benefits to the population by improving quality of life, reducing morbidity and mortality and enabling more people to be independent for longer. Continued investment, mainly in people, is required in prevention services such as Otago and Revitalize before the benefits are realised in the acute and long term care settings. The implementation of this local pathway starts this process in Dundee and builds upon the excellent cooperation between all parties who believe in the importance of this work. • A number of actions have been implemented. The cultural change to early intervention and prevention is ongoing and will take time to fully embed. The falls work seeks to create the opportunities for citizens to reduce the likelihood of falls, and to reduce the potential for harm following a fall, as well as ensuring that as broad a range of staff are able to identify and support those at risk, or potentially at risk, from falling. • In terms of a timescale I would anticipate that changes in the data could begin to be seen by the end of 2019.

Service Delivery Area: Delayed Discharges

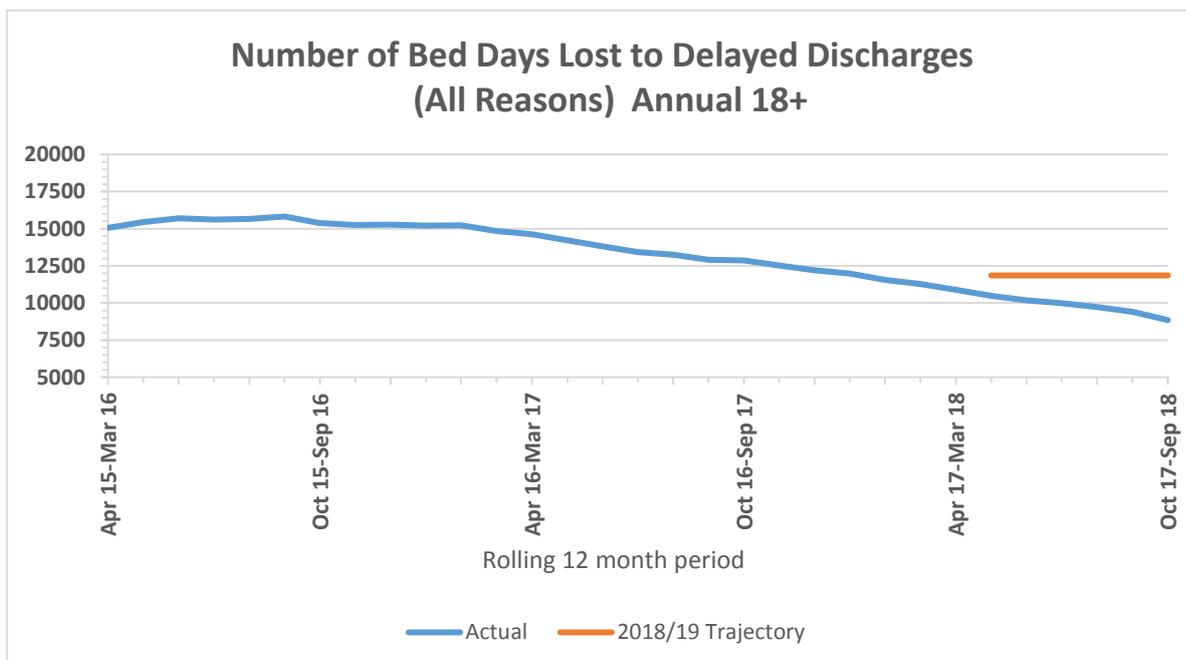
Measuring Performance Under Integration

Chart 15: *Bed Days Lost to Delayed Discharges (All Reasons) per 1,000 Dundee Population – Performance against MPUI Target Trajectory*



Source ISD: ISD MSG Indicators

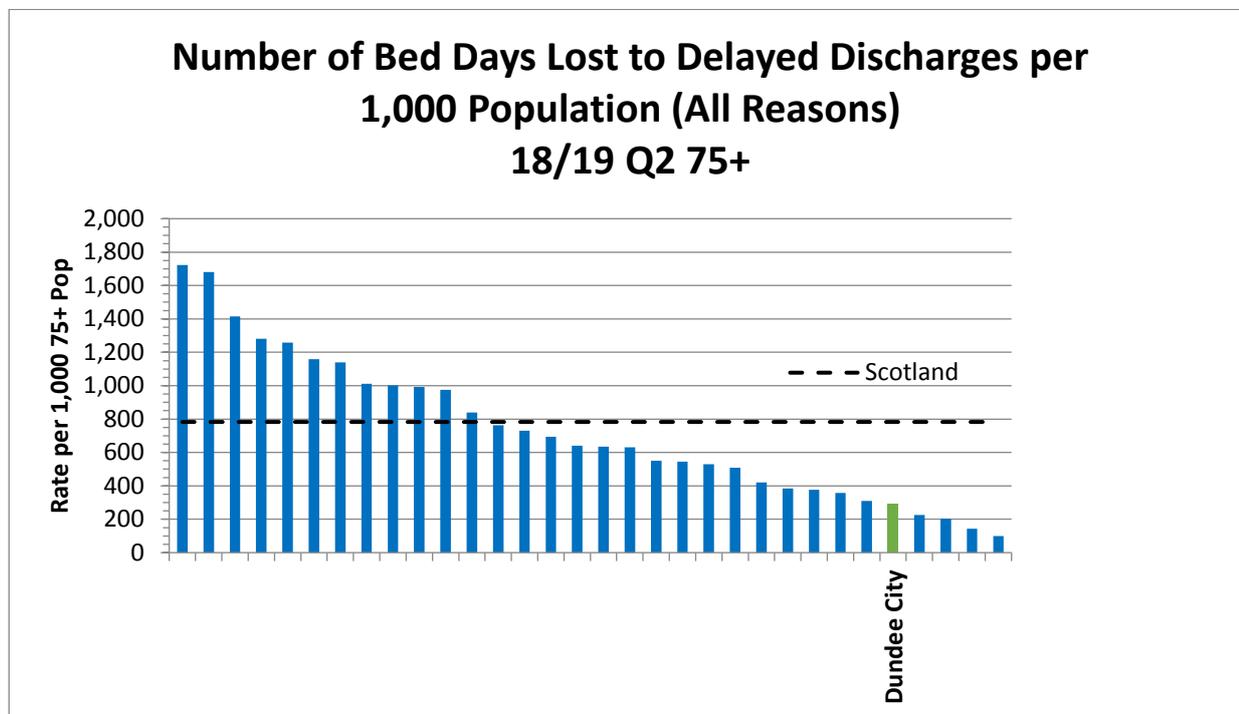
Chart 16: *Bed Days Lost to Delayed Discharges (All Reasons) – Performance against MPUI Target Trajectory*



Source ISD: ISD MSG Indicators

National Health and Wellbeing Indicator 19 – Bed Days Lost

Chart 17: Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population Benchmarking 2018/19 Q2



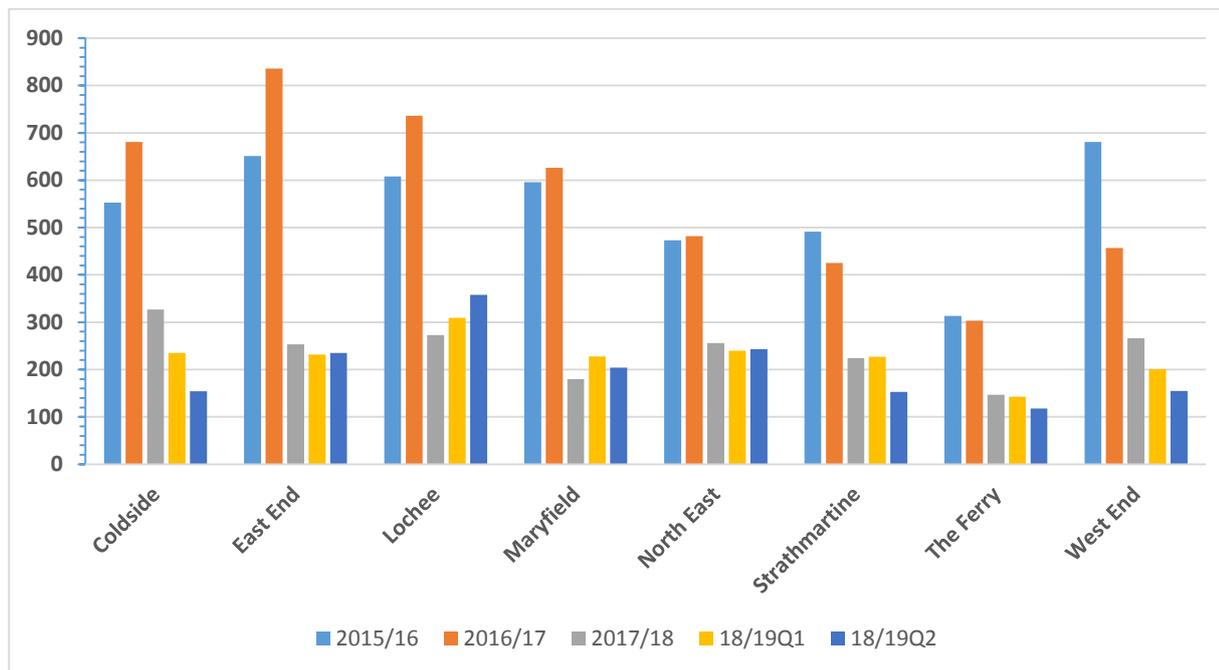
Source: ISD MSG Indicators

Table 9: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population Standard Delays by Locality

	2015/16	2016/17	2017/18	18/19Q1	18/19Q2	18/19Q3	2018/19
Coldside	553	681	327	235	154		
East End	651	836	253	232	235		
Lochee	608	736	273	309	358		
Maryfield	596	626	180	228	204		
North East	473	482	256	240	243		
Strathmartine	491	425	224	227	153		
The Ferry	313	303	147	143	118		
West End	681	457	266	201	155		

Source: Edison (excludes codes 100, 42T, ESDS and ICF)

Chart 18: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population Standard Delays by Locality



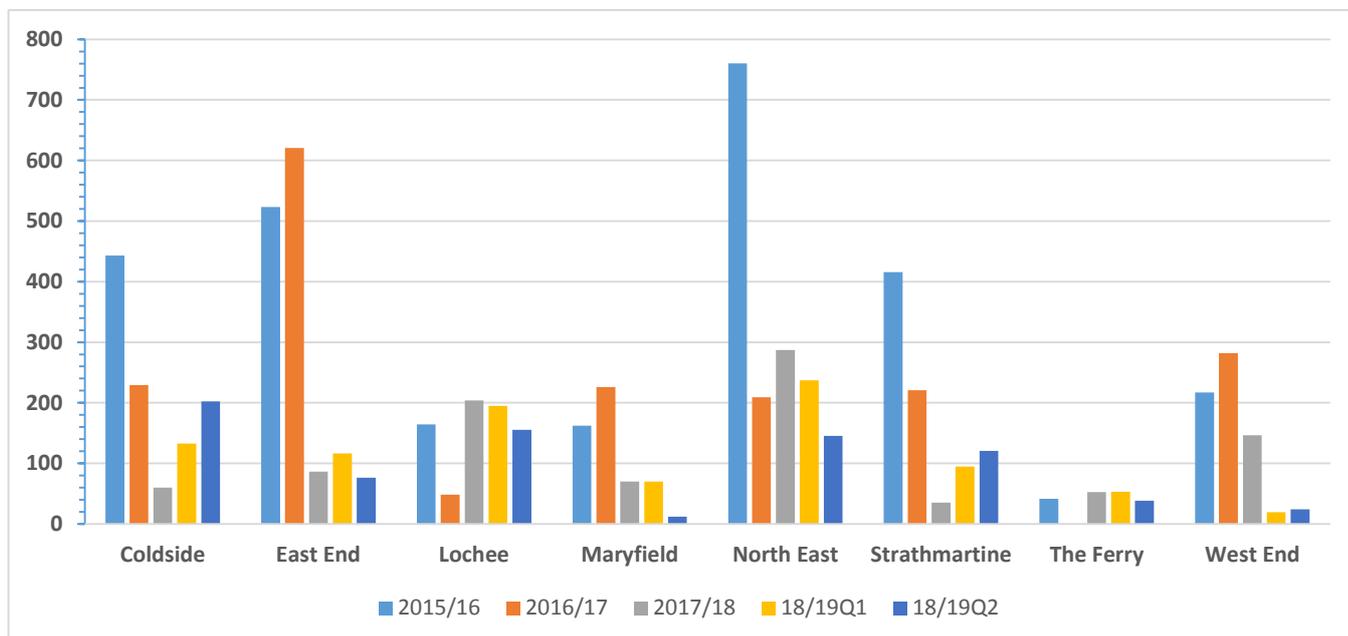
Source: Edison (excludes codes 100, 42T, ESDS and ICF)

Table 10: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population Code 9 Delays by Locality

	2015/16	2016/17	2017/18	18/19Q1	18/19Q2	18/19Q3	2018/19
Coltside	443	229	60	133	202		
East End	523	620	86	116	76		
Lochee	164	49	204	195	156		
Maryfield	162	226	70	70	12		
North East	760	209	287	237	145		
Strathmartine	416	221	35	95	120		
The Ferry	41	0	53	53	38		
West End	217	282	147	19	24		

Source: Edison (excludes codes 100, 42T, ESDS and ICF)

Chart 19: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population Code 9 Delays by Locality



Source: Edison (excludes codes 100, 42T, ESDS and ICF)

Analysis – All, Standard and Code 9 Delays

Benchmarking (All delays 75+) – ISD MSG data

- The rate of bed days lost due to a delayed discharge in Dundee was lower than the Scottish rate.
- There has been an improvement from 8th position 2017/18 to 5th best in Scotland 2018/19 Q2.
- At the end of 2017/18, 4 of the family partnerships performed better than Dundee. At the end of 2018/19 Q2, only one family partnership performed better than Dundee.

Difference from 2015/16 Baseline to 2018/19 Q2 - Edison data

- For All Reasons, the Dundee rate per 1,000 population aged 75+ has fallen by 64.4%, which is a significant improvement.
- All Localities have shown a decrease in bed days lost to both Standard and Code 9 Delays for those aged 75+.

Performance Trend between 18/19 Q1 and 18/19 Q2 - Edison data

- Improved rates for Standard Delays in Coldside (52.6%), Maryfield (10.53%), Strathmartine (32.6%), The Ferry (17.48%) and West End (22.89%) for those aged 75+
- Declining rates for Standard Delays in East End (1.29%), Lochee (15.86%) and North East (1.25%) for those aged 75+
- Improved rates for Code 9 Delays in East End (34.48%), Lochee (20%), Maryfield (82.86%), North East (38.82%) and The Ferry (28.3%) for those aged 75+
- Declining rates for Code 9 Delays in Coldside (51.88%), Strathmartine (26.32%) and West End (26.32%) for those aged 75+.

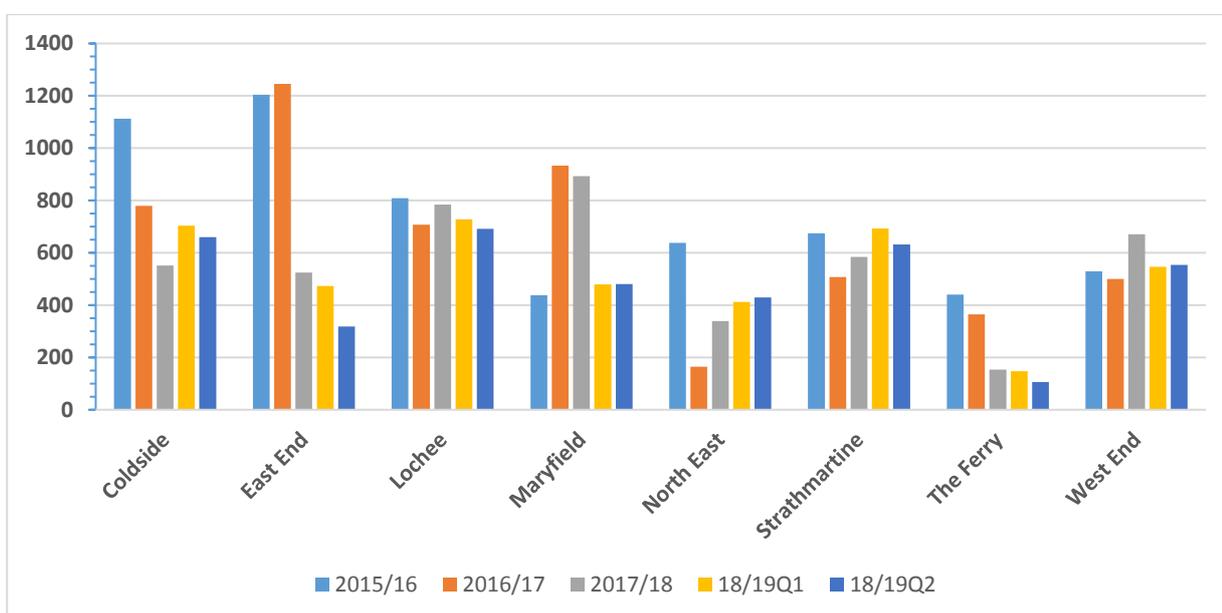
Variation across Localities in 2018/19 Q2 - Edison data

- Lochee (358) has the highest rate of Standard Delays for those aged 75+, followed by North East (243) and East End (235). The Ferry has the lowest rate at 118.
- Coldside (202) has the highest rates of Code 9 Delays for those aged 75+. Maryfield has the lowest rate at 12, followed by West End at 24.
- Overall, Lochee (514) has the highest rate of delays for All Reasons for those aged 75+. The Ferry has the lowest rate at 156.

Table 11: Number of Bed Days Lost to Complex Delayed Discharges - All Ages by Locality

	2015/16	2016/17	2017/18	18/19Q1	18/19Q2	18/19Q3	2018/19
Coldside	1112	780	551	704	660		
East End	1204	1246	525	473	318		
Lochee	809	708	784	728	691		
Maryfield	438	933	893	479	481		
North East	638	164	339	412	429		
Strathmartine	675	507	584	693	632		
The Ferry	440	365	153	147	106		
West End	529	500	671	547	554		

Source: Edison (excludes codes 100, 42T, ESDS and ICF)

Chart 20: Number of Bed Days Lost to Complex Delayed Discharges - All Ages by Locality

Source: Edison (excludes codes 100, 42T, ESDS and ICF)

Analysis – Complex Delays

Difference from 2015/16 Baseline to 2018/19 Q2 - Edison data

- 22.99% improvement in bed days lost in Dundee 2018/19 Q2 from 2015/16 baseline.
- All Localities have shown an improvement except for Maryfield and West End who showed a deterioration of 9.82% and 4.73% respectively.

Performance Trend between 2018/19 Q1 and 2018/19 Q2 - Edison data

- The number of bed days lost to complex delayed discharges for people all ages in Dundee dropped 3.41% between 2018/19 Q1 and Q2 which is an improvement.
- There were fewer complex days lost in 2018/19Q2 in Coldside (6.25%), east End (32.77%), Lochee (5.08%), Strathmartine (8.80%) and The Ferry (27.89%).
- There were more days lost in 2018/19Q2 in Maryfield (0.42%), north East (4.13%) and West End (1.28%)

Variation across Localities in 2018/19 Q2 - Edison data

- Lochee had the highest number of complex bed days lost for people all ages in Dundee at 691, closely followed by Coldside with 660 and Strathmartine with 632.
- The Ferry had the lowest number at 106.

HSCP Operational Lead	<i>Alexis Chappell, Arlene Mitchell and Lynne Morman</i>
Actions to Improve Performance	<p>Although there are multiple improvement measures underway, the 3 main areas of focus are:</p> <ul style="list-style-type: none"> • Expansion and embedding of the 'Discharge to Assess' model which improves outcomes for people and reduces bed days lost by promoting earlier discharge. This model is already providing evidence that the need for social care services and admission to care homes is reduced as a result of completion of assessment in a community setting. This approach is now being promoted on a Tayside wide basis. • Development of Acute Frailty Model into 12 bedded Acute Medicine for the Elderly unit supported by the Integrated Discharge Hub. This promotes prevention of admission, and the use of more community based treatment and support • Continued 7 day working to promote consistent management of capacity and flow over a 7 day period
Timescale for Improvement	The 3 priorities listed above are already in place, but in early stages of development. It is anticipated that these will be fully implemented by end June 2019.



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 12 FEBRUARY 2019

REPORT ON: 2018/19 MID-YEAR PERFORMANCE SUMMARY

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC3-2019

1.0 PURPOSE OF REPORT

The purpose of this report is to provide the PAC with a summary of performance against key areas of service delivery reflected in the national health and wellbeing outcomes and indicators and Measuring Performance under Integration targets in the first 6 months of 2018/19.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the performance in each service delivery area from 1 April 2018 to 30 September 2018 (Appendix 1).
- 2.2 Notes the areas of improving performance achieved by the Partnership in comparison to the pre-integration position (2015/16) (section 4.2).
- 2.3 Notes the areas in which variation in performance between LCPPs has narrowed in comparison to the pre-integration position (section 4.3 and Appendix 1).
- 2.4 Notes planned improvement actions and timescales and planned investment in relation to areas of service delivery where performance has not been improving (as at sections 4.6 - 4.7).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND

4.1 The first mid-year performance summary was submitted to PAC in February 2018 (Article VIII of the minute of the meeting of the Performance and Audit Committee held on 13 February 2018 refers). The mid-year performance summary for 2018/19 is attached in Appendix 1. This provides:

- a summary of Partnership performance over the period 1 April 2018 – 30 September 2018;
- highlights areas of improving performance and those where further improvement focus is required; and,
- highlights issues of variation in performance between localities.

- 4.2 Overall performance has improved from the 2015/16 baseline (the pre-integration position) in two areas: emergency bed days rate per 100,000 (18+) and delayed discharge bed day lost rate per 1,000 (75+). However, performance has declined in relation to emergency admissions rate per 100,000 (18+), readmissions rate per 1,000 (All ages) and falls related hospital admissions rate per 1,000 (65+). The pattern of performance is the same when a comparison is made with the first 6 months of 2017/18.
- 4.3 Locality variation in performance continues to be a feature across all service delivery areas for which data is available. However, the variation in emergency bed days rate per 100,000 (18+), delayed discharge bed day lost rate per 1,000 (75+), emergency admissions rate per 100,000 (18+) and falls related hospital admissions rate per 1,000 (65+) appears to be narrowing. For example, for emergency bed days rate, the difference between highest and lowest improvement from the 2015/16 baseline across the 8 LCPPs in 2018/19Q2 is only 13.9%. Those LCPPs sitting above the Dundee average and therefore showing the biggest improvements are East End, Coldsides, Maryfield and West End. There has been a widening in variation in readmissions rate per 1,000 (All ages) over the last two quarters. The variation in performance ranged from an increase of 4.3% in Strathmartine to increases of 28.2% in West End, 26.0% in Lochee and 25.4% in Coldsides.
- 4.4 Dundee continues to be amongst the most poorly performing Partnerships across the range of service delivery areas, with the exception of delayed discharge bed day lost rate per 1,000 (75+). For emergency bed days rate per 100,000 (18+), and delayed discharge bed day lost rate per 1,000 (75+), where performance has improved from the 2015/16 baseline by 12.4% and 65.1% respectively, this has been reflected in improvements in the Dundee benchmarked position; meaning that the Partnership is improving performance at a greater rate than at least some other Partnerships across Scotland. For emergency admissions rate per 100,000 (18+) the national benchmarked position has fallen by 3 ranks and for readmissions rate per 1,000 (all ages) and falls related hospital admissions rate (65+) Dundee is the poorest performing Partnership in Scotland.
- 4.5 When benchmarking against other Partnerships within Dundee's family group (8 Partnerships with similar socio-demographic characteristics) Dundee has improved its position for emergency bed days rate per 100,000 (18+) and delayed discharge bed day lost rate per 1,000 (75+) by four ranks from six to two since the 2015/16 baseline; this means that performance is improving at a faster pace than comparable Partnerships. Dundee's emergency admissions rate per 100,000 (18+) has fallen from best performing Partnership to rank two. Falls related hospital admissions rate (65+) has dropped a rank, now joining readmissions rate per 1,000 (All ages) as the poorest performing Partnership in the family group, meaning that other comparable partnerships are managing performance in these areas more effectively than Dundee.
- 4.6 Falls prevention is an ongoing challenge which can only be met by robust interagency working and development of community resources. The introduction of the Dundee Joint Falls Pathway aims to identify people at high risk of falling and intervene to reduce that risk. If successful, the pathway will deliver benefits to the population by improving quality of life, reducing morbidity and mortality and enabling more people to be independent for longer. Continued investment, mainly in people, is required in prevention services before the benefits are realised in the acute and long term care settings. The implementation of this local pathway starts this process in Dundee and it is anticipated that the benefits of this work will begin to be reflected in improvements in the national performance indicator by the end of 2019.

4.7 The improvement in performance in delayed discharges and emergency bed days can be linked to investment decisions the IJB has made since it was established in 2016. Through investing in tests of change in the way in which community based health and social care services are delivered and mainstreaming those services and interventions which have proven to work well, the IJB has established a strong community based model to support continued improvement in these areas. In addition, investment to increase social care capacity within the external social care market (e.g. additional £1.1m in 2017/18) has provided greater flexibility in responding to increases in demand and supported the rapid decrease in the number of delayed discharges. However it should be recognised that further investment opportunities will be dependent on the level of resources delegated to the IJB within the context of a challenging financial environment and the extent to which service redesign and transformation can be effected.

5.0 POLICY IMPLICATIONS

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 meeting targets against Measuring Performance under Integration service areas could affect; outcomes for individuals and their carers and spend associated with poor performance.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Continue to develop a reporting framework which identifies performance against Measuring Performance under Integration targets. - Continue to report data quarterly to the PAC to highlight areas of poor performance. - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as complex delayed discharges. - 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.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 21 January 2019

Clare Harper
Principal Information Development Manager

Kathryn Sharp
Senior Manager

2018/19 MID-YEAR PERFORMANCE SUMMARY**Introduction**

This report summarises performance in the Dundee Health and Social Care Partnership from 1 April 2018 - 30 September 2018.

For each of the national performance indicators, where data is available, comparison has been made between:

- the 2015/16 baseline year and the first 6 months of 2018/19, Dundee level;
- the 2015/16 baseline year and the first 6 months of 2018/19, showing whether the variation gap between LCPPs has been widening or narrowing;
- the first 6 months to 2017/18 and 2018/19;
- other partnerships performance during the first 6 months of 2018/19; and
- other family group partnerships during the first 6 months of 2018/19.

Other family group Partnerships are: North Lanarkshire, North Ayrshire, East Ayrshire, Inverclyde, West Dunbartonshire, Glasgow City and Western Isles.

Table 1: Dundee's Performance between 2015/16 and 2018/19 Q2

	Improving performance / Better than comparator group average
	Maintained performance / Similar to comparator group average
	Declining performance / Poorer than comparator group average

Source: ISD data except LCPP Variation – supplied by NHS Tayside BSU

***Note:** Geriatric Long Stay (GLS) beds for 2018/19Q2 are unavailable due to data incompleteness. The average of the previous 3 quarters (2017/18Q3,Q4 & 2018/19Q1) for GLS was imputed for 2018/19Q2.

	Areas of improvement from 2015/16 baseline		Areas of mixed performance from 2015/16 baseline	Areas of decline from 2015/16 baseline	
	Emergency Bed Days Rate per 100,000 * (18+)	Delayed Discharge Bed Days Lost rate per 1,000 - All Reasons (75+)	Emergency Admissions Rate per 100,000 (18+)	Readmissions rate per 1,000 (All Ages)	Falls related hospital admissions rate per 1,000 (65+)
2015/16 baseline (ISD data)	12.4% decrease in Acute specialties	65.1% decrease	4.9% increase	5.2% increase	17.7% increase
LCPP Variation since 2015/16 (NHS Tayside BU)	Narrowing since 2015/16	Narrowing for complex Fluctuates for standard	Narrowing since 2017/18	Narrowing to 2017/18 then widening 2018/19Q1 & Q2	Widening to 2018/19Q1 then narrowing 2018/19Q2
2018/19 mid-year position (ISD data)	12,396 decrease in Acute specialties	541.3 decrease	760 increase	6.3 increase	4.4 increase (NHS Tayside BU)
All partnerships 2018/19 mid-year position (ISD data)	Better than 10 Worse than 20 (9% higher than average)	Better than 27 Worse than 4	Better than 9 Poorer than 21 (5.3% higher than average)	Worse than all other partnerships	Worse than all other partnerships
Family group partnerships 2018/19 mid-year position (ISD data)	Better than 6 Worse than 1	Better than 6 Worse than 1	Better than 6 Worse than 1	Worse than all family group members	Worse than all family group members

Table 2: All Partnerships Benchmarking 2015/16 to 2018/19 Q2

	Improving rank
	Maintained rank
	Declining rank

	Emergency Bed Days Rate per 100,000 * (18+)	Delayed Discharge Bed Days Lost rate per 1,000 - All Reasons (75+)	Emergency Admissions Rate per 100,000 (18+)	Readmissions rate per 1,000 (All Ages)	Falls related hospital admissions rate per 1,000 (65+)
2015/16 end of year rank	29	19	19	32	31
2016/17 end of year rank	26	17	19	32	31
2017/18 end of year rank	25	8	21	32	31
2018/19 end of Q2 rank	22	5	22	32	32
Overall change since 2015/16	+7	+14	-3	No change	-1

Source: ISD - Core Suite of Integration Indicators December 18. As 2018/19 Q2 data not yet available, MSG data was used.

*Note: Geriatric Long Stay (GLS) beds for 2018/19Q2 are unavailable due to data incompleteness. The average of the previous 3 quarters (2017/18Q3,Q4 & 2018/19Q1) for GLS was imputed for 2018/19Q2.

Table 3: Family Group Partnerships Benchmarking 2015/16 to 2018/19 Q2

	Improving rank
	Maintained rank
	Declining rank

	Emergency Bed Days Rate per 100,000 * (18+)	Delayed Discharge Bed Days Lost rate per 1,000 - All Reasons (75+)	Emergency Admissions Rate per 100,000 (18+)	Readmissions rate per 1,000 (All Ages)	Falls related hospital admissions rate per 1,000 (65+)
2015/16 end of year rank	6	6	1	8	7
2016/17 end of year rank	4	6	1	8	7
2017/18 end of year rank	3	5	1	8	7
2018/19 end of Q2 rank	2	2	2	8	8
Overall change since 2015/16	+4	+4	-1	No change	-1

Source: ISD - Core Suite of Integration Indicators December 18. As 2018/19 Q2 data not yet available, MSG data was used.

* Geriatric Long Stay (GLS) beds for 2018/19Q2 are unavailable due to data incompleteness. The average of the previous 3 quarters (2017/18Q3,Q4 & 2018/19Q1) for GLS was imputed for 2018/19Q2.

Where our performance has improved from 2015/16 baseline

Emergency Bed Days rate per 100,000 (18+)

- During the first 6 months of 2018/19, the emergency bed days rate for acute specialties decreased from the 2015/16 baseline year by 12.4%.
- Compared with the 2015/16 baseline year there was an increase in the emergency bed days rate across all LCPPs. Variation in performance across LCPPs ranged from an increase of 2.14% in The Ferry to 14.95% in West End. Overall the variation gap for emergency bed days has been narrowing since 2015/16.
- Compared with the first 6 months of 2017/18 the emergency bed days rate for Acute specialties was 7339 less during the first 6 months of 2018/19 (down from 95,227 to 87,888).
- During the first 6 months of 2018/19, compared with other partnerships, Dundee performed better than 10 partnerships and worse than 20 (9% higher than the average for all partnerships – for all acute, Mental Health and imputed Geriatric Long stay specialties).
- Dundee performed better than six other family group Partnerships for all acute, Mental Health and imputed Geriatric Long stay specialties.

Delayed Discharge Bed Days Lost rate per 1,000 – All Reasons (75+)

- During the first 6 months of 2018/19, the rate of bed days lost to delayed discharges decreased from the 2015/16 baseline year by 65.1%.
- Compared with the 2015/16 baseline year there was a decrease in the delayed discharge rate across all LCPPs. The variation in performance ranged from a decrease of 33.5% in Lochee to 80.1% in West End. Overall the variation gap for delayed discharges has been narrowing since 2015/16.
- Compared with the first 6 months of 2017/18 there were 3,067 less delayed discharge bed days during the first 6 months of 2018/19 (6,642 down to 3,575).
- Compared with other partnerships, Dundee performed better than 27 partnerships and worse than 4.
- Dundee performed better than all but one family group Partnership.

Where our performance has been mixed in comparison with 2015/16 baseline**Emergency Admissions Rate per 100,000 (18+)**

- During the first 6 months of 2018/19, the rate of emergency admissions increased from the 2015/16 baseline year by 4.9%, however this has increased at a lower rate than projected under Measuring Performance under Integration targets (estimated increase of 9.2% by the end of 2018/19).
- Compared with the 2015/16 baseline year, there was an increase in emergency admissions rate across all LCPPs. The variation in performance ranged from an increase of 2.1% in The Ferry to 14.9% in West End. Overall the variation gap for emergency admissions rate has shown signs of narrowing since 2017/18.
- Compared with the first 6 months of 2017/18 there were 18 more emergency admissions in the first 6 months of 2018/19 (up from 14,869 to 14,887).
- Compared with other partnerships, Dundee performed better than 9 and worse than 21, 5.3% above the average for all partnerships.
- Dundee performed better than all but one family group Partnership.

Where our performance has declined from 2015/16 baseline**Readmission Rate per 1,000 (18+)**

- During the first 6 months of 2018/19, the Dundee rate of readmissions increased from the 2015/16 baseline year by 5.2%.
- Compared with the 2015/16 baseline year, there was an increase in the readmission rate across all LCPPs. The variation in performance ranged from an increase of 4.3% in Strathmartine to increases of 28.2% in West End, 26.0% in Lochee and 25.4% in Coldside. The variation gap for readmission rate has narrowed from 2015/16 to 2017/18 but has shown signs of widening since.
- Compared with the first 6 months of 2017/18 there were 85 less readmissions in the first 6 months of 2018/19 (down from 2,779 to 2,649). However there were also 624 less admissions (down from 21,747 to 21,123). Overall, there has been a slight improvement over the last year.
- Compared with all other partnerships, Dundee performed the poorest.

Falls related hospital admissions rate per 1,000 (65+)

- During the first 6 months of 2018/19, the Dundee rate of hospital admissions due to falls has increased from the 2015/16 baseline year by 17.7%.
- Compared with the 2015/16 baseline year, there was an increase in the falls rate in all LCPPs except in Strathmartine where there was a decrease of 23.5%. Across the other LCPPs the increases in Falls rate ranged from 8.8% in North East to 38.4% in The Ferry. Overall the variation gap for falls has been widening since 2015/16. 2018/19 Q2 is the first quarter that has shown this gap to be narrowing.
- Compared with the first 6 months of 2017/18 there were 50 more falls admissions in the first 6 months of 2018/19 (up from 712 to 762).
- Compared with all other partnerships, Dundee performed the poorest.



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 12 FEBRUARY 2019

REPORT ON: FALLS PERFORMANCE AND ACTION PLAN

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC6-2019

1.0 PURPOSE OF REPORT

The purpose of this report is to provide assurance that issues in relation to falls related hospital admissions in Dundee have been identified and that an associated action plan has been developed to address the identified issues.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the contents of this report.
- 2.2 Notes the current activity to reduce falls related hospital admissions, prevent incidences of falls and support people who have fallen or who are at risk of a fall.

3.0 FINANCIAL IMPLICATIONS

None.

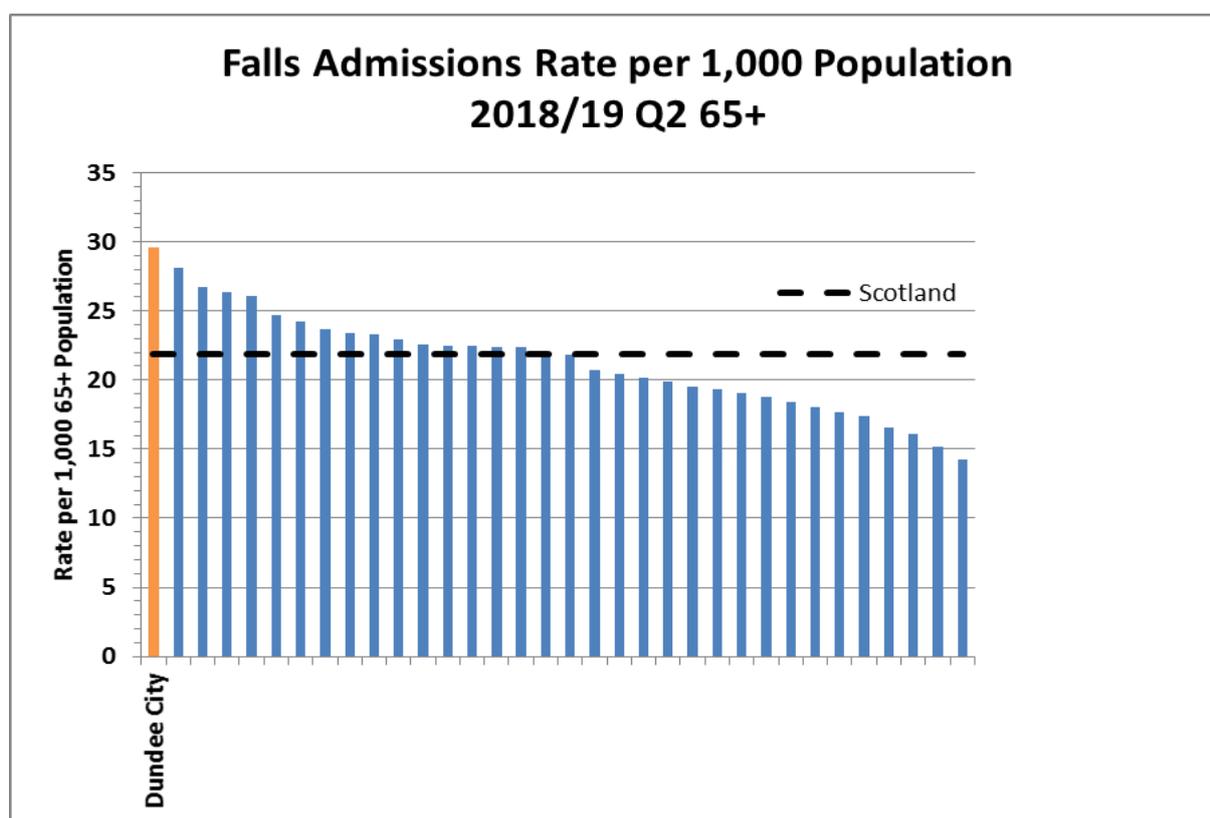
4.0 BACKGROUND INFORMATION

- 4.1 Falls data was presented to the PAC on 29 May 2018 (Article IX of the minute of the meeting refers) with the PAC requesting further detailed identification of issues and an associated action plan to address these issues.
- 4.2 National Health and Wellbeing Indicator 16 is "Falls rate per 1,000 of >65 population". The focus of this indicator is the number of falls that occur in the population (aged 65 plus). The indicator is measured using data gathered by Information Services Division (ISD).
- 4.3 This indicator is monitored in the Quarterly Performance Report and was included in the Q3 report (presented to the PAC meeting on 19 July 2017, Article VIII of the minute refers) and the Annual Performance Report (presented to the IJB held on 29 August 2017, Article V of minute refers). Both reports highlighted the particularly high rate of hospital admissions within the Dundee population of people aged 65+ as a result of a fall.
- 4.4 Falls can have a significant impact on an older person's independence and quality of life, impeding a person's mobility and confidence. However, falls are not an inevitable consequence of old age. Well-organised services, delivering recommended and evidence based practices can prevent many falls and fractures in older people in a community setting. Rehabilitation services are key to preventing repeat falls. In addition, the safety of a person's immediate environment as well as a review of their prescribed medicines are important alongside a multifactorial assessment including; eyesight, footwear, foot condition, bone health, nutrition, continence, daily activities and cognition. For every £1 invested in physiotherapy rehabilitation into falls services, £4 is saved across health and social care services (Chartered Society of Physiotherapy).

- 4.5 A recently published economic evaluation provided an estimate of the cost to health and social care services in Scotland of managing the consequences of falls is in excess of £470 million and without intervention is set to rise over the next decade as our population ages and the proportion with multi-morbidity and polypharmacy (service users in receipt of multiple drugs to treat conditions) grows.

5.0 WHAT THE DATA IS TELLING US

Falls Admissions Rate 65+ Benchmarking 2018/19 Q2



Source: Core Suite of Integration Indicators December 18 (ISD)

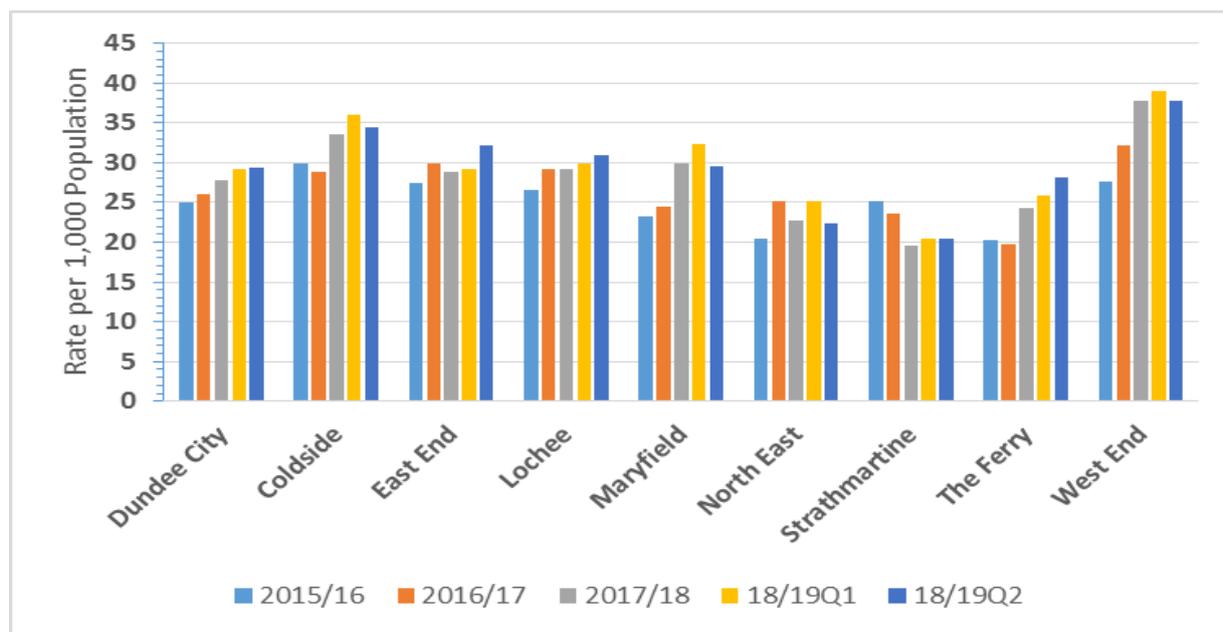
- The rate of hospital admissions due to a fall in Dundee was higher than the Scottish rate.
- Dundee is the poorest performing partnership in Scotland.

Rate of Falls Admissions per 1,000 Population– 18/19 Q2 65+ by Locality

	2015/16	2016/17	2017/18	18/19Q1	18/19Q2	18/19Q3	2018/19
Dundee City	24.9	26.0	27.8	29.2	29.3		
Coldside	29.9	28.9	33.6	36.0	34.4		
East End	27.4	29.8	28.8	29.1	32.2		
Lochee	26.6	29.2	29.2	29.8	30.9		
Maryfield	23.2	24.4	29.9	32.4	29.4		
North East	20.5	25.1	22.7	25.1	22.3		
Strathmartine	25.2	23.5	19.5	20.4	20.4		
The Ferry	20.3	19.7	24.2	25.9	28.1		
West End	27.6	32.1	37.7	38.9	37.7		

Source: NHS TAYSIDE BSU

Rate of Falls Admissions per 1,000 Population– 18/19 Q2 65+ by Locality



Source: NHS TAYSIDE BSU

Difference from 2015/16 Baseline to 2018/19 Q2

- 17.67% increase in Dundee rate.
- The Dundee rate has shown an increase year on year since the 2015/16 baseline.
- Increases were shown in all Localities except Strathmartine.

Performance Trend between 18/19 Q1 and 18/19 Q2

- Improved rates in Coldside (4.44%), Maryfield (9.26%), North East (11.16%) and West End (3.08%)
- No change in Strathmartine
- Increased rates in East End (10.65%), Lochee (3.69%) and
- The Ferry (8.49%)

Variation across Localities in 2018/19 Q2

- West End had the highest rate of falls in Dundee with 37.7 falls related hospital admissions per 1,000 population.
- Strathmartine had the lowest rate with 20.4 falls related hospital admissions per 1,000 population.

- 5.1 The number of monthly fall admissions in Dundee, where a fall occurred in the home, has not seen any significant changes. The number of monthly fall admissions in Dundee, where a fall occurred outside the home or place of work, saw a significant increase in December 2017 which may be attributable to weather conditions.
- 5.2 The gap between fall admission rates of people who live in the most deprived (quintile 1) and the least deprived (quintile 5) has increased since 2014/15 Q4. In 2014/15 Q4, the fall admission rate for the people who live in the most deprived areas was 25% higher than the least deprived and this increased to 37% in 2017/18 Q3.
- 5.3 In 2016/17 there were 330 people who experienced a single fall admission, 45 people who experienced two fall admissions and 17 people who experience three or more falls admissions.

- 5.4 Of the people who experienced three or more fall admissions in 2016/17, nearly half had a home care package. This fell to around 30% for people who had experienced 1 or 2 falls.
- 5.5 Arthritis was the most common long term condition for people who experienced a fall admission in 2016/17. For those who experienced 3+ falls, around half had arthritis. Chronic heart disease and dementia were also prevalent with over a third of people who experienced multiple falls having one of these conditions.
- 5.6 The average cost to the health service of providing treatment to people who had a single fall admission in 2016/17 was £18,000 per person. This increased to £25,000 for people who had 2 fall admissions and £27,000 for those who had three or more fall admissions.
- 5.7 Analysis of people who had multiple falls has shown that all people with three or more falls were known to the AHP Services, and 60% were also known to the Psychiatry of Old Age Out Patient Service. Of those that fell twice 90% were known to AHP Services. Services were provided across care homes and in people's own homes too.

6.0 CURRENT SERVICE MODEL

6.1 Falls Classes

There are currently six falls prevention classes held each week in three locations – Mackinnon Centre, Kings Cross Hospital and Royal Victoria Hospital and these classes accept both self, carer and professional referrals. These classes are organised and run by the community rehabilitation and falls team. It is intended that the location of falls classes will be reviewed in line with locality plans and neighbourhood level data about falls. These classes are supported by physiotherapists and support workers and are aimed at people who have fallen or who have a fear of falling. The classes improve strength, balance, confidence and function. Education is also provided to participants on reducing the risk of falls in the future. The evidence base behind providing classes to prevent falling states that balance and strength must be challenged in order for improvements to be seen. For this reason there are three levels which are aimed at different levels of ability and frailty. There is also an Otago based maintenance class within the community, to prevent re-referrals and recurrent falls. The current waiting list is approximately 15 weeks from referral, however following an initial assessment people are offered advice and basic exercises to prevent falls while they await their place at the class.

6.2 Education

Education and falls prevention roadshows are being rolled out to established groups in the community in collaboration with other services within the Dundee Health and Social Care Partnership. In addition to this, training has been provided to physiotherapy community staff, ambulance crews, social care response workers, medical students and care home workers.

6.3 Community Equipment Loan Service

Dundee and Angus Health and Social Care Partnerships launched a new shared community equipment loan service for people with disabilities living in Dundee and Angus. The new venture is based at the Dundee Independent Living and Community Equipment Centre in Dundee and provides, delivers, installs, repairs, maintains and recycles a range of equipment to help people of all ages living in Dundee to live independently. It also provides a technical advice service and carries out risk assessments with medical and care professionals, both in-store and in people's homes.

6.4 Referral Pathway Redesign

GP referrals into medicine for the elderly services are now screened by the falls service instead of by medical teams. Patients are then signposted to the most appropriate clinic (physiotherapy, occupational therapy, nurse) or medical. This has reduced the time patients wait to be seen by the most appropriate person. Previously there was a waiting time of up to 16 weeks to access the medical clinic and then referred to the multidisciplinary team. This has been reduced to 4-6 weeks for the medical clinic and 1-2 weeks for the multidisciplinary team.

6.5 **Support in Care Homes**

The community rehabilitation team provided support to care home employees, particularly regarding the Otago falls programme. All care homes in Dundee that expressed interest in receiving support have been provided with training to employees. There was a high uptake in training in the care homes located in Broughty Ferry. The care homes are expected to roll out training and the quality of the approach to prevent falling in care homes is expected to vary. Further work is required to ensure a sustainable model is in place across Dundee care homes.

6.6 **In Patients and Out Patients**

On a daily basis (Monday to Friday) physiotherapy services identify from referred patients aged 65+ who have either fallen twice in the last 12 months or who are at risk of a fall. They undertake balance, gait and strength assessments to reduce the risk of future falls. Patients are provided with strength and balance exercises, a falls booklet and referred to either the community rehabilitation team or the falls service.

6.7 **Collaborative Working with Scottish Ambulance Service and Other Stakeholders**

Services worked together to develop a pathway for use by the Scottish Ambulance Service and this has recently been implemented to help avoid the conveyance of service users that have fallen, but are uninjured, to hospital. This involves referring directly to the falls service and the first contact, out of hours and social care response teams. Work is currently being undertaken to further develop cross-sector working and promote the importance of all these services, recognising potential falls risk to the service user and referring for assessment as appropriate. An educational falls pack has been developed for service users. The social care response team is assessing IT systems to identify patients who have increased frequency of falling and refer to the falls service. Scottish Ambulance Service, the social care response team and patients can now refer directly to the falls service. This has improved the identification of people at risk of a fall.

6.8 **Emergency Department (ED)**

On a daily bases the falls team receives a list of people who attended the ED following a fall. The team contacts each person by telephone and then signposts to information and refers to services which can support underlying issues such as balance, substance misuse, polypharmacy and sensory impairment. The musculoskeletal and community rehabilitation physiotherapy teams provides support to people with dischargeable injuries, such as a shoulder rotator cuff tear, or stable fracture. In addition to a telephone call, people receive a pack in the post which includes a cover letter, falls prevention booklet, self / professional / carer referral form for the falls service and also the exercise classes. The pack also includes information about DIAL – OP service which signposts to all services and classes in Dundee. This includes a range of voluntary sector supports including a morning call service to check a person is safe and well.

7.0 **THE ENVIRONMENT – STREET LIGHTING AND FOOTWAY CONDITION**

7.1 The sole function of street lighting is to light the road to ensure Dundee City Council meets their duty of care to road and footpath users. This has a direct link with falls away from the home as adequate street lighting ensures that obstacles, including uneven surfaces are visible during the hours of darkness. Work has commenced on a two year programme of fitting more than 18,000 new white LED lights across Dundee at a cost of £4.8m.

7.2 In relation to the footways in Dundee there were a total of 9 CAT 1 defects in 2017/18, with the Scottish average being 21. All CAT 1 defects were made safe within expected response times. The cost of all maintenance work on footways in Dundee for 2017/18 is £823,762, against a Scottish average of £718,348.

8.0 PRIORITY AREAS FOR IMPROVEMENT

- 8.1 The Tayside Falls Prevention and Management Framework 2018-2022 has recently been developed and is currently out for consultation. This provides the infrastructure to monitor progress in the community, hospital and care homes towards preventing the incidence of falls and reducing the negative effect of falling on people who fall and their carers. The Framework is organised under four stages:

Stage 1 – Supporting active ageing, health improvement and self management to reduce the risk of falls.

Stage 2 – Identifying individuals at risk of falls and / or fragility fractures.

Stage 3 – Responding to an individual who has just fallen and requires immediate assistance.

Stage 4 – Co-ordinated management including specialist assessments.

- 8.2 In addition to the Tayside Framework, there is recognition that more still needs to be achieved at a Dundee and locality level and the following actions have been identified:

The main priorities and focus for the falls work will centre on the following areas:

- Supporting the SAS Falls and Frailty Pathways in developing non-conveyance to hospital options, supporting patients remaining in their own homes.
- Dundee Health and Social Care Partnership will have systems and processes established to enable a broad spectrum of services and partner agencies to identify people at high risk of falls. This may be through a level 1 conversation enquiring about falls and/or completion of a level 1 falls referral tool.
- Opportunities are created for individuals to participate in regular and life-long exercise programmes that include strength and balance to minimise falls risk and prevent further falls and frailty. In developing appropriate programmes, links with local leisure services, volunteer services, walking groups and local exercise groups will be considered as well as training volunteers and staff working with older people including care at home, care homes, day care and sheltered housing.
- Review of data available to support targeted approach of falls prevention work (NHS, Council, SAS, and Fire & Rescue). This will allow us to explore neighbourhood level data to direct resources to areas most in need.

A number of additional actions have also been identified to support the falls agenda. A number of these actions will support the main priorities as well as developing alternative workstreams:

- Establish a multi-agency falls group to lead on development, implementation and sharing of best practice in relation to falls across Dundee City.
- Explore possibilities of using Celonis software to support enhanced understanding of patient flow through the system.
- Review Dundee Falls Pathway (established 2012) and ensure this remains contemporary practice. Update and enhance as required across multi agency teams.
- Hold a 're-launch' event of the Dundee Falls Pathway with broad range of stakeholders once pathway is agreed across agencies.
- Dundee Health and Social Care Partnership will invest in a mechanism for engaging with local communities and the public to promote the importance of factors relating to falls: examples include: exercise, meaningful activities, nutrition for older people, fluid intake, smoking cessation, alcohol moderation, regular foot care, eyesight and hearing checks. Dundee Falls Prevention Roadshows will be provided on a monthly basis in targeted areas throughout 2019.
- Develop Life Curve Presentation to support enhanced understanding of aging process and options available to remain independent.
- Develop links with the Dundee City Council Road Maintenance and Street Lighting Partnerships to ensure early identification and resolution of areas highlighted as contributing to falls.
- Increased opportunities to heighten public awareness on falls prevention and fracture risks including falls prevention campaigns, media involvement, and presentations to older people groups plus raising awareness about specific websites on falls will be explored.

- Dundee Health and Social Care Partnership explore opportunities for a range of partners to provide 'home safety' visits which encompass falls safety alongside a range of other home safety hazards.
- Education provision to care homes regarding falls prevention will include enabling staff to provide exercise safely for care home residents, with residents having access to mainstream falls exercise classes as ability permits.
- Services providing a level 1 conversation will include GP's, community nursing, allied health professions, Scottish Ambulance Service and social care services including care at home, sheltered housing, community alarm, care homes. Consideration should also be given to the independent, voluntary and other statutory service including community optometrists, community pharmacists.
- All care homes across Dundee are required to ensure a suitable falls risk assessment is completed for all residents on admission to a care home and reviewed throughout their stay which identifies individuals at high risk of falling in accordance with the Care Inspectorate 'Managing falls and fractures in care homes for older people' good practice self assessment resource (Scottish Government, 2011).
- Supporting the SAS Falls and Frailty Pathways to enable referral to a range of community based services, including crisis care, intermediate care, assessment and rehabilitation services.
- Integrated community services (such as rapid response teams, intermediate care teams, assessment and rehabilitation teams), community AHP and nursing services providing specialist interventions following a fall, also provide a level 2 screen if the person has not already received one during the episode of care.
- Opportunities are created to improve skills and knowledge in relation to nutritional wellbeing and this is integrated into falls prevention at all levels.

8.3 Timescale for improvement

- Falls prevention is an ongoing challenge which can only be met by robust interagency working and development of community resources. A fall is the outcome of a complex interaction of risk factors, many of which are modifiable. The introduction of the Dundee Joint Falls Pathway aims to identify people at high risk of falling and intervene to reduce that risk. A successful pathway will deliver benefits to the population by improving quality of life, reducing morbidity and mortality and enabling more people to be independent for longer. Continued investment, mainly in people, is required in prevention services such as Otago and Revitalize before the benefits are realised in the acute and long term care settings. The implementation of this local pathway starts this process in Dundee and builds upon the excellent cooperation between all parties who believe in the importance of this work.
- A number of actions have been implemented. The cultural change to early intervention and prevention is ongoing and will take time to fully embed. The falls work seeks to create the opportunities for citizens to reduce the likelihood of falls, and to reduce the potential for harm following a fall, as well as ensuring that as broad a range of staff are able to identify and support those at risk, or potentially at risk, from falling.
- It is anticipated that changes to the falls data could begin to be noted by the end of 2019.

9.0 RISK ASSESSMENT

Risk 1 Description	The risk of not reducing the rate of hospital admissions due to a fall could affect; outcomes for individuals and their carers and spend associated with unscheduled hospital admissions if the Partnership's performance does not improve.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - The Tayside Falls Prevention and Management Framework will provide an infrastructure to monitor progress in the community, hospital and care homes towards preventing the incidence of falls and reducing the negative effect of falling on people who fall and their carers. - The priority areas for improvement (section 8.0) have been developed to reduce the rate of hospital admissions as a result of a fall.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6
Approval recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

11.0 POLICY IMPLICATIONS

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

12.0 CONSULTATIONS

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

13.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 4 February 2019

Matthew Kendall
Allied Health Professions Lead



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 12 FEBRUARY 2019

REPORT ON: CLINICAL, CARE AND PROFESSIONAL GOVERNANCE (CCPG) GROUP CHAIR'S ASSURANCE REPORT

REPORT BY: CLINICAL DIRECTOR

REPORT NO: PAC4-2019

1.0 PURPOSE OF THE REPORT

To provide an update to the Performance and Audit Committee on the business of the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Committee. In order to meet the requirements of the NHS Tayside Clinical Quality Forum and the Performance and Audit Committee, this report is presented as an SBAR (Situation, Background, Assessment and Recommendations).

2.0 SITUATION AND BACKGROUND

2.1 Clinical, Care and Professional Governance (CCPG) is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation – built upon partnership and collaboration within teams and between health and social care professionals and managers. The Framework for CCPG within integrated services in Tayside is set out in the agreed framework - Getting It Right for Everyone: Clinical, Care and Professional Governance Framework. CCPG relies on all of these elements being brought together through robust reporting and escalation processes using a risk management approach to ensure person centred, safe and effective patient care.

2.2 In Dundee Health and Social Care Partnership (DHSCP) key elements of CCPG are monitored through the following forums:

- CCPG Leadership Huddle (the Huddle) which meets on a weekly basis
- CCPG Forum (the Forum) which meets on a 2 monthly basis
- CCPG Committee (the Committee) which meets on a 2 monthly basis
- Primary CCPG Groups sit at a service level and meet regularly in accordance with service need

These groups provide the forums to monitor, review, discuss and disseminate CCPG issues, identify any risks and mitigate/escalate these as required.

2.3 The Forum and Committee review all action plans in relation to the implementation of the CCPG framework, and implement the subsequent dissemination of learning that arise from all Local Adverse Event Reports (LEARS); Organisational Adverse Events Reports (OARS); Significant Case Reviews (SCR); Case Reviews /Scottish Public Sector Ombudsman (SPSO) reports and review all risks recorded on the DHSCP (DATIX) risk register on a 2 monthly basis. In addition, the Forum and Committee review all action plans and implement the dissemination of learning that arise from all inspection reports and standards, guidelines, and relevant legislation.

2.4 The Huddle review all adverse events reported on DATIX and ensure that themes and learning are identified and discussed at the Forum and Committee.

2.5 The following table sets out the reporting arrangements for the Dundee Health and Social Care Partnership (DHSCP).

Table 1: Governance Monitoring and Reporting Framework – DHSCP

	Forum	R2	CQF
Scorecard	Full	Exceptions (from scorecard)	Persistent exception (Three reports) Exceptions affecting multiple teams. Level of risk (High)
DATIX Themes / Action Taken	Full All Reported and Themed	Exceptions (Individual / Themes)	Persistent exception (Three reports) Exceptions affecting multiple teams. Level of risk (High)
Red Events	All	All	Overview – Themes / Numbers
LAER/OAER/SCR	All reported and learning shared	High Level Summary	Exceptions Organisational learning Organisational risk
Complaints (and SPSO)	All – Learning shared	Quality report (Sample) Upheld Status Report SPSO + Exception	SPSO Numbers Organisational learning
Risks	All (Detailed in scorecard)	High level report with Assurance statement. Persistent long term risks. Transient Risks	Overview Report. Persistent exception (Three reports) Exceptions affecting multiple teams. Level of risk (High)
Inspection Reports	Action Plan Produced Per Team (where applicable)	Action Plan Produced Per Team (where applicable)	Overview Statement
Standards / Legislation / Guidelines	New Standards Reported	Agenda items ad hoc	Organisational Impact

3.0. ASSESSMENT

3.1 The Clinical Director is required to provide information to both DH&SCP and NHS Tayside Clinical Quality Forum (CQF) in order that both organisations can achieve assurance as to the matters of CCPG within the partnership. Agreement was reached that exception reports would be provided to the DH&SCP Performance and Audit Committee (PAC) and that regular reports would be provided to the CQF. The exception report covering the period 22nd August 2018 – 31st December 2018 is attached at Appendix 1. There are no items required to be actioned by the PAC.

3.2 The Clinical Director has issued no instructions for full reports to be submitted to the PAC for their consideration.

4.0 RECOMMENDATIONS

4.1 The PAC members are asked to note the report for the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Committee.

Dundee Health and Social Care Partnership (DHSCP) Exception Report 4/12/18**1. Clinical, Care & Governance Exception Reporting****Persistent exceptions / Exceptions affecting multiple teams / High level of risk**

Services from across the DHSCP are reporting challenges meeting mandatory training requirements. This reinforced issues highlighted within the report The Governance of the NHS in Scotland – Ensuring Delivery of the Best Healthcare for Scotland (Scottish Parliament, 2018). Mandatory training compliance data will be presented at the next Committee meeting.

General Data Protection Regulation (GDPR) breach reports are not uniformly produced across the DHSCP. The Partnership is reviewing the system in place for reporting GDPR breaches and monitoring actions to mitigate recurrence.

An exception report from the Integrated Substance Misuse Service detailed 33 death notifications received from 1 January 2018 to 6 July 2018. A summary of findings was provided on the reviews that had been carried out to date. The report also reviewed the recommendations identified from review of deaths in 2017, the risk mitigation strategies implemented, the findings from 2018 reviews to date and ongoing actions being taken. A summary of the Tayside Drug Death report was presented at the Dundee Protected Learning Time event on 21/11/2018 to an audience of GP, nurse and pharmacist colleagues. The significant safety concerns associated with gabapentinoids and other drug classes associated with drug deaths were highlighted. Dundee Health and Social Care Partnership has refreshed the prescribing scheme that funded practices to align dispensing of gabapentinoids and other CNS depressants with methadone for those patients on methadone. A further scheme targeting patients on high dose opiates (>120mg of morphine equivalent per day) was also introduced as a patient safety initiative.

An investigation is currently underway at a named independent Care Home. Staffing procedures were implemented to ensure ongoing safe and effective care. The Committee was provided with an update of actions that had been undertaken to support residents and staff. A risk assessment has been carried out, with the risk of recurrence being identified as low.

Centre for Brain Injury Rehabilitation and Stroke Liaison Service; Adult Physical Disabilities Service; and Community Nursing Service all provided a planned update to the Committee with no significant exceptions requiring escalation being identified.

2. Adverse Events Report

The number of outstanding red adverse events from 2017 continues to reduce from 46 at the end of May to 27 at the beginning of August. The national standard for these reviews being completed is 90 days from the adverse event. Education and support continues to be offered to further reduce the number of outstanding adverse events.

Between 1st June and 31st July, there has been 11 red adverse event reported within the DATIX system under DHSCP.

**Persistent exceptions / Exceptions affecting multiple teams / High level of risk
Themes identified / Action taken**

The learning from two adverse events was shared at the last DHSCP Clinical Governance Forum on 14 June 2018.

One local adverse event review resulted in changes being made to the process for handing over cases between staff and prioritising of cases to manage workload.

Another local adverse event review in relation to a fall identified that all measures were in place in terms of falls assessment and review, mitigating actions and environmental considerations. The service is however exploring the availability of a different type of falls sensor that will be able to provide an earlier warning of movement from people who have been assessed as being at high risk of falls.

Dundee Health and Social Care Partnership Risks

Persistent exceptions / Exceptions affecting multiple teams / High level of risk

The Committee reviewed the 16 current risks and 4 pending risks on the Datix system for Dundee Health and Social Care Partnership. The current grading, trend of grading and review date were considered at the Clinical, Care and Professional Governance group. It was noted that two risks required new risk review dates and six were overdue for review. The risk managers have been offered support from the NHS Tayside Clinical Governance and Risk Management Team to ensure that timely risk reviews are completed and documented on Datix.

The Forum's reporting template has been recently reviewed to ensure that services report on the current status of their service risks on a regular basis, including mitigating actions taken, outstanding actions and persistent issues/challenges that require escalation and support.

3. Inspection Reports

No inspection reports were discussed at this meeting.

4. Complaints

There were no SPSO complaints to be reviewed.

5. Standards / legislation / Guidelines

Overview report

The Pressure Area Assessment Care and treatment policy has been approved and endorsed by the CQF and CGC and the CCPG has agreed its recommendations and will adopt this as an integrated policy to be implemented across all DHSCP areas.

A report detailing GDPR breaches within Dundee City Council was tabled. It was agreed that an integrated DHSCP would be beneficial for the October Committee meeting.

The Scottish Public Services Ombudsman Thematic report 'Informed Consent – Learning from Complaints' was considered. Discussion with The NHS Tayside Policy lead identified that the Policy covers all the organisational recommendations and there are plans to strengthen the guidance on local service audit within the next policy review.

The Gosport Independent Panel Report highlighted poor culture and an ineffectual escalation of concerns in relation to patient care. The Committee agreed that all managers should ensure that staff are aware of the content of the report and relevant escalation processes.

6. Future Reports

This is the first report in this format. A 'Taking Stock' event was held for the Clinical, Care and Professional Governance Committee on 19 December 2018, which aimed to review the remit and effectiveness of the Committee. It is anticipated that the outcome of this event may impact on the content of future versions of the report and this will be developed at a future event in 2019. Consideration has already been given to:

- Including data on the number of adverse events, grading and rate of harm;
- Complaints data in relation to complying with timescale standards;
- The full participation of all operational teams reporting through the CCPG Forum;
- Developing the Tayside wide collaborative work across all three Partnerships in enhancing the Governance frameworks.

REPORT SIGN OFF

Responsible Executive Director and contact for further information

If you require any further information in advance of the meeting please contact:

Contact for further information	Responsible Executive Director
Diane McCulloch Head of Health and Community Care diane.mcculloch@dundeecity.gov.uk	David Shaw Clinical Director dshaw2@nhs.net

January 2019



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 12 FEBRUARY 2019

REPORT ON: TRANSFORMATION AND SERVICE REDESIGN INTERNAL AUDIT REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC9-2019

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Performance and Audit Committee of the outcome of the Internal Audit assessment of the Integration Joint Board's (IJB) Transformation and Service Redesign Programme.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of the Internal Audit Assessment of the IJB's Transformation and Service Redesign Programme as set out in Appendix 1.
- 2.2 Remits the Chief Finance Officer to provide an action plan to respond to the issues raised within the report at the PAC to be held on 28 May 2019.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 Dundee Integration Joint Board's current Internal Audit plan includes a review of the IJB's Transformation and Service Redesign Programme arrangements.
- 4.2 The review assessed the IJB's developing system for prioritisation of service redesign options, the financial impact of these linked to savings plans, stakeholder engagement and project management.
- 4.3 In relation to the outcome of the assessment, while the Chief Internal Auditor recognises there has been a conscious effort by management to bring together and coordinate the strands of transformational change, demonstrated in particular through the establishment of the Transformation Delivery Group, they have identified a number of improvements which should be made to enhance the adequacy and effectiveness of the system currently in place. As a result, the auditor is of the opinion that these arrangements are inadequate and has awarded a Category D rating for the review.
- 4.4 The required improvement actions have been acknowledged by management with a number of actions agreed to ensure improvement in the current arrangements. A detailed action plan in response to the issues will be presented to the PAC at its May 2019 meeting to provide the PAC with the assurance that the systems and processes around its Transformation Programme are fit for purpose in the future.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

This report has not been subject to a risk assessment as it relates to the findings of the Annual Internal Audit Report. The subsequent action plan to respond to the concerns raised in this report will be subject to a risk assessment.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 4 February 2019

DUNDEE IJB
INTERNAL AUDIT SERVICE



TRANSFORMATION AND SERVICE REDESIGN
REPORT NO. D05/18 (DCC REPORT NO. 2017/30)

Issued To: D Lynch, Chief Officer
D Berry, Chief Finance Officer

D Martin, Chief Executive, DCC
G Archibald, Chief Executive, NHS Tayside

G Colgan, Executive Director of Corporate Services, DCC
J Martin, Head of Service, Integrated Children's Services, DCC
D McCulloch, Head of Service Community Care, DCC

A Ingram, Deputy Chief Executive, NHS Tayside
A Gray, Director of Finance, NHS Tayside

P Redpath, Senior Manager – Internal Audit, DCC
Audit Committee
External Audit

Date: 30 January 2019

INTRODUCTION & SCOPE

1. Dundee City Council and NHS Tayside have developed and are in the process of implementing large scale transformational change programmes to help them prepare for and manage, efficiently and effectively, public sector reform. These corporate transformational change programmes have impacted on services delegated to the Integration Joint Board (IJB) and this has led to the development of a separate Dundee Health and Social Care Partnership (DH&SCP) Transformation Programme.
2. The DH&SCP's Transformation Programme has been developed by drawing down a range of relevant projects set out within the Council's and NHS Tayside's transformational change programmes and supplementing those projects with opportunities to deliver more integrated ways of working.
3. The IJB has implemented a number of funds and groups to assist in managing the delivery of its Transformation Programme, including the Integrated Care Fund, the associated recommendations of which are managed through the Integrated Care Funding Monitoring Group.
4. The Integrated Care Fund forms part of the IJB's overall Transformation Programme Investment Fund with the aim of funding innovation and development and supporting tests of change in the way community infrastructure and health and social care services are provided.

OBJECTIVES

5. Review of system for prioritisation of service redesign options, financial impact and link to savings plans, stakeholder engagement and project management.

DETAILED OBJECTIVES

6. The following were identified as within scope for this audit.
 - ◇ Assess the arrangements in place for the identification, and prioritisation, of service redesign projects for inclusion in the IJB's Transformation Programme to ensure they are comprehensive and reasonable. In addition, confirm that there has been appropriate stakeholder engagement and consideration given to the transformational change programmes in place within DCC and NHS Tayside, including ensuring that any potential impact on outcomes is considered and clinical and social work standards are met.
 - ◇ Confirm that appropriate governance arrangements, including management, review, monitoring and formal reporting arrangements, are in place at both an IJB Transformation Programme level and individual project level.
 - ◇ Ensure that related financial information is appropriately recorded / reflected within the ledger and baseline budget of the IJB. In addition, ensure that sufficient evidence is available to support the savings plans and that savings are accurately recorded and accounted for.

AUDIT OPINION AND FINDINGS

7. Whilst it is recognised that there has been a conscious effort made by management to bring together and co-ordinate the disparate strands of the transformational change programmes, demonstrated in particular through the establishment of a Transformation Delivery Group (TDG), the audit opinion drawn from this review is a **Category D** – There is increased risk that objectives may not be achieved. Improvements are required to enhance the adequacy and/or effectiveness of risk management, control and governance. A description of all audit opinion categories is given in the final section of this report.
8. Key findings are as follows:
- ◇ An overarching record of all transformation programmes / individual projects is not currently available.
 - ◇ No reports have been submitted from the TDG to the Performance and Audit Committee (PAC) as required. The Terms of Reference of the PAC have not been updated since the establishment of the TDG to reflect this reporting requirement.
 - ◇ There are at least 18 groups involved in transformation and whilst reporting lines were detailed in the sample Terms of Reference documents received, the frequency of reporting was not and they had not been updated since establishment of the TDG to reflect the current group structure. In addition, there was an error noted in one of them, indicating that it had not been subject to scrutiny; The TDG, which has prime responsibility for Transformation, has only met once since May 2018.
 - ◇ Transformation reports compiled do not specifically include a section on the potential impact of the transformation programme / project on quality and / or make specific reference to clinical / social work standards.
 - ◇ Internal Audit has been unable to obtain sufficient demonstrable evidence, including methodology and principles applied, to support savings figures detailed within report DIJB17-2018 (Dundee IJB 2018/19 Budget) and its Appendix 2 (DIJB Proposed Budget Interventions).

Transformation, Redesign and Efficiency Programmes

9. During the audit fieldwork, Internal Audit requested a copy of the overarching Dundee Health and Social Care Partnership (DH&SCP) transformation programme and was provided with two documents, both detailing transformation programmes. The first document, which is named “Transformation Workstreams (2018/19)” sets out details of the overarching transformation programmes, while the second document named “The Transformation Programme” details some of the individual transformation projects contained within the programmes. There is currently no overarching record of all transformation programmes and individual projects.

10. A number of the overarching programmes detailed in the “Transformation Workstreams” document have been on-going for a number of years and have progressed significantly. However, it is difficult to identify individual transformation programmes or projects within reports submitted to the IJB on Transformation. A Transformation Programme Update Report (DIJB58-2018) was submitted to the IJB on 30 October 2018 providing an overview of the Transformation workstreams and updates on the overarching priority themes. While there are links to Strategic Plan priorities, the workstreams and programmes referred to in the paragraph above do not clearly link to the Transformation Projects set out previously, in particular the Transformation Programme referred to in Appendix 1 of report DIJB9-2017 (“DIJB 2017/18 Budget”).

Transformation Delivery Group

11. A TDG was established in September 2017 with responsibility per its Terms of Reference for overseeing, supporting, monitoring and ensuring delivery and realisation of the DH&SCP’s overarching Transformation Programme. The Terms of Reference document has not, however, been formally approved by the IJB or the PAC. In addition, part of the TDG’s role includes providing the overarching governance mechanism for the Transformation Programme. Internal Audit was informed that, consistent with the TDG’s Terms of Reference, the aim is for transformation ideas to be brought to the TDG in the first instance where members will assess whether or not they are consistent with the Strategic and Commissioning Plan and whether it is feasible for them to progress to a formal proposal / business case stage. However, the TDG has only met once since May 2018, with scheduled meetings having to be cancelled due to key staff not being available.
12. The governance section of the Terms of Reference indicates that the TDG will “report to the PAC and when required to the Integrated Strategic Planning Group and the Dundee Integration Joint Board”. However, this is not included within the PAC Terms of Reference and there have been no updates provided to the PAC on the overall progress of the transformation programme or in relation to individual transformation projects, although some transformation related reports have been submitted to the IJB and the Integrated Strategic Planning Group.
13. Given that the TDG aims to drive delivery and realisation of the Transformation Programme in general and the individual projects within it, it is vital that these meetings are not cancelled and that there is ongoing engagement at the meetings from all relevant individuals and groups.

Terms of Reference / Reporting Requirements

14. As part of the audit fieldwork, the Terms of Reference, agendas, meeting minutes, strategies and action plans relating to the various groups that report to the TDG according to its reporting structure were requested. A variety of these documents were obtained for 18 of the groups, although we were unable to confirm the total number of groups in operation.

15. Internal Audit was able to obtain Terms of Reference for 7 of the 18 groups, including the TDG and were informed that some of the groups were established a number of years ago and are not likely to have formal Terms of Reference. Whilst each of the Terms of Reference received detail reporting lines, they do not set out the frequency of reporting. In addition, none of the Terms of Reference documents obtained reflect the requirement to report to the TDG, as per the governance arrangements. Only one of the groups for which Terms of Reference were obtained, excluding the TDG, stipulated a reporting line to the Integrated Strategic Planning Group, responsible for determining service redesign and service remodelling.
16. The purpose of the TDG, as detailed within its Terms of Reference, highlights a requirement to “deliver on the challenges ahead including increasing the quality and experience of those who access our services”. With a view to ensuring that transformational change programmes and related projects are appropriately considering potential impact on the ability to meet clinical and social work standards, Internal Audit considered the standing membership of key groups responsible for agreeing service re-design initiatives and reviewed the content of transformation programme and related project reports. Whilst it was established that there is clinical and social work representation on these groups, the reports compiled do not specifically include a section on the potential impact of the transformation programme / project on quality and / or make specific reference to clinical / social work standards.

Efficiency Savings and Budgets

17. As part of the audit fieldwork, a review was carried out to ensure that budgets with identified efficiency savings / deliverable service redesign initiatives had been adjusted in the relevant partner’s general ledgers and that sufficient evidence was available to demonstrate the methodology and principles applied to arrive at both the efficiency savings themselves as well as the corresponding budget adjustment.
18. Specifically, with reference to report DIJB17-2018 (Dundee IJB 2018/19 Budget) and Appendix 2 to this report (DIJB Proposed Budget Interventions), Internal Audit has been unable to obtain sufficient demonstrable evidence, including methodology and principles applied, to support the efficiencies detailed in the report, including Non-Investment of Change Funding (£250,000), Enhanced Community Support Model (£500,000), Self-Directed Support and Local Prescribing Initiatives (£200,000).
19. For the sample of projects reviewed as part of this exercise Internal Audit was able to observe the budget adjustments that had been made in the general ledger for Dundee City Council led services, however, similar evidence was not available for NHS Tayside led services. Separate spreadsheets were instead being maintained for savings relating to NHS led services.

ACTION

20. An action plan has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

ACKNOWLEDGEMENT

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

A Gaskin BSc. ACA
Chief Internal Auditor

P Redpath FCCA
Senior Manager – Internal Audit,
DCC

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
1.	<p>There is currently no overarching record of all transformation programmes and individual projects.</p> <p>A number of the overarching programmes detailed in the "Transformation Workstreams" document have been on-going for a number of years, and have progressed significantly. However, it is difficult to identify individual transformation programmes or projects within reports submitted to the IJB on Transformation. While there are links to Strategic Plan priorities, the workstreams and programmes referred to in the paragraph above do not clearly link to the Transformation Projects set out previously, in particular the Transformation Programme referred to in Appendix 1 of report DIJB9-2017 ("DIJB 2017/18 Budget").</p>	<p>To improve existing review and monitoring arrangements surrounding progress towards delivery and realisation of the DH&SCP's Transformation Programmes and individual projects contained within them, an overarching record comprising, as a minimum, the following key pieces of information should be introduced and maintained. When developing the overarching record, appropriate consideration should be given to the transformational change programmes in place within Dundee City Council and NHS Tayside. This record, which should be reviewed on a regular basis by key members of staff and groups, including the TDG, should provide users with implementation status information at a glance.</p>	2	<p>We will review and enhance the current TDG document to reflect the requirement for an overarching transformation programme, including the specific areas suggested within the audit recommendation.</p>	<p>Chief Financial Officer 31 August 2019</p>

Dundee IJB

Transformation and Service Redesign - Report No. D05/18 (Dundee City Council 2017/30)

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
		<ul style="list-style-type: none"> • Transformation Programme, along with brief description. • 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. 			
2.	The Terms of Reference document has not, however, been formally approved by the IJB or the PAC. In addition, part of the TDG's role includes providing the overarching governance mechanism for the Transformation Programme. Internal Audit was informed that, consistent with the TDG's Terms of Reference, the aim is for transformation ideas to be brought to the TDG in the first instance where members will assess whether or not they are consistent with the Strategic and	Given that the TDG aims to drive delivery and realisation of the Transformation Programme in general and the individual projects within it, it is vital that these meetings are not cancelled and that there is ongoing engagement at the meetings from all relevant individuals and groups. With that in mind, where standing members of the group are not available to attend a meeting, they should ensure that an appropriate substitute attends /	2	Clarity on the purpose of the TDG will be reiterated to TDG members and the importance of ensuring that key individuals attend meetings will be emphasised.	Chief Financial Officer 31 March 2019

Dundee IJB

Transformation and Service Redesign - Report No. D05/18 (Dundee City Council 2017/30)

Action Plan

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
	Commissioning Plan and whether it is feasible for them to progress to a formal proposal / business case stage. However, the TDG has only met once since May 2018, with scheduled meetings having to be cancelled due to key staff not being available.	makes decisions on their behalf. This requirement should be stipulated in the TDG Terms of Reference, which should be endorsed by the TDG prior to approval by the PAC.		The approval by the PAC of the revised Terms of Reference will be influenced by the schedule of meetings.	Chief Financial Officer 30 June 2019
	The governance section of the Terms of Reference indicates that the TDG will "report to the PAC and when required to the Integrated Strategic Planning Group and the Dundee Integration Joint Board". However, this is not included within the PAC Terms of Reference and there have been no updates provided to the PAC on the overall progress of the transformation programme or in relation to individual transformation projects, although some transformation related reports have been submitted to the IJB and the Integrated Strategic Planning Group.	In order to enhance existing governance arrangements, fulfil the Terms of Reference of the TDG and assist with prioritising resources, 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.		More regular reports, e.g. twice a year, on the progress with the Transformational Change Programme will be submitted to the PAC. Individual Transformation Programmes will be submitted to the PAC and IJB as required in addition to budget reports to the IJB.	Chief Financial Officer 30 June 2019

Action Plan

Dundee IJB

Transformation and Service Redesign - Report No. D05/18 (Dundee City Council 2017/30)

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
3.	Internal Audit was able to obtain Terms of Reference for 7 of the 18 groups, including the TDG and were informed that some of the groups were established a number of years ago and are not likely to have formal Terms of Reference. Whilst each of the Terms of Reference received detail reporting lines, they do not set out the frequency of reporting. In addition, none of the Terms of Reference documents obtained reflect the requirement to report to the TDG, as per the governance arrangements. Only one of the groups for which Terms of Reference were obtained, excluding the TDG, stipulated a reporting line to the Integrated Strategic Planning Group, responsible for determining service redesign and service remodelling.	<p>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 Integrated Strategic Planning Group. These should clearly detail the roles, remits and governance arrangements of the group, who they are required to report to and under what circumstances.</p> <p>An overarching review of reporting requirements should be carried out in relation to the Transformation Programme. As part of this exercise, clarity should be provided surrounding the groups that transformation proposals should be presented to, the groups / governing bodies and committees (i.e. IJB and Performance and Audit Committee) that should give</p>	2	The Terms of Reference will be reviewed to ensure that there is clarity on the reporting arrangements and ensure that where required Terms of Reference are developed. The complexity of the groups and the number of reporting lines reflects the longer term action date.	Chief Financial Officer 31 December 2019

Dundee IJB

Transformation and Service Redesign - Report No. D05/18 (Dundee City Council 2017/30)

Action Plan

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
		approval to proceed with those proposals and the groups that require to be copied into proposals for information only.			
4.	With a view to ensuring that transformational change programmes and related projects are appropriately considering potential impact on the ability to meet clinical and social work standards, Internal Audit considered the standing membership of key groups responsible for agreeing service re-design initiatives and reviewed the content of transformation programme and related project reports. Whilst it was established that there is clinical and social work representation on these groups, the reports compiled do not specifically include a section on the potential impact of the transformation programme / project on quality and / or make specific reference to clinical / social work standards	Any reports prepared as part of the Transformation Programme and Transformation Workstreams should specifically include a section on for noting the potential impact of the transformation programme / project on quality and make specific reference to the consideration being given as to the impact on clinical or / social work standards.	2	Views of professionals with responsibility for clinical and social work standards are currently sought for each transformation proposal. We will review reporting templates accordingly to specifically reflect that clinical and social work standards have been considered.	Chief Financial Officer 31 August 2019

Dundee IJB

Transformation and Service Redesign - Report No. D05/18 (Dundee City Council 2017/30)

Action Plan

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
5.	Specifically, with reference to report DIJB17-2018 and Appendix 2 (DIJB Proposed Budget Interventions), Internal Audit has been unable to obtain sufficient demonstrable evidence to support the efficiencies detailed in the report, including Non-Investment of Change Funding (£250,000), Enhanced Community Support Model (£500,000), Self-Directed Support and Local Prescribing Initiatives (£200,000).	To assist with ensuring that efficiency savings can be easily identified, explained and tracked as they progress, sufficient demonstrable evidence, including the methodology and principles applied to arrive at the figures, should be available / retained.	2	The professional judgement of the Chief Financial Officer and other Senior Officers with responsibility for service delivery within the partnership was used in determining these figures. Methodologies and principles applied to arrive at these figures will be formally recorded going forward.	Chief Financial Officer 31 March 2019
6.	Although Internal Audit was able to identify a number of budget adjustments in the general ledger for Dundee City Council led services, similar evidence was not available for a number of NHS Tayside led services, with savings having been recorded in separate spreadsheets.	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 accordingly in NHS Tayside's general ledger.	2	NHS Budgets have now been adjusted accordingly.	Chief Financial Officer 31 March 2019

DEFINITION OF ASSURANCE CATEGORIES AND RECOMMENDATION PRIORITIES**Categories of Assurance:**

A	Good	There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives.
B	Broadly Satisfactory	There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives, although minor weaknesses are present.
C	Adequate	Business objectives are likely to be achieved. However, improvements are required to enhance the adequacy/ effectiveness of risk management, control and governance.
D	Inadequate	There is increased risk that objectives may not be achieved. Improvements are required to enhance the adequacy and/or effectiveness of risk management, control and governance.
E	Unsatisfactory	There is considerable risk that the system will fail to meet its objectives. Significant improvements are required to improve the adequacy and effectiveness of risk management, control and governance and to place reliance on the system for corporate governance assurance.
F	Unacceptable	The system has failed or there is a real and substantial risk that the system will fail to meet its objectives. Immediate action is required to improve the adequacy and effectiveness of risk management, control and governance.

The priorities relating to Internal Audit recommendations are defined as follows:

Priority 1 recommendations relate to critical issues, which will feature in our evaluation of the Governance Statement. These are significant matters relating to factors critical to the success of the organisation. The weakness may also give rise to material loss or error or seriously impact on the reputation of the organisation and require urgent attention by a Director.

Priority 2 recommendations relate to important issues that require the attention of senior management and may also give rise to material financial loss or error.

Priority 1 and 2 recommendations are highlighted to the Audit Committee and included in the main body of the report within the Audit Opinion and Findings

Priority 3 recommendations are usually matters that can be corrected through line management action or improvements to the efficiency and effectiveness of controls.

Priority 4 recommendations are recommendations that improve the efficiency and effectiveness of controls operated mainly at supervisory level. The weaknesses highlighted do not affect the ability of the controls to meet their objectives in any significant way.



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 12 FEBRUARY 2019

REPORT ON: 2017/18 ANNUAL INTERNAL AUDIT REPORT – ACTION PLAN UPDATE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC7-2019

1.0 PURPOSE OF REPORT

The purpose of this report is to provide the Performance and Audit Committee with an update in relation to the agreed actions to deliver areas for improvement arising from the 2017/18 Annual Internal Audit Report.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the progress of the action plan developed to respond to the range of areas for improvement contained within the Integration Joint Board's 2017/18 Annual Internal Audit Plan as set out in Appendix 1.
- 2.2 Remits the Chief Finance Officer to report back to the PAC by June 2019 outlining the status of the outstanding actions.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 Dundee Integration Joint Board's Annual Internal Audit Report was presented to the Performance and Audit Committee at its meeting on the 31 July 2018 (Article XI of the minute of the meeting of 31 July 2018 refers). This report noted that the Chief Internal Auditor's assessment of the IJB's governance, risk management and control frameworks as they had developed during 2017/18 had established no major issues and that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in 2017/18. The report noted a number of areas of planned improvements for 2017/18 alongside a range of recommended further issues for consideration by management. The Internal Audit report recommended the development of an action plan to ensure these and other developing governance issues are managed effectively. This action plan was presented and approved at the Performance and Audit Committee's meeting of the 25 September 2018 (Article XII of the minute of the meeting of 25 September 2018 refers).
- 4.2 The Chief Finance Officer was remitted to provide a progress report on the actions identified back to the PAC prior to the 31 March 2019. This progress is outlined at Appendix 1.
- 4.3 While some progress has been made with a number of recommendations it is recognised that resource issues have had an impact on the pace of developments. Timelines for completion have been amended accordingly and will be monitored closely by the Chief Finance Officer with a further update report to be presented to the PAC by June 2019.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that should insufficient progress be made in strengthening the areas of improvement, the Chief Internal Auditor's 2018/19 report may find the IJB's governance and controls to be less than effective.
Risk Category	Governance
Inherent Risk Level	Likelihood 3 x Impact 3 = 9 (High)
Mitigating Actions (including timescales and resources)	Progressing the actions outlined in the action plan within the timescales set out in this report
Residual Risk Level	Likelihood 2 x Impact 4 = 8 (High)
Planned Risk Level	Likelihood 2 x Impact 3 = 6 (Moderate)
Approval recommendation	In order to ensure the planned level of risk is achieved, it is recommended that the PAC approved this report.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 4 February 2019

ITEM No ...10.....

Appendix 1

Area for Improvement	Lead Officer	To Be Reported To	Planned Action	Original Planned Completion Date	Current Status	Comments	Revised Completion Date
Clarification of deputising arrangements for the Chief Officer to be presented to the IJB	Chief Officer	IJB	Agreement to be reached between Chief Executives of Dundee City Council and NHS Tayside	December 2018	In Progress	Chief Officer taking forward with respective Chief Executives	February 2019
Consideration should be given to providing the IJB with reporting on workforce issues including the Workforce and Organisational Development Strategy as well as the partnership forum	Chief Officer / Chief Finance Officer	IJB	Complete review of Workforce and Organisational Development Strategy and provide update to IJB. Consider frequency and content of update report of activities of Staff Partnership Forum	December 2018	In Progress	Integrated Workforce and Organisational Development Strategy to be presented to the April 2019 IJB meeting	April 2019
Developments in relation to clinical and care governance should take into account the Social Work Scotland guidance document on Governance for quality social care in Scotland.	Head of Health and Community Care	Clinical and Care Governance Group	To be tabled as agenda item for Clinical and Care Governance Group for progressing	December 2018	In Progress		March 2019

Area for Improvement	Lead Officer	To Be Reported To	Planned Action	Original Planned Completion Date	Current Status	Comments	Revised Completion Date
Consideration should be given to arrangements required by the IJB to comply with Freedom of Information and Public Records legislation	Chief Finance Officer / Clerk to the Board	IJB	Review current arrangements in place across the IJB/NHS Tayside and Dundee City Council to determine if they are effective in meeting the IJB's statutory requirements	December 2018	In Progress	Report clarifying arrangements around FOI to be presented to the April IJB meeting	April 2019
Development of Large Hospital Set Aside arrangements in conjunction with the Scottish Government, NHS Tayside and Angus and Perth and Kinross Integration Joint Boards	Chief Officer / Chief Finance Officer	IJB	Work progressing with NHS Tayside in association with the 3 Tayside IJB Chief Finance Officers and Scottish Government to conclude the methodology or determining and monitoring the Large Hospital Set Aside to inform commissioning decisions as set out within the legislation	December 2018	In Progress	The Scottish Government has re-affirmed the necessity of progressing Large Hospital Set Aside arrangements as a key element of budget discussions.	March 2019

Area for Improvement	Lead Officer	To Be Reported To	Planned Action	Original Planned Completion Date	Current Status	Comments	Revised Completion Date
Implementation of an action points update to each meeting of the IJB and PAC in addition to an annual workplan to be agreed for both meetings	Chief Officer / Chief Finance Officer	IJB/PAC	To be developed as suggested and implemented with effect from the October 2018 IJB meeting	October 2018	In Progress	DCC Committee Services support for all DCC and associated services currently under review which includes recording of actions	April 2019
Development of improved Hosted Services arrangements around risk and performance management for hosted services	Chief Officer / Chief Finance Officer	IJB	Current hosted services arrangements subject to discussion across the 3 Tayside Chief Officers and Chief Finance Officers. Proposal to be brought forward to IJB and PAC before the end of the financial year	March 2019	In Progress	Discussions continue across Tayside Chief Officers/Chief Finance Officers around enhancing arrangements for hosted services	June 2019
Development of an overall Governance Action Plan to progress previous recommended areas for improvement	Chief Finance Officer	PAC	To be developed as suggested	November 2018	In Progress	Report and Action Plan to be presented to March PAC meeting	March 2019

Area for Improvement	Lead Officer	To Be Reported To	Planned Action	Original Planned Completion Date	Current Status	Comments	Revised Completion Date
Development of regular IJB and PAC member induction and development process	Chief Officer / Chief Finance Officer	IJB/PAC	To be developed as suggested	December 2018	Not Initiated	PAC members development session held in November. To be taken forward with organisational development from partner bodies	June 2019
Further develop the Integration Joint Board's local Code of Governance	Chief Officer / Chief Finance Officer / Clerk to the Board	IJB	To be developed as suggested	December 2018	In Progress	Clerk to the Board developing arrangements in conjunction with Chief Finance Officer	April 2019
Present the governance principles adopted by the Health and Social Care Integration Governance Working Group to the PAC to be taken forward by all parties (* reflects partial development from 2016/17)	Chief Finance Officer	IJB	To be presented to the November PAC meeting	November 2018	In Progress	To be presented to the February 2019 IJB meeting	February 2019

Area for Improvement	Lead Officer	To Be Reported To	Planned Action	Original Planned Completion Date	Current Status	Comments	Revised Completion Date
Development of multi-year financial plan as part of the review of the Strategic and Commissioning Plan	Chief Finance Officer	IJB	Development of multi-year financial plan to be part of the budget setting process for 2019/20 and beyond which will reflect and be incorporated into the revised Strategic and Commissioning Plan	March 2019	In Progress	Will be incorporated within the review of the Strategic Plan and the IJB's budget setting report to be presented to the March 2019 IJB meeting	March 2019
Update the Integration Joint Board's Participation and Engagement Strategy	Chief Officer / Chief Finance Officer	IJB	To be taken forward by the Communication and Engagement Group as part of the review of the Strategic and Commissioning Plan	December 2018	In Progress	Delivering the Strategic Plan is the priority with the Communication and Engagement Strategy a key companion document to the plan – this will be presented to the June IJB meeting.	June 2019
Develop Scheme of further delegation in relation to delegated services to the Integration Joint Board*	Chief Officer / Chief Finance Officer / Clerk to the Board	IJB	To be developed as suggested	December 2018	In Progress	Standing Orders reviewed and presented to December 2018 IJB. Scheme of delegation to be reviewed following this	April 2019

Area for Improvement	Lead Officer	To Be Reported To	Planned Action	Original Planned Completion Date	Current Status	Comments	Revised Completion Date
Clarify responsibilities and accountabilities around the impact of General Data Protection Regulations (GDPR) legislation with partner bodies	Chief Finance Officer	IJB	Update report to be presented to the October IJB meeting	October 2018	Complete	Report presented as planned	n/a
Update and enhance the IJB's Risk Management Strategy and further develop the IJB's operational risk register	Chief Finance Officer	PAC / IJB	To be developed as suggested. Recommendations of the Internal Audit review of Risk Management to be considered and changes made accordingly	March 2019	In Progress	Risk Management action update report presented to February PAC meeting (Report PAC8-2019)	Various – see action plan as part of Report PAC8-2018
Further develop performance report information into a delivery plan framework to ensure IJB fulfils its remit in delivering the direction of travel within the Strategic Commissioning Plan	Chief Officer / Chief Finance Officer	PAC	To be taken forward by the Strategy and Performance Team, aligned with the review of the Strategic and Commissioning Plan.	March 2019	In Progress	Will form part of revised performance monitoring reporting into 2019/20 following approval of revised Strategic and Commissioning Plan	July 2019



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 12 FEBRUARY 2019

REPORT ON: RISK MANAGEMENT ACTION PLAN

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC8-2019

1.0 PURPOSE OF REPORT

To seek approval from the Performance and Audit Committee to implement the Risk Management Action Plan which has been developed in response to the outcome of the Internal Audit assessment of the Risk Maturity of the IJB.

2.0 RECOMMENDATIONS

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

- 2.1 Approves the Action Plan at Appendix 1 in response to the Internal Audit Assessment of the Risk Maturity of the IJB that was presented to the PAC on 25 September 2018 (Article IX of the minute of the PAC held on 25 September 2018 refers).
- 2.2 Instruct the Chief Finance Officer to provide an update on the Action Plan in September 2019.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 The PAC received the Risk Management Internal Audit Report on 25 September 2018 (Article IX of the minute of the PAC held on 25 September 2018 refers). The Chief Internal Auditor commended the IJB for the progress made, however a number of recommendations for improvement were made.
- 4.2 An action plan has been created in response to these improvements and is attached at Appendix 1 for approval.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 4 February 2019

Appendix 1

Audit Recommendations	Actions Proposed	Responsible Officer	Timescales
Update and Review Risk Management Strategies			
Work be undertaken by the Council, NHS and DHSCP Partnership to ensure that Risk Management Strategies are updated within a common set of agreed Risk Management principles to ensure consistency and congruence.	Tayside wide meetings proposed between NHS Tayside, IJBs and Local Authorities to discuss and agree on common set of principles and procedures that work across multiple systems	Risk Managers in DCC and NHS Tayside	June 2019
Include a Governance, Roles and Responsibilities section in the DHSCP Risk Management Strategies to include the IJB to consider the Risk Register bi-annually	Update the Risk Management Strategy to include timescales for presenting the risk register to the IJB bi-annually in April and November.	Senior Officer (Business Planning and Information Governance) DHSCP	June 2019
Reflect the role of the Performance and Audit Committee to review the overall system of risk management	Update the Risk Management Strategy to include the role of the Performance and Audit Committee to review the overall system of risk management	Chief Finance Officer and Senior Officer (Business Planning and Information Governance), DHSCP	June 2019
Enhance the section in relation to the role of the Senior Management team in reviewing risks and considering current scores, controls and tolerance. To include an escalation process of risks to the IJB strategic risk register and to parent bodies. To also make reference to the role of the groups below the Senior Management Team	Work to be undertaken to ensure that the Risk Management Strategies reflect the escalation process across the DHSCP and parent bodies.	Chief Finance Officer and Senior Officer (Business Planning and Information Governance), DHSCP	June 2019
Include an appropriate mechanism for formal escalation of risks to parent bodies and vice versa	To be agreed as part of the Tayside wide meeting	Risk Managers in DCC and NHS Tayside	April 2019

Appendix 1

Audit Recommendations	Actions Proposed	Responsible Officer	Timescales
Update and Review Risk Management Strategies			
Agreement of parent bodies of Risk Registers to prevent duplication of or recording of similar risks	Risk is recorded on Datix and Pentanta. Work to be undertaken to agree on appropriate place for recording risk and monitoring of risk registers. To be agreed as part of the Tayside wide meeting	Risk Managers in DCC and NHS Tayside	June 2019
As systems develop, creation of operational procedures and policies to provide guidance to managers	Create operational procedures and policies	Senior Officer (Business Planning and Information Governance) DHSCP	December 2019
Include a judgement of the adequacy and effectiveness of Risk management arrangements	Involve a recognised methodology to form the basis for judging the adequacy and effectiveness of the risk management arrangements.	Risk Managers in DCC and NHS Tayside	June 2019
Prioritisation of the Partnership Risk management system	Support agreed from Risk Managers in DCC and NHS Tayside to support the DHSCP in the embedding of a consistent risk management strategy that supports the needs of Senior Management team and Operational managers to manage risk within their service areas	Risk Managers in DCC and NHS Tayside Chief Finance Officer, DHSCP Head of Service, Health and Community Care, DHSCP	June 2019 and ongoing
Horizon Scanning	Annual event to be held to look at the risks to the delivery of the strategic plan, informed by the Risk Register of the Council and NHS In addition work is underway to develop a Resilience Group for operational services which will bring together Emergency Planning, Business Continuity and Risk Management within the remit of one specific group. This will ensure that emergent issues will be captured across all areas. This will enable them to be prioritised and mitigating factors identified.	Senior Officer (Business Planning and Information Governance) DHSCP, Chief Finance Officer, DHSCP, Head of Service, Health and Community Care, DHSCP	December 2019

Risk Management System			
Include information on assurances in place over the controls mitigating each risk, and timescales.	<p>The Pentana Risk section has a control section that allows the control to be scored. All individual high level and operational risks recorded on Pentana will be updated and scored in the control section.</p> <p>The risk template section and associated guidance will be updated to include a scored control section</p>	Senior Officer (Business Planning and Information Governance) DHSCP	April 2019
Explicitly link objectives, risks, controls/actions and assurances/performance reporting within the IJB governance structure	<p>The Pentana system allows for links to be made between risks, performance indicators and actions.</p> <p>Following the review of the Strategic and Commissioning Plan work will be undertaken to link the identified risks with the appropriate actions and performance indicators.</p>	Senior Officer (Business Planning and Information Governance) DHSCP	September 2019
Establish the regular review of the Risks registers and frequency of high scoring risks	Development of Locality Risk Registers and escalation processes.	Risk Managers in DCC and NHS Tayside	June 2019
Reporting from Risk Register on Pentana	These will be produced regularly from Pentana, once it is adequately populated with risks / controls / assessments	Senior Officer (Business Planning and Information Governance) DHSCP	September 2019

ITEM No ...12.....



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 12 FEBRUARY 2019

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

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC5-2019

1.0 PURPOSE OF REPORT

The purpose of this report is to provide the Performance and Audit Committee with a progress update in relation to the current Internal Audit Plan.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the substantial completion of the 2017/18 Internal Audit Plan, with the one remaining review at draft report stage, as well as the continuing delivery of the 2018/19 plan as outlined in this report.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 Dundee Integration Joint Board's current Internal Audit Plan incorporates outstanding reviews from the 2017/18 plan as approved by the Performance and Audit Committee (PAC) at its meeting held on the 28 November 2017 (Article VII of the minute refers) and the planned internal audit activity as part of the 2018/19 Internal Audit Plan as approved by the PAC at its meeting of the 31 July 2018 (Article XII of the minute refers).
- 4.2 In relation to the substantive reviews as part of the 2017/18 plan, the Transformation and Redesign review has been issued as a draft report. Work related to the 2018/19 Internal Audit Plan is ongoing and is included in the progress reported below.
- 4.3 As per Audit Scotland's recommendation and subsequent agreed action following the Dundee IJB External Audit Annual Report 2016/17, presented to the September 2017 Performance and Audit Committee (Article IV of the minute refers) progress of the Internal Audit Plan is now a standing item on Performance and Audit Committee agendas.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

Date: 4 February 2019

Appendix 1

2017/18								
Ref	Audit	Indicative Scope	Target Audit Committee	Planning Commenced	Work in Progress	Draft Issued	Completed	Grade
D01-18	Audit Planning	Agreeing audit universe and preparation of strategic plan	August 2017	Complete	Complete	Complete	Complete	N/A
D02-18	Audit Management	Liaison with managers and Directors and attendance at Audit Committee	Ongoing	Complete				N/A
D03-18	Annual Internal Audit Report	Chief Internal Auditor's annual assurance statement to the IJB and review of governance self-assessment	June 2017	Complete	Complete	Complete	Complete	N/A
D04-18	Risk Management	Review of systems of risk management, assessment of risk maturity and consideration of assurance mechanisms for key controls	July 2018	Complete	Complete	Complete	Complete	N/A
D05-18	Transformation and Service Redesign	Addresses Corporate Risks - 2/9/10: Review of system for prioritisation of service redesign options, financial impact and link to savings plans, stakeholder engagement and project management	February 2019	Complete	Complete	Complete	Complete	D

2018/19								
Ref	Audit	Indicative Scope	Target Audit Committee	Planning Commenced	Work in Progress	Draft Issued	Completed	Grade
D01-19	Audit Planning	Agreeing audit universe and preparation of strategic plan	July 2018	Complete	Complete	Complete	Complete	N/A
D02-19	Audit Management	Liaison with management and attendance at Audit Committee	Ongoing	Ongoing				
D03-19	Annual Internal Audit Report	CIA's annual assurance statement to the IJB and review of governance self-assessment	July 2018	Complete	Complete	Complete	Complete	N/A
D04-19	Information Governance	Review of IT/ data processes supporting the delivery of the IJB's strategic plan through seamless cross system working	July 2019					
D05-19	Finance	Review of arrangements established to control and mitigate Risks 1 and 2 from the high level risk register	July 2019					
D06-19	Governance and Assurance	Governance mapping exercise: Assess the extent to which the IJB's structures support the delivery of strategic objectives Includes review of controls to address Risk 7	May 2019	Complete	Ongoing			

ITEM No ...13.....

PAC11-2019

PERFORMANCE AND AUDIT COMMITTEE – ATTENDANCES - JANUARY 2018 TO DECEMBER 2018

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

Organisation	Member	Meeting Dates 2018					
		13/2	27/3	29/5	31/7	25/9	27/11
NHS Tayside (Non Executive Member) **	Doug Cross *	✓	✓	✓	✓	✓	
Dundee City Council (Elected Member)	Roisin Smith *	✓	✓	✓	✓	✓	
Dundee City Council (Elected Member)	Helen Wright *	✓	✓	✓	✓	✓	✓
NHS Tayside (Non Executive Member)	Judith Golden *	✓	A	A			
NHS Tayside (Non Executive Member)	Jenny Alexander						A
NHS Tayside (Non Executive Member)	Norman Pratt						A
Chief Officer	David W Lynch	✓	✓	✓	A	✓	✓
Chief Finance Officer	Dave Berry	✓	✓	✓	✓	✓	✓
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Cesar Rodriguez	✓	A	✓	✓	A	✓
Dundee City Council (Chief Social Work Officer)	Jane Martin	✓	✓	A	✓	A	✓
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	A	A	✓	✓	A	A
Chief Internal Auditor ***	Tony Gaskin	✓	✓	✓	✓	A/S	✓
Audit Scotland ****	Bruce Crosbie	****	✓	****	****	✓	****

✓ 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 25th October, 2016, Doug Cross 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)).

