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

City Chambers
DUNDEE
DD1 3BY

15th September, 2026

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

Dear Sir or Madam

PERFORMANCE AND AUDIT COMMITTEE

I would like to invite you to attend a meeting of the above Committee which is to be held remotely on Wednesday, 23rd September, 2026 at 10.00am.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at committee.services@dundeecity.gov.uk by no later than 12 noon on Monday, 21st September, 2026.

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

Yours faithfully

DAVE BERRY

Chief Officer

A G E N D A

1 APOLOGIES FOR ABSENCE

2 DECLARATION OF INTEREST

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

3 MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE **- Page 1**

The minute of previous meeting of the Committee held on 20th May, 2026 is submitted for approval.

(b) ACTION TRACKER **- Page 7**

The Action Tracker (PAC32-2026) for meetings of the Performance and Audit Committee is submitted for noting and updating accordingly.

4 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2025-26 QUARTER 4 - Page 11

(Report No PAC30-2026 by the Chief Officer, copy attached – for noting).

5 MENTAL HEALTH SERVICES INDICATORS – 2025/26 QUARTER 4 - Page 35

(Report No PAC25-2026 by the Chief Officer, copy attached – for noting).

6 DRUG AND ALCOHOL SERVICES INDICATORS – 2025/26 QUARTER 4 - Page 65

(Report No PAC31-2026 by the Chief Officer, copy attached – for noting).

7 DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE UPDATE REPORT - Page 81

(Report No PAC33-2026 by the Clinical Director, copy attached – for noting).

8 UNSCHEDULED CARE - Page 85

(Report No PAC26-2026 by the Chief Officer, copy attached – for noting).

9 QUARTERLY FEEDBACK REPORT – 1ST QUARTER 2026/2027 - Page 93

(Report No PAC24-2026 by the Chief Officer, copy attached – for noting).

10 STRATEGIC RISK REGISTER UPDATE - Page 101

(Report No PAC23-2026 by the Chief Officer, copy attached – for noting).

11 HEALTH AND CARE EXPERIENCE SURVEY 2025/26 ANALYSIS - Page 135

(Report No PAC29-2026 by the Chief Officer, copy attached – for noting).

12 GOVERNANCE ACTION PLAN PROGRESS REPORT - Page 149

(Report No PAC28-2026 by the Chief Finance Officer, copy attached – for noting).

13 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT - Page 173

(Report No PAC34-2026 by the Chief Finance Officer, copy attached – for noting).

14 INTERNAL AUDIT PLAN 2026/27 - Page 183

(Report No PAC35-2026 by the Chief Finance Officer, copy attached – for decision).

15 BEST VALUE ARRANGEMENTS & ASSESSMENT 2025/26 - Page 195

(Report No PAC27-2026 by the Chief Finance Officer, copy attached – for noting).

16 ATTENDANCE LIST - Page 223

(A copy of the Attendance Return (PAC36-2026) for meetings of the Performance and Audit Committee held over 2026 is attached for information and record purposes).

17 DATE OF NEXT MEETING

The next meeting of the Committee will be held remotely on Wednesday 18th November, 2026 at 10.00am.

PERFORMANCE AND AUDIT COMMITTEE
CONTACT LIST
(Updated August 2026)

(a) CONTACTS – PERFORMANCE AND AUDIT COMMITTEE

(* - DENOTES VOTING MEMBER)

Role	Recipient
NHS Non Executive Member (Chair)	Bob Benson *
Elected Member	Councillor Dorothy McHugh *
Elected Member	Councillor Siobhan Tolland *
NHS Non Executive Member	David Cheape *
Acting Chief Officer	Dave Berry
Acting Chief Finance Officer	Christine Jones
Registered medical practitioner employed by the Health Board and not providing primary medical services	Sanjay Pillai
Chief Social Work Officer	Glyn Lloyd
Chief Internal Auditor	Jocelyn Lyall
Staff Partnership Representative	Raymond Marshall
Person providing unpaid care in the area of the local authority	Martyn Sloan

(b) DISTRIBUTION – FOR INFORMATION ONLY

Organisation	Recipient
Dundee City Council (Chief Executive)	Greg Colgan
Elected Member – Proxy	Councillor Lynne Short
Elected Member – Proxy	Councillor Roisin Smith
Elected Member – Proxy	Bailie Helen Wright
Dundee City Council (Executive Director of Corporate Services)	Paul Thomson
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
NHS Tayside (Chief Executive)	Nicky Connor
NHS Non Executive Member – Proxy	Andrew Thomson
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Members' Support)	Lesley Blyth
Dundee City Council (Members' Support)	Sharron Wright
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership	Kathryn Sharp
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (Communications rep)	Anna Michie
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
NHS (PA to Jocelyn Lyall)	Carolyn Martin
Audit Scotland (Audit Manager)	Joni McBride
Dundee City Council (Communications rep)	Katie Alexander
Dundee City Council (Communications rep)	Mike Boyle
Dundee City Council (Communications rep)	Lewis Thomson
Dundee Health and Social Care Partnership	Jenny Hill
Dundee Health and Social Care Partnership	Lynsey Webster
Dundee City Council (Legal Manager)	Maureen Moran
Dundee City Council (Legal rep)	Jackie Bell

Organisation	Recipient
Dundee Health and Social Care Partnership	Matthew Kendall
Audit Scotland	Ross Reid
Regional Audit Manager	Barry Hudson
Audit Scotland (Audit Director)	Pauline Gillen
Health and Social Care Partnership	Angie Smith
Health and Social Care Partnership	Shahida Naeem
Dundee City Council – Finance	John Moir
NHS Tayside	Jayne Smith
NHS Tayside	Russell Wood
Dundee City Council (Members' Support)	Susan Young
NHS Tayside	Orazio Giuffrida

ITEM No …3(a)……..

At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 20th May, 2026.

Present:-

Members	Role
Bob BENSON (Chair)	Nominated by Health Board (Non-Executive Member)
David CHEAPE	Nominated by Health Board (Non-Executive Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member) - Proxy
Dave BERRY	Chief Officer
Barry HUDSON	For Chief Internal Auditor
Christine JONES	Acting Chief Finance Officer
Alison PENMAN	For Chief Social Work Officer
Martyn SLOAN	Person providing unpaid care in the area of the local authority

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

Matthew KENDALL	Health and Social Care Partnership
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Shahida NAEEM	Health and Social Care Partnership
Krista REYNOLDS	Health and Social Care Partnership
Kathryn SHARP	Health and Social Care Partnership
Angie SMITH	Health and Social Care Partnership
Lynsey WEBSTER	Health and Social Care Partnership
Russell WOOD	Health and Social Care Partnership

Bob BENSON, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were noted from:

Glyn LLOYD	Chief Social Work Officer
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Dr Sanjay PILLAI	Registered Medical Practitioner (not providing primary medical services)

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE

The minute of meeting of the Committee held on 4th February, 2026 was submitted and approved.

(b) ACTION TRACKER

There was submitted the Action Tracker, PAC12-2026, for meetings of the Performance and Audit Committee for noting and updating accordingly.

Following questions and answers the Committee further agreed:

(i) to note that in relation to the Kingsway Care Centre roof repairs, an update would be provided to the next meeting.

IV DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2025-26 QUARTER 3

There was submitted Report No PAC14-2026 by the Chief Officer providing an update on 2025-26 Quarter 3 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. Data was also provided in relation to Social Care – Demand for Care at Home services.

The Committee agreed:-

(i) to note the content of the summary report;

(ii) to note the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 of the report (tables 1, 2 and 3);

(iii) to note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3); and

(iv) to note the number of people waiting for a social care assessment and care at home package and associated hours of care yet to be provided in Appendix 2 of the report.

Following questions and answers the Committee further agreed:

(v) to note that officers would review the approach to baseline year comparison in the 2026/2027 reporting year;

(vi) that further information would be provided to Councillor Tolland on the average length of time people waited for a care at home package.

V DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT

There was submitted Report No PAC17-2026 by the Clinical Director providing assurance to Committee on the business of Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group.

The report related to:

- Emerging issue
- Government policy/directive
- Legal requirement
- Local policy

This aligned to the following NHSScotland quality ambitions:

- Safe
- Effective
- Person-centred

The Committee agreed:-

(i) to provide their view on the level of assurance the report provided and therefore the level of assurance regards clinical and care governance within the Health and Social Care Partnership. The timescale for the data within the report was to 31st March, 2026; and

(ii) to note that the Lead Officer for Dundee HSCP, Dr David Shaw suggested that the level of assurance provided was:

Reasonable; due to the following factors:

- there was evidence of a sound system of governance throughout Dundee HSCP;
- the identification of risk and subsequent management of risk was articulated well throughout services;
- there was ongoing scope for improvement across a range of services, in relation to the governance processes, although this was inextricably linked to the ongoing difficulties with recruitment and retention of staff; and
- there was evidence of noncompliance relating to a fully comprehensive governance system across some teams, i.e. contemporary management of adverse events and risks.

Following questions and answers the Committee further agreed:

(iii) that there should be limited assurance in relation to workforce issues in Mental Health and Learning Disability areas and this would be highlighted to the IJB in the next Performance and Audit Committee Chair's Assurance Report;

VI PSYCHOLOGICAL THERAPIES WAITING TIMES

There was submitted Report No PAC23-2026 by the Chief Officer providing an overview of the performance of the Psychological Therapies Service against the waiting times standard.

The Committee agreed:-

(i) to note the performance of the Psychological Therapies Service as outlined in the report; and

(ii) to instruct the Chief Officer to bring back an updated report to the PAC following further improvement actions put in place by the end of this calendar year.

Following questions and answers the Committee further agreed:

(i) to note that the trajectory currently indicated that the specialties would meet the targeted standard by November 2027.

VII CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/ OLDER PEOPLE AND OTHER ADULT SERVICES 2025-26

There was submitted Report No PAC20-2026 by the Chief Officer summarising the gradings awarded by the Care Inspectorate to Dundee registered care homes for adults/older people and other adult services in Dundee for the period 1st April 2025 to 31st March 2026.

The Committee agreed:-

(i) to note the scale and scope of Care Inspectorate led inspections carried out in 2025/2026 during the reporting year (section 4.1 of the report);

(ii) to note the contents of the report and the gradings awarded as detailed in the performance report (Appendix 1 of the report) and highlighted in section 4.2; and

(iii) to note the range of continuous improvement activities progressed during 2025/2026 as described in section 4.3 and Appendix 1.

VIII SELF ASSESSMENT ANNUAL REVIEW OF 2025-26

There was submitted Report No PAC13-2026 by the Chief Finance Officer enabling the Performance and Audit Committee to undertake a self-assessment review of 2025/2026 activity, which would subsequently be utilised to provide assurance to the IJB.

The Committee agreed:-

(i) to note the contents of the report; and

(ii) to confirm the activities undertaken by the Performance and Audit Committee during 2025/2026 were in line with its remit and terms of reference and instructed a report be submitted to IJB for oversight and assurance purposes.

Following questions and answers the Committee further agreed:

(iii) that the Acting Chief Finance Officer would explore benchmarking with colleagues across Tayside; and

(iv) that the Acting Chief Finance Officer would explore with Internal Audit colleagues the possibility of involving PAC members more in the self assessment process.

IX QUARTERLY FEEDBACK REPORT – 4TH QUARTER 2025/2026

There was submitted Report No PAC15-2026 by the Chief Finance Officer summarising feedback received for the Health and Social Care Partnership (HSCP) in the fourth quarter of 2025/2026. The complaints included complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

The Committee agreed:-

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

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

(iii) to note the recording of Planned Service Improvements following complaints that were upheld or partially upheld;

(iv) to note the work ongoing to implement Care Opinion as a feedback tool for all services in the Health and Social Care Partnership; and

(v) to remit the Chief Officer to review the Strategic Risk Register with reference to the information contained within section 6 of the report.

X STRATEGIC RISK REGISTER UPDATE

There was submitted Report No PAC16-2026 by the Chief Officer providing an update in relation to the Strategic Risk Register and strategic risk management activities.

The Committee agreed to note the content of the report, including the Strategic Risk Register Report contained within Appendix 1 of the report.

Following questions and answers the Committee further agreed:

(i) that a development session would be arranged to review the risk appetite and an update reported to a future IJB meeting;

(ii) to note the concerns raised regarding red risks and those out with appetite; and

(iii) to note that the Risk Management Framework that sat alongside the Risk Register would be re-issued.

XI ASSURANCE REPORT – IMPLEMENTATION OF IJB DIRECTIONS 2025-26

There was submitted Report No PAC21-2026 by the Chief Finance Officer reviewing and providing assurance that IJB Directions had been issued and implemented during 2025/2026 in line with the IJB Directions Policy.

The Committee agreed to note the content of the report advising that Directions detailed in section 4.6 and section 4.7 of the report had been issued in line with controls detailed in section 4.5.

Following questions and answers the Committee further agreed:-

(i) to note that work was underway to consider the approach to Directions across Tayside and an update would be provided to a future IJB meeting.

XII GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC18-2026 by the Chief Officer providing an update on the progress of the actions set out in the Governance Action Plan.

The Committee agreed to note the content of the report and the progress made against the actions within the Governance Action Plan (contained within Appendix 1 of the report).

XIII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC19-2026 by the Chief Finance Officer providing an update on progress of the one remaining review from 2024/2025 and the 2025/2026 internal audit plan. The report also included internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs were considered relevant for assurance purposes to Dundee IJB.

The Committee agreed:-

(i) to note the ongoing work on the 2024/2025 and 2025/2026 plan; and

(ii) to note that the Annual Internal Audit Plan for 2026/2027 and Internal Audit Charter would be presented to the September 2026 PAC meeting.

Following questions and answers the Committee further agreed:-

(iii) to note that the fieldwork on the internal audit for Lead Partner Services was now complete along with the Internal Control Evaluation report and it was intended to present to the IJB in June.

XIV ATTENDANCE LIST

There was submitted a copy of the Attendance Return PAC22-2026 for meetings of the Performance and Audit Committee held to date over 2026.

6

The Performance and Audit Committee agreed to note the position as outlined.

XV 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 remotely on Wednesday, 23rd September, 2026 at 10.00am.

Bob BENSON, Chairperson.

ITEM No …3(b)……..

PAC32-2026

PERFORMANCE AND AUDIT COMMITTEE – ACTION TRACKER – 20TH MAY 2026

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
1	04/02/26	VI	DRUG AND ALCOHOL SERVICES INDICATORS – 2025/26 QUARTER 2	that information would be sought from Public Health in relation to a query about whether the reduction in Alcohol Brief Interventions was a good or bad indicator and the reason for the reduction.	Russell Wood	September 2026	Complete – a reduction in ABIs may indicate a reduction in provisions of that specific intervention, however this is likely to reflect a change in national (and subsequently local) policy and practices which emphasise the use of a wider range of alcohol harm related interventions (including enhanced screening for clinical risks associated with alcohol use).
2	04/02/26	VI	DRUG AND ALCOHOL SERVICES INDICATORS – 2025/26 QUARTER 2	discussion to take place with the Chair about whether development time for the IJB was required on Drug and Alcohol Services.	Chief Officer	September 2026	Ongoing

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
3	04/02/26	VII	MENTAL HEALTH SERVICES INDICATORS – 2025/26 QUARTER 2	that a deeper dive would be undertaken in relation to the children that were on the Child Protection Register due to mental health of their parent/carers;	Lynsey Webster	September 2026	Complete – information has been issued to members.
4	04/02/26	VII	MENTAL HEALTH SERVICES INDICATORS – 2025/26 QUARTER 2	that the suggestion by Councillor Short in relation to IJB members receiving quarterly statistics about Hope Point would be fed back to Penumbra.	Chief Officer	May 2026	Complete – this suggestion has been shared with Penumbra via their Contract Lead.
5	04/02/26	IX	CITY PLAN FOR DUNDEE 2022-2032 – ANNUAL REPORT FOR 2024/25	that consider would be given to presenting a report on the Linlathen initiatives to a future Integration Joint Board meeting	Chief Officer	November 2026	Complete – this has been added to the IJB Report Tracker for October 2026.
6	04/02/26	XI	GOVERNANCE ACTION PLAN PROGRESS REPORT	that a discussion would take place with Internal Audit colleagues about any areas that were becoming a significant risk to governance.	Chief Officer	September 2026	In Progress – initial meeting between Internal Audit colleagues, Acting CFO and Acting Head of Strategic Services has taken place and next steps have been agreed.
7	20/05/26	III(b)	ACTION TRACKER	that an update on roof repairs at Kingsway Care Centre would be reported to the next meeting.	Chief Officer	September 2026	Complete – contained within DIJB23-2026

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
8	20/05/26	V	DUNDEE HSCP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT	that limited assurance in relation to workforce issues in Mental Health and Learning Disability areas would be highlighted to the IJB in the next PAC Chair's Assurance Report	Acting Chief Finance Officer	June 2026	Complete
9	20/05/26	VIII	SELF ASSESSMENT ANNUAL REVIEW OF 2025/26	that benchmarking would be explored with colleagues across Tayside.	Acting Chief Finance Officer	June 2027	Ongoing – to be discussed with colleagues
10	20/05/26	VIII	SELF ASSESSMENT ANNUAL REVIEW OF 2025/26	that the greater involvement of PAC members in the self assessment process would be explored with Internal Audit colleagues.	Acting Chief Finance Officer	February 2027	Ongoing – to be discussed with Internal Audit colleagues
11	20/05/26	X	STRATEGIC RISK REGISTER UPDATE	that a date for a development session to review the risk appetite would be arranged and an update provided to a future IJB meeting.	Acting Head of Service, Strategic Services	~~September 2026~~ December 2026	In Progress – Development session scheduled for 9th September 2026 had to be deferred, this will be rearranged with report to follow thereafter (and noted within IJB Report Tracker).
12	20/05/26	X	STRATEGIC RISK REGISTER UPDATE	that the Risk Management Framework would be re-issued.	Acting Head of Service, Strategic Services	September 2026	Complete

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
13	20/05/26	XI	ASSURANCE REPORT – IMPLEMENTATION OF IJB DIRECTIONS 2025/26	that an update would be brought to a future IJB meeting on the work that was underway considering the approach to Directions across Tayside.	Chief Officer	September 2026	Complete – this is scheduled for the October IJB meeting.

ITEM No …4……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 23 SEPTEMBER 2026**

REPORT ON: **DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2025-26 QUARTER 4**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **PAC30-2026**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2025-26 Quarter 4 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. Data is also provided in relation to Social Care – Demand for Care at Home services.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this summary report.

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

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

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

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND INFORMATION

4.1 The Quarterly Performance Report analyses performance against the National Health and Wellbeing Indicators. 5 of the 23 National Health and Wellbeing Indicators are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost). The quarterly performance report also summarises performance against indicators in the Measuring Performance Under Integration (MPUI) suite of indicators for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges, end of life and balance of care. Further information regarding these indicators and the methodology used to report these indicators can be found in Appendix 3.

4.2 The Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations and guidance prescribes that Partnerships must compare performance information between the current reporting year and the preceding five reporting years. For Quarter 4 2025-26, quarterly performance reports performance is measured against the 2020-21 baseline year, however because performance in that year was significantly impacted by the COVID-19 pandemic, 2018-19 data has also been provided for all indicators as a supplementary baseline.

5.0 QUARTER 4 PERFORMANCE 2025-26 – KEY ANALYTICAL MESSAGES

5.1 Key analytical messages for the Quarter 4 2025-26 period are:

- Significant variation by Local Community Planning Partnership (LCPP) continues, with poorest performance for many of the National Indicators in the most deprived LCPPs (see Table 2, Appendix 1).

Performance against the 2020-21 baseline (see Table 1a, Appendix 1)

- Performance is poorer than the baseline year for emergency admissions, bed days per 100,000 people aged 18+, rate of 28-day readmissions per 1,000 admissions of people aged 18+ and standard delayed discharge bed days lost per 1,000 people aged 75+.
    - The rate of emergency admissions has increased in all LCPP areas (overall increase of 22%), with the highest increases in The Ferry (37%), followed by Strathmartine (29%).
    - The rate of emergency bed days has improved in West End, Lochee and Maryfield, however the remaining five LCPPs have shown a deterioration (with the highest increase (deterioration) in The Ferry (31%)).
    - The rate of 28-day readmissions has increased by 2% (deterioration). Maryfield (17%) and The Ferry (13%) had the highest increases. There was an improvement in North East (8%), Coldside (3%) and Lochee (1%).
    - The rate of standard delayed discharge bed days lost worsened by 18% across Dundee although there were 2 localities where the rate improved. There was improvement in East End by 26% and North East by 3%. The locality with the highest increase (deterioration) was Strathmartine (46% increase), followed by West End (41% increase), The Ferry (38% increase), Coldside (36% increase), Lochee (24% increase) then Maryfield (8%).

- Performance has improved for the rates of falls related hospital admissions per 1,000 people aged 65+, and for code 9 delayed discharge bed days lost per 1,000 people aged 75+.
    - The rate of falls hospital admissions shows an improvement of 5%. There was improvement in Coldside (22%), The Ferry (14%), East End (13%), West End (5%), Maryfield (3%) and Lochee (1%). Two LCPPs showed deterioration, with increases in North East (61%) and Strathmartine (12%).
    - The rate of complex delayed discharge bed days lost has improved by 70% across Dundee and there were improvements across every locality except The Ferry where there was a deterioration (13% increase). The locality with the greatest improvement was Maryfield (98% decrease), followed by Strathmartine (89% decrease), Lochee (88% decrease), North East (79% decrease), East End (63% decrease), Coldside and West End (both 51% decrease).

Performance against the 2018-19 baseline (see Table 1b, Appendix 1)

- Performance is poorer for the rate of emergency admissions per 100,000 people aged 18+, the rate of 28-day readmissions per 1,000 admissions of people aged 18.
    - The rate of emergency admissions increased in all LCPP areas (overall increase of 13%), with the highest increases in The Ferry (25%) and Strathmartine (23%).
    - The rate of 28 day readmissions increased by 2% indicating a deterioration. The largest deterioration was seen in West End (24% increase), followed by Coldside (18% increase), The Ferry (10% increase) and Maryfield (6% increase). There were improvements in North east (8% improvement), Strathmartine (6% improvement), East End (4% improvement) and Lochee (1% improvement)

- Performance has improved for the rate of emergency bed days per 100,000 people aged 18+ and the rate of standard and complex delayed discharge bed days lost per 1,000 people aged 75.
    - The rate of emergency bed days shows a 12% improvement across Dundee. Lochee showed the greatest improvement (decrease of 27%) followed by West End (decrease of 24%). There was deterioration in North East (increase of 8%).
    - The rate of standard delayed discharge bed days lost shows 26% improvement across Dundee, all LCPPs, except for Coldside and The Ferry showed an improvement with the greatest improvement in East End (60%) and Lochee (57%). The rate of bed days lost per 1,000 people aged 75+ stayed the same in The Ferry and increased in Coldside by 44%.
    - The rate of complex delayed discharge bed days lost shows 58% improvement across Dundee, all LCPPs except West End and Maryfield showed an improvement with the greatest improvement in Strathmartine (94%) and Lochee (83%). The rate in Maryfield stayed the same and the rate in West End increased (deteriorated) by 558%. The reason for the increase being so high is that the rate was only 15 bed days lost per 1,000 75+ population in 2018/19.

- The rate of falls related hospital admissions stayed the same at a rate of 30 hospital admissions per 1,000 people aged 65+. There were improvements in Coldside (31% decrease), West End (9% decrease), East End (5% decrease) and The Ferry (4% decrease). There was a deterioration in North East (49% increase), Lochee (40% increase), Maryfield (5% increase) and Strathmartine (2% increase).

5.2 Public Health Scotland publishes a report on the number of people who are waiting for a Social Care and Care at Home service provided by the Health and Social Care Partnerships. The information, contained in Appendix 2, shows the number of people waiting for an assessment for a package of care to allow them to live at home or in the community and the number of hours of care that has been assessed but not yet delivered. The information is presented by people waiting in hospital or waiting at home / in the community for the care at home service to be delivered.

Data published from January 2024 onwards reflects improved definitions and therefore caution should be taken when comparing with figures prior to this date.

The number of people waiting for assessments is showing an upward trend while the number of people waiting for care at home packages remains low.

In Dundee, as of 1 June 2026:

- 0 people waited in hospital and 116 people waited in the community for a social care assessment.
- 0 people have waited in hospital each week since 17 October 2022.
- 7 people were assessed and waiting for a care at home package in hospital (156 hours yet to be provided).
- 5 people were assessed and waiting for a care at home package in the community (16 hours yet to be provided).
- For those already in receipt of a care at home package 74 additional hours were required and not provided.

6.0 POLICY IMPLICATIONS

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

7.0 RISK ASSESSMENT

7.1 This report has been assessed to identify impacts on strategic risk management. No impact has been identified, either in relation to the strategic risks currently contained within the IJB's strategic risk register or the identification of any additional, emerging risks.

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Officer

DATE: 26 AUGUST 2026

Lynsey Webster
Lead Officer, Quality, Data and Intelligence

APPENDIX 1 – Performance Summary

Table 1a: Performance in Dundee's LCPPs - % change in Q4 2025-26 against baseline year 2020-21

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	22.2%	23.5%	13.2%	23.8%	25.2%	28.9%	12.6%	13.8%	37.0%
Emer Bed Days rate per 100,000 18+	8.7%	-3.0%	12.4%	13.9%	6.6%	20.9%	-0.1%	-12.6%	31.3%
28 Day Readmissions rate per 1,000 Admissions 18+	2%	-1%	7%	-3%	-8%	2%	17%	6%	13%
Hospital admissions due to falls rate per 1,000 65+	-5%	-1%	-13%	-22%	61%	12%	-3%	-5%	-14%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	18%	24%	-26%	36%	-3%	46%	8%	41%	38%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-70%	-88%	-63%	-51%	-79%	-89%	-98%	-51%	+13%

Source: NHS Tayside BSU and PHS (delayed discharge data)

Note: This table shows the position against the 2020-21 baseline. Where performance is poorer than 2020-21 baseline, it is coded as red (worse than 2020-21). Where the performance is better than 2020-21 this is coded as green (better than 2020-21).

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

Table 1b: Performance in Dundee's LCPPs - % change in Q4 2025-26 against baseline year 2018-19

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	12.6%	12.9%	9.3%	6.8%	12.9%	22.7%	9.8%	2.2%	24.8%
Emer Bed Days rate per 100,000 18+	-12.3%	-26.7%	-9.7%	-11.6%	8.1%	-2.9%	-20.7%	-24.5%	-0.1%
28 Day Readmissions rate per 1,000 Admissions 18+	2%	-1%	-4%	18%	-8%	-6%	6%	24%	10%
Hospital admissions due to falls rate per 1,000 65+	0%	40%	-5%	-31%	49%	2%	5%	-9%	-4%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-26%	-57%	-60%	+44%	-20%	-30%	-14%	-33%	0%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-58%	-83%	-30%	-60%	-57%	-94%	0%	+558%	-57%

Source: NHS Tayside BSU and PHS (delayed discharge data)

Note: This table shows the position against the 2018-19 baseline. Where performance is poorer than 2018-19 baseline, it is coded as red (worse than 2018-19). Where the performance is better than 2018-19 this is coded as green (better than 2018-19).

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

Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q4 2025-26 compared to Dundee

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strath martine	Mary field	West End	The Ferry
Emer Admissions rate per 100,000 18+	14,244	17,069	18,387	15,823	14,070	16,243	11,708	9,177	13,498
Emer Bed days rate per 100,000 18+	105,204	115,806	133,302	129,354	97,552	116,469	82,257	61,832	118,951
28 Day Readmissions rate per 1,000 Admissions 18+	143	140	158	152	119	144	158	163	131
Hospital admissions due to falls rate per 1,000 65+	30	35	31	28	28	30	27	33	29
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	205	196	125	303	202	157	225	222	206
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	39	24	60	85	38	5	6	99	18

Source: NHS Tayside BSU

Note: This table shows the Dundee position alongside the position for the 8 LCPPs. Where the LCPP performance is poorer than Dundee this is coded as red (worse than Dundee) and where the LCPP performance is better than Dundee this is coded as green (better than Dundee).

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

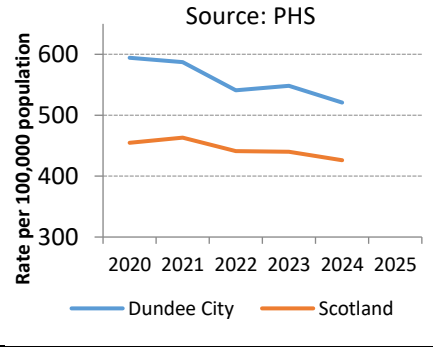
Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q4 2025-26 compared to Dundee

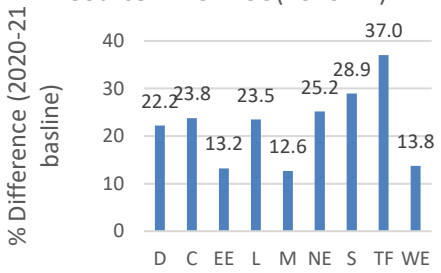
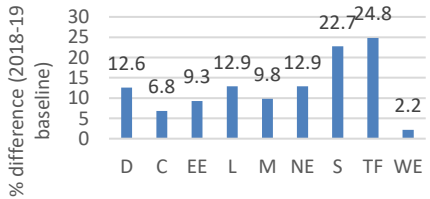
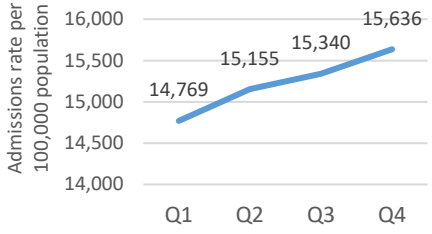
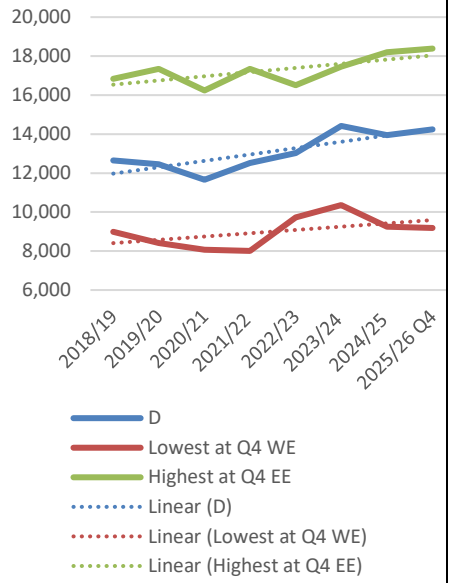
Dundee = D	East End = EE	Coldside = C	West End = WE
Strathmartine = S	North East = NE	Lochee = L	The Ferry = TF

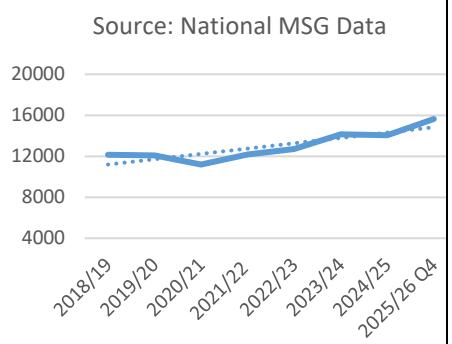
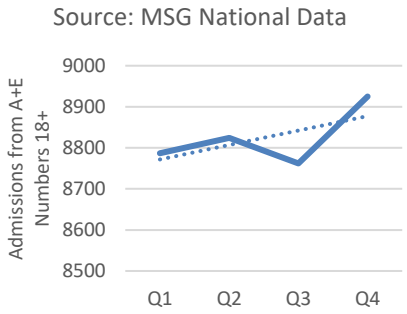
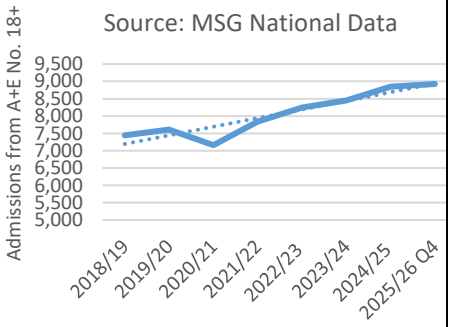
Indicators 11 – 20 - Rankings in brackets in the columns called 'Scotland Position', 'Family Group Position' and Tayside Group Position' is the previous year ranking

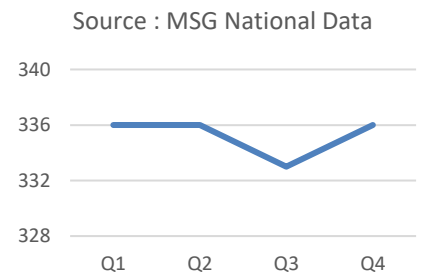
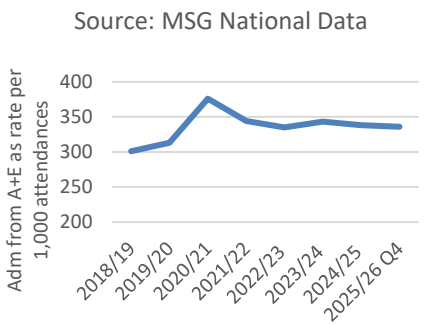
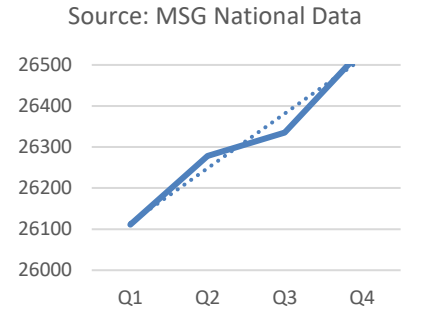
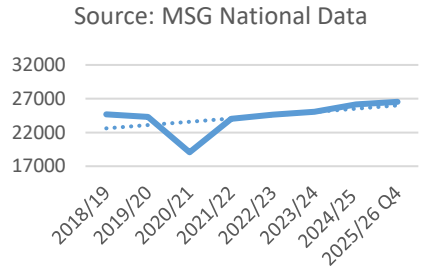
National Indicator	Difference From 2023/24 Survey	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
* Indicators 1 to 9 are based on the Health and Care Experience Survey (HACE), which is a sample survey of people aged 17+ registered with a GP practice in Scotland. This data is reported every two years, with the most recent data available for 2025/26.				
1.% of adults able to look after their health very well or quite well*	Improved performance when comparing with 2023/24 survey which was 88%. Improved position when ranking with other HSCPs – 29th in 2023/24 survey. Improved position when ranking with Family Group HSCPs – 5th in 2023/24 survey. No change in Tayside ranking – 3rd	22nd	2nd (90.3%)	3rd
2.% of adults supported at home who agreed that they are supported to live as independently as possible*	Improved performance when comparing with 2023/24 survey which was 77%. Poorer position when ranking with other HSCPs – 10th in 2023/24 survey. No change in position when ranking with Family Group HSCPs – 3rd in 2023/24 survey. Poor position in Tayside ranking – 1st in 2023/24 survey.	11th	3rd (79%)	3rd
3.% of adults supported at home who agreed that they had a say in how their help, care, or support was provided*	Improved performance when comparing with 2023/24 survey which was 65%. No change in position when ranking with other HSCPs – 10th in 2023/24 survey. Improved position when ranking with Family Group HSCPs – 4th in 2023/24 survey. No change in Tayside ranking – 2nd in 2023/24 survey.	10th	3rd (67%)	2nd
4. % of adults supported at home who agree that their health and social care services seem to be well co-ordinated*	Improved performance when comparing with 2023/24 survey which was 64%. Improved position when ranking with other HSCPs – 13th in 2023/24 survey.	4th	3rd (69%)	2nd

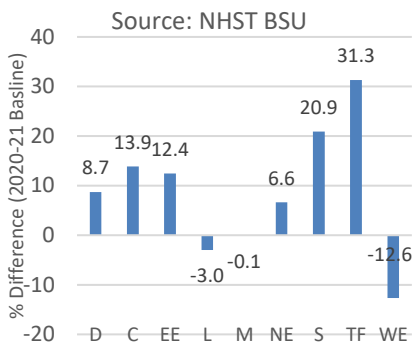
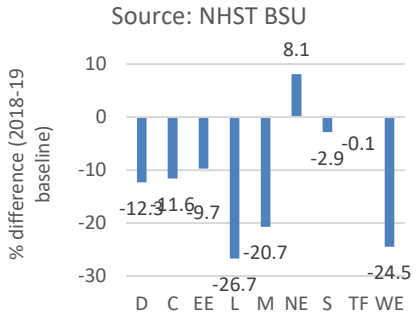
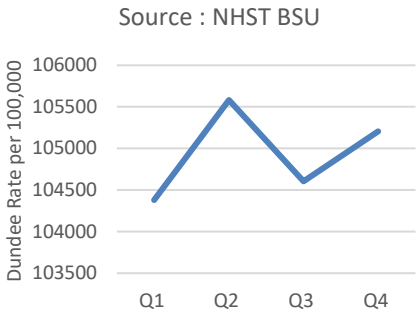
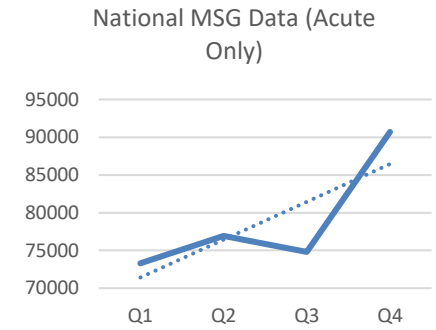
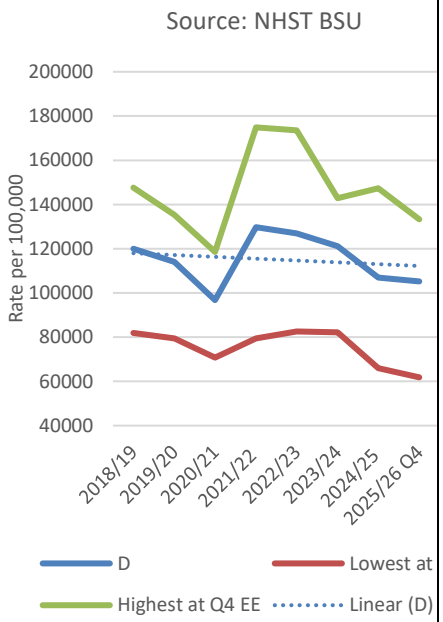
	Improved position when ranking with Family Group HSCPs – 4th in 2023/24 survey. Poor position in Tayside ranking – 1st in 2023/24 survey.			
5.% of adults receiving any care or support who rate it as excellent or good*	Improved performance when comparing with 2023/24 survey which was 68%. Improved position when ranking with other HSCPs – 22nd in 2023/24 survey. Improved position when ranking with Family Group HSCPs – 5th in 2023/24 survey. No change in Tayside ranking – 2nd in 2023/24 survey.	17th	4th (72%)	2nd
6.% of people with positive experience of care at their GP practice*	Improved performance when comparing with 2023/24 survey which was 71%. Poorer position when ranking with other HSCPs – 14th in 2023/24 survey. Improved position when ranking with Family Group HSCPs – 5th in 2023/24 survey. Poor position in Tayside ranking – 2nd in 2023/24 survey.	16th	3rd (72%)	3rd
7.% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life*	No change in performance when comparing with 2023/24 survey which was 71%. Poorer position when ranking with other HSCPs – 14th in 2023/24 survey. No change in position when ranking with Family Group HSCPs – 3rd in 2023/24 survey. Poor position in Tayside ranking – 2nd in 2023/24 survey.	19th	3rd (71%)	3rd
8.% of carers who feel supported to continue in their caring role*	Poorer performance when comparing with 2023/24 survey which was 34%. Poorer position when ranking with other HSCPs – 8th in 2023/24 survey. Poorer position when ranking with Family Group HSCPs – 3rd in 2023/24 survey. Poor position in Tayside ranking – 2nd in 2023/24 survey.	28th	7th (28%)	1st
9.% of adults supported at home who agreed they felt safe*	Improved performance when comparing with 2023/24 survey which was 77%. Improved position when ranking with other HSCPs – 11th in 2023/24 survey. Poorer position when ranking with Family Group HSCPs – 1st in 2023/24 survey. Improved position in Tayside ranking – 2nd in 2023/24 survey.	8th	3rd (79%)	1st

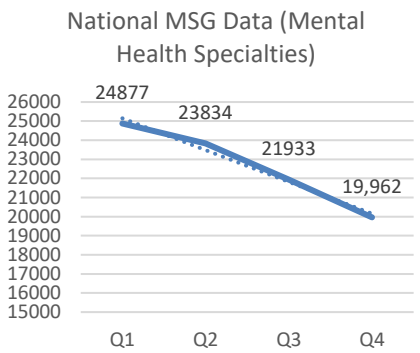
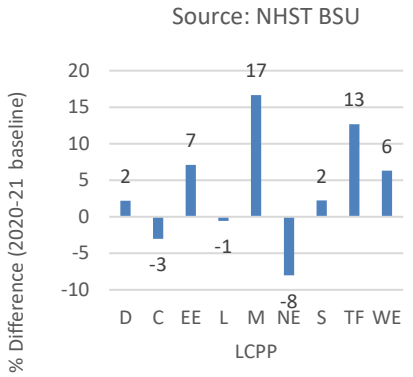
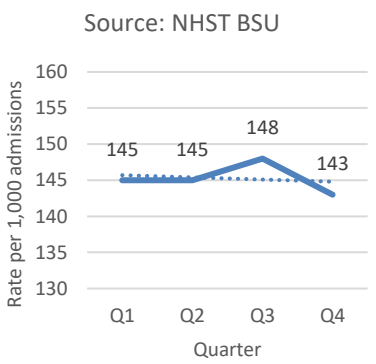
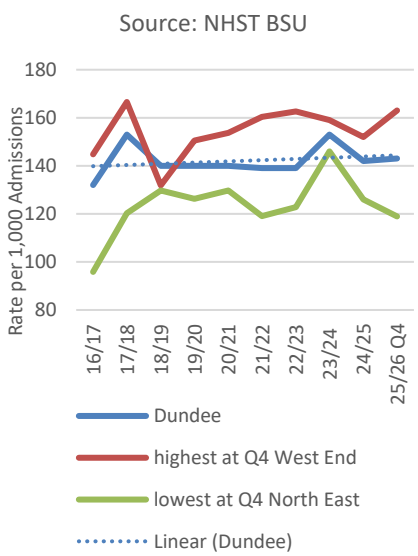
National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
10. % staff who say they would recommend their workplace as a good place to work	Not Available Nationally iMatter is used to gather feedback from DHSCP staff. For the 2025 survey the response rate was 54%. 76% of staff reported that they would recommend their organisation as a good place to work.	Not Available Nationally	Not Available Nationally			
11. Premature mortality rate per 100,000 persons	There is a time lag with this data as the most current data available is for 2024 when the rate was 521. This is an improvement compared with the pre Covid 2018 position when the rate was 533. The 2024 rate of 521 is lower than the 2020 rate which was 587 however this can be explained by the Pandemic.	Not Available		28th (30th)	5th (7th)	3rd

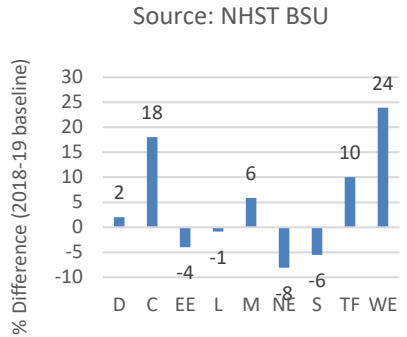
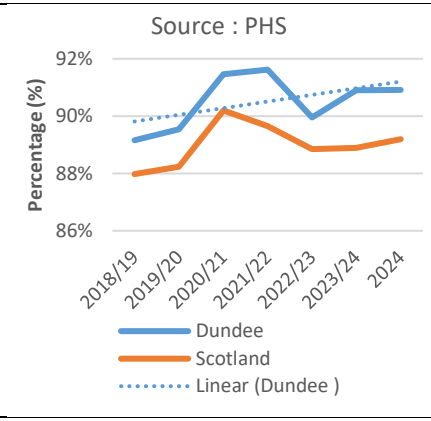
12. Emer Admissions rate per 100,000 18+	Source: NHST BSU(2020-21)  There was an increase in emergency admissions rate by 22.2% in Q4 2025-26 compared with the 2020-21 baseline. This equates to an increase of 2,586 emergency admissions (deterioration). Source: NHST BSU (2018-19)  There was an increase in the emergency admissions rate by 12.6 % in Q4 2025-26 compared with the 2018-19 baseline. This equates to an increase of 1,595 emergency admissions (deterioration).	Source : MSG National Data  Admissions rate has steadily increased over the past four quarters. (deterioration)	Source: NHST BSU  Note - Linear (D) is the trendline showing the general trajectory	30th (29th)	8th (7th)	3rd (3rd)

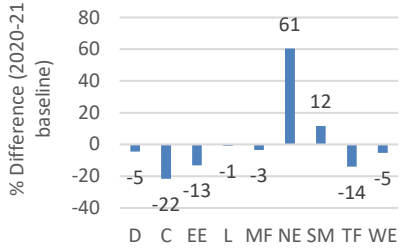
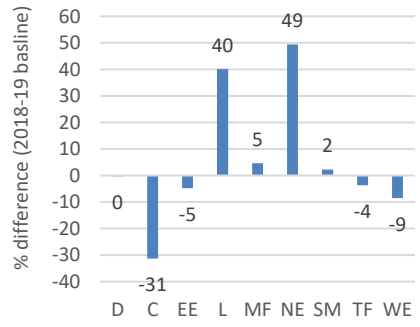
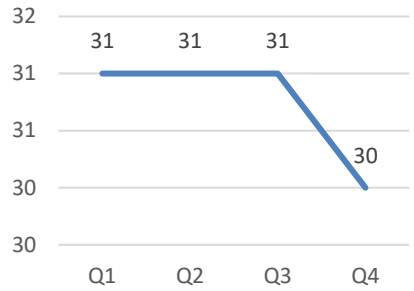
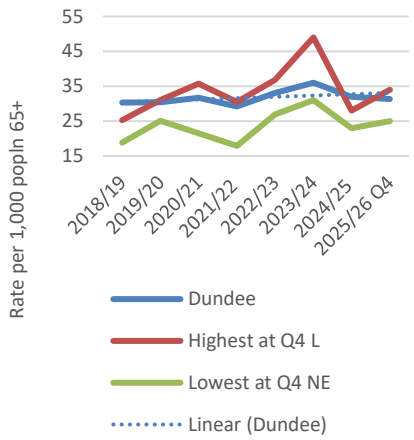
			 Emergency admissions rate showing an increasing trend since the pandemic.			
Emergency Admissions Numbers from A&E (MSG)	1,765 more emergency admissions from A+E in Q4 25/26 compared with the 2020/21 baseline. 1,485 more emergency admissions from A+E in Q4 25/26 compared with the 18/19 baseline.	 Increase in the numer of emergency admissions from A+E by 163 between Q3 and Q4 25/26 (deterioration)	 Admission numbers rose overall, with a slight dip in 2020/21, then a steady increase thereafter, rising to almost 9,000 at Q4 25/26.	NA as number and not rate	NA as number and not rate	NA as number and not rate

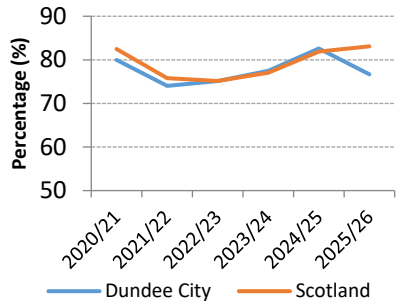
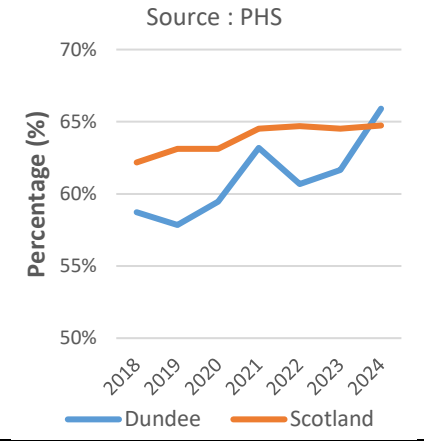
Emergency Admissions as a Rate per 1,000 of all Accident &Emergency Attendances (MSG)	Rate decreased by 40, from 376 at the 20/21 baseline to 336 at Q4 25/26. This is a decrease of 11%. Rate increased by 35, from 301 at the 18/19 baseline to 336 at Q4 2025/26. This is an increase of 12%.	 A consistent rate over the last 4 quarters, with the exception of a drop during Q3 25/26.	 A&E admission rates peaked during the pandemic followed by a decline, with rate now fairly stable.	Not Available	Not Available	Not Available
Number of Accident & Emergency Attendances (MSG)	7,475 (39% increase) more A&E attendances in Q4 25/26 than the 20/21 baseline. 1,856 (8% increase) more A&E attendances in Q4 25/26 than the 18/19 baseline.	 Attendances have risen over the last 4 quarters. (deterioration)	 Increasing trend since the pandemic.	NA as number and not rate	NA as number and not rate	NA as number and not rate

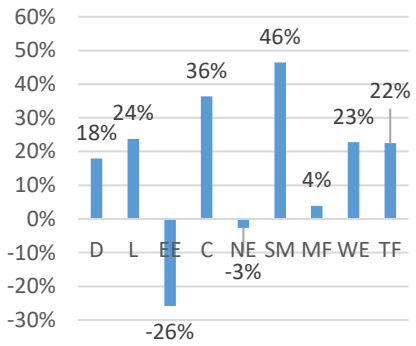
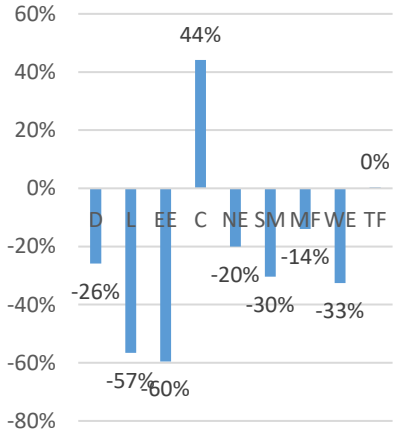
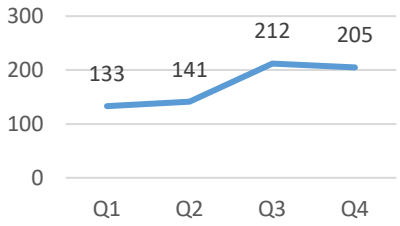
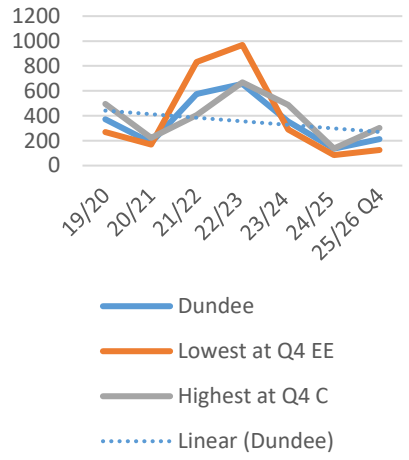
13.Emer Bed days rate per 100,000 18+	 There was an increase in the emergency bed days rate by 8.7% between the 20/21 baseline and Q4 25/26. This equates to an increase of 8,452 emergency bed days (deterioration). 13,264 (40%) less mental health bed days in Q4 25/26 compared with the 20/21 baseline (improvement) (source: MSG)  There was a decrease in the emergency bed days rate by 12.3% between the 18/19 baseline and Q4 25/26. This equates to a decrease	 Unstable trend over the last 4 quarters.  Increasing trend over the last 4 quarters. (deterioration)	 There has been a steady decreasing trend since the Pandemic.	11th (10th)	1st (1st)	2nd (2nd)

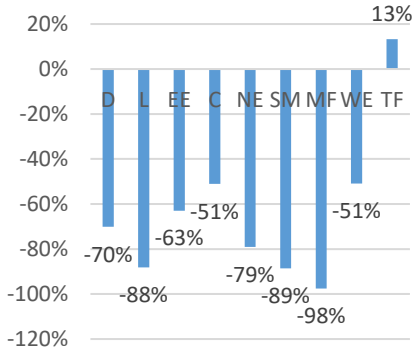
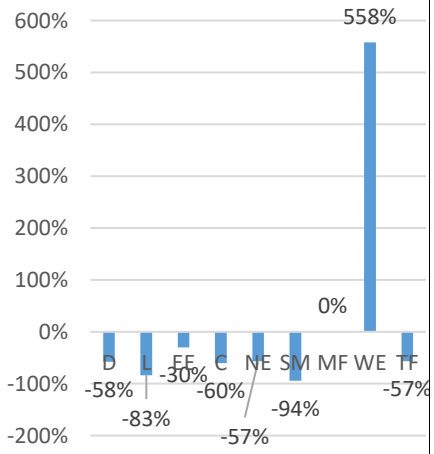
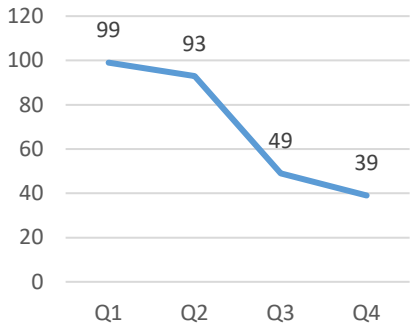
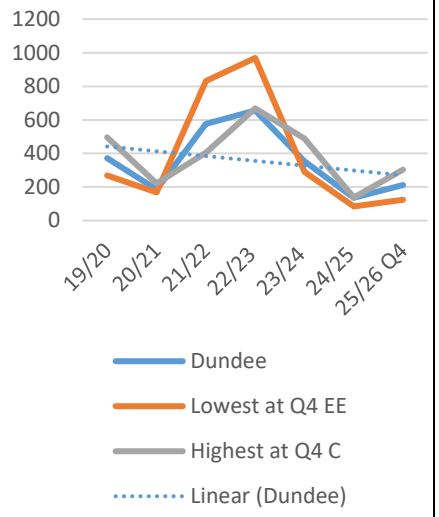
	of 14,811 emergency bed days (improvement). 15,331 (43%) less mental health bed days in Q4 25/26 compared with the 18/19 baseline (improvement) (source: MSG)	 A decreasing trend over the last 4 quarters. (improvement)				
14. Rate of emergency Readmissions rate within 28 days of admission (per 1,000 Admissions 18+)	 The rate is 2% higher at Q4 25/26 than 20/21. The number of readmissions (numerator) increased by 1194 readmissions between the 20/21 baseline and Q4 25/26.	 The rate of readmissions displays a stable trend over the last 4 quarters.		30th (29th)	8th (8th)	2nd (2nd)

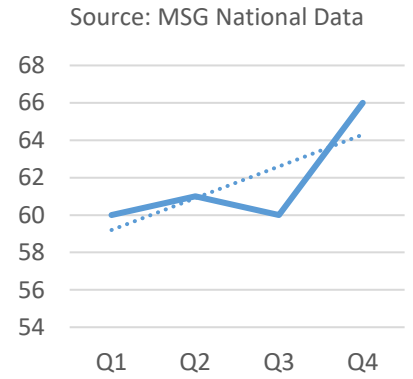
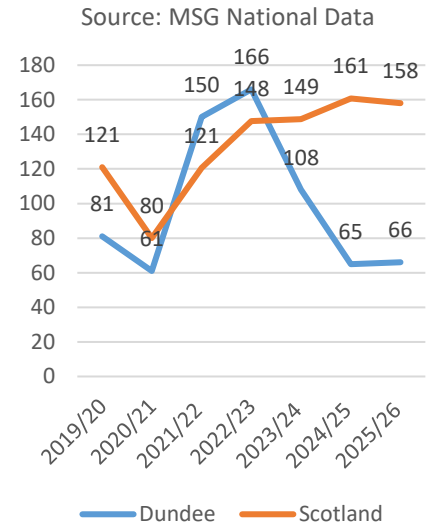
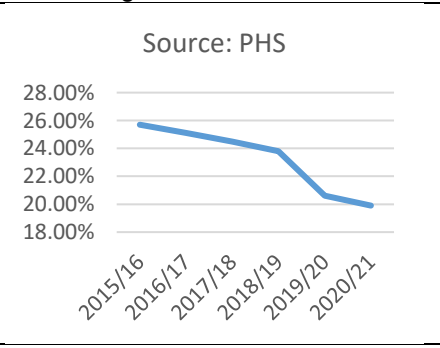
	 The rate is 2% higher at Q4 25/26 compared with the 18/19 baseline. The number of readmissions (numerator) increased by 1,109 readmissions between the 18/19 baseline and Q4 25/26.					
15. % of last 6 months of life spent at home or in a community setting	Increase from 89.2% in 2018/19 and 89.5% in 2019/20 to 90.3% in 2025 (improvement). Dundee is 10th best in Scotland and 1st in the family group.	Not Available		10th (7th)	1st (1st)	3rd (2nd)

16. Hospital admissions due to falls rate per 1,000 65+ population	Source: NHST BSU  The rate of admissions has decreased by 5% in Q4 25/26 from the 20/21 baseline (improvement). This equates to an increase of 81 fall related hospital admissions. The greatest increase (deterioration) in the number of falls related admissions was in North East with a 61% increase (27 fall related admissions) (deterioration). North East had the lowest rate of admissions in 2020-21. Source: NHST BSU 	Source: NHST BSU  The rate of falls admissions displays a stable trend over the last 4 quarters. The reduction from a rate of 31 at Q3 to 30 at Q4 equates to a reduction of 27 falls over the 12-month period.	Source: NHST BSU 	31st (31st)	8th (8th)	3rd (3rd)

	The rate of admissions was the same at Q4 25/26 as the 18/19 baseline. This was due to an increase in the population (the denominator) and an increase of 53 fall related hospital admissions (the numerator). The greatest increase (deterioration) in the number of falls was in North East. (25 fall related admissions) (deterioration).					
17. % care services graded 'good' (4) or better in Care Inspectorate inspections	76.7% at 2025/26, which is a deterioration of 9.5% compared to the 2018/19 baseline (86.2%) and a 3.3% deterioration compared to the 2019/20 baseline (80%). Grading during the pandemic deteriorated significantly to a low of 74% in 2021/22, followed by an improving trend, however performance deteriorated to 76.7% in 2025/26.	Not Available		26th (17th)	8th (6th)	2nd (1st)
18. % adults with intensive care needs receiving care at home	There has been an increasing trend in the proportion of adults receiving intensive care needs at home. In 2024, 66% received intensive care at home, representing an increase of 2.8% compared to 2021 (63.2%) and 7.3% compared to 2018 baseline (58.7%). Note data for 2025 not yet published by PHS.	Not Available		12th (12th)	5th (5th)	1st (1st)

19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)	Source : PHS List (2020-21 baseline)  18% increase (deterioration) since the 2020/21 baseline. Source: PHS List (2018-19 baseline)  26% decrease (improvement) since the 2018/19 baseline.	Source: PHS List  The short-term trend shows an increase in standard delays.	Source : PHS  Overall decline in rate of standard delays since 2022/23. An increase in Q4 2025/26.	3rd (all reasons)	1st (all reasons)	2nd (all reasons)

19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	Source : PHS List (2020-21 baseline)  There has been a 70% decrease (improvement) since 2020–21, with reductions observed across all LCPPs except one. Source: PHS List (2018-19 baseline) 	Source: PHS List  A decreasing trend in the number of code 9 delays.	Source : PHS  Long term data shows a decreasing trend.	3rd (all reasons)	1st (all reasons)	2nd (all reasons)

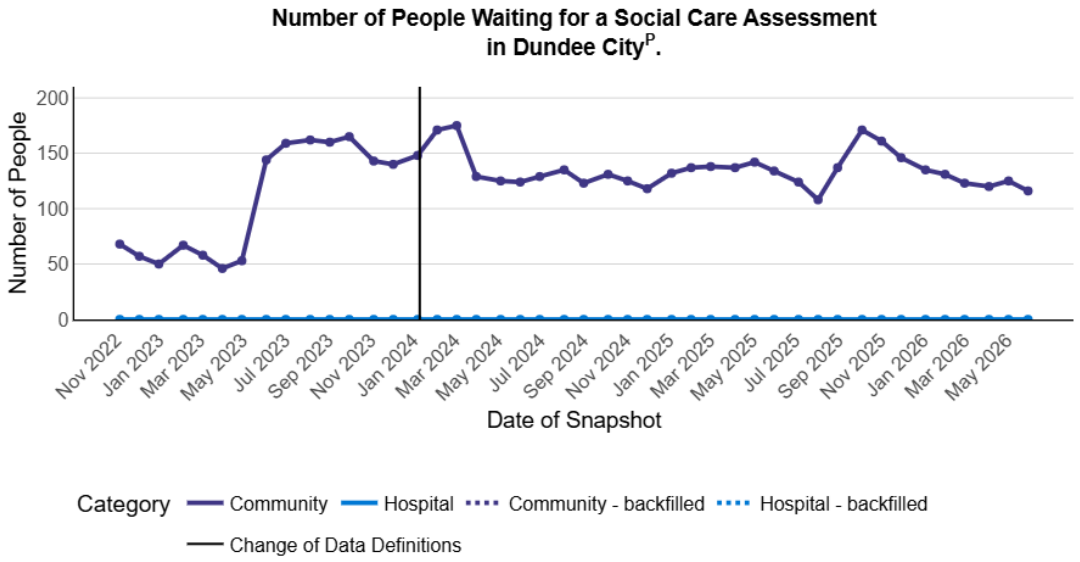
	58% decrease (improvement) since 2018-19 and with reductions in all LCPPS except one.					
Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)	Bed days rate has increased slightly since the 2020-21 baseline. In 2020-21 there were 7,460 bed days lost and this decreased to 8,013 at Q4 2025-26. Bed days have decreased since the 2018-19 baseline. In 2018-19 there were 9,376 bed days lost and this decreased to 8,013 at Q4 2025-26.	 Increased rate between Q3 and Q4.	 Increasing rate in Scotland but decreasing rate in Dundee.	NA	NA	NA
20. % of health and social care resource spent on hospital stays where the patient was admitted as an emergency	5.8% less in 2020/21* than 2015/16 (improvement) *latest data available	Not Available		18th	3rd	3rd

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

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

The data items submitted from 15 January 2024 onwards reflects improved definitions and therefore comparing figures before this date should be done with caution.

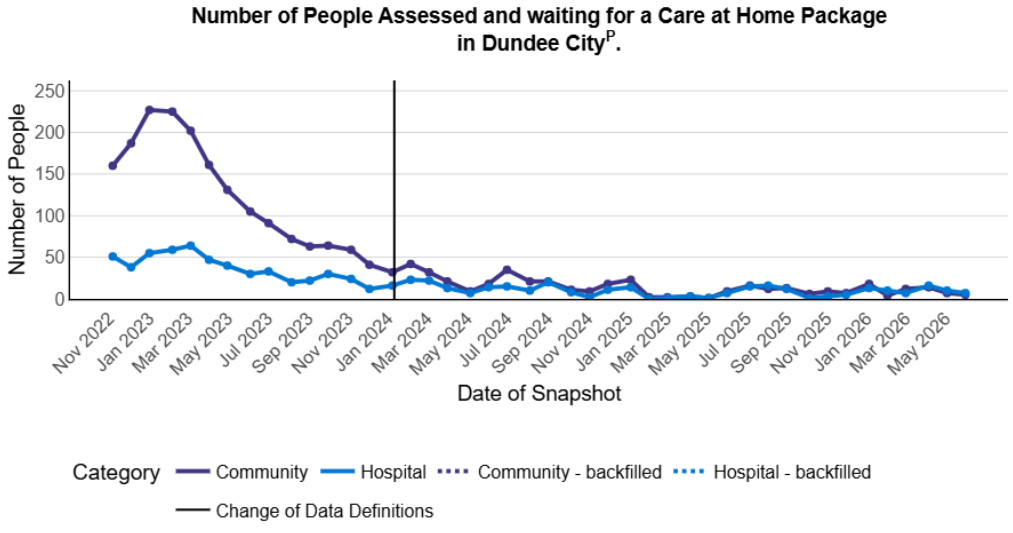
Chart 1



In Dundee as at 01 June 2026

- 0 people waited in hospital and 116 people waited in the community for a social care assessment.
- 0 people have waited in hospital each week since 17 October 2022.

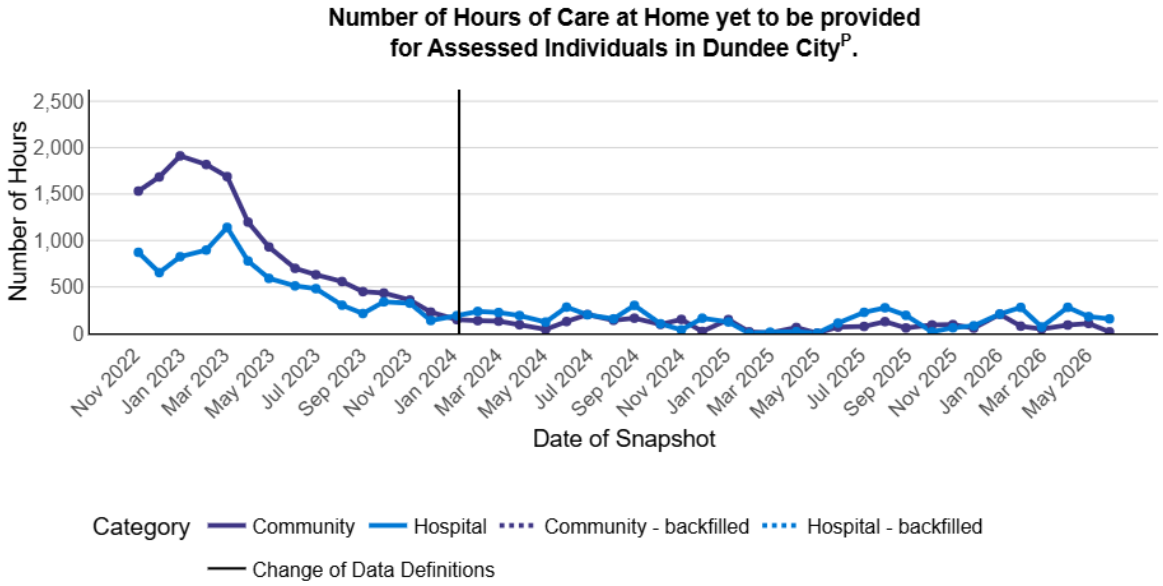
Chart 2



In Dundee as at 01 June 2026:

- 7 people was assessed and were waiting in hospital for a care at home package.
- 5 people were assessed and were waiting in the community for a care at home package.

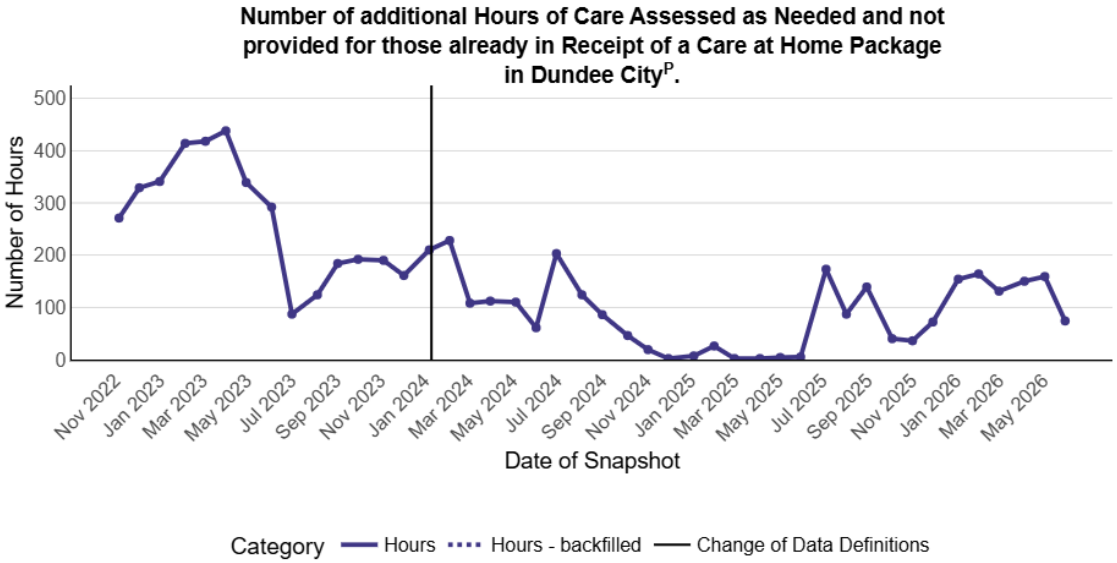
Chart 3



In Dundee as at 01 June 2026:

- 7 people were assessed and waiting for a care at home package in hospital (156 hours yet to be provided).
- 5 people were assessed and waiting for a care at home package in the community (16 hours yet to be provided).

Chart 4



In Dundee as at 01 June 2026:

- For those already in receipt of a care at home package 74 additional hours were required and not provided.

APPENDIX 3 – DATA SOURCES USED FOR MEASURING PERFORMANCE

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

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

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

National data is provided to all partnerships, by Public Health Scotland. This data shows rolling[2] monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously Public Health Scotland was only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+.

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

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

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1 For Q4 the data is for the period 1 April 2025 to 31 March 2026.

ITEM No …5……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 23 SEPTEMBER 2026**

REPORT ON: **MENTAL HEALTH SERVICES INDICATORS – 2025/26 QUARTER 4**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **PAC25-2026**

1.0 PURPOSE OF REPORT

1.1 The purpose of this paper is to report a suite of measurement relating to the activity of mental health services for scrutiny and assurance.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report, including current performance against the suite of mental health service indicators (section 6 and appendix 1).

2.2 Note the operational and strategic supporting narrative in the context of the trends in performance and activity (section 7).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND INFORMATION

4.1 The suite of mental health measures (Appendix 1) for Dundee is intended to provide assurance and allow for scrutiny of mental health functions delegated to Dundee Integration Joint Board. The suite of indicators is dynamic and can be revised and enhanced based on feedback from PAC members and other stakeholders.

4.2 In all data reports with public accessibility, content and disaggregation has been reviewed in order to comply with General Data Protection Regulation and ultimately to ensure that individuals cannot be identified.

5.0 LOCAL CONTEXT

5.1 Dundee has a high level of mental health need compared with Scotland as a whole. In the 2022 Census, 20,242 adults in Dundee reported living with a mental health condition. This equates to 16% of the adult population, or 162 per 1,000 adults, compared with 131 per 1,000 across Scotland. Dundee had the second highest rate in Scotland. Rates were highest among people aged 16–34 and varied across local areas, with Maryfield and Coldside reporting the highest levels and The Ferry the lowest. Maryfield's rate was more than double that of The Ferry.

5.2 People living with mental health conditions in Dundee are more likely to experience poorer overall health and shorter life expectancy. Almost a quarter rated their health as bad or very bad

(24%), compared with 7% of the wider Dundee population. There was also local variation, ranging from 30% in the East End to 14% in the West End. Life expectancy is around ten years lower for people with a mental health condition (66.8 years) compared with the general Dundee population (76.9 years).

5.3 Mental health need is closely linked with wider inequalities. People with long-term physical and mental health conditions are more likely to live in deprived areas and may have less access to resources and support. Around a third of adults in Dundee are estimated to have a limiting long-term physical or mental health condition (33%). Dundee also experiences a higher disease burden than Scotland for several conditions, including mental health, substance use, cardiovascular disease, COPD and diabetes.

5.4 The impact of COVID-19 has added to these pressures, with many people reporting increased difficulty coping. Mental health was the most common issue raised through Engage Dundee during the pandemic (37%). Mental health also remains a significant factor in wider family wellbeing. At 31 July 2026, there were 59 children on the child protection register, and parental or carer mental health was a concern for 27 (46%) of these children.

5.5 Suicide remains a key area of concern. In 2024, 25 people in Dundee died by probable suicide, a reduction from 30 in 2023. This included 19 males and 6 females. Dundee's suicide rate remained significantly higher than the Scottish average. Across Scotland, there were 704 probable suicide deaths in 2024, an 11% decrease from 2023, but suicide rates remained 2.5 times higher in the most deprived areas compared with the least deprived areas.

6.0 WHAT THE DATA IS TELLING US

6.1 Since Q1 2025/26, there has been a slight downward trend in mental health (MH) admissions across both the 18 to 64 and 65+ age groups. This pattern is consistent for both all MH admissions and MH emergency admissions.

6.2 The rate of mental health (MH) admissions and emergency admissions per 1,000 population for the 18 to 64 age group has gradually declined. In Q4 2025/26, the rate was 4.4 per 1,000 population for all MH admissions and 2.9 per 1,000 for MH emergency admissions. Lochee has the highest rate of both all MH admissions and MH emergency admissions within the 18 to 64 age group.

A decline has also been observed in the 65+ age group, with rates of 3.5 per 1,000 population for all MH admissions and 2.9 per 1,000 for MH emergency admissions in the most recent reporting period. East End has the highest rates of both all MH admissions and MH emergency admissions among those aged 65 and over. Admission numbers for the 65+ age group are relatively small, which results in greater variation in rates across Local Community Planning Partnership (LCPP) areas.

6.3 Mental health occupied bed days (all and emergency bed days) have shown a consistent downward trend across both the 18–64 and 65+ age groups. Among localities, Lochee records the highest rate per 1,000 population for the 18–64 age group, while North East has the highest rate for the 65+ age group.

6.4 When benchmarked across the 8 Family Group Partnerships and the national average for Scotland, Dundee had the 4th highest rate of mental health emergency bed days for ages 18-64 and the 3rd highest rate for those aged 65 and over.

6.5 Following a decline in referrals to psychological therapies, referral numbers have begun to stabilise. However, the percentage of patients commencing treatment within 18 weeks of referral has also declined, falling to 66% in Q4 2025/26. See section 7.1 for further information.

6.6 Following a steady increase in referrals to Community Mental Health Teams, referral numbers have begun to stabilise. However, there has been a decline in the number of accepted referrals. The number of appointments offered has shown a slight decrease overall, although the Community Mental Health Team (CMHT) West has experienced an increase in appointments

offered. The number of people discharged without being seen has continued to decline steadily. In Q4 2025/26, there was an average of 11 community-based mental health follow-up appointments for every new patient seen.

6.7 Referrals to Psychiatry for Old Age have remained broadly stable, with an acceptance rate of around 60%. In Q4 2025/26, The Ferry had the highest number of new referrals, while Maryfield had the lowest. The average number of return appointments per patient seen was 11. Following an increasing trend, the number of people discharged without being seen has begun to stabilise. The Ferry had the highest number of patients discharged without being seen, while Maryfield had the lowest.

6.8 Referrals to Learning Disabilities services have gradually declined. In Q4 2025/26, Coldside recorded the highest number of new referrals, while Maryfield had the lowest. The proportion of referrals accepted fell from 78% in Q4 2024/25 to 62% in Q4 2025/26. In Q4 2025/26, the average number of return appointments per new patient was 13, down from 16 in Q1 2025/26. There has been an upward trend in the number of patients discharged without being seen. Coldside recorded the highest number of patients who were not seen.

6.9 Overall, referrals to the Mental Health Officers (MHO) Team have begun to stabilise. In contrast, referrals to Social Work Community Mental Health Teams (CMHTs) are showing a declining trend. Caseloads for the MHO Team have continued to decrease, while caseloads for Community Mental Health Teams have remained stable.

6.10 Following an upward trend, the number of guardianship applications has begun to fall. Short-term detentions are also showing a decreasing trend. Emergency detentions in hospital and Compulsory Treatment Orders (CTOs) have remained relatively stable.

7.0 OPERATIONAL CONTEXT / ACHIEVEMENTS / AREAS FOR FURTHER DEVELOPMENT

7.1 Although performance against the national 18-week Referral to Treatment (RTT) standard remains below the Scottish Government target of 90%, the underlying performance of Psychological Therapies services has continued to improve. As part of the recovery programme, services have prioritised patients with the longest waits. Whilst this has temporarily reduced the reported RTT percentage, it has successfully reduced the number of patients waiting longer than 18 weeks. During the past 12 months, the overall waiting list has remained broadly stable while the number of patients waiting over 18 weeks has reduced by approximately 450 patients.

7.2 Recovery has varied across Psychological Therapies specialties. Eight of the fourteen specialties are currently achieving the national 90% RTT standard, with a further three performing close to target. Most remaining long waits are concentrated within a small number of specialties affected by workforce shortages. Targeted recovery plans are in place for each of these services and performance continues to be monitored monthly. NHS Tayside continues to participate in the Scottish Government Enhanced Support Programme, which provides analytical expertise and service modelling to support recovery planning. This work was paused due to a vacancy within Scottish Government and is due to restart imminently.

7.3 Clinical Neuropsychology has made better progress than anticipated following recruitment of additional Clinical Psychologists, improved referral management, pathway redesign and data validation. These actions have significantly reduced both the overall waiting list and the number of patients waiting longer than 18 weeks. Subject to successful recruitment to the remaining vacant senior psychologist post, the service remains on track to achieve the national waiting time standard during 2027.

7.4 Clinical Health Psychology currently presents the greatest operational challenge. Resignations, together with delays to recruitment, have significantly reduced clinical capacity. Interim measures, including referral re-triage and greater use of Digital Psychological Therapies where appropriate, have helped mitigate further deterioration in waiting times. However, sustained improvement will depend on restoring workforce capacity.

7.5 Adult Psychological Therapies continues to show variable performance across Tayside. Dundee has made substantial progress and has almost eliminated waits over 18 weeks. Angus has

improved despite workforce pressures, while Perth and Kinross has experienced increased waiting times due to vacancies. Recruitment has now been completed and improvement is expected once newly appointed staff take up post.

7.6 Psychology within Community Mental Health Teams continues to experience workforce pressures, particularly in Dundee. Despite vacancies, the service has reduced the number of patients waiting over 18 weeks through service improvements and more effective use of clinical capacity. Further improvement is likely to depend on successful recruitment to vacant senior psychologist posts.

7.7 Alongside targeted recruitment, Psychological Therapies services continue to implement a broad improvement programme, including increased use of Digital Psychological Therapies, expansion of group interventions, greater utilisation of Clinical Associate in Applied Psychology posts, development of trainee psychologists, improved referral triage, and redesign of clinical pathways. These initiatives are intended to improve access, increase efficiency and make best use of existing resources.

7.8 Workforce availability remains the principal risk to achieving the national waiting time standard. Approximately 17 WTE vacancies remain across Psychological Therapies services and recruitment to senior specialist posts continues to be challenging. Financial constraints also limit opportunities to increase capacity, while some waiting times continue to be influenced by delays elsewhere within wider clinical pathways.

7.9 Despite these challenges, the sustained reduction in the number of patients waiting longer than 18 weeks provides assurance that the recovery programme is delivering measurable improvements. Subject to successful recruitment and continued implementation of the recovery programme, NHS Tayside remains on course to achieve the national 90% RTT standard during 2027

8.0 POLICY IMPLICATIONS

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

9.0 RISK ASSESSMENT

9.1 This report has been assessed to identify impacts on strategic risk management. No impact has been identified, either in relation to the strategic risks currently contained within the IJB's strategic risk register or the identification of any additional, emerging risks.

10.0 CONSULTATIONS

10.1 The Acting Chief Finance Officer, Heads of Service, Health and Community Care, Acting Head of Strategic Services and the Clerk were consulted in the preparation of this report.

11.0 BACKGROUND PAPERS

11.1 None.

Dave Berry
Chief Officer

DATE: 5 August 2026

Shahida Naeem
Senior Officer, Quality, Data and Intelligence

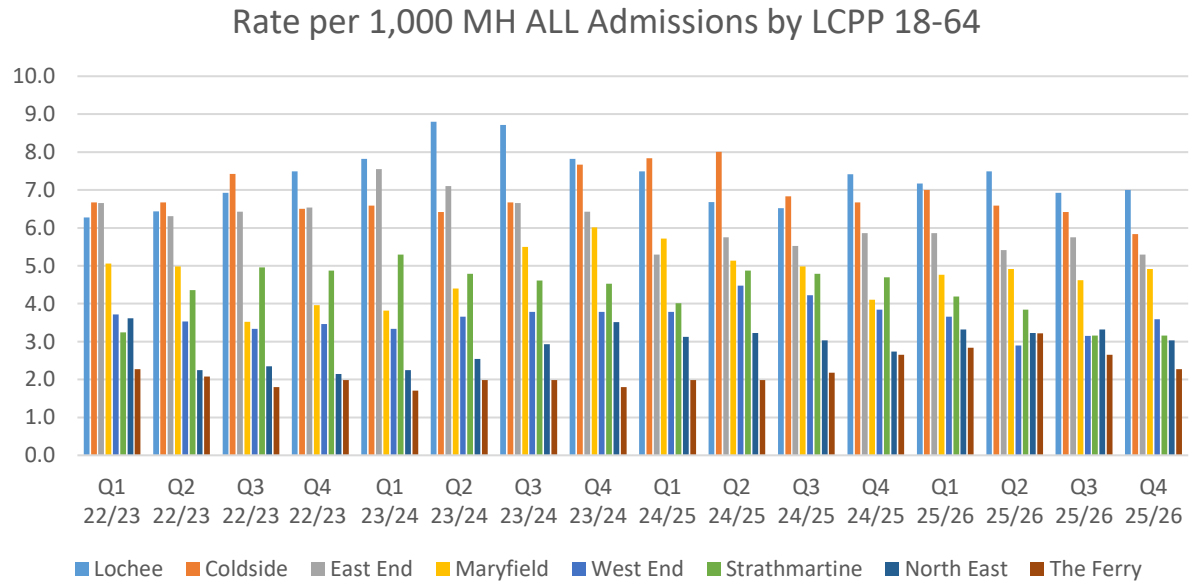
Orazia Giuffrida, Clinical Lead for Mental Health and Learning Disabilities

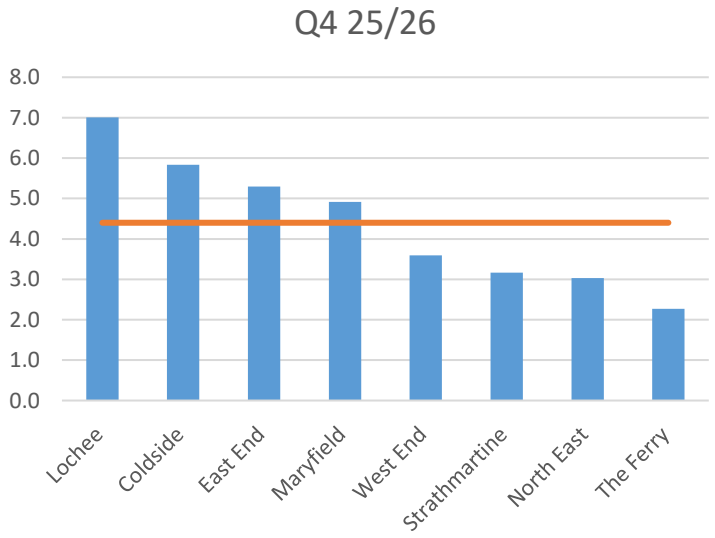
Lynsey Webster
Lead Officer for Quality, Data and Intelligence

APPENDIX 1 – MENTAL HEALTH SERVICES INDICATORS

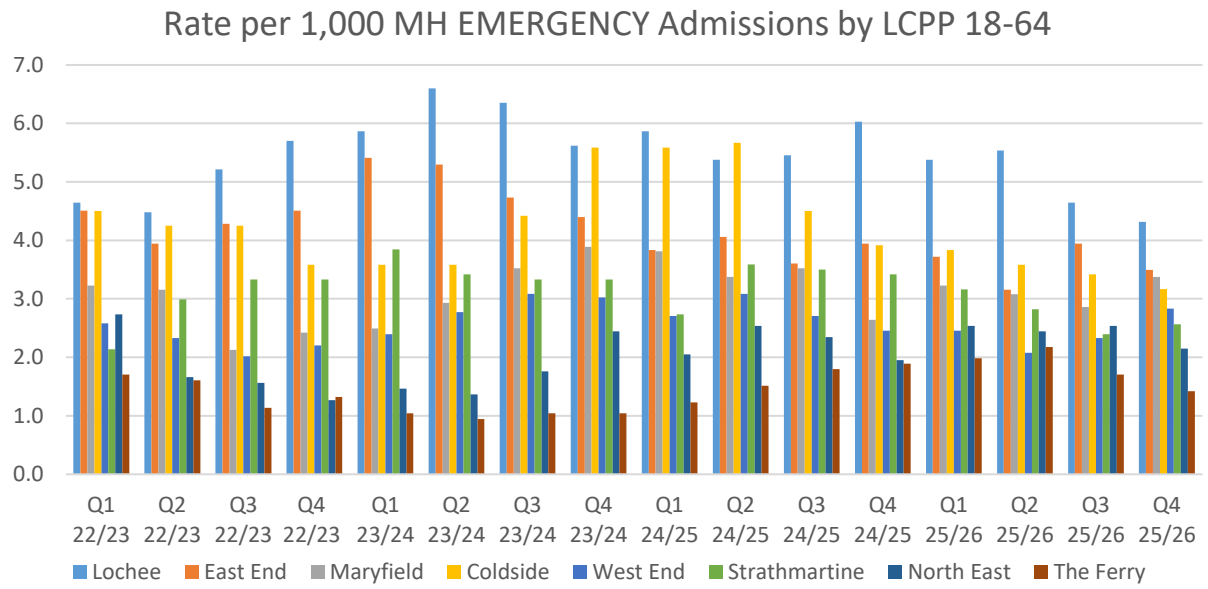
Table 1 : Mental Health Admissions Summary (All MH Admissions and Emergency MH Admissions)

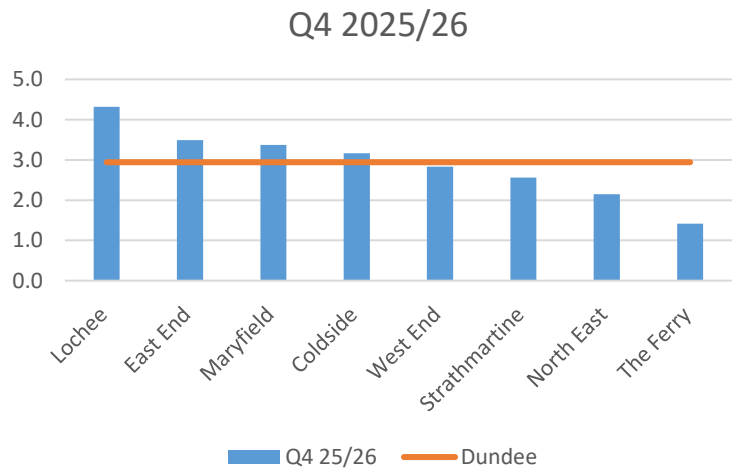
Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
Admission Summary for People Age 18-64													
Number of Mental Health ALL Admissions for people aged 18-64	451	472	489	498	471	481	456	451	460	444	425	419	Admissions showing a declining trend
Rate per 1,000 Mental Health ALL Admissions for people aged 18-64	4.8	5.0	5.2	5.2	4.9	5.1	4.8	4.7	4.8	4.7	4.5	4.4	Rates per 1,000 population have declined to 4.4 in Q4 25/26. Lochee and Coldside have the highest rate per 1,000 population.



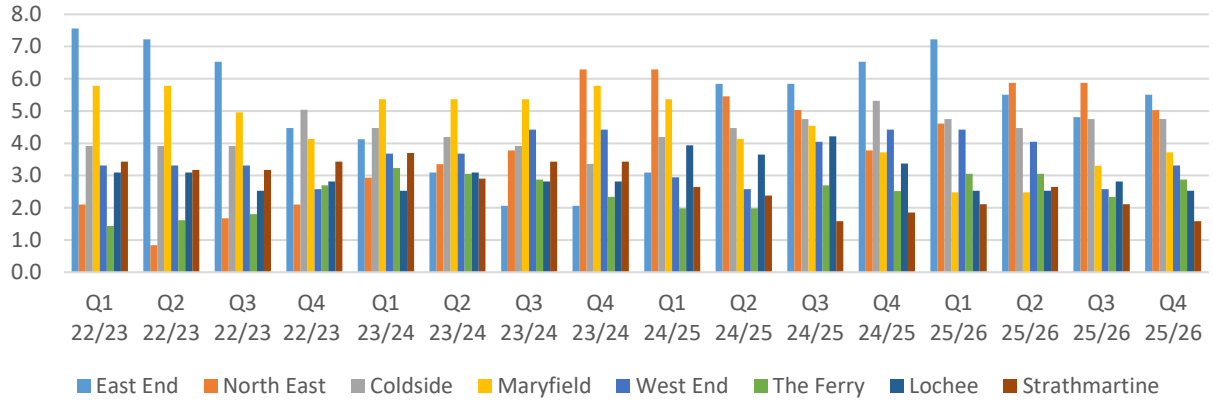


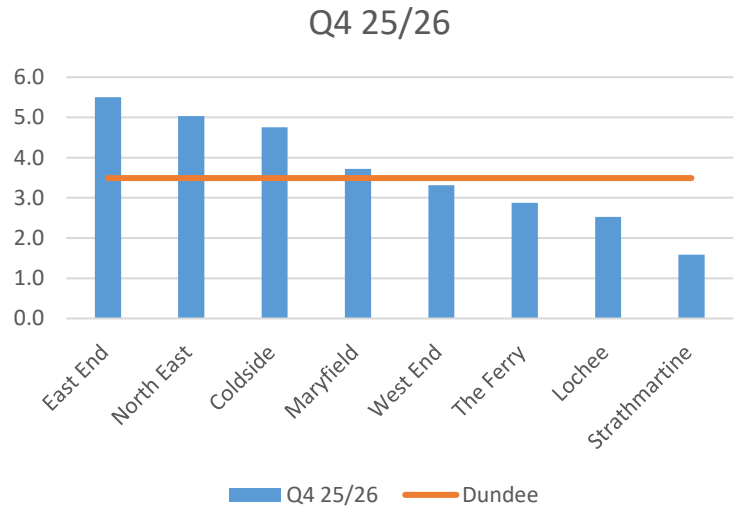
Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
Admission Summary for People Age 18-64													
Number of Mental Health EMERGENCY Admissions for people aged 18-64	306	319	338	351	334	349	328	311	312	295	281	280	Emergency Admissions show a declining trend.
Rate per 1,000 Mental Health EMERGENCY Admissions for people aged 18-64	3.2	3.4	3.6	3.7	3.5	3.7	3.4	3.3	3.3	3.1	3.0	2.9	The rate per 1,000 has fallen to 2.9, the lowest in the past 3 years. Lochee has the highest rate per 1,000 population and The Ferry the lowest.



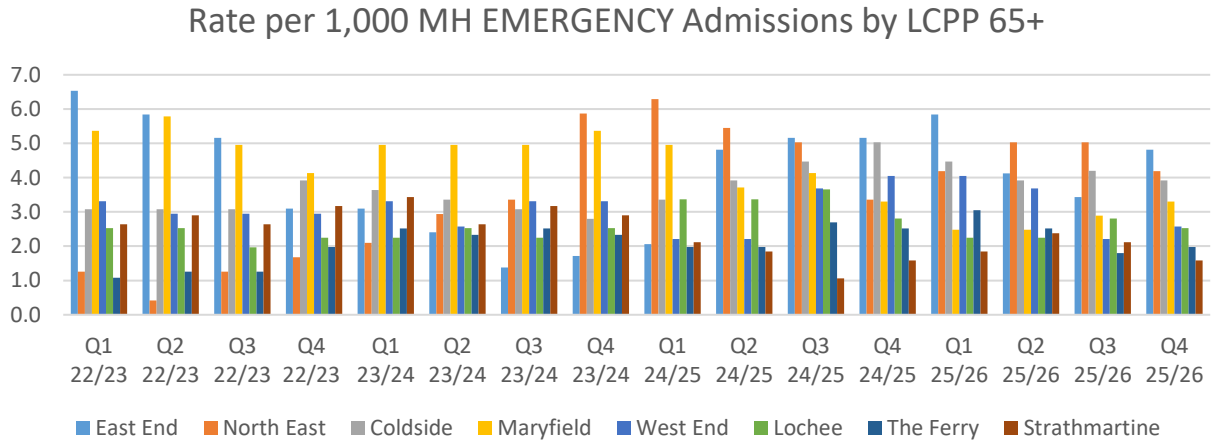


Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
Admission Summary for People Age 65+													
Number of Mental Health ALL Admissions for people aged 65+	99	94	93	95	95	96	104	101	101	99	91	94	Numbers of admissions have fallen since the peak in Q3 2024/25
Rate per 1,000 Mental Health ALL Admissions for people aged 65+	3.8	3.6	3.5	3.6	3.5	3.6	3.9	3.8	3.8	3.7	3.4	3.5	The rates per 1,000 admissions have fallen. East End shows the highest rate, while Strathmartine has the lowest. Due to small numbers, there is a greater variation between LCPP areas.





Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
Admission Summary for People Age 65+													
Number of Mental Health EMERGENCY Admissions for people aged 65+	83	76	78	83	82	86	95	90	92	85	78	79	Following a peak at 95 in Q3 24/25. Numbers have fallen.
Rate per 1,000 Mental Health EMERGENCY Admissions for people aged 65+	3.2	2.9	3.0	3.2	3.0	3.2	3.5	3.3	3.4	3.2	2.9	2.9	The rate has decreased since Q1 25/26. East End has the highest rate and Strathmartine has the lowest. Due to small numbers, there is a greater variation between LCPP areas.



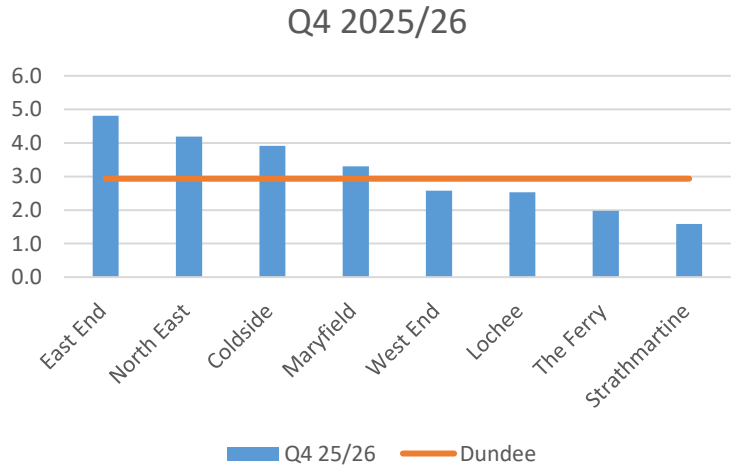
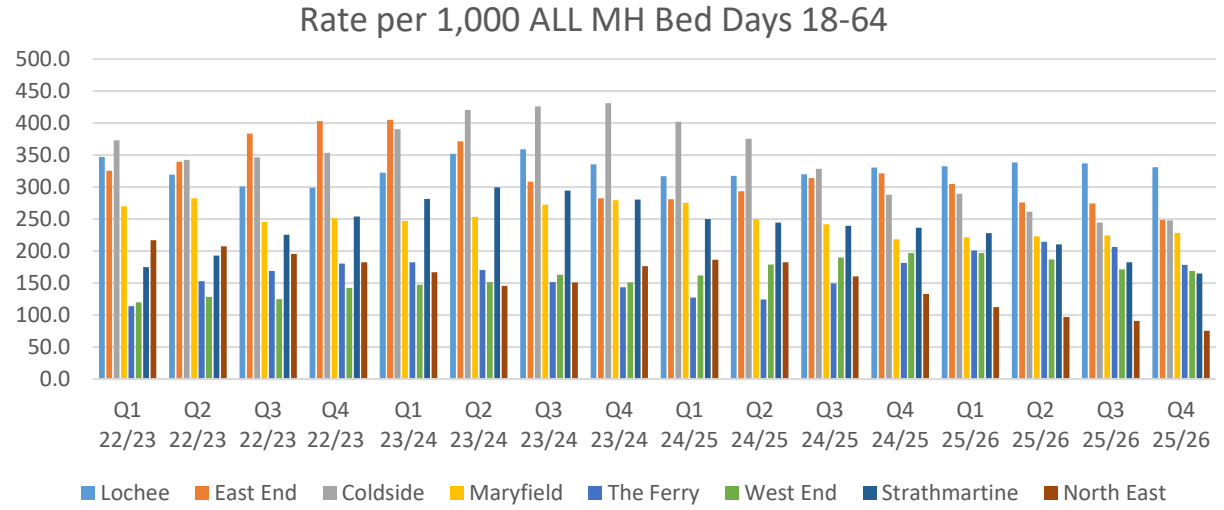
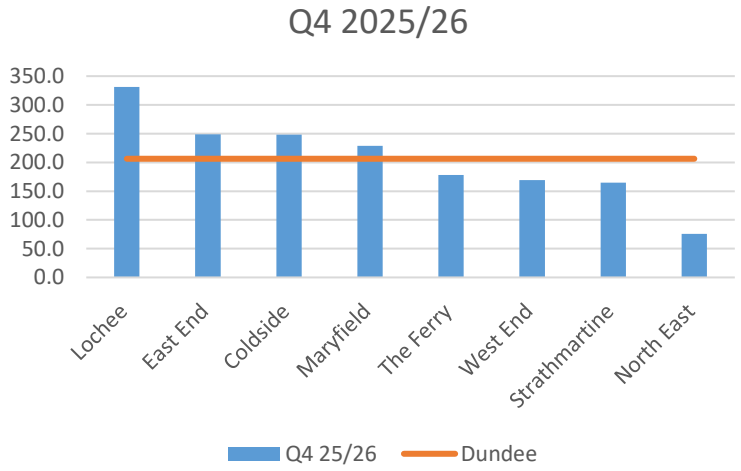


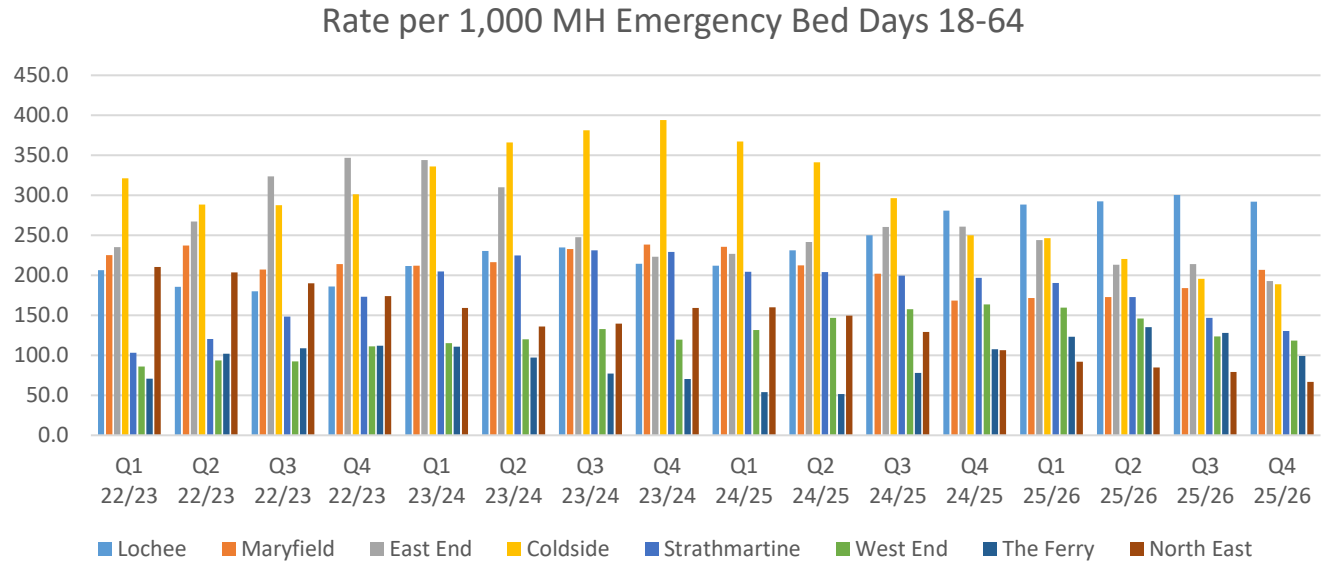
Table 2 : Bed Days for Mental Health (All Mental Health Bed Days and Emergency Bed Days)

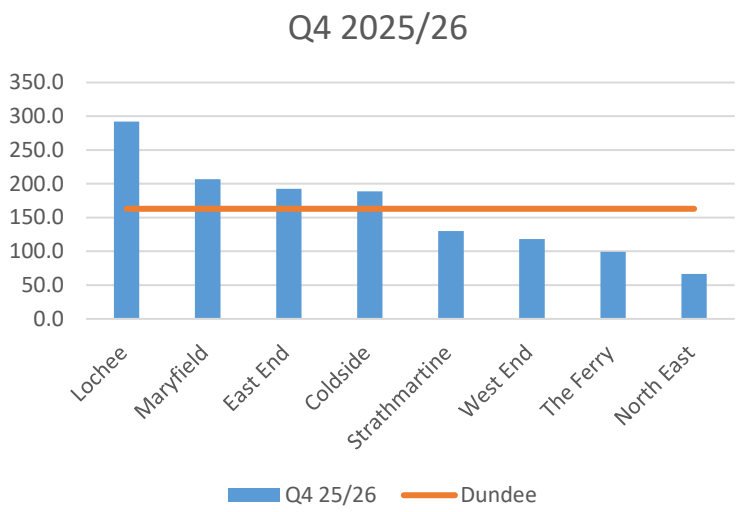
Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
Bed Days for People Aged 18-64													
Number of Mental Health ALL Bed Days for people aged 18-64	24800	25326	25146	24614	23722	23303	22996	22516	22365	21467	20538	19636	There has been a gradual decrease, with Q4 25/26 showing the lowest number of bed days.
Rate per 1,000 Mental Health ALL Bed Days for people aged 18-64	262	266.7	264.8	259.2	249.3	244.9	241.6	236.6	235.0	225.6	215.8	206.3	The rate steadily declined to its lowest point of 206.3 in Q4 2025/26. Lochee had the highest rate, while North East had the lowest.

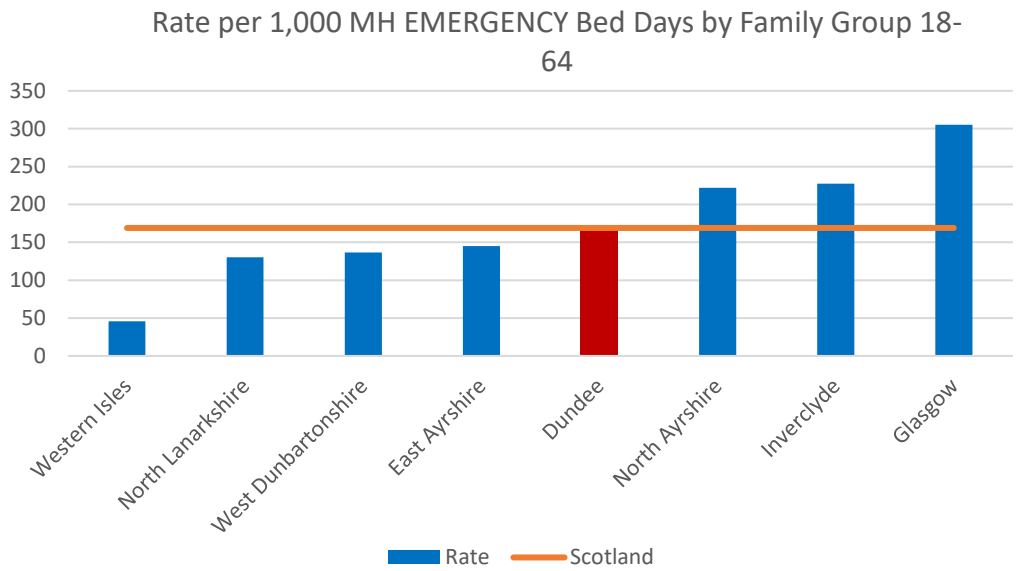




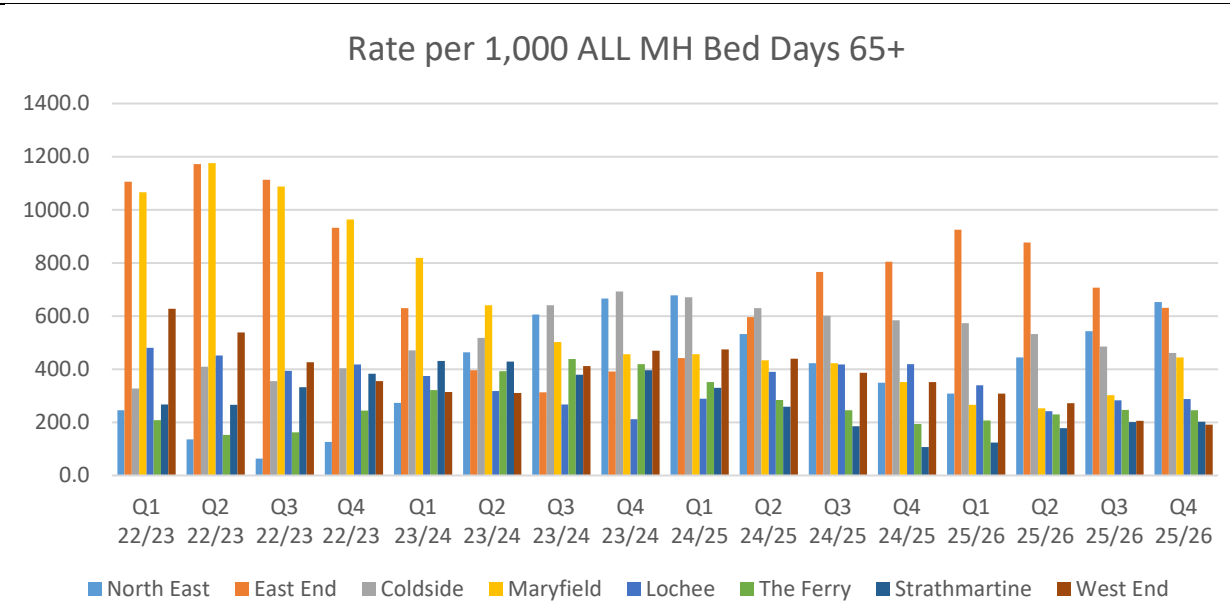
Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
Bed Days for People Aged 18-64													
Number of Mental Health EMERGENCY Bed Days for people aged 18-64	19601	19874	19888	19547	18922	18768	18675	18180	18008	17117	16282	15516	Q4 2025/26 has the lowest number in the past three years.
Rate per 1,000 Mental Health EMERGENCY Bed Days for people aged 18-64	206.4	209.3	209.5	205.9	198.8	197.2	196.2	191.0	189.2	179.9	171.1	163.0	Rates per 1,000 have been declining. Lochee has the highest rate and North East had the lowest.

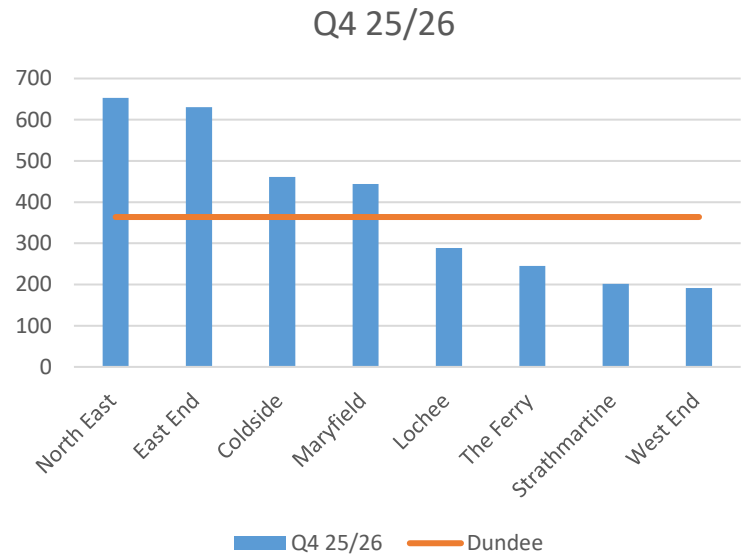




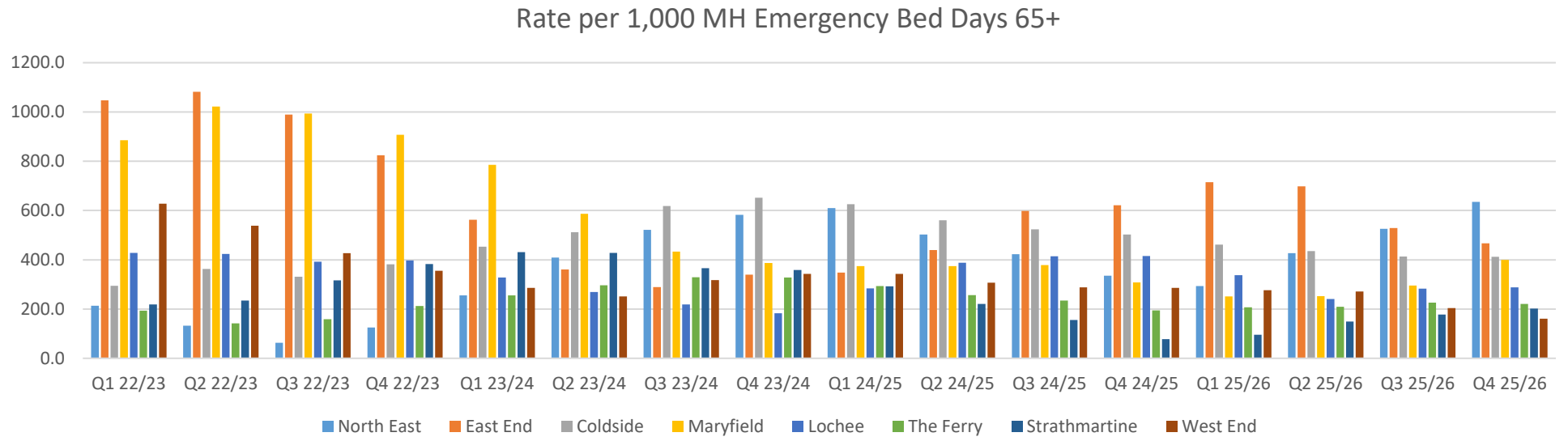


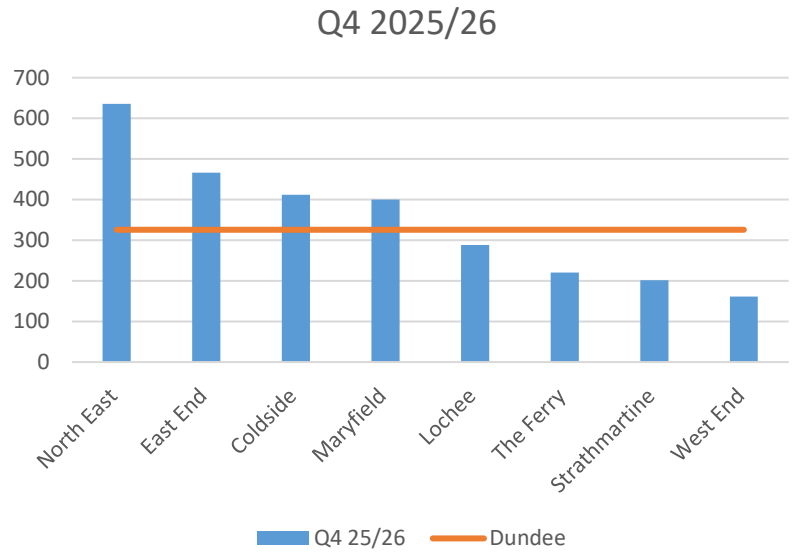
Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/Analysis
Bed Days for People Aged 65+													
Number of Mental Health ALL Bed Days for people aged 65+	11754	11438	11806	12173	11930	11451	11014	10041	9785	9675	9517	9794	There was a gradual decline in bed days, reaching the lowest level in Q3 2025/26, before rising slightly in Q4 2025/26.
Rate per 1,000 Mental Health ALL Bed Days for people aged 65+	447.9	435.8	449.9	463.9	443.2	425.4	409.2	373.0	363.5	359.4	353.6	363.8	There has been a reduction in the rate up to Q3 2025/26 before rising slightly. North East has the highest rate while West End had the lowest.





Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/Analysis
Bed Days for People Aged 65+													
Number of Mental Health EMERGENCY Bed Days for people aged 65+	10769	10188	10202	10407	10284	9863	9685	8779	8504	8534	8471	8766	There has been decrease over the period, reaching a low of 8,471 in Rolling 25/26 Q3 before rising slightly to 8,766 in Q4 25/26.
Rate per 1,000 Mental Health EMERGENCY Bed Days for people aged 65+	410.4	388.2	388.8	396.6	382.0	366.4	359.8	326.1	315.9	317.0	314.7	325.7	The rate has been decreasing with Q4 2025/26 showing an upward tick. North East has the highest rate and West End had the lowest.


Rate per 1,000 MH Emergency Bed Days 65+
1200.0
1000.0
800.0
600.0
400.0
200.0
0.0
Q1 22/23
Q2 22/23
Q3 22/23
Q4 22/23
Q1 23/24
Q2 23/24
Q3 23/24
Q4 23/24
Q1 24/25
Q2 24/25
Q3 24/25
Q4 24/25
Q1 25/26
Q2 25/26
Q3 25/26
Q4 25/26
North East
East End
Coldside
Maryfield
Lochee
The Ferry
Strathmartine
West End


Q4 2025/26
700
600
500
400
300
200
100
0
North East
East End
Coldside
Maryfield
Lochee
The Ferry
Strathmartine
West End
Q4 25/26
Dundee

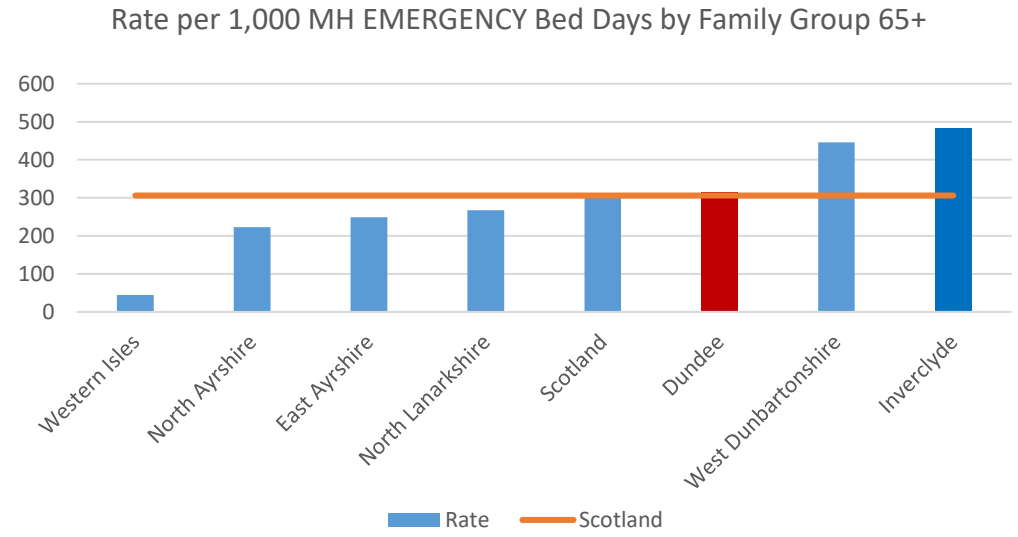
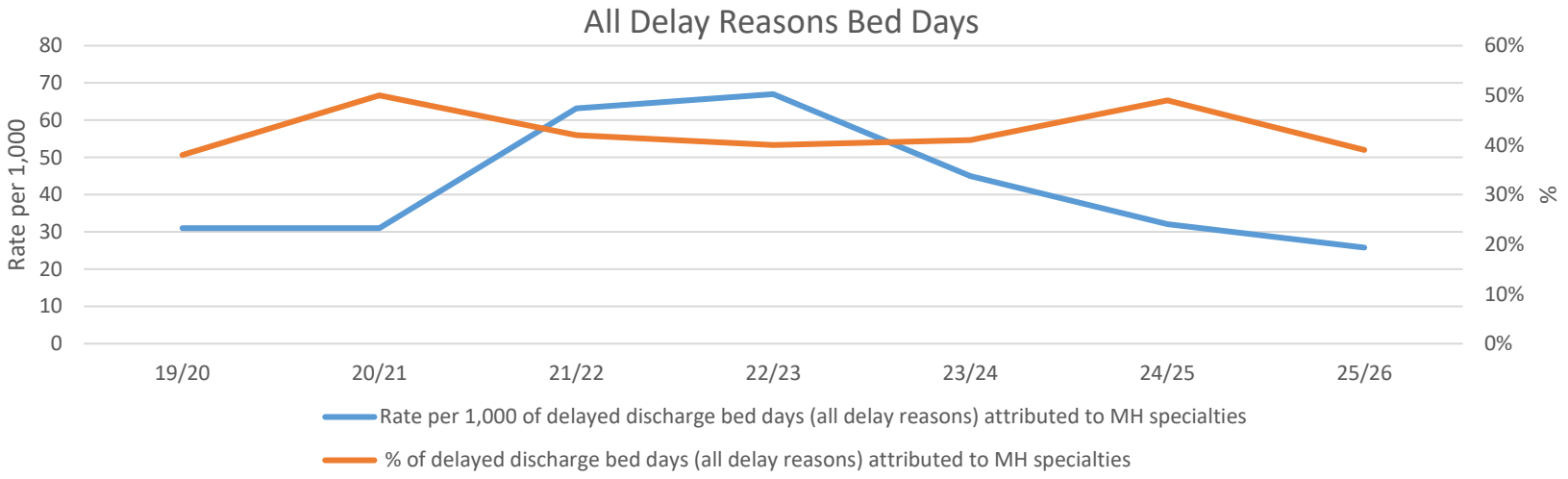

Rate per 1,000 MH EMERGENCY Bed Days by Family Group 65+
600
500
400
300
200
100
0
Western Isles
North Ayrshire
East Ayrshire
North Lanarkshire
Scotland
Dundee
West Dunbartonshire
Inverclyde
Rate
Scotland

Table 3 : Delayed Discharge for Mental Health

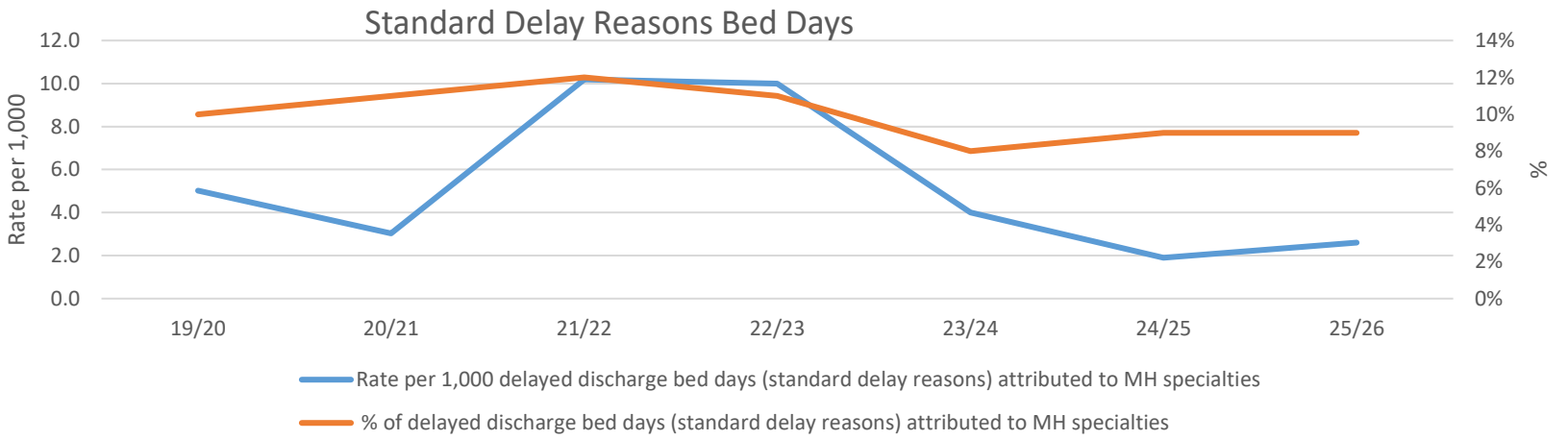
Delayed Discharge for Mental Health Specialities



Source: PHS Publication June 2026, Delayed discharges in NHS Scotland annual

This data in available annually and not available by LCPP level

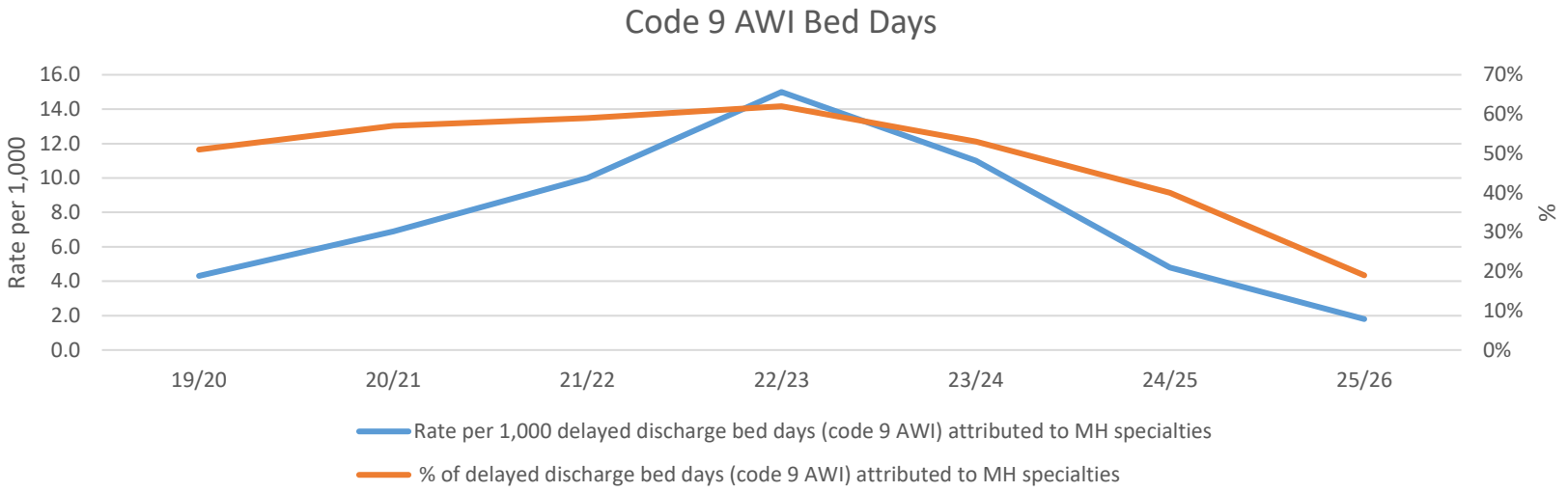
The number of delayed discharge bed days attributed to MH specialties fell to 3,154, continuing the downward trend from 3,915 in 2024/25 and well below the peak of 8,149 in 2022/23.
The rate decreased to 25.8 per 1,000 population, the lowest level recorded in the series shown.
MH specialties accounted for 39% of all delayed discharge bed days, slightly lower than the 49% recorded in 2024/25.



Source: PHS Publication June 2026, Delayed discharges in NHSScotland annual

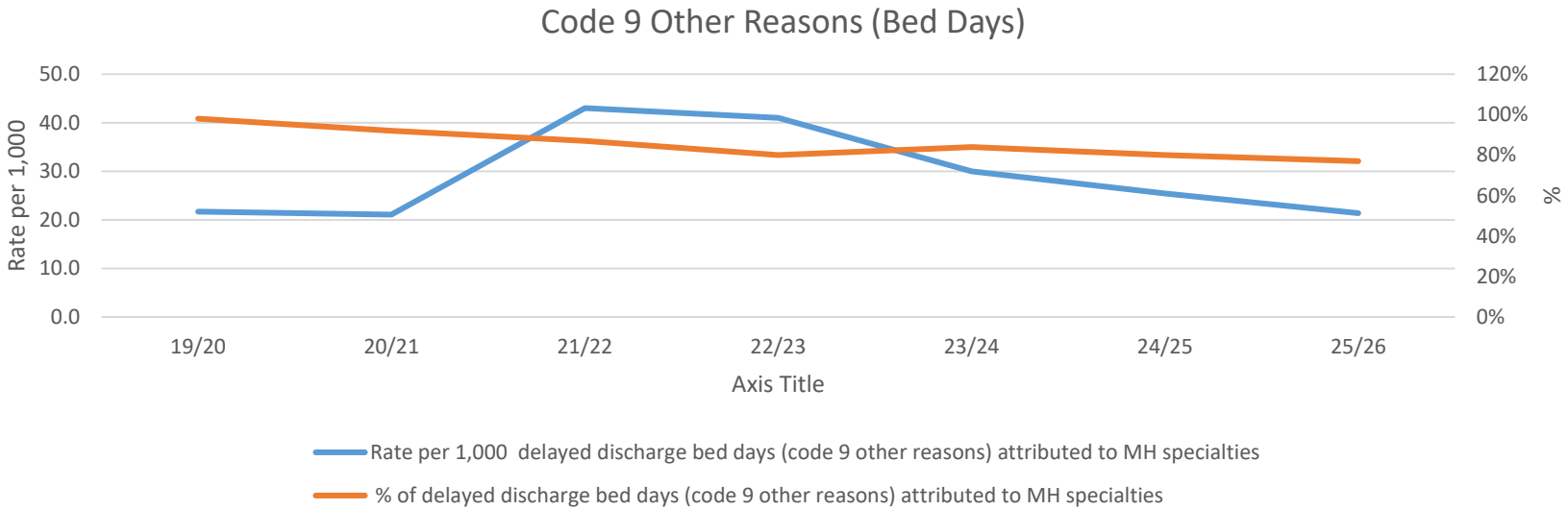
This data in available annually and not available by LCPP level

Delayed discharge bed days attributed to standard delay reasons increased slightly from 236 in 2024/25 to 315 in 2025/26.
The rate increased from 1.9 to 2.6 per 1,000 population.
However, the proportion of all standard delayed discharge bed days attributable to MH specialties remained stable at 9%.



Source: PHS Publication June 2026, Delayed discharges in NHS Scotland annual
This data in available annually and not available by LCPP level

AWI-related delayed discharge bed days fell sharply from 582 in 2024/25 to 224 in 2025/26.
The rate declined from 4.8 in 2024/25 to 1.8 per 1,000 population in 25/26, the lowest level shown in the series.
The proportion attributable to MH specialties also reduced substantially from 40% to 19%.

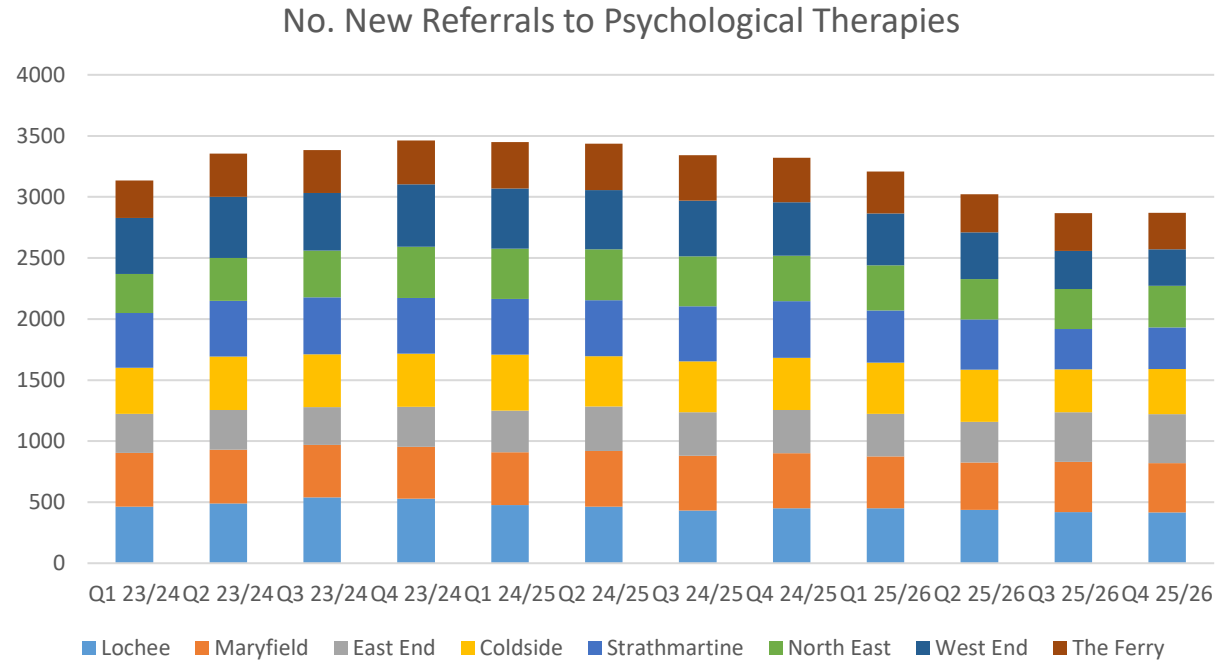


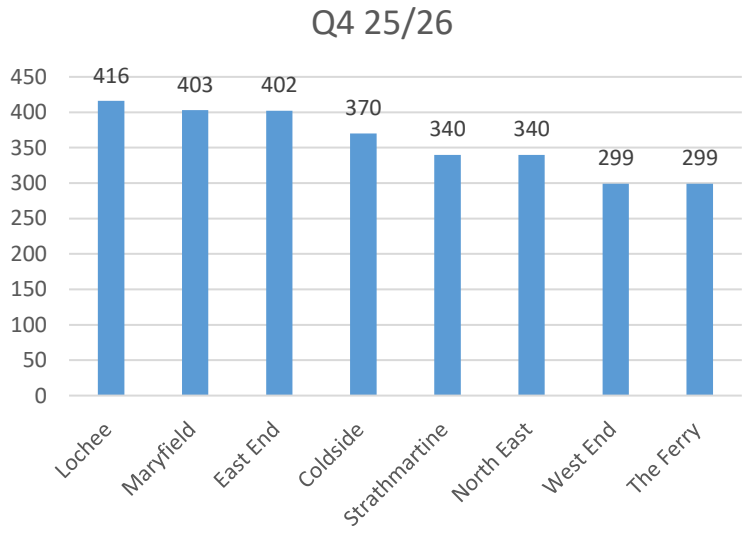
Source: PHS Publication June 2026, Delayed discharges in NHS Scotland annual
This data in available annually and not available by LCPP level

Delayed discharge bed days for other Code 9 reasons decreased from 3,097 in 2024/25 to 2,615 in 2025/26.
The rate fell from 25.4 to 21.4 per 1,000 population MH specialties accounted for 77% of these delayed discharge bed days, down from 80% in 2024/25.

Table 4 Psychological Therapies

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
Psychological Therapies													
Number of NEW referrals to psychological therapies (ALL)	3152	3423	3520	3631	3448	3436	3342	3320	3209	3022	2997	2965	Number of referrals have remained steady at around 3,000.





Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
Psychological Therapies													
% of patients referred who commenced their treatment within 18 weeks of referral (completed waits)	71%	71%	71%	71%	72%	70%	69%	67%	67%	66%	66%	66%	The percentage of patients seen within 18 weeks of referral has stabillised.

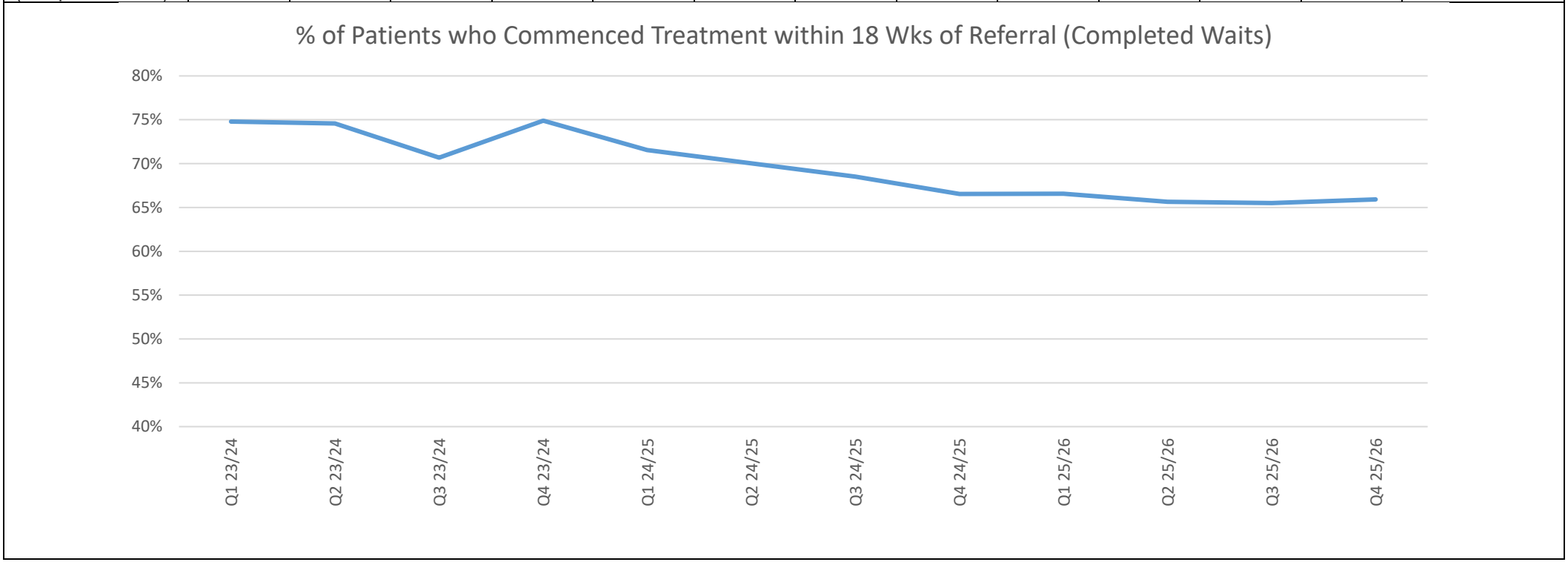
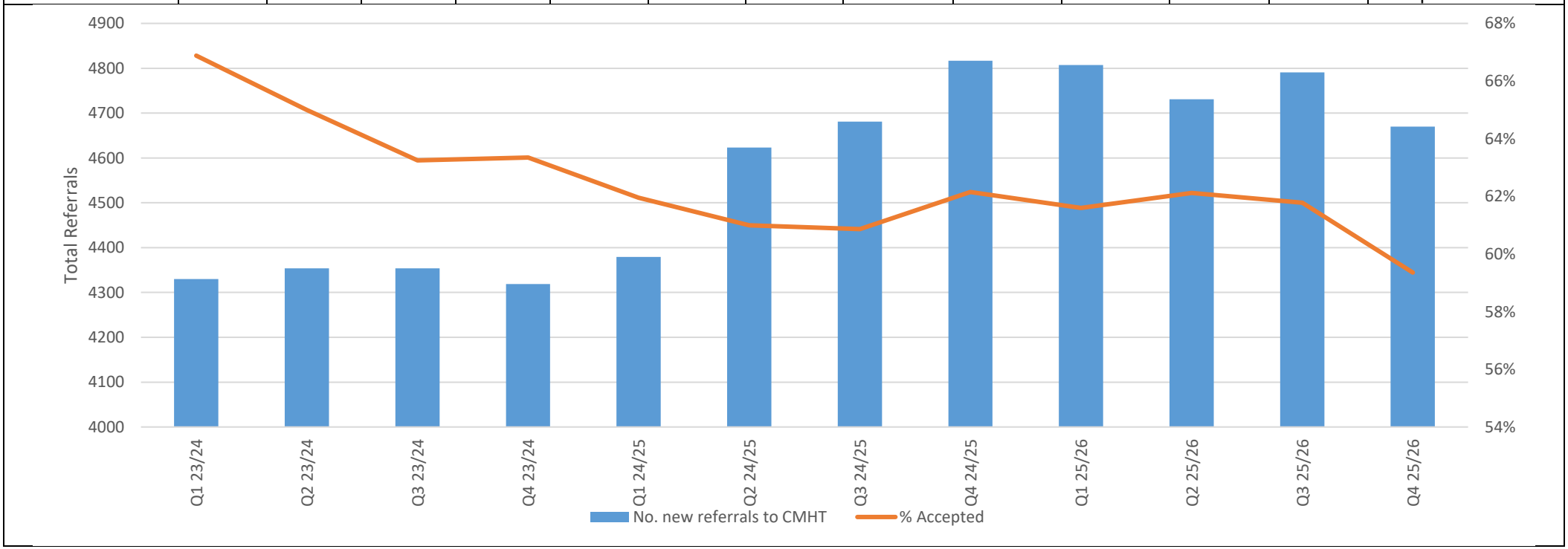
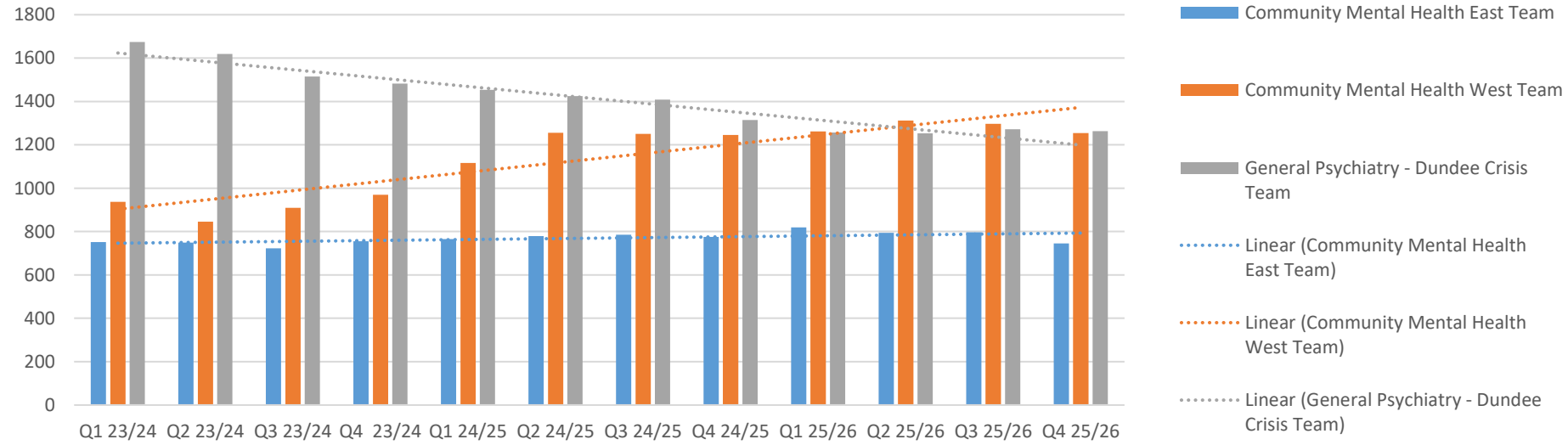


Table 5 Community Mental Health Teams

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
CMHT teams (*Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team)*													
Number of new referrals to CMHT (and % accepted) .	4330 (67%)	4354 (65%)	4354 (63%)	4319 (63%)	4379 (62%)	4623 (61%)	4681 (61%)	4817 (62%)	4807 (62%)	4731 (62%)	4791 (62%)	4670 (59%)	A steady increase in the past three years, with referrals beginning to stabilise. Lower proportion of referrals being accepted.



Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
CMHT teams (*Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team)*													
Number of community based mental health appointments offered (included attended and DNA)	3362	3214	3147	3207	3334	3459	3444	3334	3338	3359	3366	3262	Slight drop in Q4 2025/26 on previous quarters, increase of appointments for CMHT West Team.



Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
CMHT teams (*Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team)*													
No. of return appointments for every new patient seen. (average per month over the previous 12 months)	11	11	12	11	11	10	10	11	11	11	11	11	Stable numbers in the past five quarters.
Number of people discharged without being seen	700	621	539	458	429	431	441	439	402	349	293	273	Steady decline with the lowest number in Q4 25/26. Notable drop for the Crisis Team.

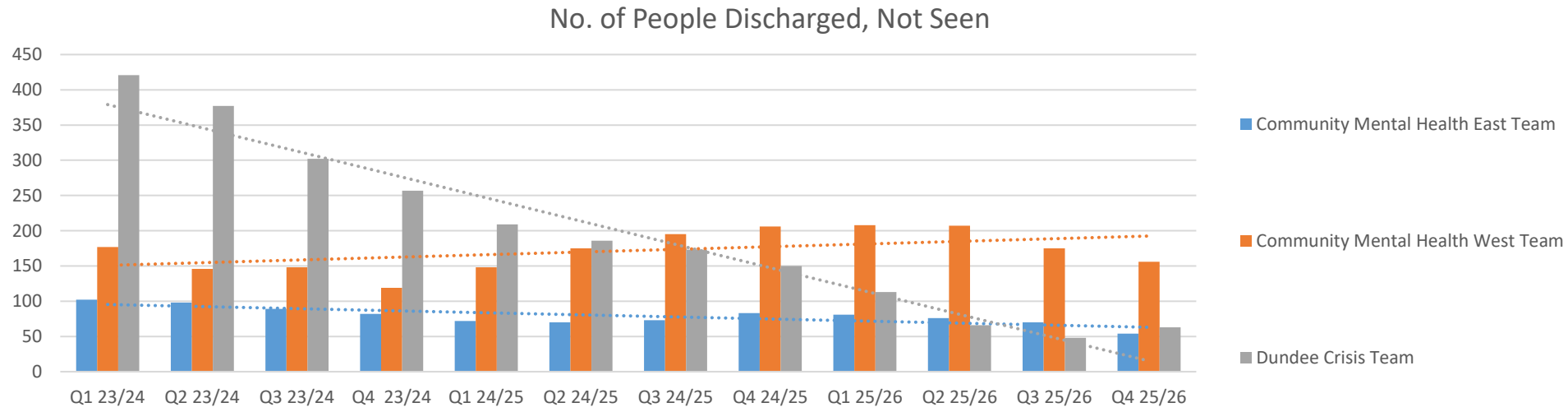
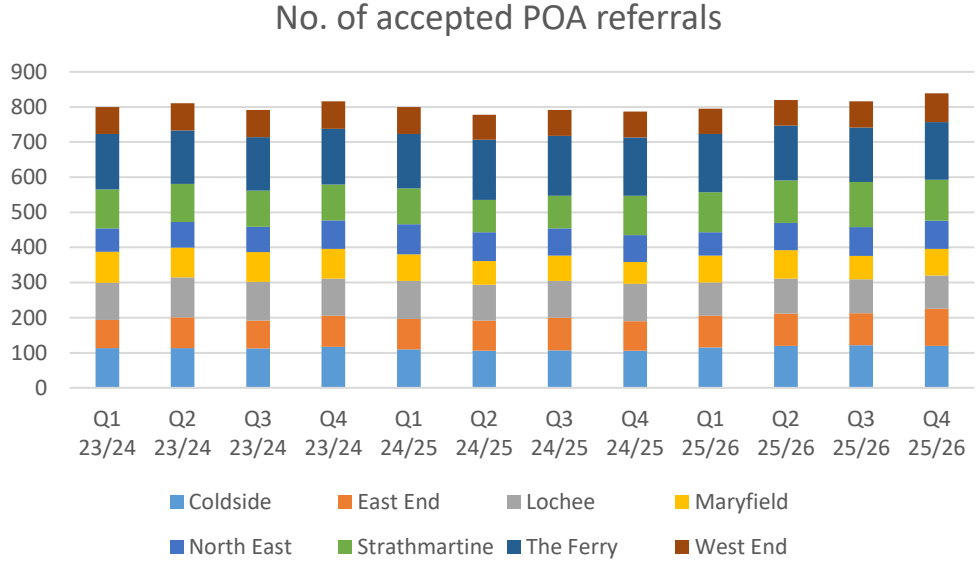
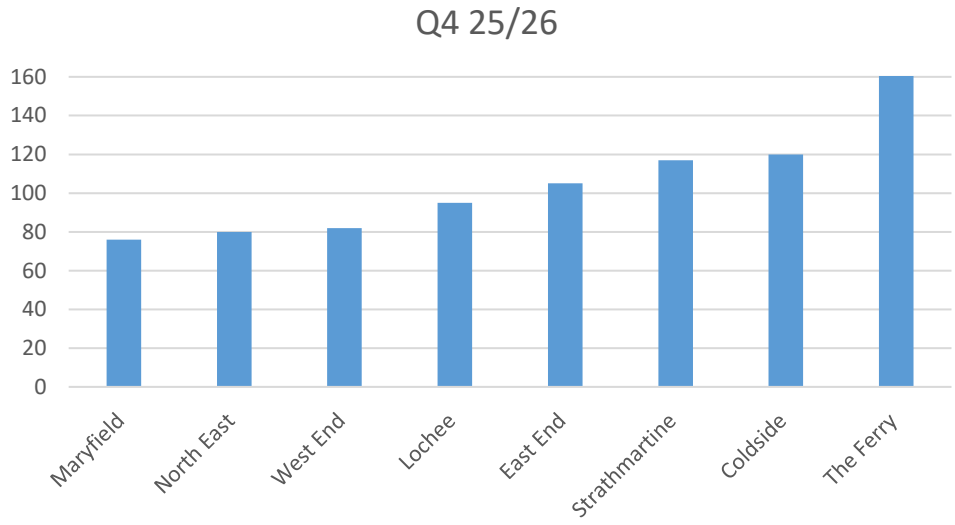


Table 6 : Psychiatry of Old Age

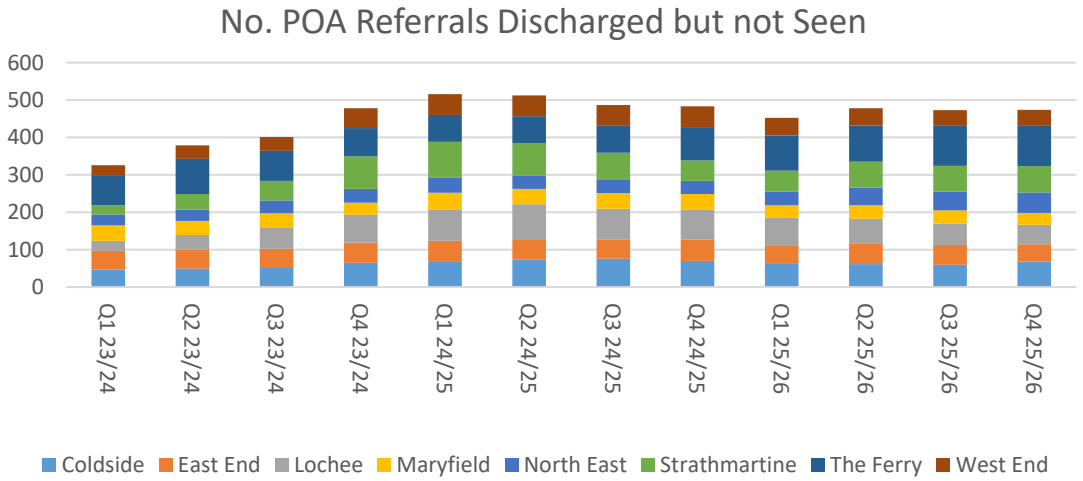
Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
Psychiatry of Old Age													
Number of accepted referrals to Psychiatry of Old Age (and % accepted)	800 (63%)	811 (60%)	791 (58%)	816 (61%)	800 (61%)	778 (61%)	791 (61%)	787 (61%)	795 (60%)	820 (61%)	816 (60%)	839 (60%)	Broadly stable number of referrals with numbers beginning to rise. Acceptance rate is consistently around 60%. The Ferry has the highest number of referrals and Maryfield the lowest.





Please note: There has been a change in the way referrals are counted in 2023/24 reporting period

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
Number of return appointments for every new patient seen.	11	11	12	12	12	12	12	12	12	11	11	11	Numbers holding steady at around 11 return appointments.
Number of people discharged without being seen	322	375	401	478	516	512	487	483	452	478	473	474	There is an overall increasing trend in the number of people discharged without being seen, with figures stabilising in the past few quarters. The Ferry has the highest number and North East the lowest.



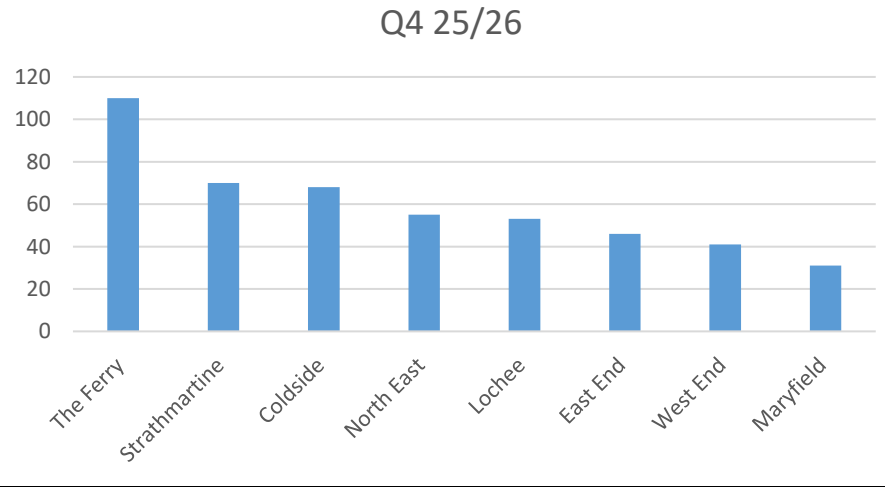
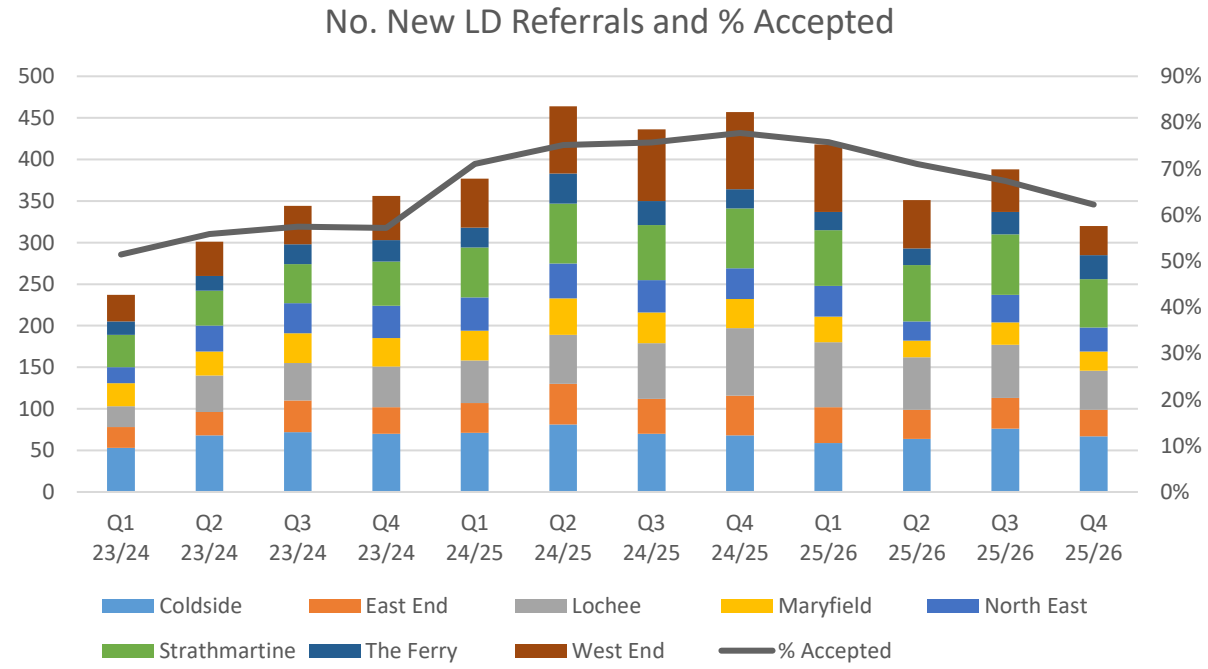
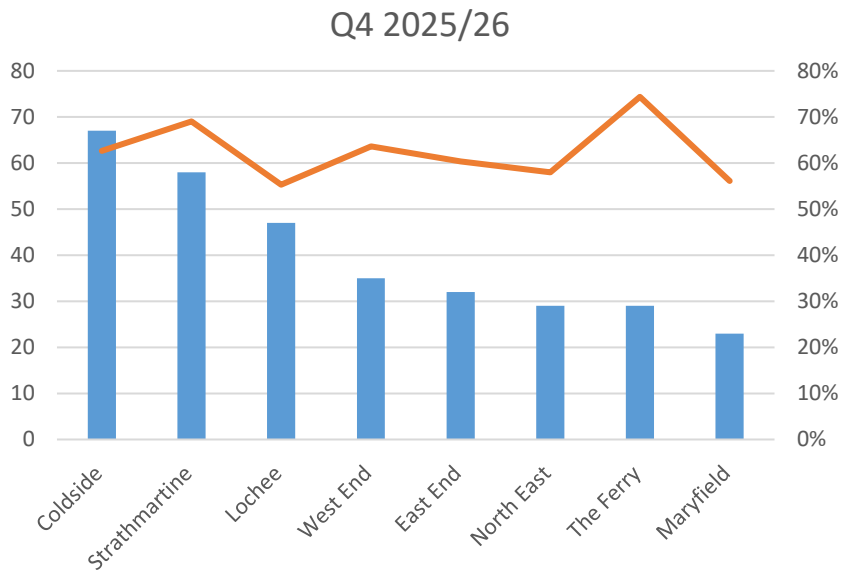


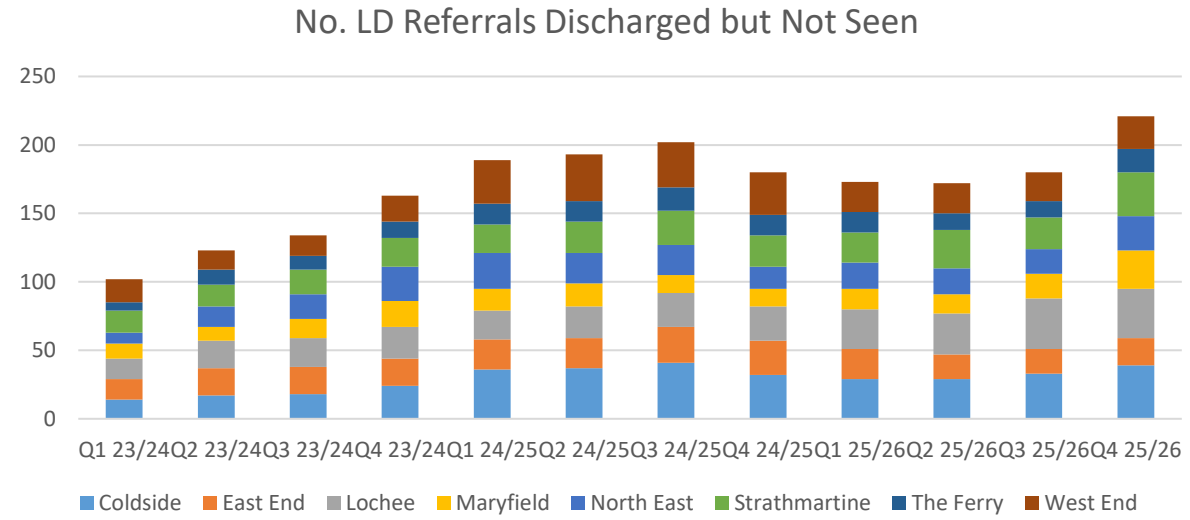
Table 7 : Learning Disabilities

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
Learning Disability													
Number of new referrals to LD (and % accepted)	237 (51%)	301 (56%)	344 (57%)	356 (57%)	377 (71%)	464 (75%)	436 (76%)	457 (78%)	418 (76%)	351 (71%)	388 (67%)	320 (62%)	Decreasing trend in referrals. Highest number of referrals are from Coldside and the lowest from Maryfield. The % accepted has fallen since Q4 2024/25. *Please note: There has been a change in the way referrals are counted so these numbers are different previous reporting*





Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/Analysis
Learning Disability													
Number of return appointments for every new patient seen.	12	12	11	11	11	12	13	14	16	15	14	13	Return appointments peaked in Q1 2025/26 before falling.
Number of people discharged without being seen	102	123	134	163	189	193	202	180	173	172	180	221	A steady increasing trend people discharged without being seen. Coldside had the highest number of referrals discharges without being seen.



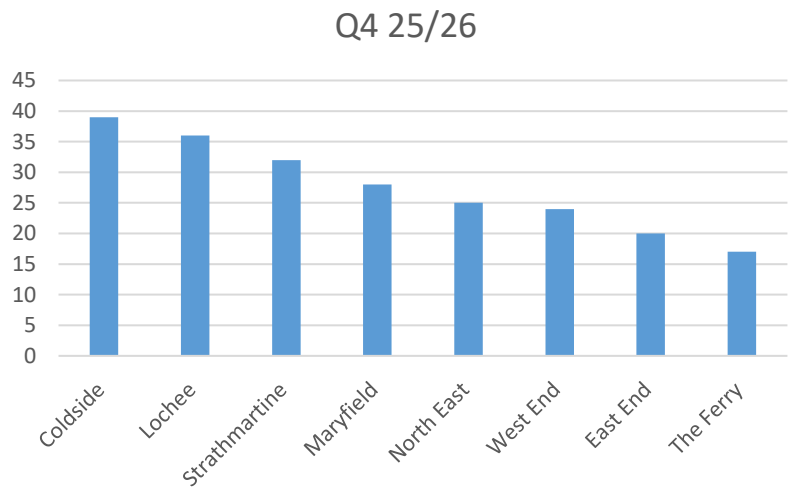


Table 8 : Social Work Mental Health Data

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
Social Work Demand Information													
MHO new referrals and Assessment	292	283	264	265	260	272	284	288	293	292	287	295	Following a downward trend, numbers have begun to stabilise.
CMHT (SW team) new referrals	134	121	78	66	57	66	68	82	102	97	93	81	Overall downward trend.
CMHT older people new referrasl(SW team)	174	190	186	189	158	136	123	124	163	161	154	126	A decreasing trend in the past 4 quarters.
LA Guardianship applications	52	54	55	60	60	70	72	74	63	61	60	56	Following an upward trend numbers have fallen.
Private Guardianship application	64	70	69	73	80	88	90	99	101	99	98	93	
Emergency detention in hospital (up to 72 hours) (s36)	101	97	103	117	105	104	113	101	106	117	109	112	Numbers have been fairly stable in the past 4 quarters.
Short term detention in hospital (up to 28 days) (s44)	181	179	209	205	197	205	200	201	195	180	166	168	A decreasing trend since Q2 2024/25.

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
Compulsory Treatment Orders (s64)	58	59	63	60	54	45	44	41	42	40	41	41	Downward trajectory since 23/24 Q3 with numbers stabilising in recent quarters.
No. of S44 with Social Circumstance report was considered	61	69	73	73	63	57	67	64	78	79	97	120	Change in recording in Q3 2025/26.
No. of SCR that were prepared	35	38	42	46	41	44	52	51	65	67	83	109	Change in recording in Q3 2025/26.
MHO team caseload at period end	264	263	255	251	250	251	214	196	206	198	200	188	Downward trend in caseload.
MHO unallocated at end of quarter	37	36	51	42	52	40	17	15	20	16	15	12	Drop in number of unallocated cases.
% MHO unallocated out of all cases	14%	14%	20%	17%	21%	16%	8%	8%	10%	8%	8%	6%	A reduction in % unallocated.
CMHT (SW team) caseloads at period end	474	491	471	467	492	506	525	525	542	544	529	506	Following a peak in Q2 2025/26 numbers beginning to stabilise.
CMHT (SW teams) unallocated at end of quarter	57	38	42	45	28	19	14	18	94	82	85	75	Change in reporting for this year.

% CMHT (SW teams) unallocated out of all cases	12%	8%	9%	10%	6%	4%	3%	3%	17%	15%	16%	15%	Change in reporting for this year.
CMHT older people (SW team) caseloads at period end	280	267	258	269	275	268	266	249	242	237	226	230	Overall decrease in caseloads.
CMHT older people (SW team) unallocated at end of quarter	0	0	0	0	0	0	0	0	0	0	0	0	
% CMHT older people (SW team) unallocated out of all cases	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	

ITEM No …6……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 23 SEPTEMBER 2026**

REPORT ON: **DRUG AND ALCOHOL SERVICES INDICATORS – 2025/26 QUARTER 4**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **PAC31-2026**

1.0 PURPOSE OF REPORT

The purpose of this report is to update the Performance and Audit Committee on the performance of Drug and Alcohol Services.

2.0 RECOMMENDATIONS

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

2.1 Note the data presented in this report, including the improvements in key indicators relating to access to drug treatment services during 2025/26. (section 6 and appendix 1).

2.2 Note the range of ongoing improvement activity (section 7).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND INFORMATION

4.1 Dundee experiences high levels of deprivation and health inequality. The city has one of the lowest employment rates in Scotland and just under 28,000 people, 28.2% of the population, are economically inactive compared with 23.3% across Scotland. These wider inequalities are closely linked to poorer health and wellbeing, including higher levels of smoking, poor diet, harmful alcohol use and recreational drug use. In 2024, people living in the most deprived areas of Scotland were 12 times more likely to have a drug misuse death than those in the least deprived areas.

4.2 Drug and alcohol use is therefore a major public health and health equity issue for Dundee. The city has the second lowest life expectancy in Scotland, at 76.9 years compared with 78.8 years nationally, and deaths at a young age from drugs, alcohol and suicide account for a significant proportion of this gap. In 2024 there were 42 drug misuse deaths in Dundee, four fewer than in 2023, and Dundee City was one of the areas with the highest age-adjusted drug misuse death rates in Scotland over the period 2020 to 2024. Drug and alcohol harms are also associated with wider social issues including poor mental health, crime, domestic abuse and child neglect and abuse.

4.3 Drug and alcohol services in Dundee are delivered through a mixed-model approach involving Dundee Drug and Alcohol Recovery Service, social work, community justice and third sector partners. Services include drop-in and appointment-based support, assertive outreach, provision for children and families, and intensive input for expectant mothers. The model aims to provide timely, person-centred support, including same-day access to treatment through Medication Assisted Treatment (MAT) Standard 1 and assertive outreach for those most at risk of harm through MAT Standard 3.

5.0 DRUG AND ALCOHOL SUITE OF INDICATORS

5.1 Appendix 1 details the suite of indicators for alcohol and drug services, which were developed in collaboration with information and pharmacy colleagues in the Alcohol and Drug Partnership (ADP) and utilises many indicators already developed by the ADP for assurance and scrutiny purposes. In all data reports with public accessibility, content and disaggregation is assessed to comply with General Data Protection Regulation and ultimately to ensure that individuals cannot be identified.

5.2 The aim of this dataset is to provide oversight and assurance regarding activity and performance in drug and alcohol services. It contains a summary of data, alongside accompanying analytical narrative.

5.3 Data for indicators 1 – 14 presents rolling averages for each quarter. This includes the reporting quarter plus the previous 3 quarters, to give an annual pattern based on the reporting quarter. For example, Q4 25/26 also includes data for Q1 25/26, Q2 25/26 and Q3 25/26. Reporting in this way allows for longitudinal comparison between the reporting quarter and previous years data.

6.0 WHAT THE DATA IS TELLING US

6.1 The number of suspected near-fatal overdose incidents reported by the Scottish Ambulance Service and Police Scotland has shown an upward trend, increasing from 206 in Q4 2024/25 to 350 in Q4 2025/26.

6.2 The proportion of people who started treatment within 21 days of referral has remained high and has been above 90% since Q3 2024/25. The waiting times standard has been met in each of the past six quarters.

6.3 The number of referrals for alcohol treatment has gradually increased since Q2 2024/25, rising from 453 to a peak of 580 in Q2 2025/26 before declining slightly to 552 in Q4 2025/26. The number of individuals starting alcohol treatment has remained steady over the past year.

6.4 Referrals to drug treatment services have shown an upward trend, increasing from 486 in Q2 2024/25 to 589 in Q4 2025/26. Similarly, the number of individuals starting drug treatment has increased, with 461 individuals commencing treatment in Q4 2025/26.

6.5 The number of Alcohol Brief Interventions (ABIs) decreased by 43% between Q1 24/25 (1500 ABIs) and Q4 25/26 (855). The number of ABI peaked in Q1 2024/25 and have declined since.

6.6 In Q4 2025/26, 300 unplanned discharges due to service user disengagement were recorded. This was 19 higher than in Q4 2024/25 (281) and was broadly consistent with the levels seen across recent quarters.

6.7 In addition to the suite of indicators contained in appendix 1, the National Records of Scotland published their statistical report on drug-related deaths in Scotland in 2024 (report available in full at: Drug-related deaths in Scotland, 2024 - National Records of Scotland (NRS) In 2024 there were 1,017 deaths due to drug misuse in Scotland; a decrease of 13% (155 deaths) compared with 2023. In 2024 in Dundee, there were a total of 42 deaths; this is a decrease of 4 deaths in 2023. After adjusting for age, Dundee City, Glasgow City and Inverclyde had the highest rate of drug misuse deaths in Scotland in the period 2020-2024. The next publication of these statistics is due in September 2026.

7.0 SERVICE IMPROVEMENT AND PRIORITIES

7.1 The implementation of the national Medication Assisted Treatment (MAT) Standards remains a key priority for Dundee Alcohol and Drug Partnership (ADP). The most recent IJB update on reducing harm from drug and alcohol use reported continued progress during 2025/26, with Dundee performing strongly across the standards and people able to access treatment quickly, with almost no waiting times recorded. Dundee has improved significantly since 2022, with progress supported by continued service redesign, increased senior leadership focus and

stronger partnership working. The 2026 national benchmarking report also shows that Dundee has sustained or improved performance across the MAT Standards, including fast access to treatment, wider treatment choice, support following non-fatal overdose and routes into shared care with Primary Care.

During 2025/26, Dundee continued to experience high levels of need and demand, and the nature of drug and alcohol use continued to change. Increased presentations involving cocaine, benzodiazepines and alcohol have reinforced the need to strengthen non-opioid and alcohol pathways alongside continued delivery of opioid substitution treatment and harm reduction support.

7.2 The increase in suspected near-fatal overdoses is a key priority for all partners. Evidence suggests increasing complexity of presentation, including mental health issues, physical health needs, housing challenges and significant levels of poly-drug use. A notable proportion of individuals experiencing overdose events are not previously known to services. The ADP has undertaken strategic discussions regarding the effectiveness of the current NFOD response, recognising the need to prioritise and address current challenges, and has agreed to move forward with initial response proposal for additional investment to address challenges identified within the Near Fatal Overdose (NFOD) pathway and the recent review of MACH (Multi-Agency Consultation Hub). There has also been a focus on flexible and responsive harm reduction services, including strong multi-agency delivery through the Harm Reduction Hub, outreach services, recovery cafes and peer-led initiatives.

7.3 The ADP is continuing to review and develop the local alcohol pathway, including detoxification and rehabilitation support, in line with the new Scottish Government strategy, *Preventing Harm, Promoting Recovery: Scotland's Alcohol and Drugs Strategic Plan 2026–2035*. This work sits alongside the revised ADP Delivery Plan for 2026/27, which places stronger emphasis on prevention and early intervention, harm reduction, treatment and care, and wider support for people affected by alcohol and drug use.

7.4 Work has also progressed to strengthen responses to non-opioid drug use, particularly cocaine and benzodiazepines. Cocaine brief intervention training has been developed and rolled out initially in pilot areas. This, alongside the Public Health Needs Assessment for cocaine, local data and emerging best practice, is helping to shape a more evidence-informed pathway for people affected by psychostimulant use. This remains a priority for 2026/27.

7.5 The residential rehabilitation pathway continued to develop during 2025/26. An external evaluation of the Dundee pathway has highlighted strong person-centred practice and positive outcomes for people supported through residential and community-based rehabilitation. Further work will focus on sustaining and developing the pathway, including how people can receive support from residential rehabilitation providers and access comparable recovery-focused support within their own community.

7.6 Dundee Recovery Network has continued to grow, with people with lived and living experience contributing to local community planning, recovery activity and ADP-funded community projects. Recovery Month was supported by the ADP and included a wider range of community-based events celebrating recovery and challenging stigma. The ADP is also considering wider approaches to inclusive recovery, including how the Charter of Rights for People Affected by Substance Use can inform local engagement, advocacy and planning.

7.7 Independent Advocacy continues to be available for people accessing specialist substance use services, including those receiving MAT and those supported through shared care arrangements with Primary Care. People with lived and living experience have reported that advocacy helps them remain engaged with services, navigate support and access the help they need. Staff across services have also had access to REACH advocacy training, supporting a stronger human rights-based approach to care and support. Longer-term funding remains an important consideration if this support is to be mainstreamed and sustained.

8.0 POLICY IMPLICATIONS

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

9.0 RISK ASSESSMENT

9.1 This report has been assessed to identify impacts on strategic risk management. No impact has been identified, either in relation to the strategic risks currently contained within the IJB's strategic risk register or the identification of any additional, emerging risks.

10.0 CONSULTATIONS

10.1 The Acting Chief Finance Officer, Acting Head of Strategic Services, Heads of Service - Health and Community Care and the Clerk were consulted in the preparation of this report.

11.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Officer

DATE: 3 August 2026

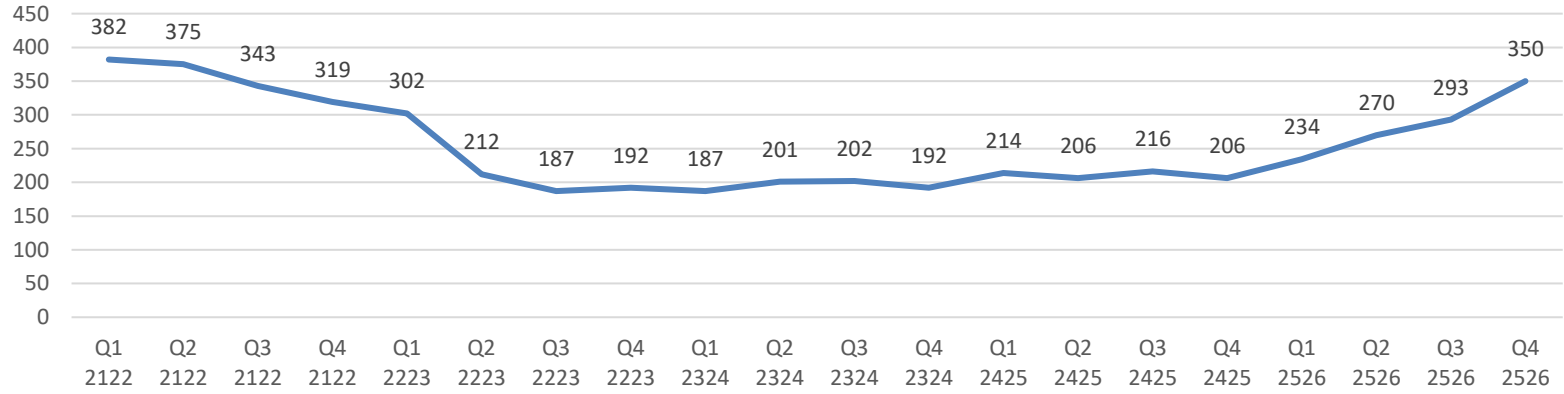
Russell Wood
Service Manager, Dundee Drug & Alcohol Recovery Service

Shahida Naeem
Senior Officer: Quality, Data and Intelligence

Lynsey Webster
Lead Officer: Quality, Data and Intelligence

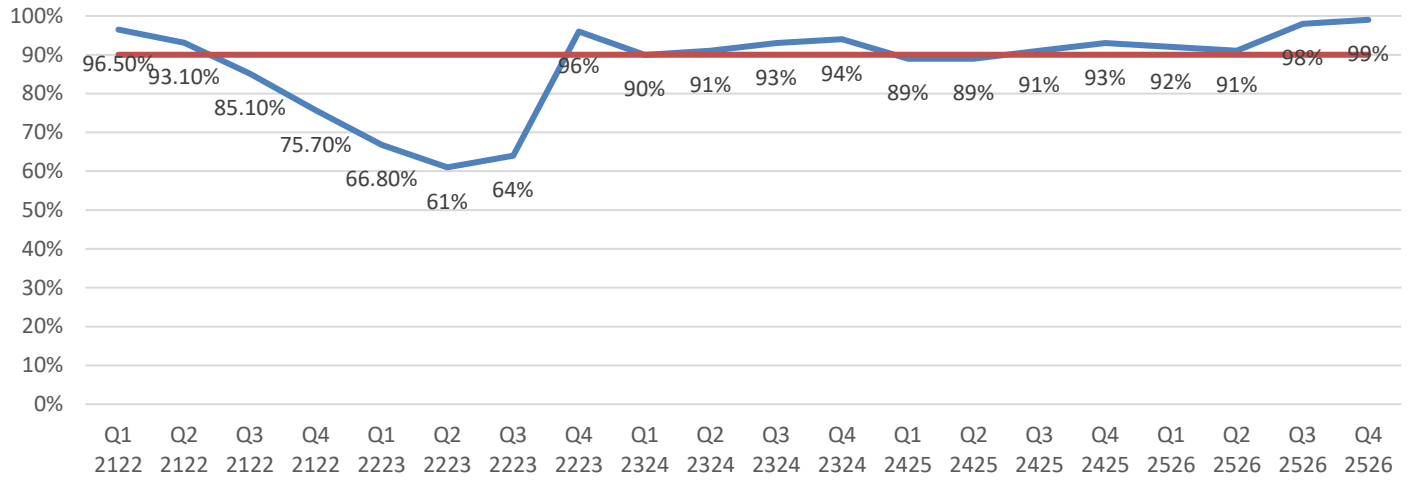
Appendix 1
Drug and Alcohol Services Indicators 2025/26

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
1. The number of suspected non- fatal overdose incidents reported by Scottish Ambulance Service (and Police)	187	201	202	192	214	206	216	206	234	270	293	350



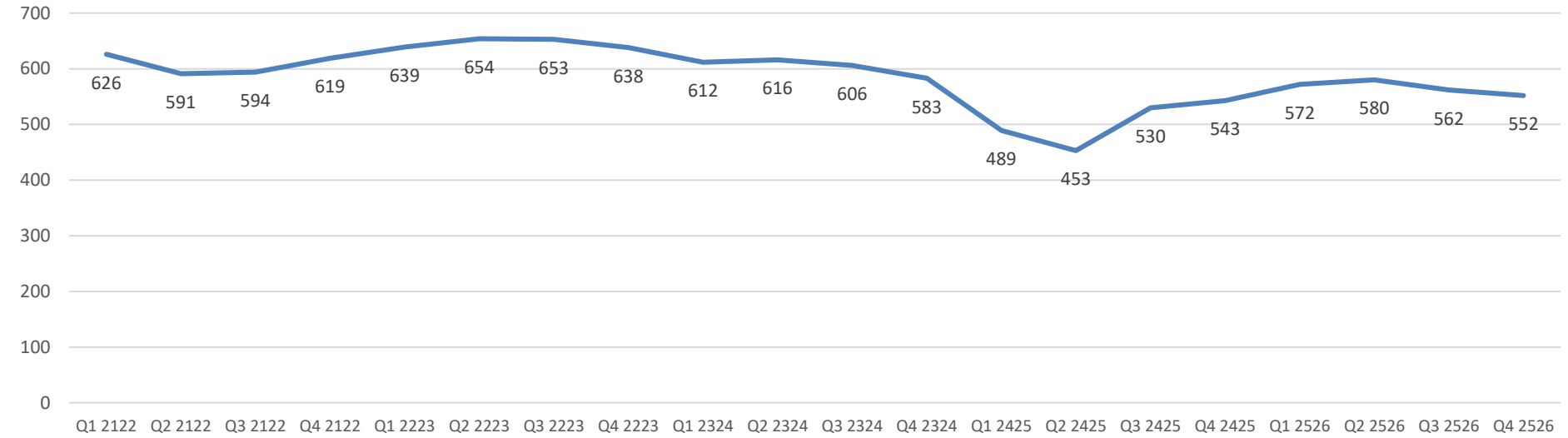
The number of suspected non fatal overdose incidents show a steady upward trend since Q4 24/25.
There has been an ongoing increase in NFODs (non-fatal overdoses) across Tayside, including referrals from the Scottish Ambulance Service (SAS) and Ninewells Hospital. This increase forms part of a wider national trend. A comprehensive report on NFODs, including available information on demographics, associated substances, and locations, has been shared with and discussed by all three Tayside Alcohol and Drug Partnerships (ADPs).

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
2. Percentage of people referred to services who began treatment within 21 days of referral	90%	91%	93%	94%	89%	89%	91%	93%	92%	91%	98%	99%



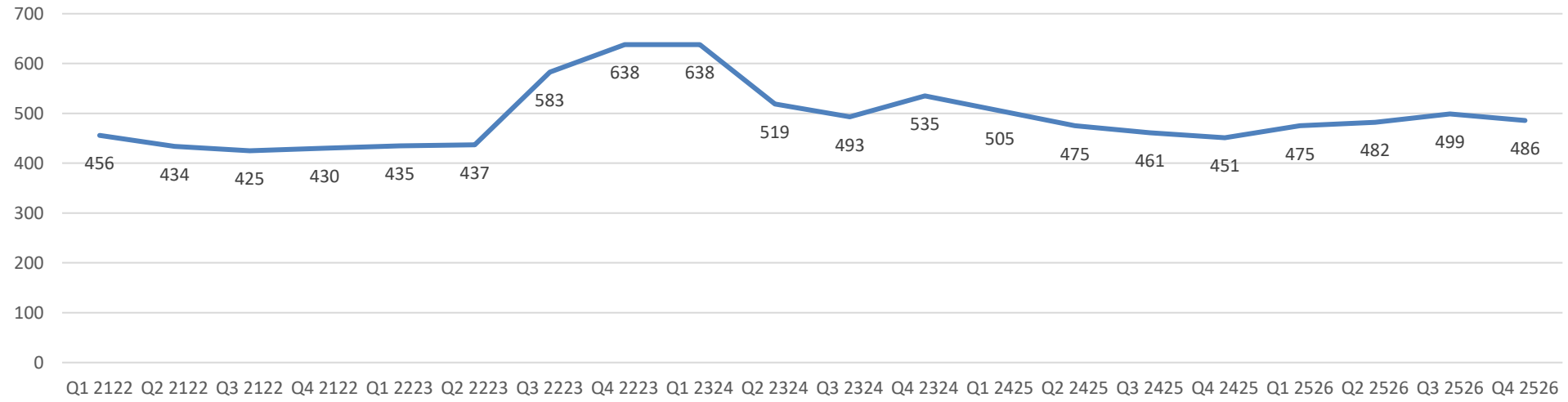
The 90% waiting standard is being met, represented by the red line on the chart.

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
3. Number of referrals to alcohol treatment	612	616	606	583	489	453	530	543	572	580	562	552



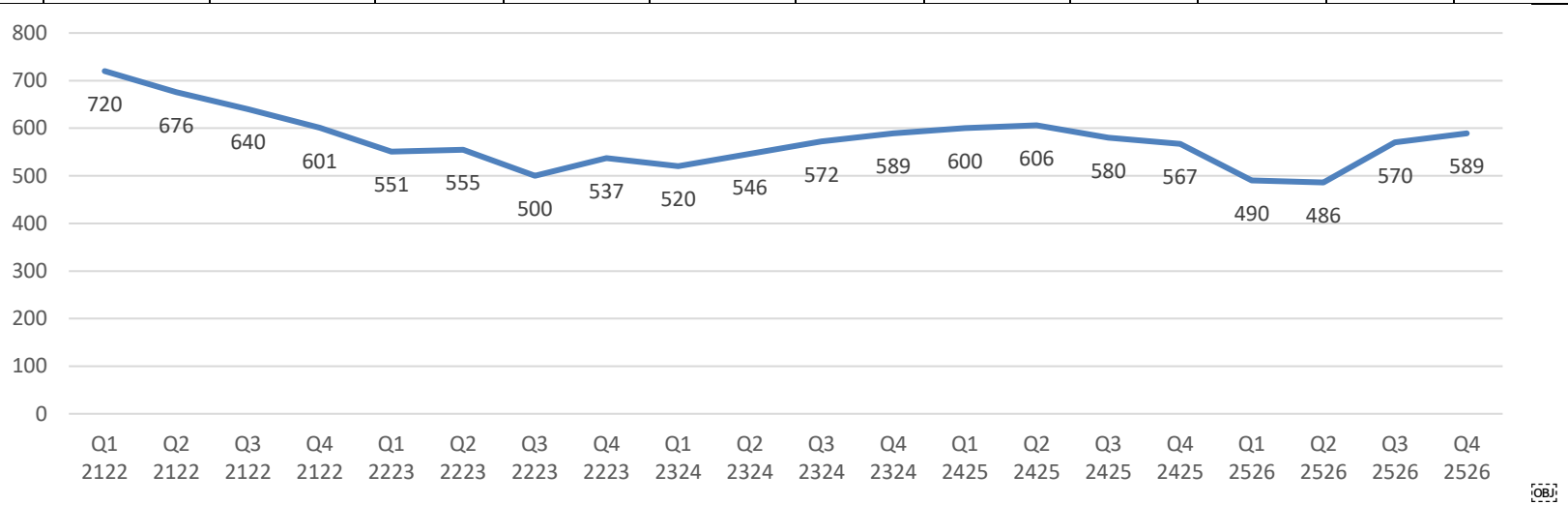
Referrals for Alcohol treatment have risen since Q2 2024/25.

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
4. Number of individuals starting alcohol treatment	638	519	493	535	505	475	461	451	475	482	499	486



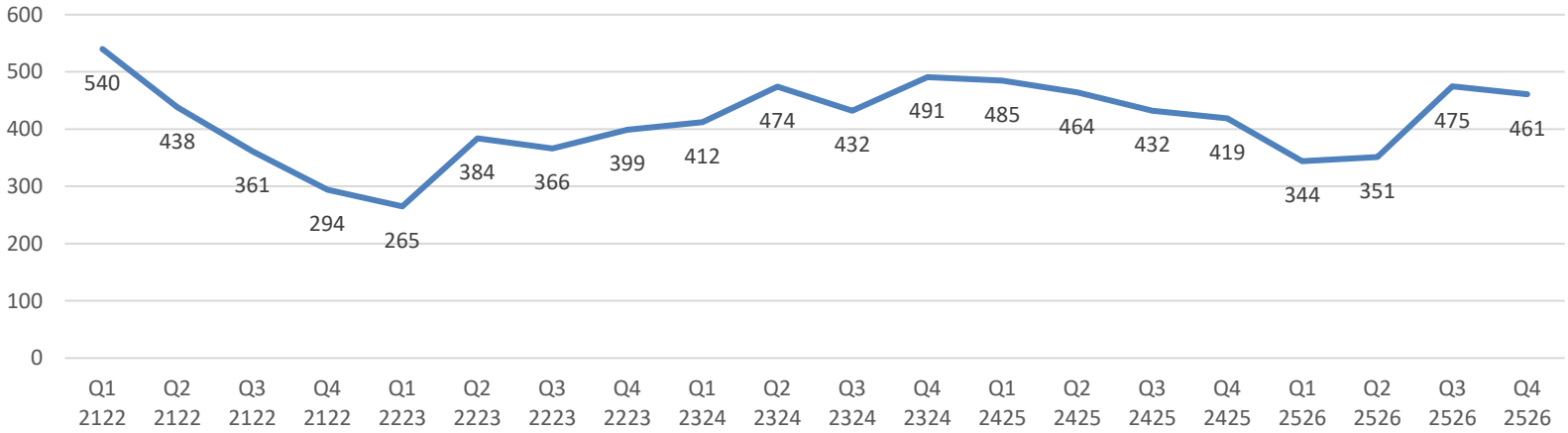
Numbers of individuals starting alcohol treatment has remained steady since Q1 25/26.

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
5. Number of referrals to drug treatment	520	546	572	589	600	606	580	567	490	486	570	589



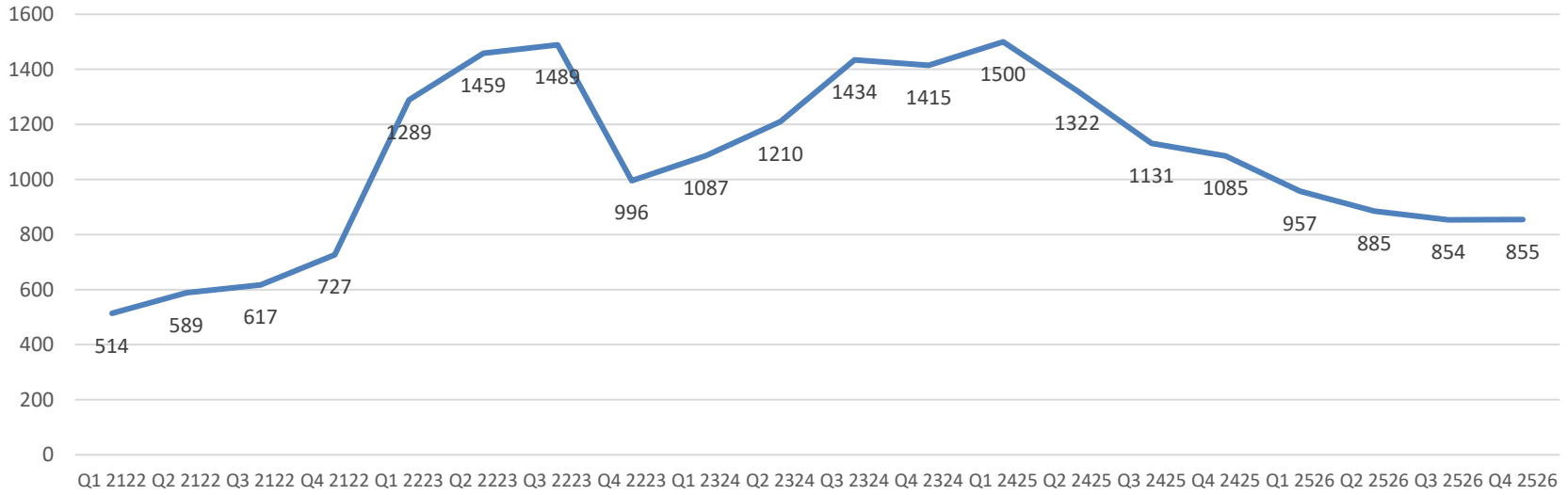
Increase in referrals since Q2 25/26.

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
6. Number of individuals starting drug treatment	412	474	432	491	485	464	432	419	344	351	475	461



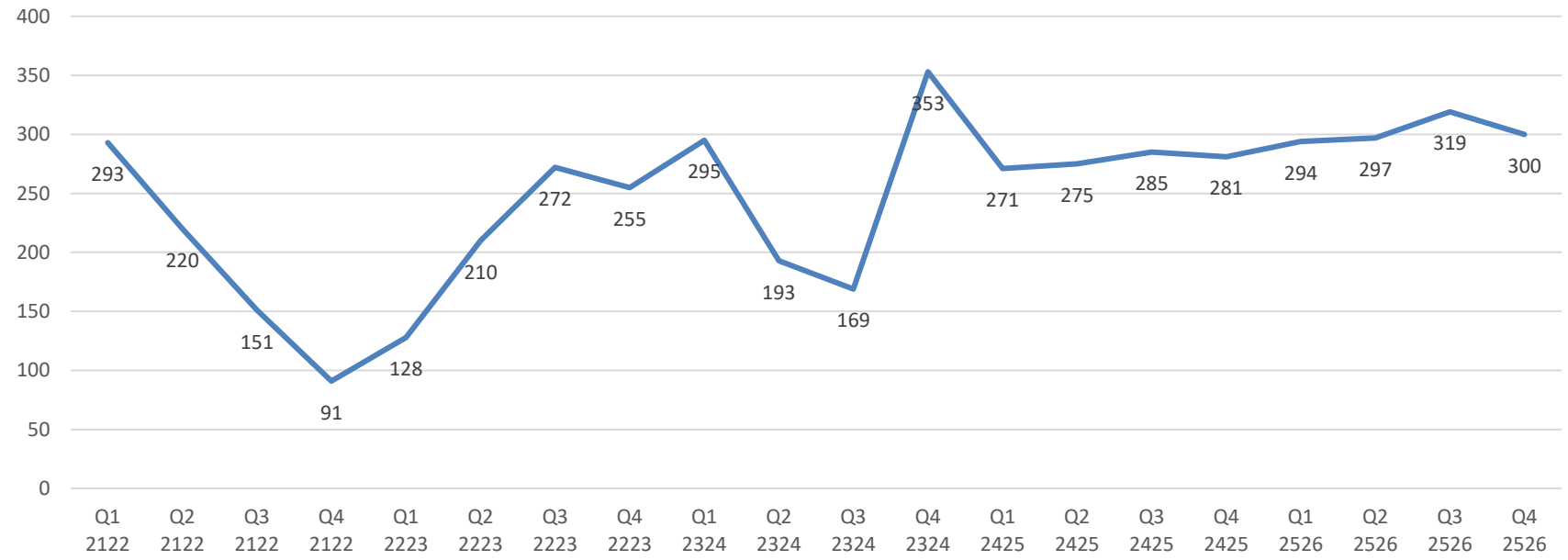
A decreasing trend in the number of individuals starting drug treatment since Q4 24/25.

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
7. Number of alcohol brief interventions (ABI's) provided in Dundee	1087	1210	1434	1415	1500	1322	1131	1085	957	885	854	855



Over 3,200 people in Dundee are recorded as having been screened for an Alcohol Brief Intervention (ABI) each quarter, with approximately 6% subsequently receiving an intervention. The ABI reporting function is no longer monitored by Public Health Scotland (PHS), as ABIs are now considered a business-as-usual activity within primary care. This decision was partly influenced by known issues with underreporting, which limited the reliability of the monitoring data.

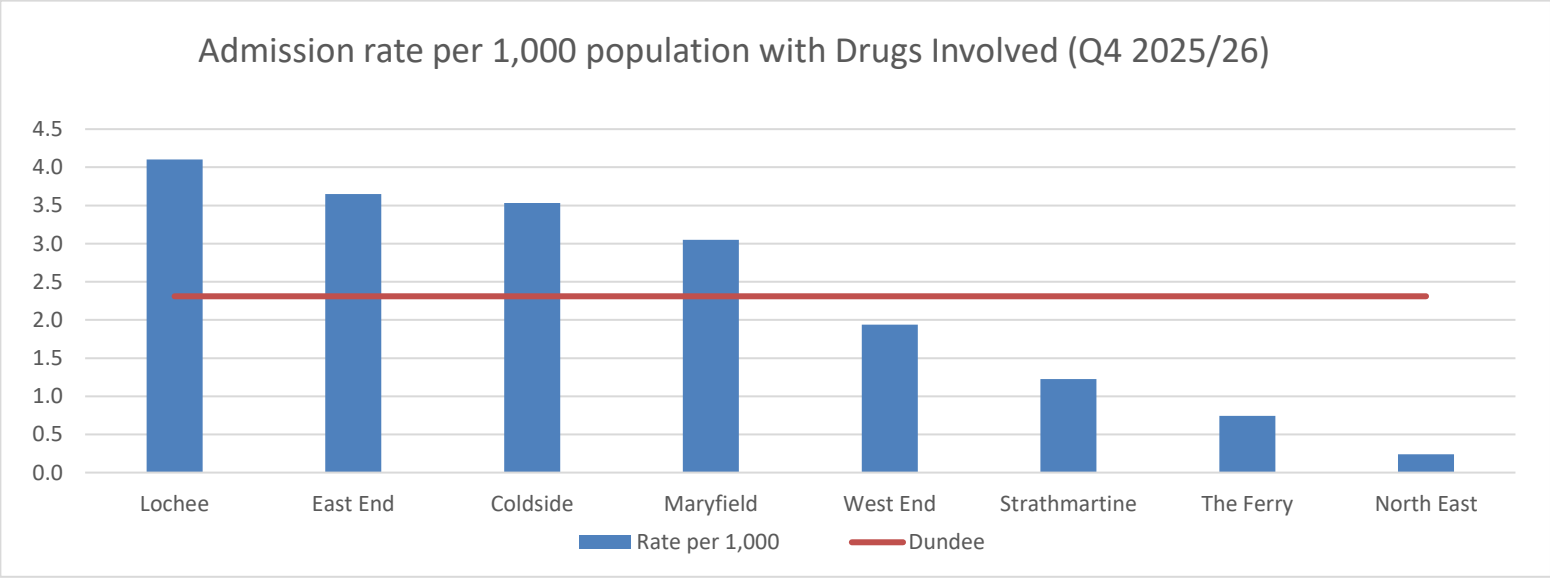
Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
8. Number of unplanned discharges (service user disengaged) recorded in DAISY	295	193	169	353	271	275	285	281	294	297	319	300



A gradual increasing trend since Q1 24/25 peaking in Q3 25/26 before dipping.
DAISy records all discharges and for the purposes of this indicator figures are taken a recorded patient disengagement from a service - it does not track if the same patient receives treatment from another service this is most significant for alcohol patients who may present to DDARS, not start treatment there but be referred to treatment with TCA.

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
9. Number (rate per 1,000 18+ population) of emergency admissions where reason for admission was due to drug use	260 (2.0)	288 (2.4)	282 (2.3)	274 (2.2)	279 (2.3)	287 (2.4)	277 (2.3)	299 (2.4)	284 (2.3)	263 (2.2)	292 (2.4)	286 (2.3)

The rate of emergency admissions where the reason for admission was due to drug use has remained fairly stable.

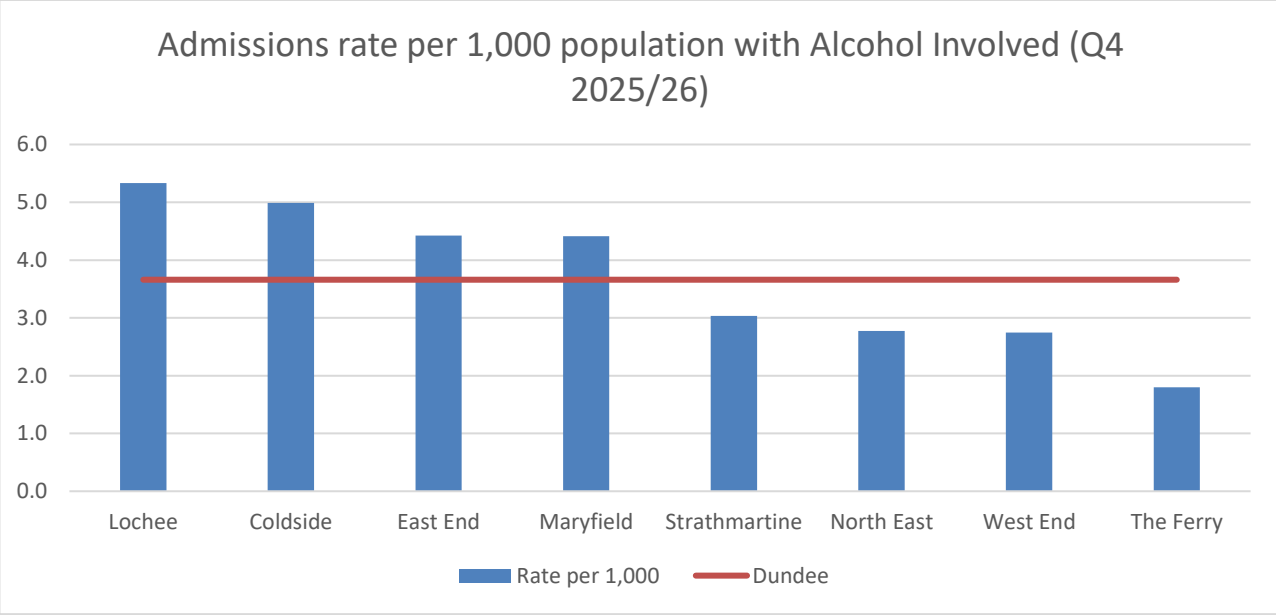


Source : Business Unit, NHS Tayside

For the period Q4 2025/26 (Apr 25 to Mar 26) Lochee had the highest rate per 1.000 population and North East had the lowest. Please note that the numbers are relatively small, which may lead to fluctuations between quarters.

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
10. Number (rate per 1,000 18+ population) of emergency admissions where reason for admission was due to alcohol use	462 (3.8)	488 (4.0)	472 (3.9)	487 (4.0)	461 (3.8)	445 (3.6)	446 (3.7)	424 (3.5)	432 (3.5)	435 (3.6)	447 (3.7)	453 (3.7)

Gradual decline since Q4 23/24, the rate has now begun to stabilise.



Source : Business Unit, NHS Tayside

For Alcohol admissions, rate per 1,000 population, Lochee had the highest rate and The Ferry the lowest.

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
11. Naloxone Spend in Dundee	£82,549.4	£68,926.6	£55,817.9	£43,239.8	£35,342.7	£42,885.8	£47242.6	£52656.40	62223.00	66662.10	82603.2	78599.1
An overpayment was identified which was refunded to DHSCP in Feb 2024												
12. Naloxone – Resupply Used	323	293	268	255	243	238	258	266	287	292	278	238
All repeats have been consistently reported as it is accepted some may not disclose 'used' as the reason for repeat supply												
13. Total number of Naloxone Kits Issued (rolling quarters)	1528	1548	1456	1222	1303	1274	1394	1459	1543	1590	1737	1608

Naloxone kits supplied in Dundee (report from Tayside Take Home Naloxone Programme PHS submissions)

Naloxone spend does fluctuate across the year depending on when orders for stock are placed. Nyxoid intranasal kits were introduced around Q4 21/22 and a lot of services ordered stock of these kits for the first time, hence an increase in charges that quarter. There is a time lag for when we then see these kits appearing in supply figures.

First supplies are starting to decrease as saturation point is reached. This means replacement kits will start to increase and first supplies decrease. Kits last for 2 years so it is likely a dip in supply will be observed for a short period before starting to issue replacement kits.

Indicator	Rolling 23/24 Q1	23/24 Q2 (Not rolling)	23/24 Q3 (Not rolling)	23/24 Q4 (Not rolling)	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
14. Total Spend on prescriptions generated by Dundee Drug and Alcohol Recovery Service (DDARS) and Dundee Drug Treatment Service (DDT)	Data for Q1 23/24 not available	£204,204.64	£196,178.98	£238,702.33	£825,912.32	£853,721.35	£897,310.04	£869,670.96				
Prescription data for prescriptions generated by DDARS and DTTO, dispensed in community pharmacy (report from prescribing support unit). Please note that this data describes prescription costs for methadone and oral formulations of buprenorphine. DDARS now holds stock of Buvidal (long acting subcutaneous buprenorphine). The cost of this stock is not included in prescription data. The number of people choosing Buvidal as OST has increased. Please note that work is underway to review this indicator. Data extraction depends on multiple systems, which makes timely reporting challenging.												

Dundee Health & Social Care Partnership

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 23 SEPTEMBER 2026**

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

REPORT BY: **CLINICAL DIRECTOR**

REPORT NO: **PAC33-2026**

1.0 PURPOSE OF REPORT

1.1 This report provides an update on the current Clinical, Care and Professional Governance position across Dundee Health and Social Care Partnership (DHSCP), highlighting significant governance risks, exceptions, learning and improvement activity identified through local governance arrangements.

1.2 This report advises the Committee of the Reasonable Assurance opinion accepted through NHS Tayside Clinical Governance reporting arrangements and highlights significant governance matters relevant to the Committee's oversight responsibilities.

2.0 RECOMMENDATIONS

2.1 The Performance and Audit Committee is asked to:

- Note the current Clinical, Care and Professional Governance position across Dundee HSCP services.
- Note the significant governance risks, exceptions and improvement activity outlined within this report.
- Note that a Reasonable Assurance opinion in relation to Clinical, Care and Professional Governance arrangements has been accepted through NHS Tayside Clinical Governance reporting arrangements.
- Take assurance that arrangements are in place to identify, monitor, escalate and manage governance risks, quality concerns and learning arising from adverse events, complaints and external scrutiny which may impact delivery of IJB functions and strategic priorities

3.0 FINANCIAL IMPLICATIONS

3.1 No direct financial implications arise from this report.

4.0 BACKGROUND

4.1 DHSCP maintains established Clinical, Care and Professional Governance arrangements to support the delivery of safe, effective and person-centred care. Governance oversight is provided through local governance structures, quality assurance arrangements, risk management processes and continuous improvement activity.

4.2 The Dundee HSCP Clinical, Care and Professional Governance Group (CCPGG) oversees governance risks, quality concerns, adverse events, complaints, inspection activity and improvement priorities and reports through NHS Tayside Clinical Governance reporting arrangements. Mental Health and Learning Disability (MHLD) services are now reported separately

through Tayside MHLD Clinical Governance Assurance arrangements, with assurance provided through the NHS Tayside MHLD Assurance Report. Accordingly, this report focuses on governance risks, exceptions and assurance matters within the remit of Dundee HSCP.

4.3 A Reasonable Assurance opinion regarding the effectiveness of DHSCP Clinical, Care and Professional Governance arrangements has been accepted through NHS Tayside Clinical Governance reporting arrangements. The following sections outline the key governance risks, exceptions and improvement priorities requiring Committee oversight.

5.0 ASSESSMENT

5.1 The overall Clinical, Care and Professional Governance position remains stable, with established arrangements continuing to support oversight of quality, safety, risk management and improvement. The accepted Reasonable Assurance opinion reflects this position. Identified risks and improvement priorities continue to be monitored through NHS Tayside and local assurance arrangements.

5.2 DHSCP CCPGG continues to operate a structured governance framework which receives Annual Quality Assurance Reports and routine exception reports from services, providing oversight of governance risks, emerging concerns, learning and improvement activity. The framework includes governance scrutiny arrangements, service governance dashboards, risk escalation processes and implementation of the NHS Tayside Clinical Governance Framework and Clinical Governance Accreditation Programme. Seven services have now registered for Foundation Level Clinical Governance Accreditation, supporting greater consistency of governance arrangements and strengthening organisational learning and assurance.

5.3 Whilst the overall governance position remains stable, a number of areas continue to require ongoing oversight due to their potential impact on service resilience, workforce sustainability and governance effectiveness. These relate principally to clinical leadership capacity within Community Mental Health Services, workforce and capacity pressures within Community Nursing Services, governance arrangements relating to Point of Care INR monitoring and operational pressures within Community Treatment and Care Services. Mitigating actions are in place across all areas and progress is routinely monitored through established governance arrangements

5.4 Patient Safety, Quality Improvement and Learning

5.5 Improvement activity continues across Dundee HSCP services with a focus on strengthening governance, risk management and organisational learning.

5.6 Notable progress has been demonstrated through the introduction of weekly governance huddles within Mental Health and Learning Disability Services, resulting in improved oversight of adverse events, Datix management and governance reporting processes. Early evidence demonstrates improved management and closure of adverse events and strengthened governance oversight.

5.7 Complaints, Feedback and Learning

5.8 Governance arrangements continue to support the review of adverse events, complaints and service user feedback to identify learning and improvement opportunities.

5.9 Whilst a small number of Significant Adverse Event Reviews (SAERs) remain open beyond HIS national timescales, all have completed the report process and are progressing through governance sign-off arrangements.

5.10 Learning from adverse events is routinely reported to the Dundee HSCP CCPGG through learning summaries, supporting oversight of emerging themes, service improvement and organisational learning. Learning summaries arising from SAERs will also be reported through NHS Tayside Clinical Governance reporting arrangements to support wider organisational learning, shared learning and assurance.

5.11 Timeliness of Significant Adverse Event Reviews is an area of focus within the Clinical Governance Improvement Action Plan, with actions planned to strengthen oversight, improve completion timescales and facilitate the translation of learning into sustainable service improvement.

5.12 Learning themes identified through complaints, adverse events and feedback include communication during discharge planning, communication of diagnosis and treatment decisions and information sharing during care transitions. Improvement actions continue to be monitored through local governance arrangements.

5.13. Risk Management

5.14 Risk management arrangements remain embedded within Dundee HSCP governance structures and continue to support effective identification, escalation and management of strategic and operational risks.

5.15 No current service risks exceed the highest risk threshold.

5.16 A new accommodation-related risk affecting The Corner service has been identified and is being actively managed through established governance arrangements.

5.17 The Committee previously requested an update on roof repairs at Kingsway Care Centre. Since that time, the lease arrangements for Kingsway Care Centre have been terminated. As a result, there is no further update to provide through Dundee HSCP Clinical, Care and Professional Governance reporting arrangements.

5.18 The principal governance risks requiring ongoing oversight continue to relate to workforce sustainability, clinical leadership capacity, service resilience and the timely completion of Significant Adverse Event Reviews. These risks continue to be monitored through established governance and risk management arrangements and are reflected within routine assurance reporting.

6.0 POLICY IMPLICATIONS

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

7.0 RISK ASSESSMENT

The content of this report relates to the following risk from the IJB Strategic Risk Register:

Risk	IJB 2 Workforce Capacity There is a risk of insufficient capacity and capability within the health and social care workforce to deliver the IJB's strategic priorities and shifts.
Risk Level	12 (High)
Risk Appetite	Within

The report demonstrates:	
	An increase in risk level
	A reduction in risk level
x	**The effectiveness of current controls** The measures in place to support the mental health workforce challenges support safe, effective and person-centred care. Planned recruitment will support this further.
	The identification and implementation of additional controls
	The presence of a new / emerging risk

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS

None

Dr David Shaw
Clinical Director (CPGG Chair)

DATE: 25 August 2026

Angela Smith
Interim Head of Health and Community Care (CPGG Chair)

Jayne Smith
Nurse Director

Niki Walker
Clinical Governance Facilitator

REPORT TO: **PERFORMANCE AND AUDIT COMMITTEE – 23 SEPTEMBER 2026**

REPORT ON: **UNSCHEDULED CARE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **PAC26-2026**

1.0 PURPOSE OF REPORT

1.1 To provide an update to the Performance and Audit Committee on Unscheduled Care Services and Discharge Management performance in Dundee.

2.0 RECOMMENDATIONS

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

2.1 Note the current position in relation to complex and standard delays as outlined in sections 5-8.

2.2 Note the improvement actions planned to respond to areas of pressure as outlined in section 9.

3.0 FINANCIAL IMPLICATIONS

3.1 Dundee IJB's delegated financial resources continue to face a number of challenges in terms of in-year projected overspend and longer financial sustainability. Due to the current financial constraints, the IJB has had to approve a number of spend reduction proposals and implement financial recovery plans for 2026/27. As a result there is the risk that existing levels of activity and performance may not be able to be maintained.

3.2 While delegated community health and social care is a critical element of the overall unscheduled care pathways to support discharge without delay from hospital, the current levels of spend exceed the identified budgets and actions are being progressed to reduce overall spend levels. Whole-system efforts continue to be progressed to mitigate the impact on discharges for individuals through prioritisation of resources aligning to those of greatest assessed need.

4.0 MAIN TEXT

4.1 Background to Discharge Management

4.1.1 A delayed discharge refers to a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date (Public Health Scotland Delayed Discharges Definitions and Data Recording Manual).

4.1.2 The focus on effective discharge management is reflected through the National Health and Wellbeing Outcomes and associated indicators. There are two indicators that relate directly to effective discharge management:

- National Indicator 19: Number of days people spend in hospital when they are ready to be discharged; and,
- National Indicator 22: Percentage of people who are discharged from hospital within 72 hours of being ready.

4.1.3 Within Dundee key staff work collaboratively with the Tayside Urgent and Unscheduled Care Board in order to deliver on the strategic plan for Dundee and Tayside, as well as ensuring all actions are designed in alignment with the national Operational Delivery Plan, in particular the principles outlined in the Discharge Without Delay Collaborative Programme. The focus of this work is to deliver care closer to home for citizens of Dundee and to minimize hospital inpatient stays wherever appropriate. In recent months, subnational groups for east and west of Scotland have been formed, which will steer unscheduled care policy moving forward.

4.1.4 The Tayside Urgent and Unscheduled Care Board is chaired jointly by the Service Manager for Urgent & Unscheduled Care in Dundee Health and Social Care Partnership and the Associate Director for Unscheduled Medicine in NHS Tayside. Membership of the Board is made up of senior staff from key clinical areas. The Dundee position is represented by the Service Manager for Urgent & Unscheduled Care. Liaison between the local Board and the national team is undertaken by a Programme Manager within the NHS Tayside Improvement Team alongside the Programme Leadership Team.

4.1.5 The programme of work is split across 4 key workstreams:

1. Optimising Access - Aimed at creating clear and seamless communication and referral pathways between community urgent services in order to create alternatives to hospital admission where appropriate.

2. Performance 95 - Improving the flow through the Emergency Department in order to ensure the 4-hour national target is achieved.

3. Integrated Health & Community Care - Linked closely to the Optimising Access workstream, this focuses on improving and expanding the role of Urgent Care services in the community setting. In Dundee, development of the Frailty at Home service has continued. This is an advanced practice led service with community and cluster geriatrician support which offers advanced clinical assessment and decision making for frail older patients in the community. This service is largely funded by Primary Care Improvement monies with the aim of supporting both GP practice and the acute hospital wherever appropriate. Increasingly funding has also gradually transferred from the Medicine for the Elderly medical budget into this initiative as part of the collaborative commitment to shift the balance of care into a community setting.

4. Optimising Flow/Discharge Without Delay - This work continues to support improvement in capacity and flow management in every ward area across Tayside with the aim of improving patient outcomes as well as minimising delayed discharges. Dundee and Tayside remain committed to implementing the Discharge Without Delay principles as a means of supporting earlier discharge from frailty units to promote completion of long-term assessment at home. Budgetary constraints within social care continue to present challenges in fully achieving this aim.

4.1.6 These workstreams are closely linked to the aims contained within the NHS Tayside Annual Delivery Plan. As part of the collaborative working relating to this, each Health and Social Care Partnership in Tayside has agreed to work towards specific targets: achieving and maintaining GREEN RAG (Red / Amber / Green) status for delayed discharges against the locally set targets; and contributing to a 5% reduction in admissions. Additionally, NHS Tayside has set a target of 5% reduction in bed usage relative to the Large Hospital Set Aside.

4.1.7 Various reporting mechanisms are in place as well as datasets which supports the ongoing understanding of performance against the agreed targets.

This includes:

- Daily management and reporting of ‘RAG’ status across all sites;

- Weekly Dundee Oversight Report detailing performance across Partnership services including delayed discharge;

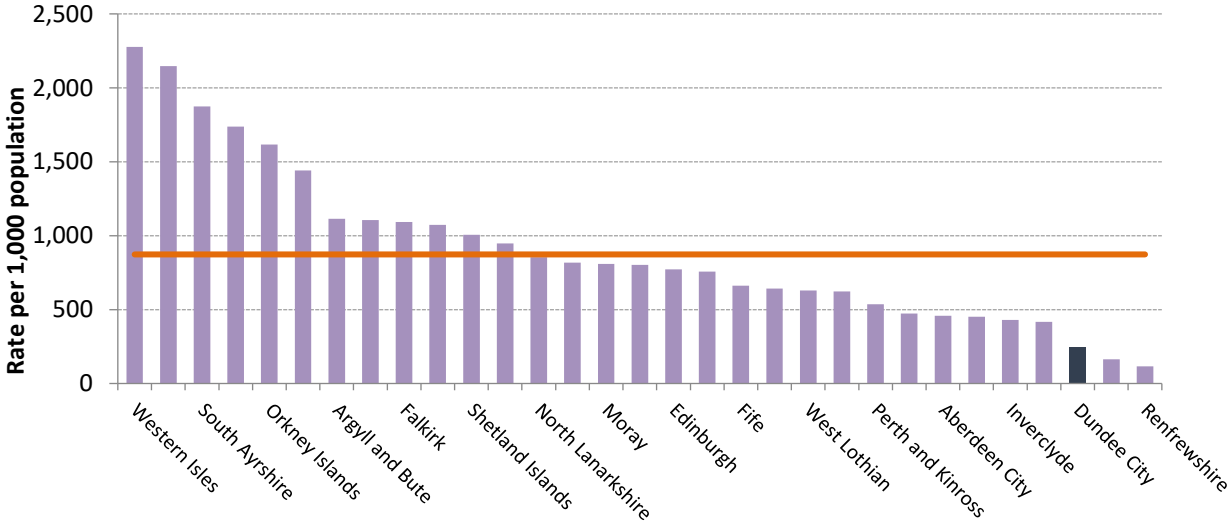
- Weekly Tayside level 'Discharge Without Delay' key measurement;
- New weekly community/access point performance report completed by Health & Business Intelligence Unit containing Dundee Frailty at Home data; and,
- Community hospital length of stay data pack monthly.

In addition, on a weekly basis a snapshot report of the delayed discharge position in Dundee is provided to the Dundee Health and Social Care Partnership Chief Officer, the NHS Tayside Chief Operating Officer and other key senior staff across Dundee Health and Social Care Partnership and NHS Tayside. This information is used to maintain an ongoing focus on enabling patients to be discharged from hospital when they are ready as well as to inform improvements.

5.0 CURRENT PERFORMANCE TOWARDS NATIONAL INDICATORS

5.1 The National Indicator is 'Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population' and the chart below presents the 2025/26 annual performance for every HSCP.

Chart 1 Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population 2025/26



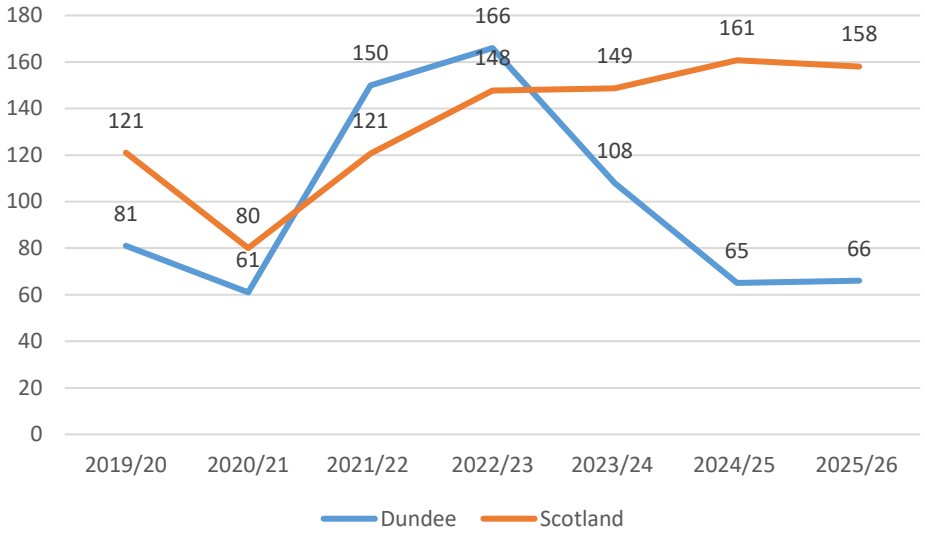
5.2 Dundee performs well against the National Indicator and is 3rd best in Scotland with a rate of 244 days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population compared with the Scotland rate of 873 per 1,000 population (illustrated by the orange line on the chart).

5.3 Longitudinally, Dundee performance has fluctuated and over the last 6 reporting years, performance has been better than Scotland, except for the year 2021/22.

5.4 Dundee's performance broken down by Local Community Planning Partnerships and complex and non-complex delays is monitored quarterly and included in the PAC Quarterly Performance Reports.

5.5 In addition to the National Indicator, HSCPs are monitored against an Indicator agreed by the Ministerial Strategic Group and this monitors the rate of bed days lost per 1,000 of the 18+ population. This data is also monitored quarterly and included in the PAC Quarterly Performance Report.

Chart 2 Delayed Discharge Bed Days Lost per 1,000 18+ population



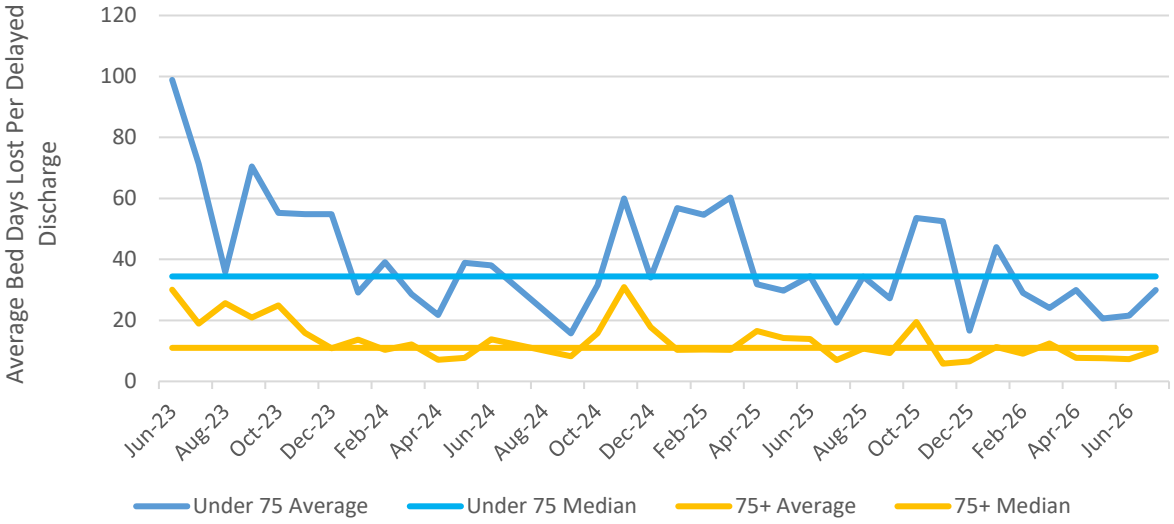
Source: NSS PHS Scotland

5.6 Comparing 2025/26 performance with the 2020/21 baseline shows a similar low rate (good performance) in Dundee and an increased rate (poorer performance) for Scotland as a whole.

6.0 Average Duration of Delay

6.1 As part of the further development of monitoring and reporting data, current analysis is focusing on the average duration of delay based on type, age group and location.

Chart 3 Average Duration of Delay by Age Group in Days



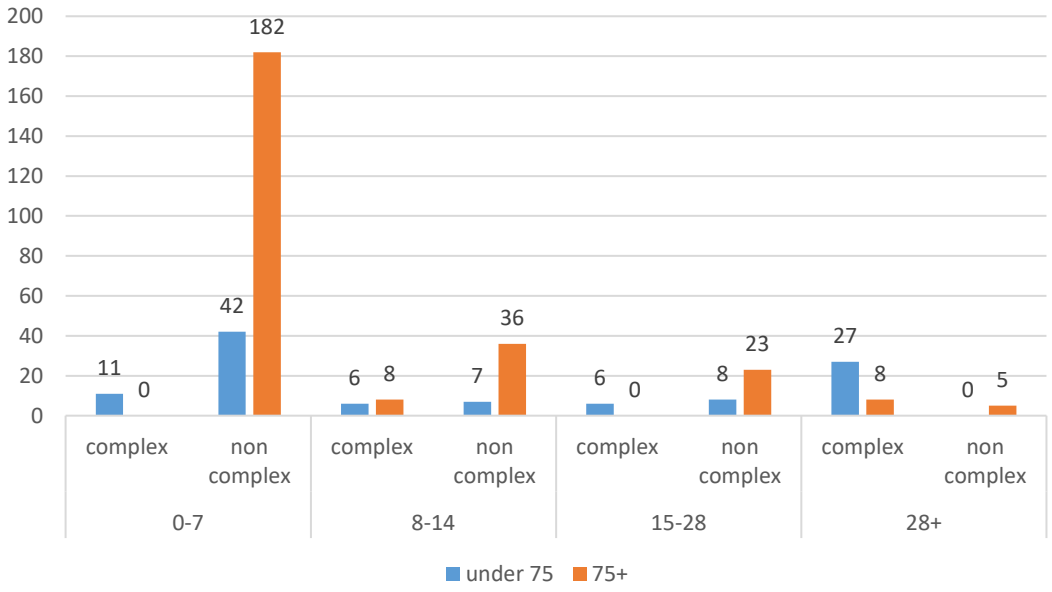
Source: Health and Business Intelligence Unit NHS Tayside

6.2 Chart 3 illustrates the average length of delay per month. Using the data available between June 2023 and June 2026, the median length of delay for people under 75 is 34 days. This reflects the complexity often associated in the younger adult inpatient population, particularly within General Adult Psychiatry and Learning Disability. Of note there also is an increase in younger adults in the acute hospital who have more complex needs and therefore longer delay.

6.3 The median length of delay for people over 75 is 11 days, reflecting the improvement work which has taken place to maximise capacity within social care services which largely supports discharge of older adults within the acute hospital. Of note will be the likely impact on this performance when the social care budget overspend is addressed.

6.4 Chart 4 illustrates that the majority of delays greater than 28 days are within the complex delay category, whereas non-complex delays tend to be shorter.

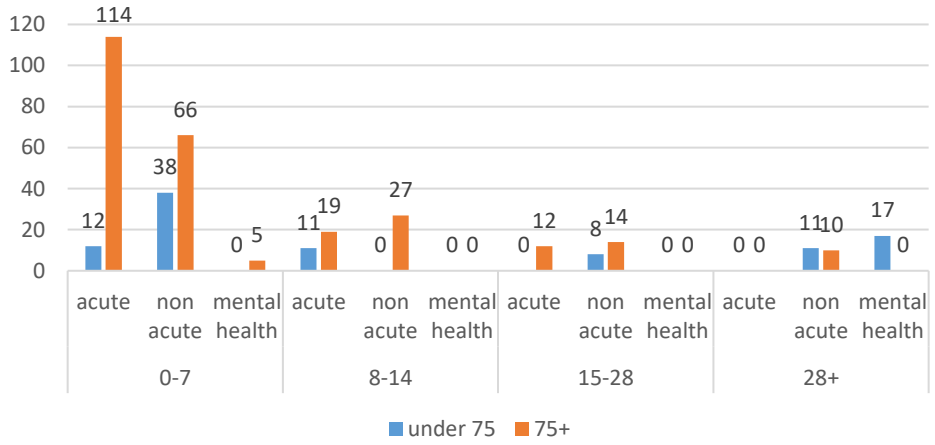
Chart 4 Average Duration of Delay by Type and Age Group September 2025 – July 2026



Source: Health And Business Intelligence Unit NHS Tayside

Note: Values <5 were rounded down to 0 for data protection purposes

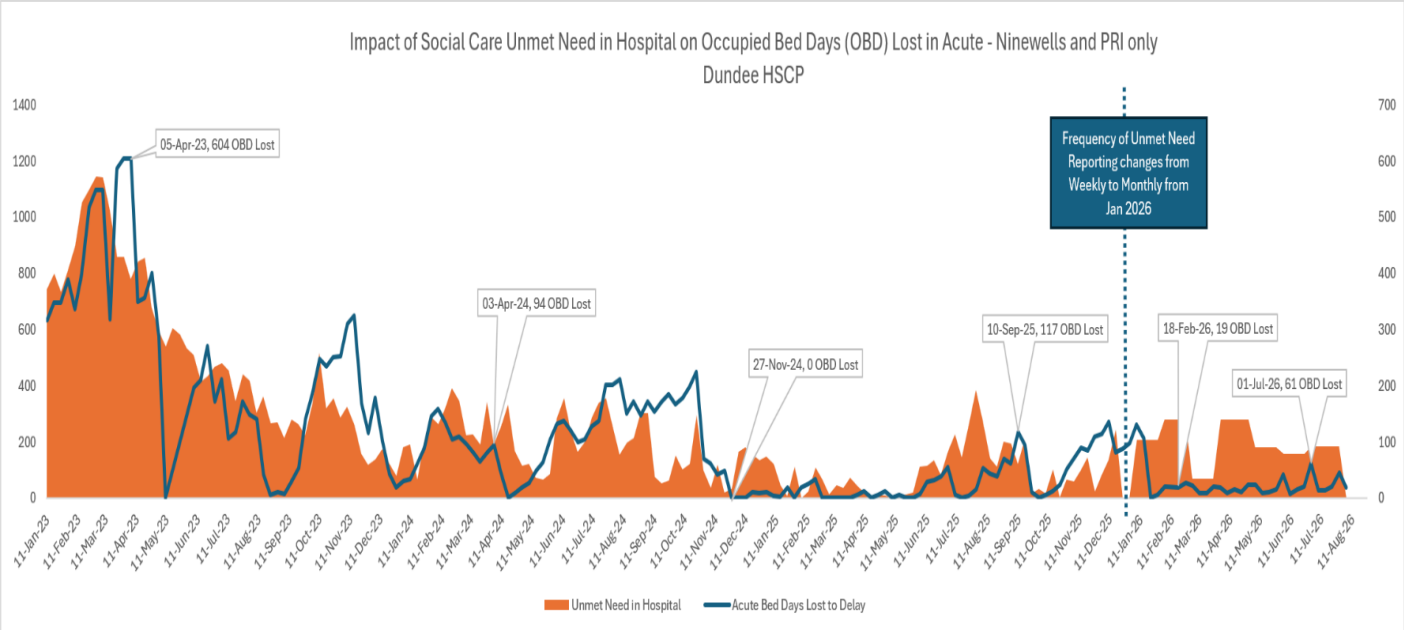
6.5 **Chart 5 Average Duration of Delay by Age and Location**



Source: Health and Business Intelligence Unit NHS Tayside
Note: Values <5 were rounded down to 0 for GDPR purposes

7.0 As a result of the ongoing improvement work within DHSCP Care at Home services, the bed days lost due to delayed discharges demonstrates a longitudinal decrease. In April 2023, 604 acute bed days were lost due to reportable delays, compared to 94 in April 2024. This performance continued to improve to zero bed days lost in the acute hospital in early December 2024, however increases in unmet need have resulted in an increase in bed days lost.

Chart 6 Impact of Social Care Unmet Need on Bed Days Lost Delayed in Acute Hospital - Dundee HSCP

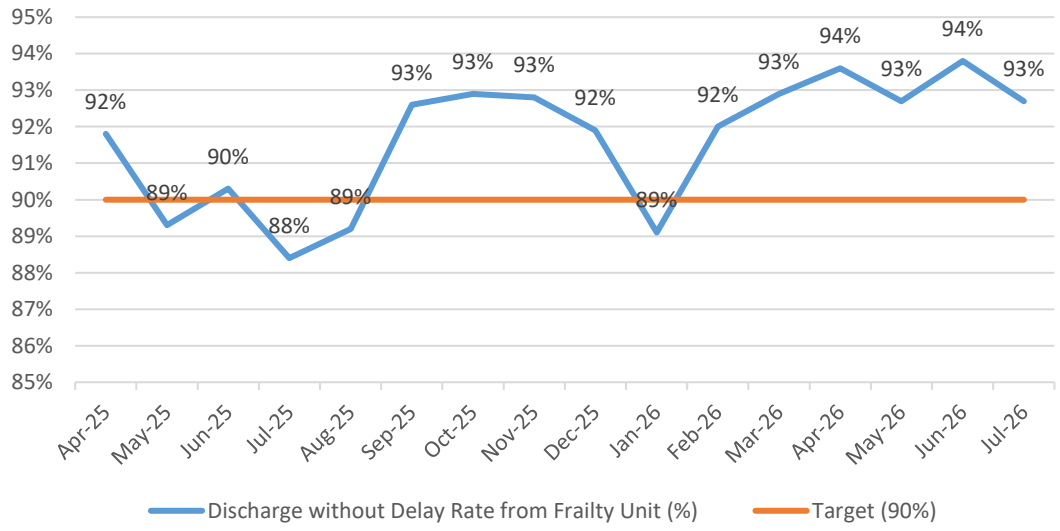


7.1 At 1 July 2026, there were 61 bed days lost to delayed discharges, showing the impact social care unmet need has on delays within the hospital system. However, efficiency gained through implementation of the Discharge Without Delay principles has continued to result in a slower deterioration in performance than the national position.

8.0 Discharge Without Delay

8.1 The majority of discharges across the whole system take place without delay. Chart 7 illustrates that Tayside has consistently performed at or above the 90% target.

Chart 7 Discharge Without Delay (DWD) from Frailty Unit as a % of all Discharges (Tayside)



9.0 Key Outcome Focussed Actions

9.1 Partnership services are continuing to focus on the following areas to support further improvement:

- Continue to implement agreed actions identified within the Strategic Commissioning Plan.
- Refocus of Dundee Frailty at Home Service on early intervention and prevention by working more closely with GP practice to identify frailty indicators earlier, and therefore prevent/minimise the longer-term impact. This is aligned to the Subnational Improving Flow Plan.
- Continue to maintain and sustain GREEN RAG status for delayed discharge performance towards the suite of improvement measures across urgent and unscheduled care. Social care budget reductions present a challenge to achieving this, leading to increased risk of harm to frail older adults, inefficiency in management of flow through the acute hospital and increased cost to the whole system over time.
- Now that the Medicine for the Elderly Medical Team is aligned to GP clusters and Dundee Frailty at Home Team, there is a suite of improvement measures targeted at reducing harm caused by polypharmacy and creating ‘virtual wards’ to support primary care.
- Development of suite of performance measures for community urgent care services to track expansion progress in relation to the targets set by Scottish Government and to evidence quality indicators e.g. all patients within the service having a RESPECT conversation documented
- Royal Victoria Hospital improvement plan in place and target of upper quartile length of stay set in all Medicine for the Elderly wards.
- Target Operating Model for Stroke Neuro Rehabilitation Unit now fully operationalised.

- Senior Nurse UUC leading on Optimising Flow workstream targeted at achieving upper quartile length of stay in all ward areas in Tayside.

- Frailty unit bed base has been increased and now provides opportunity for specialised frailty assessment for all frail patients in Dundee with developing links through Dundee Frailty at Home (DFAH) and into the GP clusters through virtual wards activity.

- Recruitment to additional inpatient Frailty ANPs to support the flow of frail older adults across the whole system pathway with the aim of reducing length of stay and promoting provision of care and treatment at home.

- Collaborative work across the acute, step down and community areas to develop a virtual advanced practice team approach to the management of capacity and flow, with the aim of 'right person, right place, right time'.

- Commissioned social care service (D2A) and inhouse Enablement Service working collaboratively to provide a Home First assessment service aimed at achieving more efficient use of social care by promoting independence closer to home.

- Redesign of AHP services across whole system patient pathways

- 2 Frailty Practitioners from an occupational therapy and physiotherapy professional background embedded into the DFAH service

- Planned test of change – bring dietician into DFAH to target indicators of frailty

10.0 POLICY IMPLICATIONS

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

11.0 RISK ASSESSMENT

11.1 This report has been assessed to identify impacts on strategic risk management. No impact has been identified, either in relation to the strategic risks currently contained within the IJB's strategic risk register or the identification of any additional, emerging risks.

12.0 CONSULTATIONS

12.1 The Acting Chief Finance Officer, Head of Health and Community Care, Acting Head of Strategic Sevrices and the Clerk were consulted in the preparation of this report.

13.0 BACKGROUND PAPERS

13.1 None.

DAVE BERRY
CHIEF OFFICER

DATE: 11 August 2026

Lynne Morman
Service Manager, Urgent & Unscheduled Care

Lynsey Webster
Lead Officer, Quality, Data and Intelligence

ITEM No …9……..

REPORT TO: **PERFORMANCE AND AUDIT COMMITTEE – 23 SEPTEMBER 2026**

REPORT ON: **QUARTERLY FEEDBACK REPORT – 1st QUARTER 2026/2027**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **PAC24-2026**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to summarise feedback received for the Health and Social Care Partnership (HSCP) in the first quarter of 2026/27. The complaints include complaints handled using the Dundee City Council Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

2.0 RECOMMENDATIONS

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

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

2.2 Note the work which has been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring, and reporting.

2.3 Note the recording of Planned Service Improvements following complaints that are upheld or partially upheld.

2.4 Note the work ongoing to implement Care Opinion as a feedback tool for all services in the Health and Social Care Partnership.

3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

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

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

4.3 While the first graph advises the volume of complaints received during the period, the remaining content of the report is based upon complaints closed within the period. Please note that not all figures will add up to 100% due to data quality issues within the data provided from

the complaints systems (for example, missing fields or complaints received but transferred to a non-DHSCP service).

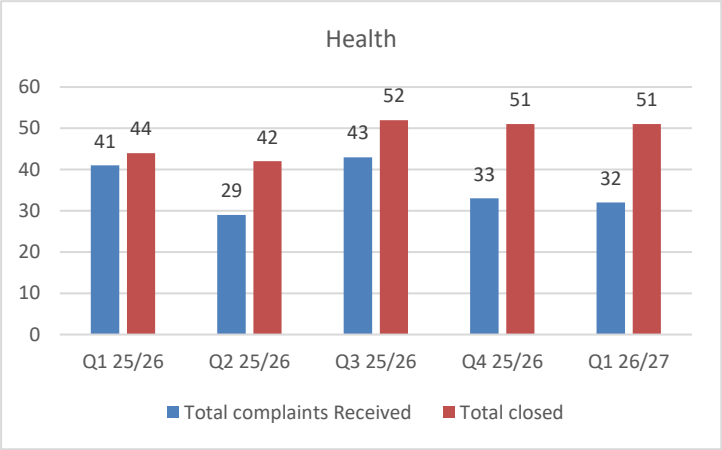
4.4 Whilst the SPSO mandatory complaint reporting categories only apply to non-NHS complaints the Health and Social Care Partnership has committed to providing a cohesive complaint report that supports IJB members to compare complaints activity and outcomes across the multiple processes as easily as possible. Therefore, NHS complaints have been included in the same category of reporting. However, there are some difficulties in gaining timeous access to the NHS complaint data to allow categorisation to be undertaken and reported.

5.0 Complaints Received

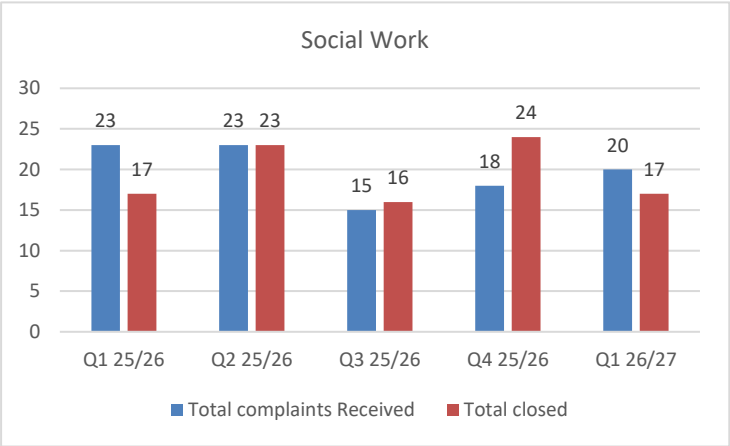
5.1 In the first quarter of 2026/27 a total of 52 complaints were received about social work and health.

5.2 The Partnership had a large quantity of complaints this quarter from repeat complainants. These were merged into categories which are being investigated, and others were closed as duplicates and are not included in the Quarter 1 total of 52 complaints. (Please note that if all duplicate complaints had been included the Quarter 1 total would have been 67 across social work and health).

Graph 1 Number of Health complaints received & closed quarterly

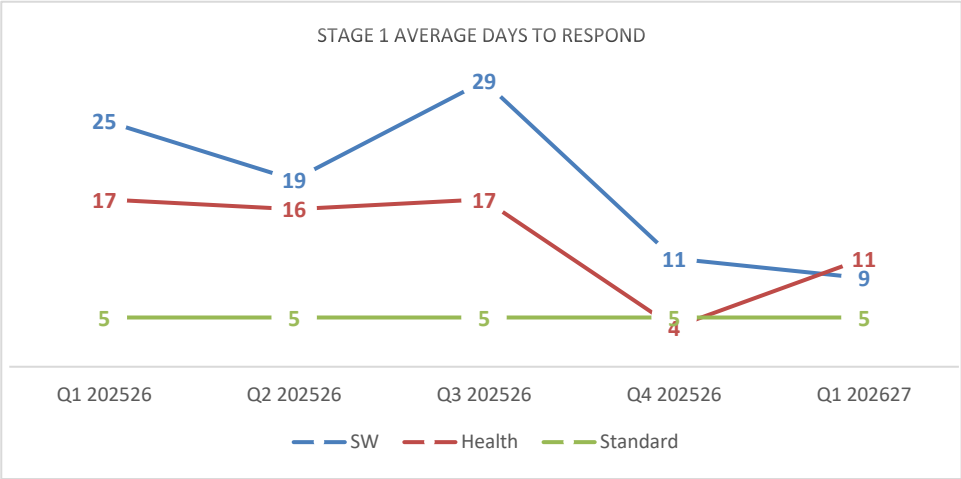


Graph 2 Number of Social Work complaints received and closed quarterly



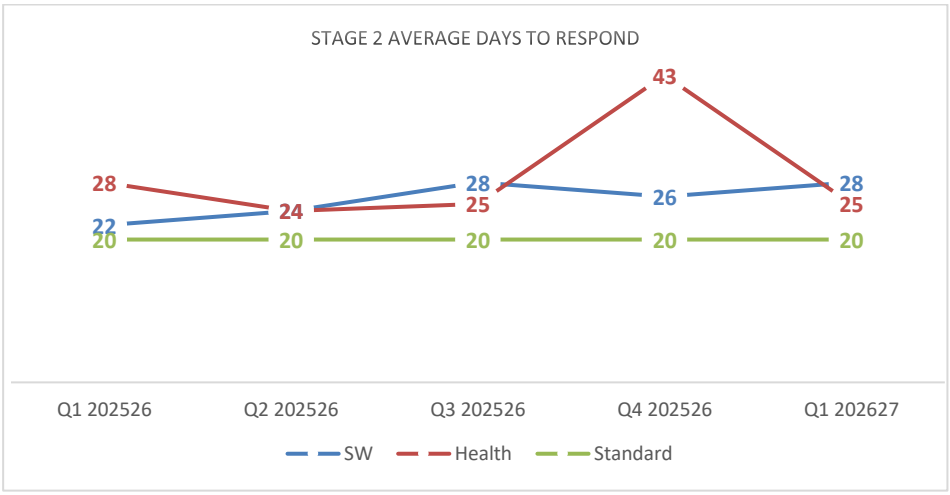
5.2 Average Days to Respond

Graph 3 Stage 1 Average Days to Respond

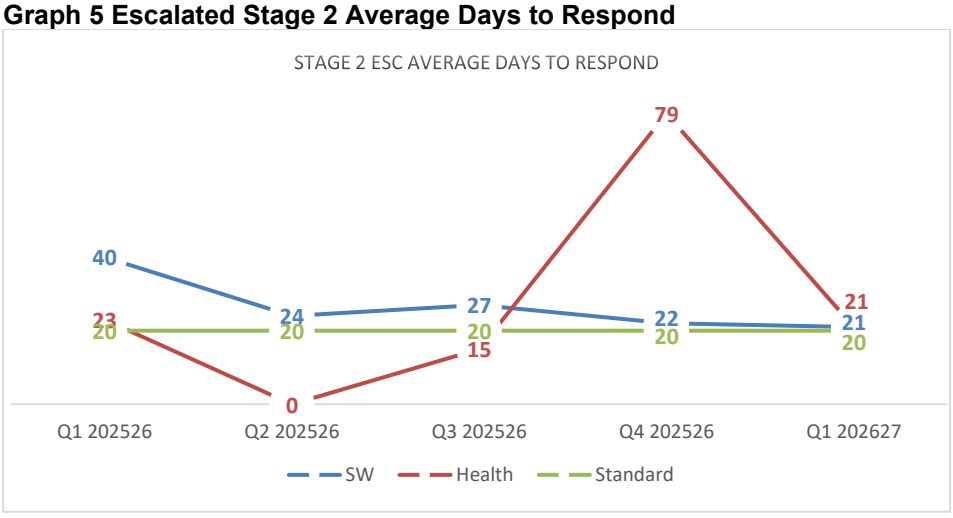


There has been a sustained improvement in response times since Quarter 3 for Stage 1 complaints, however the current average response time remains above the 5-day standard.

5.3 Graph 4 Stage 2 Average Days to Respond



Graph 5 Escalated Stage 2 Average Days to Respond



The graphs above indicate that although improvements have been made to response times since previous quarters the Partnership's average response time continues to be above the 20-day standard. Over the last quarter there has been a particularly significant improvement in the average response time for escalated stage 2 health complaints (reduction from 79-day average to 21-day average).

5.4 Complaints Stages – Closed within Timescale

Stage 1 complaints are completed within 5 days or given a maximum extension of a further 10 days.

Stage 1	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
SW	57%	30%	20%	73%	71%
Health	80%	67%	58%	75%	80%

Stage 2 complaints are completed within 20 working days and can be extended also.

Stage 2	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
SW	57%	40%	22%	67%	78%
Health	48%	45%	33%	40%	33%

Stage 2 Escalated complaints are stage 1 complaints which have been escalated to a stage 2 complaint. This can happen for a variety of reasons.

Stage 2 Esc	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
SW	57%	40%	22%	67%	100%
Health	48%	45%	33%	0%	50%

5.5 Quarter 1 has seen an increase in complaints closed within timescales for stage 2 escalated across both Social Work and Health, for Stage 1 Health and for Stage 2 Social Work. Stage 1 complaints are often much easier and quicker to resolve than stage 2 complaints.

5.6 Feedback teams are working together and regularly reviewing open complaints to understand where improvements can be made in ensuring timescales can be met. However, due to the nature of Partnership services, there will be complaints which cannot be completed to an appropriate standard within timescales due to their complexities.

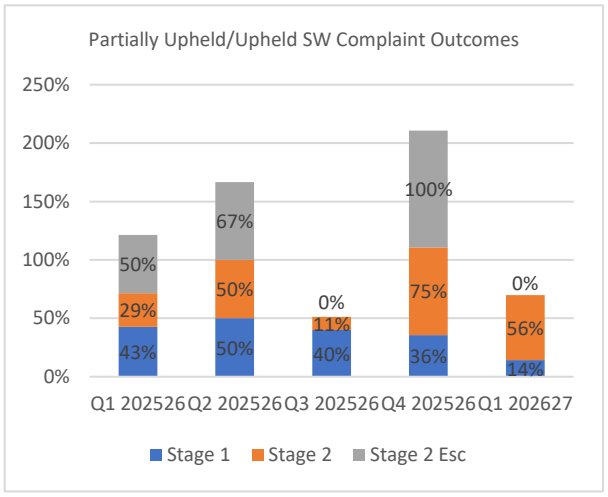
5.7 Regular communication with staff working on complaints, especially the overdue responses, is ongoing to ensure that they are aware that where possible timeous responses should be sent.

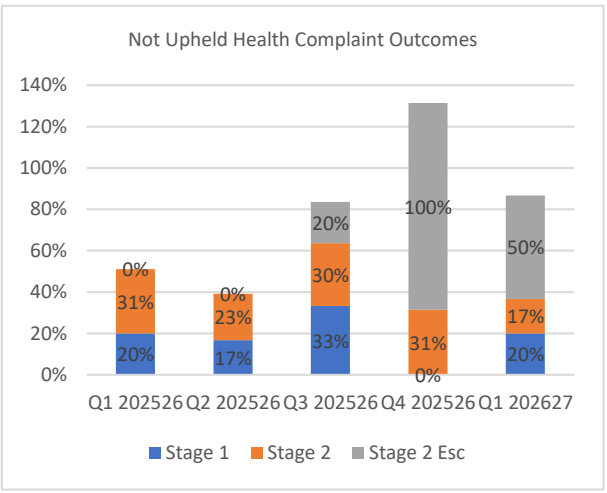
5.8 Complaint responses and the patient care should be handled separately to ensure that complaint responses for not become overdue. For example, the complaint response can advise of what the care plan is going to look like moving forward as opposed to waiting on the new care plan being put in place to respond to the complaint.

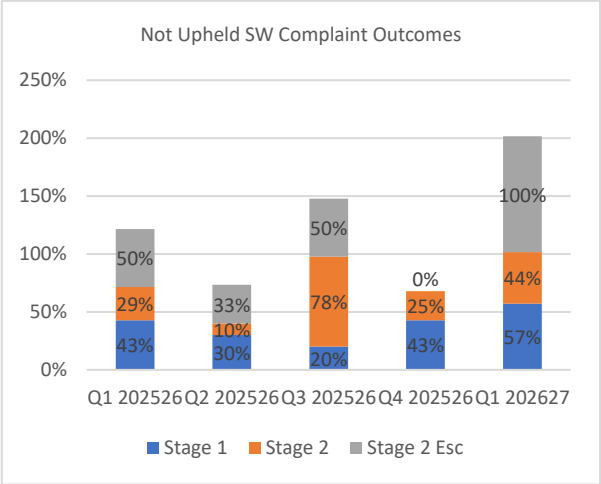
5.9 There has also been discussion of the DHSCP staff who support complaints administration and processes having access to Qlikview for easier access to complaints information and to improve complaints handling.

6.0 Complaint Outcomes

6.1 Over quarter one there were 39 upheld or partially upheld complaints within Social Work and Health. This figure is similar to last quarter where upheld or partially upheld complaints across the partnership sat at 40.







6.2 This wide range of complaint outcomes suggests that all complaints are investigated fully and where the complaint is upheld that means that the DHSCP agree with the complainants' reasons for complaint.

7 Planned Service Improvements

7.1 Partially upheld and upheld complaints receive planned service improvements logged against them by the allocated complaint investigator, and these must be completed within a set timeframe.

7.2 These planned service improvements can range from process improvements or re-design to team briefings regarding staff attitude and behaviour.

7.3 Within quarter one there were 39 partially upheld or upheld complaints for social care and health which have all identified a cause and have service improvements planned to address these. By putting these planned service improvements in place, the Partnership aims to minimise complaints of the same nature being received.

7.4 An example of this is a service user not feeling that adequate time was taken with the assessment process. However, it was highlighted that many of the issues were down to the Landlord in terms of maintenance.

7.5 Learning summaries from complaints will be attached as an appendix to this report in time. This will be built upon and included within reports to demonstrate what learning DHSCP has taken from feedback received and how we have made improvements moving forward.

8.0 Open Complaints

8.1 On the 26th August 2026 there were a total of 34 open health and social care complaints.

	0-5 days	6-10 days	11-15 days	16-20 days	>20 days	>40 days	>60 days	Total
SW	2	1	2	1	2	4	4	16
Health	4	4	1	0	5	2	2	18

8.2 Ten of the open complaints currently sit within the Mental Health Service which by the nature of the service are more complex and can take longer to resolve. This is similar to previous reports.

8.3 There are three Social Work complaints under review by the SPSO where the Partnership has been asked to provide further information relating to the complaint to inform their decision about whether to further investigate. The SPSO has confirmed that there will be no further investigation for one of these complaints, the position for the other two is awaited.

9 Compliments

9.1 The Partnership received a compliment regarding our Blood Clinic at Wallacetown;

" I would just like to praise a member of staff in Wallacetown health centre today. I brought my anxious XXX who has dementia in for an annual check up and bloods. She showed my XXX so much kindness and compassion and had lots of patience with XXX. She is a credit to you and should be recognised. "

10.0 IJB Complaints

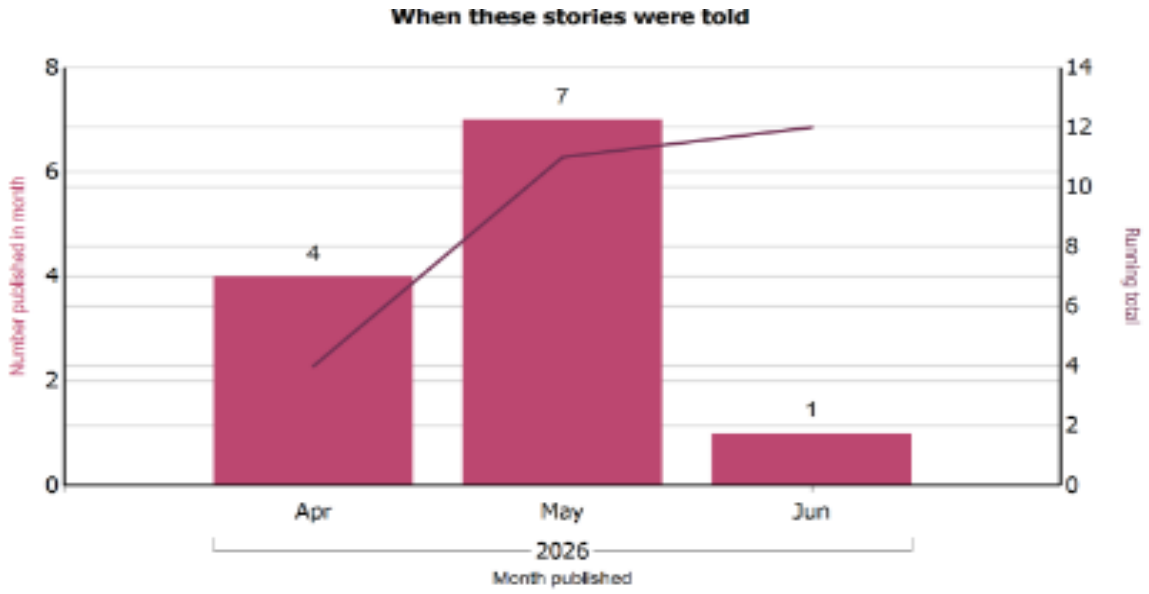
10.1 No complaints about the Integration Joint Board have been received.

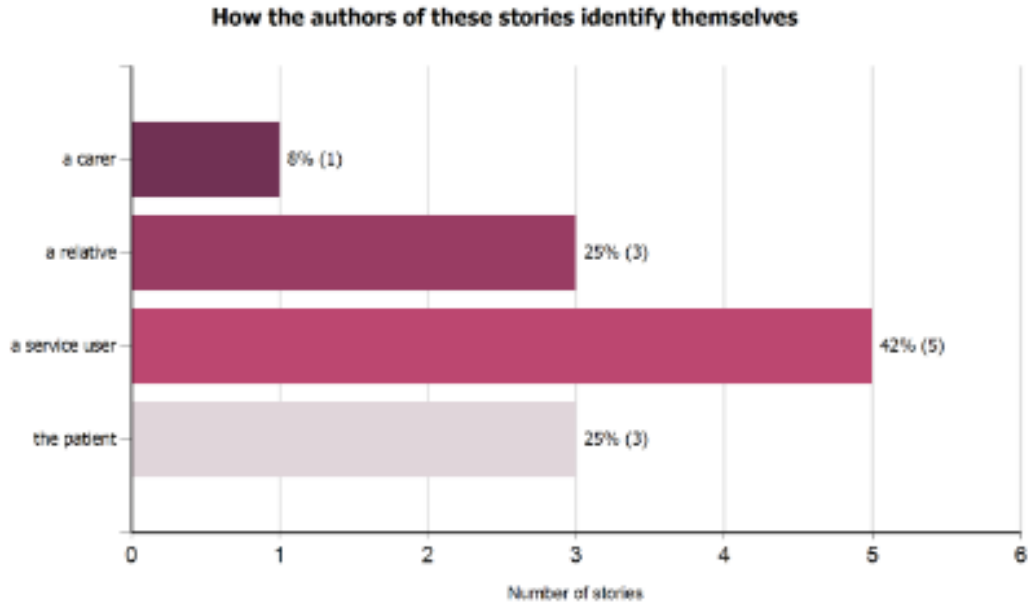
11.0 Care Opinion

11.1 The Partnership has subscribed to the Care Opinion platform and work is underway to develop and implement the system within all service areas across the partnership. Care Opinion is an independent not-for-profit website which has been backed by the Scottish Government for use across all NHS boards in Scotland since 2013.

11.2 The majority, at least 70%, of stories submitted to Care Opinion are positive pieces of feedback. Care opinion makes it easier for staff to hear how their work has made a difference and is valued by the local community. The online feedback tool contributes towards a culture of openness, fairness, and transparency. All services provided by DHSCP will eventually be available on Care Opinion.

11.3 Over Quarter 1 the Partnership received 12 stories on Care Opinion, of these 12 stories, 92% were completely positive, with 8% containing some level of criticism. Only three responses were provided by staff and have been read over 400 times.





11.4 Here are some extracts from the stories shared on Care Opinion.

"To several staff and (Physio's) and all the wonderful staff in ICU and HDU in Ninewells.

There are truly not enough words to thank you for the care, kindness and support you gave my husband during such a frightening and difficult time after his major surgery and the many complications that followed. His long stay in hospital was something a family could never have faced without all of you. Every single person that cared for him, treated him with compassion, dignity and patience even on the hardest days. You not only cared for him medically, but also gave comfort, reassurance and strength to us all when we needed it most. ...

Barry and Jamie the Physio's would play my husband his favourite music, ACDC and 'Living on a Prayer' which was uplifting. It was a really nice touch.

Every member of staff in ICU and HDU - the dedication, professionalism and humanity you showed every single day meant more than you'll ever know.

Thank you for everything you did for my husband and for our family.

You are very special people and we will never forget the difference you made to our lives."

A story about the Out Patient Department at Royal Victoria.

> **“**Had four blood transfusions over two weeks. Staff were amazing, they couldn’t do enough, so friendly and informative, made my time at Royal Victoria very comfortable. Can’t praise them enough for the excellent care and attention I received.

And the response

> “I am delighted to hear that the care you received with our outpatient department was such a positive one. Your kind words about the team's professionalism, friendliness and dedication will mean a great deal to them.
>
> We are extremely proud of our staff and the compassionate care they provide, and it is always encouraging to receive such positive feedback. Thank you.”

A story about Dundee Adult Psychological Therapies Service

> “ My therapist helped me understand what was going wrong and put other things in perspective, so I can deal with them better. He has changed my life by pointing me in the right direction. This has had a ripple effect on the whole family and will change their lives for the better too.”

And the response

> “Thank you for taking the time to provide feedback. It is always really good to hear about individuals experience of our service. We are pleased to hear that you had such a positive experience working with one of our clinicians.
>
> We wish you all the best for the future.”

12 POLICY IMPLICATIONS

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

13 RISK ASSESSMENT

13.1 This report has been assessed to identify impacts on strategic risk management. No impact has been identified, either in relation to the strategic risks currently contained within the IJB’s strategic risk register or the identification of any additional, emerging risks.

14 CONSULTATIONS

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

15 BACKGROUND PAPERS

None

Dave Berry
Chief Officer

DATE: 24 August 2026

Cheryl Russell
Customer Care & Governance Officer

ITEM No …10……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 23 SEPTEMBER 2026**

REPORT ON: **STRATEGIC RISK REGISTER UPDATE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **PAC23-2026**

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report, including the Strategic Risk Register Report contained within Appendix 1.

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 STRATEGIC RISK REGISTER UPDATE

4.1 Since May 2026 all of the risks within the register have been subject to a substantive review. Key amendments are summarised below and are denoted in Appendix 1 in red text.

- 1IJB – Financial Sustainability
  - Additional contributing factors and mitigating controls added linked to prescribing as a driver for financial pressures

- 2IJB – Workforce Capacity
  - Additional contributing factor related to high absence levels.

- 3IJB – Property Infrastructure
  - Additional impact of risk in terms of short notice disruption to service users due to impact of closures, repairs or changes to service delivery models.

- 4IJB – Public Service Reform
  - No change

- 5IJB – Increased Service Demand
  - Additional planned mitigating control to describe current adult pressures in terms of changing levels of need and demand.

- 6IJB – External Provider Sustainability
  - Additional contributing factor of resource pressures within the Partnership's Social Care Commissioning and Contracts functions.
  - Removal of Social Care Contracts Team as mitigating action.
  - Revision of current risk level to 16, which is now outwith appetite.

- 7IJB – Data Quality

- Additional planned mitigation regarding use of new technologies to enhance capacity available for data analysis and reporting.

- 8IJB – Digital Infrastructure
  - Additional planned mitigation regarding changes to Dundee City Council arrangements for supporting digital programmes and products.

- 9IJB – Information Governance
  - Additional contributing factors relating to complexity of requests, ongoing regulator scrutiny and staffing pressures across relevant teams.
  - Additional mitigating action relating to continuous monitoring of performance against statutory requirements for information governance processes.
  - Additional planned mitigating action regarding finalisation of Standard Operating Procedures for information governance processes.
  - Revision of current risk level to 16, which is now outwith appetite.

- 10IJB – Engagement
  - No change

- 11IJB – Whole System Collaboration
  - Removal of planned mitigating action relating to SPAG as this work has now progressed and there is a consistent high level of engagement from relevant partners in the work of the group.

4.2 Risk implications identified in reports to the IJB meetings of 24 June 2026 and 19 August 2026 and the PAC meeting of 20 May 2026 have also been reviewed, leading to:

- 1IJB – Financial Sustainability – additional mitigating actions
- 10IJB – Engagement – additional planned mitigating controls
- 11IJB – Whole System Collaboration – additional mitigating controls

These additions did not result in any change to the residual or planned scores for the relevant risks.

4.3 When approving the new Strategic Risk Management Framework, the IJB noted that work is ongoing to address the need for an assurance plan for strategic risks that are shared with the corporate bodies (NHS Tayside and Dundee City Council). Dundee City Council is currently reviewing its own strategic risk management arrangements, which provides an opportunity for officers to progress assurance reporting regarding shared risks over the rest of 2026. Parallel work will also be requested with NHS Tayside.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

6.1 This report has been assessed to identify impacts on strategic risk management. No impact has been identified, either in relation to the strategic risks currently contained within the IJB's strategic risk register or the identification of any additional, emerging risks.

7.0 CONSULTATIONS

7.1 The Acting Chief Finance Officer, Acting Head of Strategic Services and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None

Dave Berry
Chief Officer

DATE: 25 August 2026

APPENDIX …1…

Dundee Integration Joint Board

Strategic Risk Register

Last updated: 25 August 2026

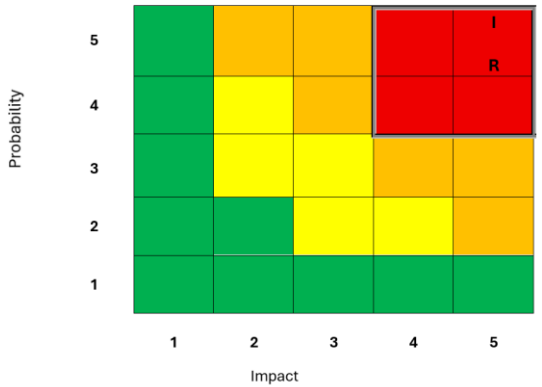
Please refer to Dundee IJB Strategic Risk Management Framework for supporting information regarding risk identification, analysis and evaluation.

Table 1: IJB Strategic Risk Register - Summary View						
Risk Ref.	Risk Title	Risk Score No Controls	Risk Score Controls	Appetite	Risk Level	Movement
1 IJB	**Financial Sustainability** There is a risk of the IJB being unable to maintain financial sustainability.	25	25	Outwith appetite	Extreme	<>
2 IJB	**Workforce Capacity** There is a risk of insufficient capacity and capability within the health and social care workforce to deliver the IJB's strategic priorities and shifts.	16	12	Within Appetite	High	<>
3 IJB	**Property Infrastructure** There is a risk of the configuration, condition and effective use of property being inadequate to support the delivery of integrated health and social care priorities.	20	20	Outwith appetite	Extreme	<>
4 IJB	**Public Sector Reform** There is a risk of significant volume and scale of public sector reform, both in the short and long-term.	20	16	Outwith appetite	Extreme	<>
5 IJB	**Increased Service Demand**	20	16	Outwith appetite	Extreme	<>

Table 1: IJB Strategic Risk Register - Summary View						
Risk Ref.	Risk Title	Risk Score No Controls	Risk Score Controls	Appetite	Risk Level	Movement
	There is a risk of unsustainable increased demand for health and social care services and supports due to changing sociodemographic of Dundee's population.					
6 IJB	**External Provider Sustainability** There is a risk of instability in the market of external providers of health and social care services and supports (third and independent sector).	16	16	Outwith appetite	Extreme	↑
7 IJB	**Data Quality** There is a risk that data quality and availability is insufficient to full assess performance, outcomes and impacts to support whole systems decisions.	16	12	Within appetite	High	<>
8 IJB	**Digital Infrastructure** There is a risk of digital infrastructure being inadequate to support the delivery of modern	20	16	Outwith appetite	Extreme	<>

Table 1: IJB Strategic Risk Register - Summary View						
Risk Ref.	Risk Title	Risk Score No Controls	Risk Score Controls	Appetite	Risk Level	Movement
	integrated health and social care priorities.					
9 IJB	**Information Governance** There is a risk of information governance and security arrangements being inflexible to support the delivery of integrated health and social care priorities.	16	16	Outwith appetite	Extreme	↑
10 IJB	**Engagement** There is a risk of the work of the IJB being insufficiently supported and informed by communication and engagement with stakeholders.	20	12	Within appetite	High	<>
11 IJB	**Whole System Collaboration** There is a risk of the co-ordination of whole system planning and commissioning being insufficient to enable integration of health and social care services and improve outcomes for people.	16	12	Within appetite	High	<>

Table 1: IJB Strategic Risk Register - Summary View						
Risk Ref.	Risk Title	Risk Score No Controls	Risk Score Controls	Appetite	Risk Level	Movement
	< > No change in risk exposure		↑ Increase in risk exposure		↓ Decrease in risk exposure	

Risk Ref: 1 IJB	Risk Title: Financial Sustainability	
Residual Score: Outwith appetite	**Risk Category:** Financial	**Risk Appetite:** Cautious
Risk Response: Reduce **Last Review:** June 2026 **Next Review:** October 2026	**Related to Achievement of Strategic Priority** Inequalities X Self-Care X Open Door X Planning Together X Workforce X Working Together X	

Risk Description:
There is a risk of the IJB being unable to maintain financial sustainability.

Key Contributing Factors:

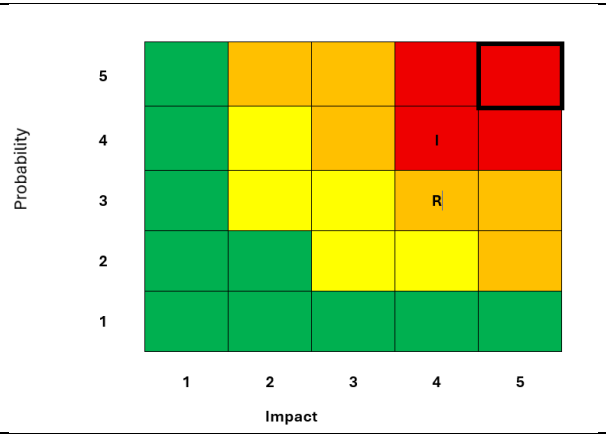
- No provision made for demographic growth within 25/26 budget.
- Delayed delivery of savings and transformation proposals contained within the 25/26 budget.
- Ongoing restrictions on public sector funding impacting on budget settlements for Dundee City Council, NHS Tayside and, subsequently, the IJB.
- Increasing underlying costs of service delivery, for example cost and volume of prescribing activity, demand for social care services.

Resulting in:

- Inability to deliver strategic priorities and shifts at scale and pace set out within IJB's Strategic Commissioning Framework.
- Poorer outcomes for people with health and social care needs, both in the short and long-term.
- Reputational damage associated with inability to deliver a balanced budget.
- IJB reserve levels have reduced below that set out within the Reserves Policy.

- Impact on financial viability of external providers (third and independent sector).
- Financial risk to Dundee City Council and NHS Tayside associated with risk sharing provisions within the Integration Scheme.

Current Mitigating Actions	Control Type
Enhanced financial monitoring systems and controls	Detective
Agreement of 2026/27 budget, including savings and transformation proposals	Corrective
2027/28 budget development process	Preventive
5-Year Financial Framework	Preventive
Transformation programmes	Preventive
Financial forecasting and analysis	Detective
Senior Management Team Budget Delivery Group	Preventive
Engagement with Council, NHS Tayside, Scottish Government and national networks	Detective / Preventive
Regular financial reporting aligned to management, partners and IJB	Preventive
Regular meetings of CFO with NHS Tayside and Dundee City Council Directors of Finance	Preventive
Financial controls measures implemented by officers, senior management and budget holders in overspending areas.	Corrective
Programme of controls and improvements overseen by Prescribing Management Group	Detective / Corrective
Planned Mitigating Actions	Control Type
Review of the IJB's Strategic Commissioning Plan, and subsequently the HSCP Delivery Plan	Directive

Risk Ref: 2 IJB	Risk Title: Workforce Capacity	
Residual Score: Within appetite	**Risk Category:** Workforce	**Risk Appetite:** Open
Risk Response: Reduce and Share **Last Review:** June 2026 **Next Review:** October 2026	**Related to Achievement of Strategic Priority** Inequalities Self-Care Open Door Planning Together Workforce X Working Together	

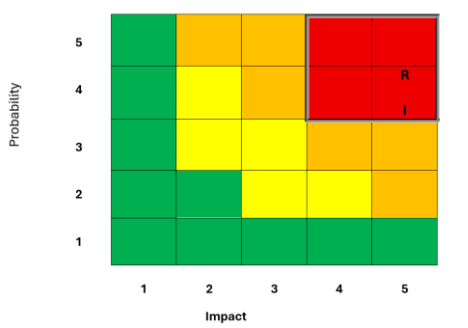
Risk Description:
There is a risk of insufficient capacity and capability within the health and social care workforce to deliver the IJB's strategic priorities and shifts.

Key Contributing Factors:

- Complex governance arrangements for the health and social care workforce undermines clarity of leadership and accountability.
- Financial sustainability challenges necessitate reduction in overall workforce numbers.
- Inadequate capacity within senior leadership structure to effectively support workforce planning.
- Inadequate specialist workforce planning capability and capacity, including specialist modelling and projection capability and capacity (service demand and workforce).
- Inability to access workforce data from individual employers and to collate, analyse and report integrated workforce data (from NHS Tayside, Dundee City Council and commissioned services).
- Misalignment between health and social care priorities and those of employing organisations (NHS Tayside, Dundee City Council and third and independent sector).
- Policy and regulatory changes across multiple stakeholders (national, regional and local).

♦ Poor communication with stakeholders, including members of the workforce. ♦ Resistance to change from stakeholders, including members of the workforce. ♦ High levels of absence across HSCP services.
Resulting in: ♦ Lack of capacity to deliver savings and transformation activity required to implement strategic priorities and shifts, and to support financial sustainability. ♦ High absence levels, low morale and poor health and wellbeing within the workforce. ♦ Poorer outcomes for people with health and social care needs, both in the short and long-term.

Current Mitigating Actions	**Control Type**
Implementation of Health and Care (Staffing) (Scotland) Act 2019	Detective
Enhanced focus on absence management	Corrective
Workforce plan, including action plan and risk register	Directive
Workforce wellbeing actions	Corrective
Clinical Care Governance Forum	Detective
Professional Leadership: nursing, AHP and social work	Preventive
Planned Mitigating Actions	Control Type
Actions within the Workforce Plan still to be delivered (Plan, Attract, Employ, Train, Nurture)	Corrective / Preventive

Risk Ref: 3 IJB	Risk Title: Property Infrastructure	
Residual Score: Outwith appetite	**Risk Category:** Performance / Quality	**Risk Appetite:** Cautious
Risk Response: Reduce and Share **Last Review:** June 2026 **Next Review:** October 2026	**Related to Achievement of Strategic Priority** Inequalities X Self-Care X Open Door X Planning Together X Workforce X Working Together X	

Risk Description:
There is a risk of the configuration, condition and effective use of property being inadequate to support the delivery of integrated health and social care priorities.

Key Contributing Factors:

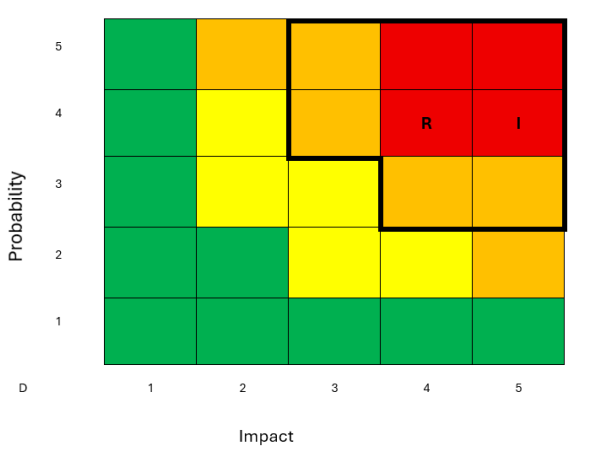
- Restrictions on access to capital funding via NHS Tayside and Dundee City Council for investment in both existing and new property developments.
- Financial sustainability challenges necessitate reduction in scale of property portfolio and maintenance programme in both NHS Tayside and Dundee City Council.
- Lack of dedicated workforce capacity to focus on implementation of property strategy and interface with corporate bodies.
- Property is not a delegated function to the IJB, therefore restricting levers and actions directly available to mitigate risks.
- Lack of integrated public sector property strategy for Dundee.

Resulting in:

- Underutilisation of some property with potential to support service integration and delivery - hotpots' include Kingsway Care Centre, Royal Victoria Hospital and Constitution House.
- Poor quality of service delivery and office environment for health and social care services / workforce, impacting on service user and workforce experience.

- Impact on staff morale within sites with significant maintenance issues.
- Inability to deliver strategic priorities and shifts at scale and pace set out within IJB's Strategic Commissioning Framework.
- Short-notice disruption to workforce when required to vacate office spaces, impacting on morale.
- Short notice disruption to services users when temporary closures, repairs or changes to service delivery model are required to manage property condition and health and safety risks.

Current Mitigating Actions	Control Type
IJB Property Strategy	Corrective / Preventive
Remedial actions to address property maintenance at Kingsway Care Centre	Corrective
GP Property Strategy	Corrective / Preventive
Planned Mitigating Actions	Control Type
Scottish Government Whole System Planning requirements	Corrective / Preventive
SFT Workstream	Preventive

Risk Ref: 4 IJB	Risk Title: Public Service Reform	
Residual Score: Outwith appetite	**Risk Category:** Compliance / Legislative / Regulatory	**Risk Appetite:** Minimal
Risk Response: Reduce **Last Review:** June 2026 **Next Review:** October 2026	**Related to Achievement of Strategic Priority** Inequalities X Self-Care X Open Door X Planning Together X Workforce X Working Together X	

Risk Description:
There is a risk of significant volume and scale of public sector reform, both in the short and long-term.

Key Contributing Factors:

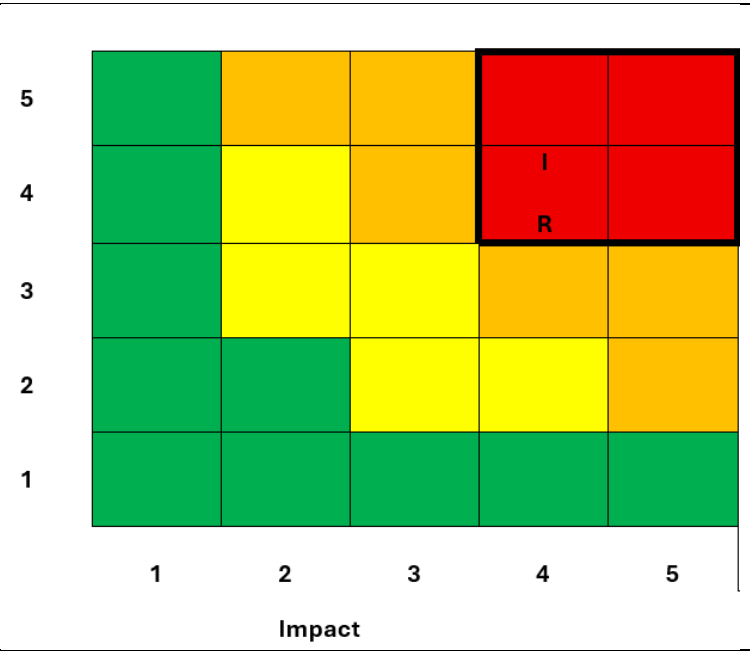
- Significant volume of ongoing national reform specifically focused on health and social care, including the establishment of the National Care Service Advisory Board and associated features of the Care Reform (Scotland) Act 2025.
- Lack of clarity regarding the detail arrangements / requirements of new legislative, strategic and policy initiatives for health and social care.
- Insufficient capacity within the Partnership workforce to consistently and comprehensively identify and engage with consultation mechanisms informing national developments and reform.
- National consultation mechanisms are not considered to be robust (concerns regarding both methodologies and transparency / impact).
- Legislative and policy change outwith health and social care but that impacts on IJB functions does not always take sufficient account of the IJB governance arrangements.

- Changes have included a significant increase in reporting / oversight requirements, adding additional pressures into local systems.

Resulting in:

- Reactive, rather then proactive / planned, response to significant changes in national strategy and policy.
- National strategy and policy not sufficiently reflecting local needs and requirements, including the needs and preferences of people who use health and social care services.
- Potential for misalignment between national strategy and policy and local arrangements.
- Potential for breach of statutory duties or non-compliance with other regulatory frameworks or national oversight / reporting mechanisms.

Current Mitigating Actions	**Control Type**
Annual Delivery Plan for Dundee Health and Social Care Partnership	Corrective
Officer membership of range of national networks and professional bodies	Detective
Interface with NHS Tayside and Dundee City Council regarding communication of national legislative changes	Detective
Planned Mitigating Actions	Control Type
Ongoing review of the IJB's Strategic Commissioning Framework	Directive
Restructure of Strategic Planning and Business Support Team, including increased capacity at interface with national planning and policy arrangements	Preventive / Detective

Risk Ref: 5 IJB	Risk Title: Increased Service Demand	
Residual Score: Outwith appetite	**Risk Category:** Performance / Quality	**Risk Appetite:** Cautious
Risk Response: Reduce **Last Review:** June 2026 **Next Review:** October 2026	**Related to Achievement of Strategic Priority** Inequalities: X Self-Care: X Open Door: X Planning Together: Workforce: Working Together:	

Risk Description:
There is a risk of unsustainable increased demand for health and social care services and supports due to changing sociodemographic of Dundee's population.

Key Contributing Factors:

- Key demographic factors include: ageing population and associated health needs (such as dementia), increased number of young people living into adulthood with complex health and care needs, diabetes and obesity.

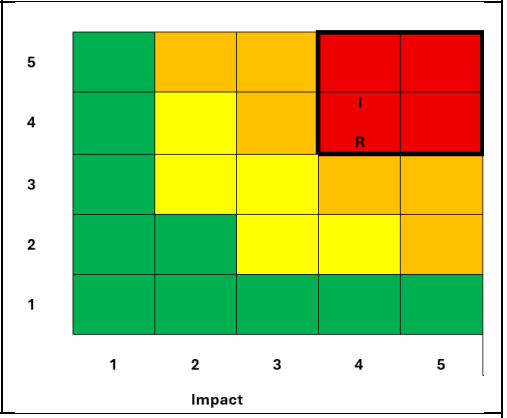
- Cost of living continues to impact on both service users and workforce health and wellbeing.
- Members of the public consistently report challenges identifying and accessing relevant health and social care supports, leading to escalating need and crisis intervention.
- Lack of capacity, intelligence and analytical tools to undertake required needs and demand forecasting to facilitate effective forward planning.
- No financial provision with 2025/26 budget to meet additional costs associated with rising demand due to sociodemographic factors.

Resulting in:

- Inability to deliver strategic priorities and shifts at scale and pace set out within IJB's Strategic Commissioning Framework.
- Poorer outcomes for people with health and social care needs, both in the short and long-term.
- Widening health and wellbeing inequalities within Dundee's population.
- Impact on staff morale and wellbeing.

Current Mitigating Actions	Control Type
Focus on health inequalities within IJB Strategic Commissioning Framework and supporting strategic plans.	Directive
Inequalities focused initiatives – Health Inequalities Engine Room, Linlathen Local Fairness Initiative, Fairness Leadership Panel	Corrective
Targeted service provision	Corrective
Co-production and engagement with communities	Detective / Corrective
Commissioning investment in early intervention, direct access services to reduce escalation of need and support prevention within Mental Health and Learning Disability	Preventive
Transformation programmes	Preventive
Joint Strategic Needs Assessment and ongoing data analysis	Detective
Planned Mitigating Actions	Control Type
Ongoing review of the IJB's Strategic Commissioning Framework	Directive
Improvements to public information and access to services	Corrective
Dundee Partnership Whole Family Wellbeing Initiative	Corrective / Preventive

Development of adult pressures overview to demonstrate changing needs and demand	Detective

Risk Ref: 6 IJB	Risk Title: External Provider Sustainability	
Residual Score: Outwith appetite	**Risk Category:** Performance / Quality	**Risk Appetite:** Cautious
Risk Response: Reduce **Last Review:** May 2026 **Next Review:** September 2026	**Related to Achievement of Strategic Priority** Inequalities Self-Care Open Door Planning Together X Workforce X Working Together	

Risk Description:
There is a risk of instability in the market of external providers of health and social care services and supports (third and independent sector).

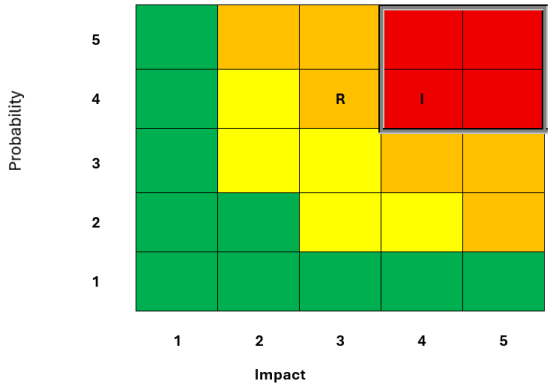
Key Contributing Factors:

- Reduced public sector funding across the health and social care sector, resulting in financial pressures for external providers.
- Impact of IJB savings plans contained within 2025/26 and 2026/27 budgets.
- Impact of inflation and other increased operating costs (such as changes to National Insurance Contributions).
- Challenges within the workforce market for providers, including recruitment and retention issues associated with terms and conditions.
- Changes to national immigration legislation and policy impacting workforce supply.
- Many levers to mitigate risk regarding external provider viability / sustainability are outwith the IJB's direct control and are part of national decisions and arrangements.
- Resource pressures within HSCP Social Care Commissioning and Contracts functions.

Resulting in:

- High number of providers reporting financial losses from 2024/25 onwards, and / or significantly reduced reserve levels.
- Short notice default / exit from contracts not considered to be financially viable resulting in disruption of service for service users.
- Potential unplanned closure of services, with possibility of limited alternative providers within the marketplace.

Current Mitigating Actions	Control Type
~~Social Care Contracts Team, including contract monitoring and provider relationship investment~~	~~Detective / Corrective / Preventive~~
Scottish Cares Lead role and co-ordinated engagement with providers	Detective / Corrective / Preventive
Engagement with national negotiation and engagement mechanisms (i.e. Scotland Excel)	Detective / Preventative
Fair Work developments	Preventative
Planned Mitigating Actions	Control Type
Development of provider risk assessment framework and register	Detective
IJB Strategic Funding Review to take place during 2026/27	Detective / Corrective / Preventive

Risk Ref: 7 IJB	Risk Title: Data Quality	
Residual Score: Within appetite	**Risk Category:** Performance / Quality	**Risk Appetite:** Cautious
Risk Response: Reduce **Last Review:** May 2026 **Next Review:** September 2026	**Related to Achievement of Strategic Priority** Inequalities: X Self-Care: Open Door: Planning Together: X Workforce: Working Together:	

Risk Description:
There is a risk that data quality and availability is insufficient to full assess performance, outcomes and impacts to support whole systems decisions.

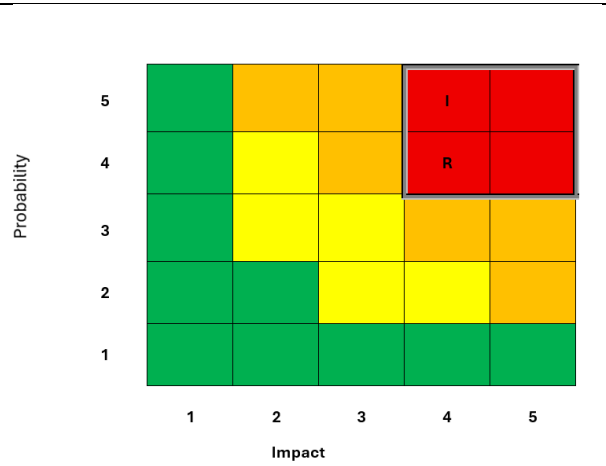
Key Contributing Factors:

- Reduction in overall workforce capacity, particularly admin and clerical capacity, reducing focus on accurate maintenance of information systems.
- Overly complex processes and recording systems which do not enable accurate recording of information.
- Lack of management and leadership capacity to exercise effective oversight of data quality issues.
- Lack of investment in tools to enable collation and viewing of data across the wider system and encourage access, oversight and focus on data quality.
- Lack of culture of shared ownership / responsibility for data quality.
- Some aspects contributing to this risk are not delegated functions to the IJB (including some admin and clerical support and digital functions), therefore limiting levers and actions directly available to mitigate impacts.

Resulting in:

- Limited and / or unreliable data being available to inform service and strategic planning and performance and quality monitoring.
- Inability to accurately and rapidly identify service users to inform resilience responses.
- Potential workforce risk due to inaccurate information relating to safety and lone working.
- Loss of income to the Partnership due to inaccurate / missed charging for services, contributing to financial sustainability risks.
- Potential reputational risk of publication / provision of inaccurate data.
- Additional capacity being required to continuously monitor and manage data quality issues including the preparation of statutory information returns, redirecting resource from tasks more directly associated with delivery of strategic priorities and shifts.

Current Mitigating Actions	**Control Type**
Review of health and social care billing processes.	Detective / Corrective
Data quality reports regularly produced and provided to some teams	Detective
Data quality checks completed prior to submission of statutory returns	Corrective
Planned Mitigating Actions	Control Type
Use of new technology to automate some data analysis and reporting process to release capacity for other work	Corrective

Risk Ref: 8 IJB	Risk Title: Digital Infrastructure	
Residual Score: Outwith appetite	**Risk Category:** Performance / Quality	**Risk Appetite:** Cautious
Risk Response: Reduce and Share **Last Review:** June 2026 **Next Review:** October 2026	**Related to Achievement of Strategic Priority** Inequalities Self-Care Open Door X Planning Together X Workforce X Working Together	

Risk Description:
There is a risk of digital infrastructure being inadequate to support the delivery of modern integrated health and social care priorities.

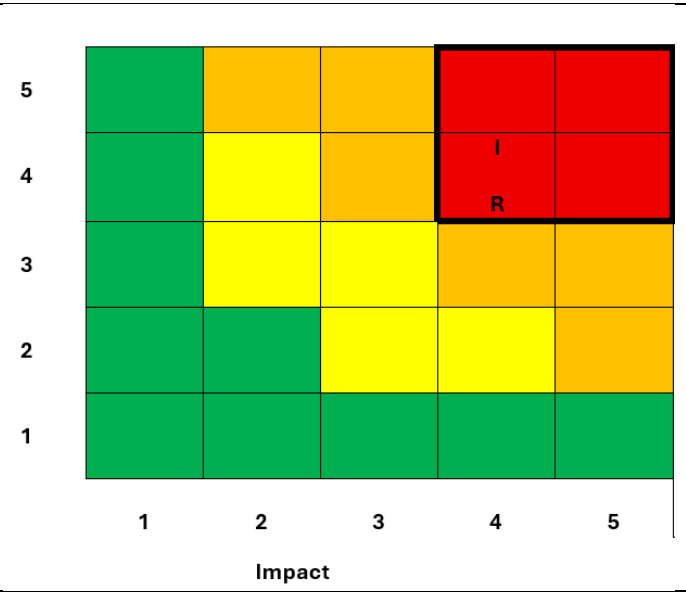
Key Contributing Factors:

- Number and complexity of IT systems, and lack of interoperability of digital systems.
- Financial sustainability challenges necessitate reduction in scale of digital developments and maintenance programme in both NHS Tayside and Dundee City Council.
- Lack of dedicated workforce capacity and capability to focus on implementation digital developments within the HSCP.
- Digital is not a delegated function to the IJB, therefore restricting levers and actions directly available to mitigate risks.
- Lack of digital delivery plan to bridge the gap between digital strategies of Dundee City Council and NHS Tayside, and support implementation in integrated functions.
- Lack of integrated public sector digital strategy for Dundee.

Resulting in:

- Use of inefficient manual process and / or workarounds by the workforce (eg double input to both social work and health professionals' systems.)
- Reputational damage both from a public and employer of choice perspective / loss of credibility due to inability to keep-up with modern digital expectations.
- Inefficiencies detract from capacity available to deliver strategic shifts and priorities at scale and pace described within IJB's Strategic Commissioning Framework.
- Impact on staff morale and wellbeing.
- Impact on service user experience, including initial access to services and need to share information multiple times with different services / teams.
- Impact on ability to effectively co-ordinate integrated information sharing and working resulting in potential for poorer outcomes for people with health and social care needs.

Current Mitigating Actions	**Control Type**
Digital Strategy Group with representation from NHS Tayside and Dundee City Council	Corrective / Preventive
Participation in Digital Maturity Assessment process being led by Dundee City Council	Detective
Planned Mitigating Actions	Control Type
Digital Delivery Plan	Corrective / Preventive
Increase in digital implementation and workforce development capacity within the HSCP workforce	Corrective
Investment of Transformation monies to fund digital developments for Community Nursing and other community-based services.	Corrective
Implementation of new digital operating model and product support approach within Dundee City Council	Corrective

Risk Ref: 9 IJB	Risk Title: Information Governance	
Residual Score: Outwith appetite	**Risk Category:** Performance / Quality	**Risk Appetite:** Cautious
Risk Response: Reduce and Share **Last Review:** May 2026 **Next Review:** September 2026	**Related to Achievement of Strategic Priority** Inequalities Self-Care Open Door Planning Together X Workforce X Working Together	

Risk Description:
There is a risk of information governance and security arrangements being inflexible to support the delivery of integrated health and social care priorities.

Key Contributing Factors:

- Different information governance and security risk tolerance and standards in place within Dundee City Council and NHS Tayside.
- Workforce employment arrangements are barrier to staff accessing information required to fulfil their roles.
- Increasing number of Subject Access Requests, Freedom of Information requests and complaints activity related to information governance issues.
- Increasing complexity of Freedom of Information requests and complaints, including use of AI by requestors / complainants.
- Ongoing scrutiny of corporate bodies by Scottish Information Commissioner.

- Staffing pressures across teams and services who support the processing and compilation of Subject Access Requests, Freedom of Information requests and complaints responses.
- Changes to digital systems have impacted on ability to share and store information in a secure but accessible way.
- Increase in cybersecurity threats experienced across the public sector.

Resulting in:

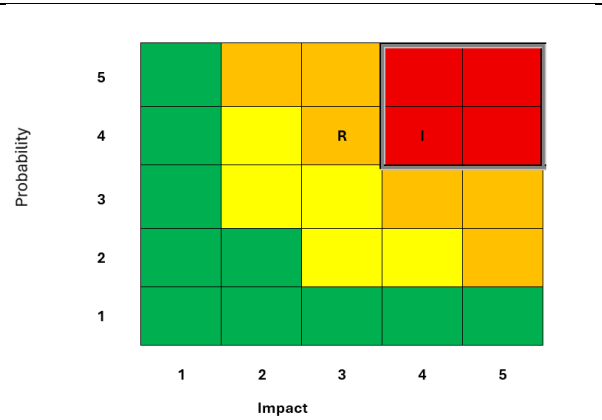
- Impact on workforce morale.
- Inability to share information in an efficient and effective way, redirecting resource from tasks more directly associated with strategic priorities and shifts.
- Delays in responding to information requests, with associated reputational impact and risks of regulatory action (including financial penalties for the corporate bodies).
- Risk averse behaviours and practices which in themselves limit information sharing and quality of services / response to health and social care needs.

Current Mitigating Actions	Control Type
Approval of information sharing protocol between Dundee City Council and NHS Tayside for Dundee HSCP	Directive / Preventive
Regular management reporting of performance against statutory requirements	Detective
Information governance learning and development resources and guidance	Preventive
Continuous monitoring of compliance with statutory requirements for Freedom of Information, Complaints and Subject Access Requests (including via Senior Management Team)	Detective / Corrective
Planned Mitigating Actions	Control Type
Finalisation of updated Standard Operating Procedures for all information governance processes	Preventive

<table>
<tr><th>Risk Ref: 10 IJB</th><th colspan="2">Risk Title: Engagement</th></tr>
<tr><td>Residual Score:
Within appetite</td><td>Risk Category:
Reputational</td><td>Risk Appetite:
Open</td></tr>
<tr><td>Risk Response:
Reduce
Last Review:
May 2026
Next Review:
September 2026</td><td colspan="2">Related to Achievement of Strategic Priority
<table>
<tr><td>Inequalities</td><td></td></tr>
<tr><td>Self-Care</td><td></td></tr>
<tr><td>Open Door</td><td></td></tr>
<tr><td>Planning Together</td><td>X</td></tr>
<tr><td>Workforce</td><td>X</td></tr>
<tr><td>Working Together</td><td>X</td></tr>
</table></td></tr>
<tr><td colspan="3">Risk Description:
There is a risk of the work of the IJB being insufficiently supported and informed by communication and engagement with stakeholders.</td></tr>
<tr><td colspan="3">Key Contributing Factors:
• Workforce capacity and capability to plan and deliver communication and engagement across all relevant functions and with all stakeholders.
• Restricted capacity of stakeholders to participate in communication and engagement processes, including service users and members of the public (competing priorities).
• Multiple needs and requirements to ensure that processes and materials are effective and accessible for all stakeholders (one size fits all approach is not sufficient).
• Insufficient acknowledgement and support of contributions, particularly from those participating on an unpaid basis.
• Communication is not a delegated function to the IJB, therefore restricting levers and actions available to directly mitigate risks.
• Limited visibility of IJB members and other leaders across all stakeholder groups.</td></tr>
<tr><td colspan="3">Resulting in:</td></tr>
</table>

- Strategic plans and service developments being ineffective in meeting local needs and preferences, resulting in poorer outcomes for people with health and social care needs.
- Reduced confidence and credibility of the IJB with stakeholders.
- Lack of realistic and shared expectations relating to strategic priorities and shifts, as well as availability and quality on services and supports.
- Potential challenges to decisions made by the IJB that were not properly informed by engagement and understanding of needs and impacts.

Current Mitigating Actions	Control Type
Focused engagement activity in place across a number of key processes / services - strategic plan, budget development, carers strategic plan, mental health and wellbeing strategic plan.	Preventive
Joint work with Dundee Partnership, Dundee City Council and NHS Tayside to make best use of all available engagement information.	Corrective
Revision of arrangements for lived experience representation at IJB and SPAG.	Preventive
Support available from Healthcare Improvement Scotland to support engagement in relation to service change.	Preventive
Participation in Area Partnership Forums and other mechanisms to support workforce communication and engagement	Preventive
IJB visits to health and social care teams and services	Preventive
Planned Mitigating Actions	Control Type
Implementation of approach to service user and carer representative recruitment, support and development for the IJB.	Preventive / Corrective
Restructure of Business Support and Strategic Planning Team, including increased capacity to support communication and engagement	Corrective
Implementation of improvement areas to support fulfilment of Children's Rights Duties, including Voice focused actions	Preventive / Corrective
Implementation of Care Opinion	Detective

<table>
<tr><th>Risk Ref: 11 IJB</th><th colspan="2">Risk Title: Whole System Collaboration</th></tr>
<tr><td>Residual Score:
Within appetite</td><td>Risk Category:
Performance / Quality</td><td>Risk Appetite:
Cautious</td></tr>
<tr><td>Risk Response:
Reduce and Share
Last Review:
May 2026
Next Review:
September 2026</td><td>Related to Achievement of Strategic Priority<table><tr><td>Inequalities</td><td></td></tr><tr><td>Self-Care</td><td></td></tr><tr><td>Open Door</td><td></td></tr><tr><td>Planning Together</td><td></td></tr><tr><td>Workforce</td><td></td></tr><tr><td>Working Together</td><td>X</td></tr></table></td><td> 
</td></tr>
<tr><td colspan="3">Risk Description:
There is a risk of the co-ordination of whole system planning and commissioning being insufficient to enable integration of health and social care services and improve outcomes for people.</td></tr>
<tr><td colspan="3">Key Contributing Factors:
Scale and complexity of network of relevant health and social care and community planning partners, including complexity of governance arrangements for health and social care.
Limited strategic commissioning and planning capacity within the HSCP and other partner organisations.
Differing planning requirements and processes used by different partners, driven by legislative requirements and national policy, funding and reporting arrangements.
Differing cultures and priorities across partner organisations.
Redesign of Mental Health and Learning Disability Services under the Whole System Change Programme and related scrutiny reports.</td></tr>
<tr><td colspan="3">Resulting in:
Inability to deliver strategic priorities and shifts at scale and pace set out within IJB's Strategic Commissioning Framework
Poorer outcomes for people with health and social care needs, both in the short and long-term</td></tr>
</table>

- Impact on service user experiences of service delivery.
- Inefficient use of total public sector resource due to duplication of effort and / or conflicting plans and unintended consequences.
- Increased potential for disintegration of health and social care services.

Current Mitigating Actions	Control Type
Participation in joint strategic planning groups for health and social care	Preventive
SPAG as key site for co-ordination of planning	Preventive
Participation in Community Planning Partnership	Preventive
Representation on national groups that influence planning arrangements and requirements (i.e. HSCS)	Preventive
Visibility and governance in relation to Tayside-wide Mental Health and Learning Disability Whole System Change Programme	Detective
Influence the delivery of new models of care and whole system change programme to promote & safeguard better outcomes	Preventive
Participation in Protecting People Committees	Preventive
Development and agreement of strategic plans with whole system alignment – e.g. Tayside Primary Care Foundational Strategy 2026-28, Children's Services Plan	Preventive
Agreement of shared models of service delivery e.g. GP Out of Hours	Corrective
Planned Mitigating Actions	Control Type
Ongoing review of the IJB's Strategic Commissioning Framework	Detective
Participation of Chief Officer and others in Mental Health WSPC and work to develop single mental health strategic plan for Tayside	Preventive / Corrective
Explore collaborative opportunities with other partners including Angus and Perth & Kinross IJBs	Corrective
~~Continued focus on strengthening participation in and work of the SPAG~~	~~Corrective~~
Restructure of Strategic Services, including increased capacity at interface with national planning and policy arrangements	Corrective

Table 2: Overview of Changes in Risk Scoring													
Risk	**Risk Title**	**Inherent Risk**	**Feb 26**	**Mar 26**	**Apr 26**	**May 25**	**Jun 26**	**Jul 26**	**Aug 26**	**Sep 26**	**Oct 26**	**Nov 26**	**Dec 26**
1 IJB	Financial Sustainability	25	25	25	25	25	25	25	25				
2 IJB	Workforce Capacity	16	12	12	12	12	12	12	12				
3 IJB	Property Infrastructure	20	20	20	20	20	20	20	20				
4 IJB	Public Sector Reform	20	16	16	16	16	16	16	16				
5 IJB	Increased Service Demand	20	16	16	16	16	16	16	16				
6 IJB	External Provider Sustainability	16	12	12	12	16	16	16	16				
7 IJB	Data Quality	16	12	12	12	12	12	12	12				
8 IJB	Digital Infrastructure	20	16	16	16	16	16	16	16				
9 IJB	Information Governance	16	12	12	12	12	12	12	16				
10 IJB	Engagement	20	12	12	12	12	12	12	12				
11 IJB	Whole System Collaboration	16	12	12	12	12	12	12	12				

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 23 SEPTEMBER 2026**

REPORT ON: **HEALTH AND CARE EXPERIENCE SURVEY 2025/26 ANALYSIS**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **PAC29-2026**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on the results from the 2025/26 Health and Care Experience Survey, which is used to provide measurement for National Health and Wellbeing Indicators 1 to 9.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report, including the results of the 2025/26 survey for Dundee Health and Social Care Partnership (appendix 1).

2.2 Note the longitudinal changes to performance over the last four biennial surveys (section 5).

2.3 Note the performance of Dundee Health and Social Care Partnership against the Scottish average and eight Family Group Partnerships (section 6).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

4.1 The Scottish Health and Care Experience Survey is a postal survey that is administered to a random sample of people who were registered with a GP in Scotland. The survey has been run every two years since 2019 and forms part of the Scottish Care Experience Excellence Programme, which is a suite of national surveys aiming to provide local and national information on the quality of health and care services from the perspective of those using them. The results of the 2025/26 survey for Dundee Health and Social Care Partnership are contained within appendix 1.

4.2 The survey results are used nationally to inform planning and monitor performance, monitor the NHS Scotland Local Delivery Plan standards on accessing GP services and to inform 9 out of the 23 health and wellbeing outcome indicators under the Public Bodies (Joint Working) (Scotland) Act 2014.

4.3 The survey results are used locally by GP practices and associated cluster groups and Health and Social Care Partnerships to gain some understand of people's experiences of services and supports and allows benchmarking with other areas. However, it should be noted that the format of the survey questions places some limitations on the usefulness of the data at a Health and Social Care Partnership level; this includes the lack of qualitative response to accompany respondents' perception ratings that might better explain experiences and more usefully inform any subsequent

improvement activity. For this reason, Partnership services continue to gather information regarding service user / patient experiences through a wide range of activities and mechanisms, including Care Opinion.

5.0 LONGITUDINAL ANALYSIS

5.1 In order to only report responses of people who receive services from the Health and Social Care Partnerships, responses are filtered. Health and Social Care Partnerships are required to monitor performance from the pre integration 2015-16 position to the current position or the previous five years. It is not possible for this to be done for Indicators 1-7 and 9 because; the survey is biennial and also because the methodology for filtering respondents was changed by the Scottish Government prior to the 2019-20 survey. The Scottish Government has advised that comparing the results pre 2019-20 should not be done, however we can now compare 4 surveys years 2019-20, 2021-22, 2023-24 and 2025-26.

5.2 The responses from the section about carers does not require to be filtered, therefore National Indicator 8, which asks if a carer feels supported to continue in their caring roll, can be analysed longitudinally. However, it should be noted that not all of these carers will be known to, or receive services from the Partnership or Dundee Carers Centre.

6.0 FAMILY GROUP ANALYSIS

6.1 Dundee performed in the top 3 out of the 8 family group partnerships for 7 out of the 9 indicators and this is an improvement from the 2023/24 report which reported top 3 performance in 5 out of the 9 indicators.

6.2 Dundee performed the same as or better than the Scottish average for 6 out of the 9 indicators (7 out of 9 was reported in 2023/24).

6.3 Of particular note, Dundee performed out with the top 3 in the family group **and** below the Scottish average for 1 indicator - National Indicator 8: Percentage of carers who feel supported to continue in their caring role

- Dundee and also West Dunbartonshire, Inverclyde and North Ayrshire (other family group partnerships) all performed poorer that the Scottish average.
- Dundee performance was second poorest across the 8 family group partnerships.
- Both Dundee and Scotland performance shows a general decline over the 4 surveys.

This question was answered by everyone who states they provide unpaid care, which means that the cohort is wider than those unpaid carers supported by the Partnership and carers services in Dundee.

7.0 GENERAL PRACTICE

7.1 In addition to the survey questions regarding ‘Care, Support and Help with Everyday Living’ which were used to report National Indicators 1-9, there are sections in the survey regarding GP and Out of Hours access, care and treatment. GP Cluster leads are analysing the data for their cluster areas and using this to benchmark across clusters, the city and Tayside.

8.0 POLICY IMPLICATIONS

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

9.0 RISK ASSESSMENT

9.1 This report has been assessed to identify impacts on strategic risk management. No impact has been identified, either in relation to the strategic risks currently contained within the IJB's strategic risk register or the identification of any additional, emerging risks.

10.0 CONSULTATIONS

10.1 The Acting Chief Finance Officer, Acting Head of Strategic Services, Head of Service, Health and Community Care and the Clerk were consulted in the preparation of this report.

11.0 BACKGROUND PAPERS

11.1 None.

Dave Berry
Chief Officer

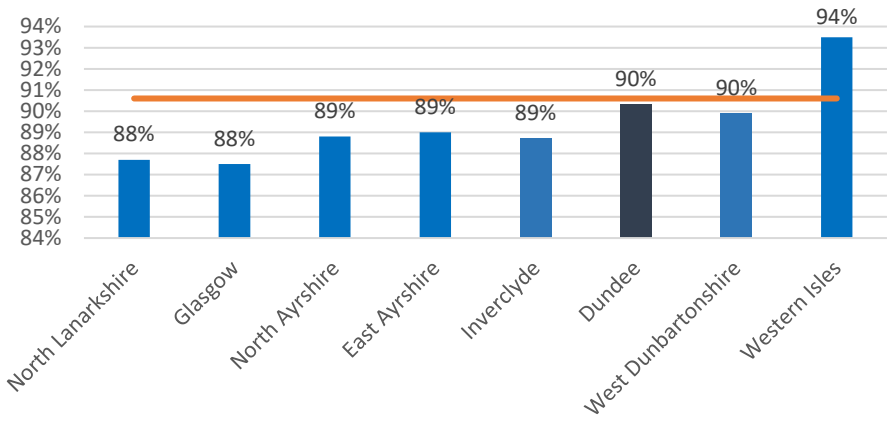
DATE: 12 August 2026

Lynsey Webster
Lead Officer Data Quality and Intelligence

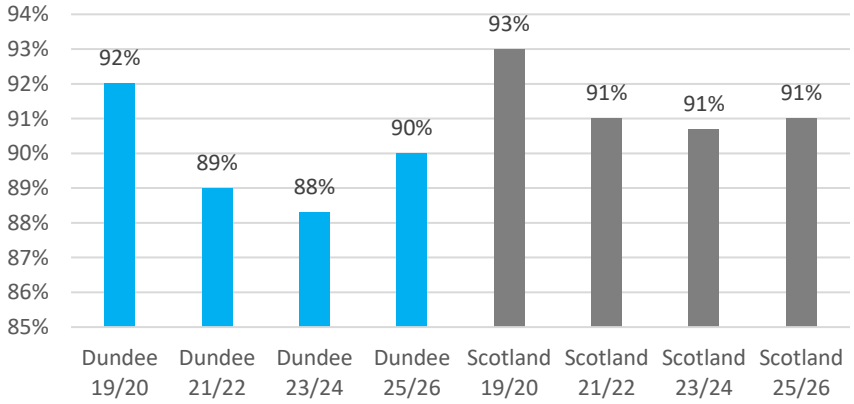
APPENDIX 1

National Indicators 1-9 Family Group Analysis

National Indicator 1: Percentage of adults able to look after their health very well or quite well (Scotland ----------)

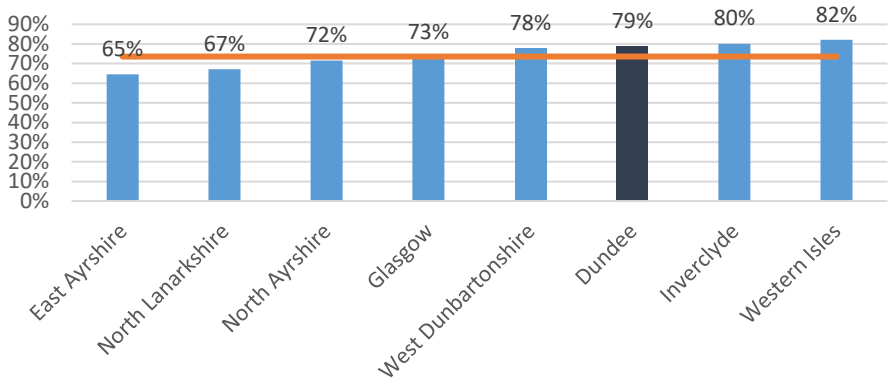


- All family group partnerships except Western Isles performed poorer than the Scottish average.
- Dundee performed 3rd best in the family group and poorer than the Scottish average.

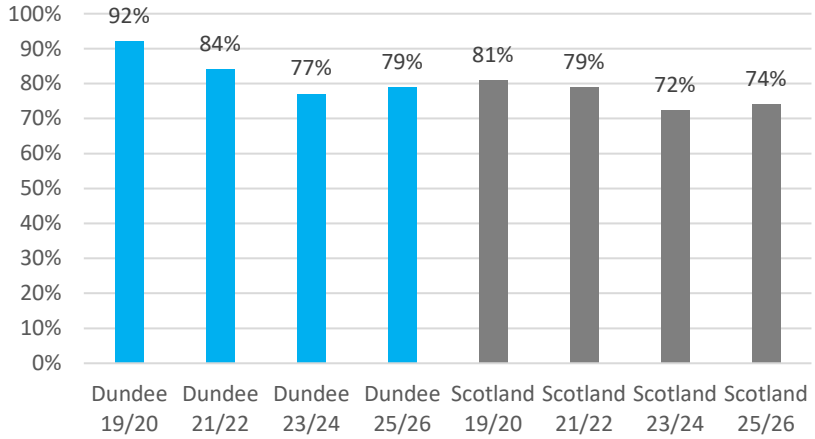


- Dundee has performed poorer than Scotland for 4 consecutive surveys.
- Performance has improved in Dundee since the 23/24 survey and stayed the same in Scotland for the same period.

National Indicator 2: Percentage of adults supported at home who agree that they are supported to live as independently as possible (Scotland ----------)

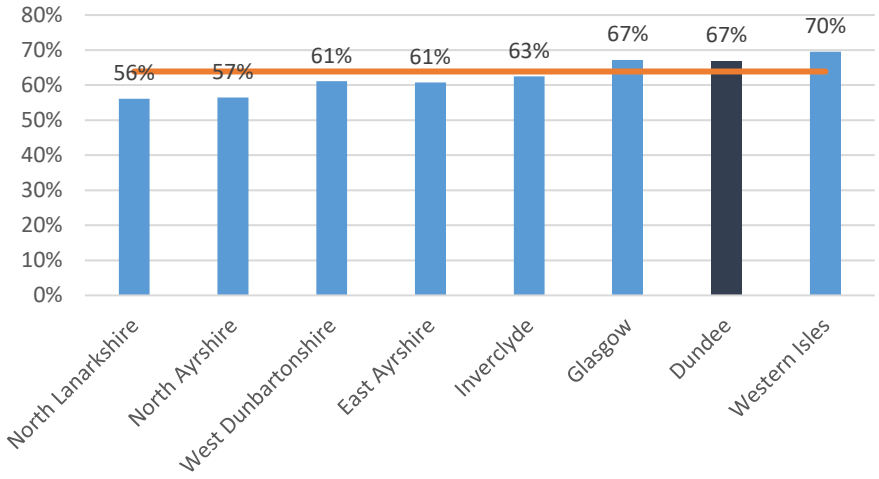


- Dundee performed 3rd best in the family group and better than the Scottish average.
- 4 of the 8 family group partnerships performed better than the Scottish average.

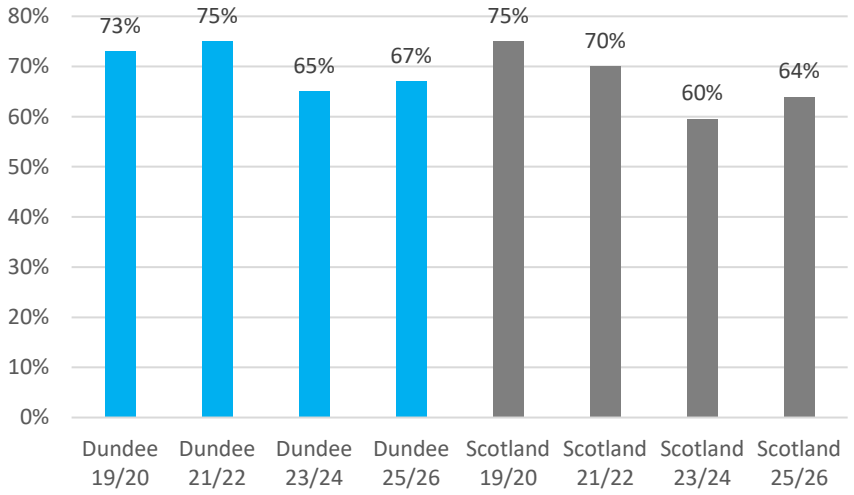


- Dundee has performed better than Scotland for 4 consecutive surveys.
- The was a decline in performance in both Dundee and Scotland over the 19/20, 21/22 and 23/24 surveys however both Dundee and Scotland improved by 2% between 23/24 and 25/26.

National Indicator 3: Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided. (Scotland ----------)

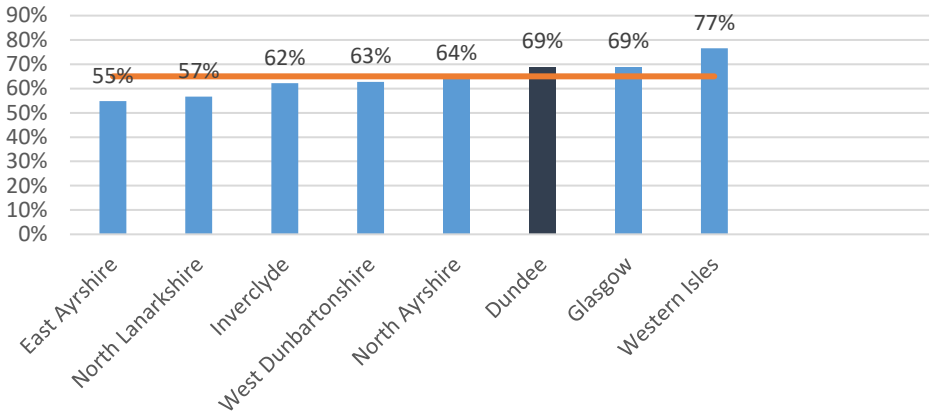


- Dundee performed (joint) 2nd best in the family group and better than the Scottish average.
- 3 of the 8 family group partnerships performed better than the Scottish average.

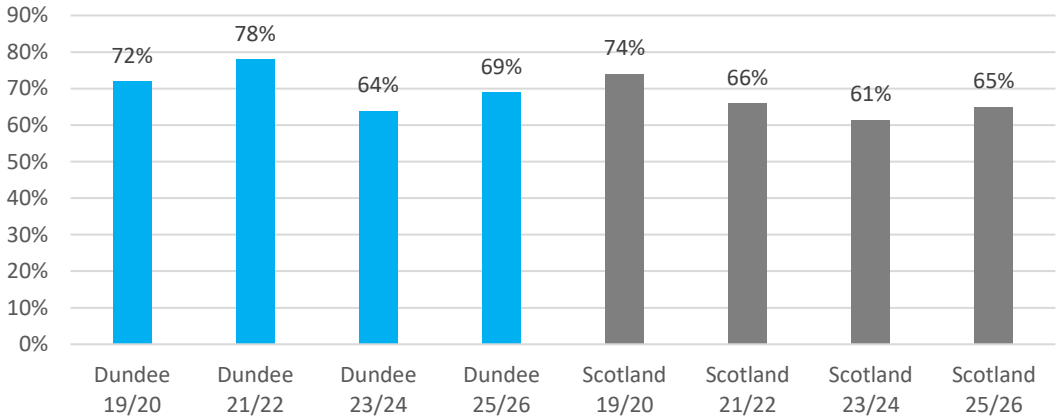


- Performance has generally declined across both Dundee and Scotland although Dundee did perform better than Scotland over the last 2 surveys in 23/24 and 25/26.
- Dundee performance improved by 2% between the 23/24 and 25/26 surveys.

National Indicator 4: Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated (Scotland ----------)

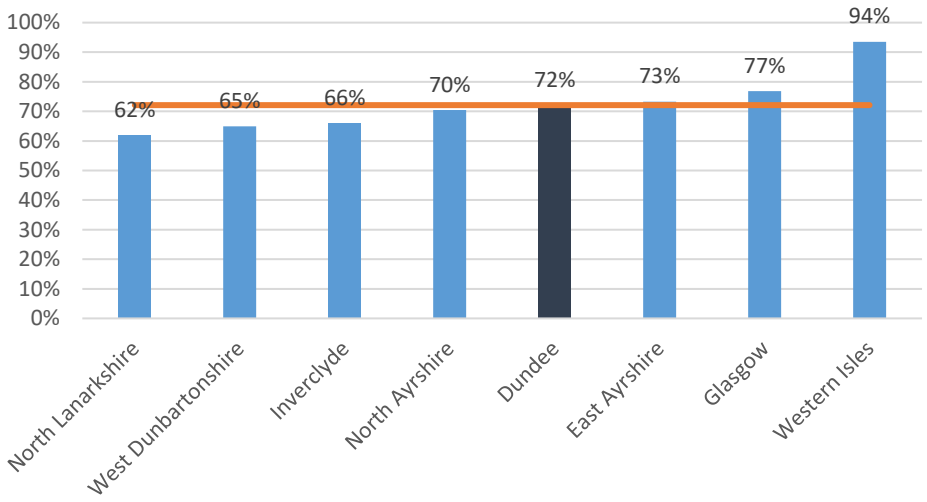


- Dundee performed 3rd best in the family group and better than the Scottish average.
- 3 of the 8 family group partnerships performed better than the Scottish average.

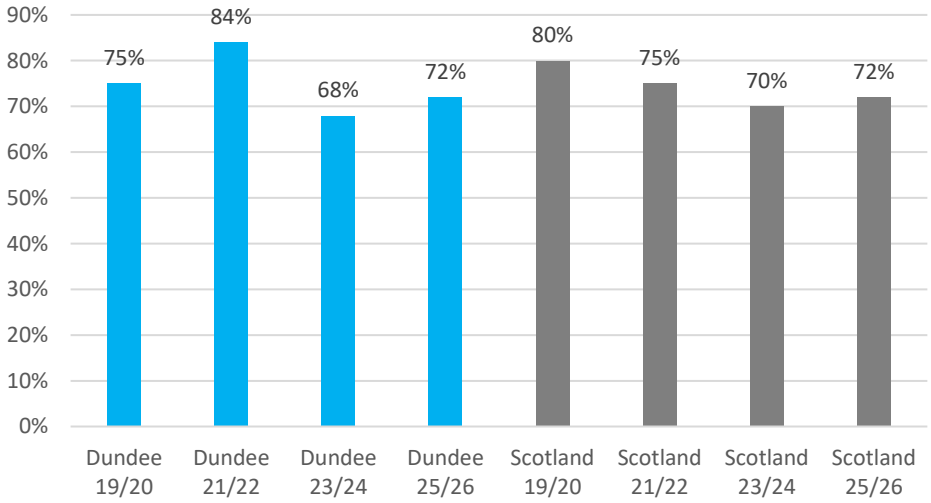


- Dundee performance fluctuated over the 4 surveys however in a general declining direction with performance being 3% lower in the 25/26 survey than the 19/20 survey.
- Dundee performance improved by 5% between the 23/24 and 25/26 surveys and Scotland performance also improved during this period.

National Indicator 5: Percentage of adults receiving any care or support who rate it as excellent or good (Scotland ----------)

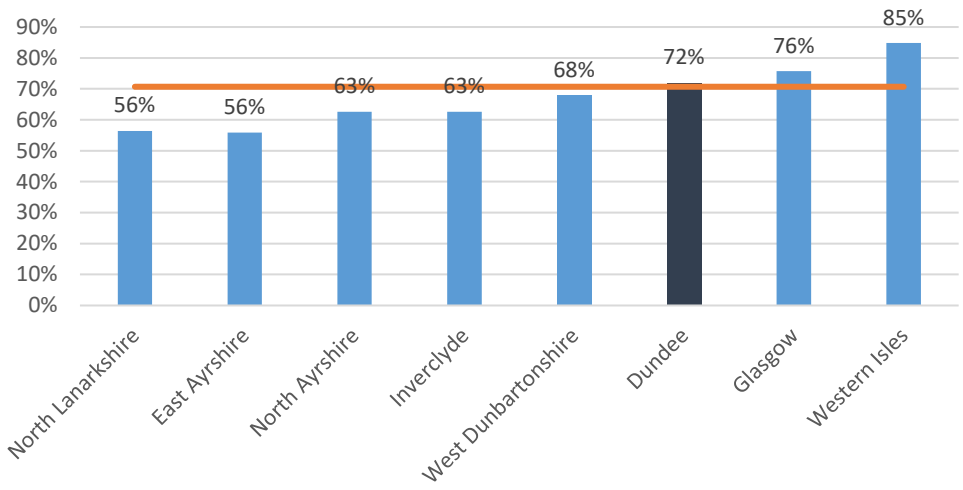


- Dundee performed 4th best in the family group and equal to the Scottish average.
- 4 of the 8 family group partnerships performed better or equal to the Scottish average.

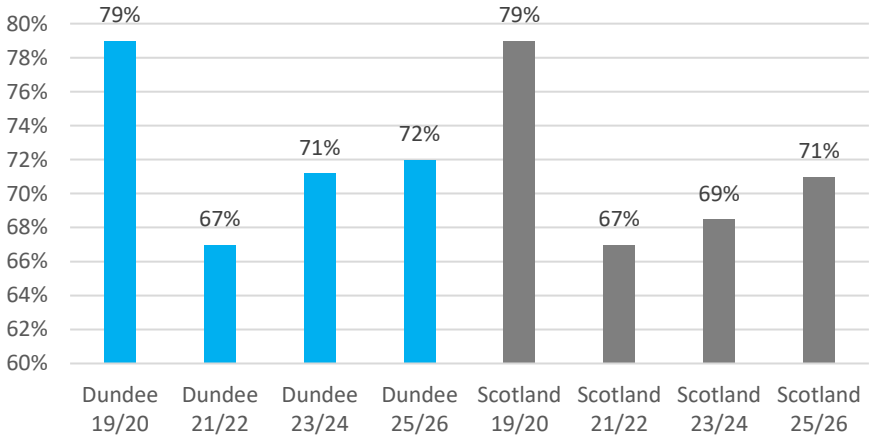


- Dundee performance fluctuated over the 4 surveys however in a general declining direction with performance being 3% lower in the 25/26 survey than the 19/20 survey and 12% lower in the 25/26 survey than the 21/22 survey.
- Dundee performance improved by 4% between the 23/24 and 25/26 surveys and Scotland performance also improved during this period.

National Indicator 6: Percentage of people with positive experience of the care provided by their GP practice (Scotland ----------)

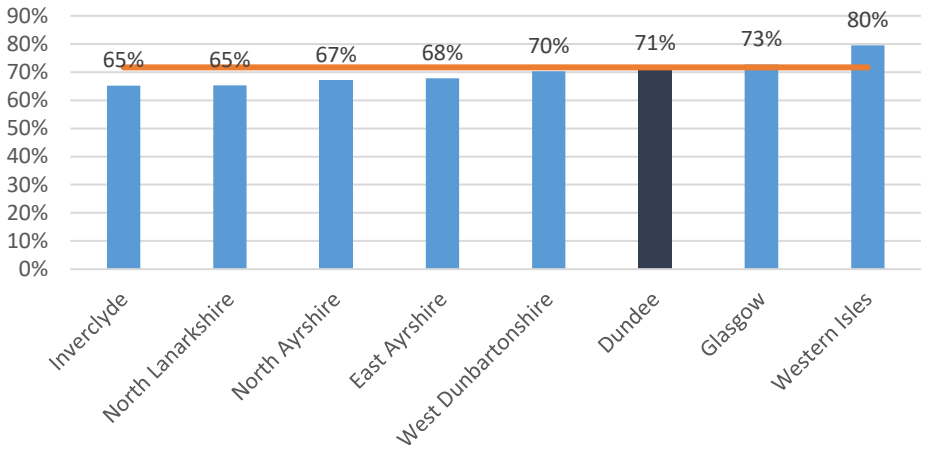


- Dundee performed 3rd best in the family group and better than the Scottish average.
- 3 of the 8 family group partnerships performed better than the Scottish average.

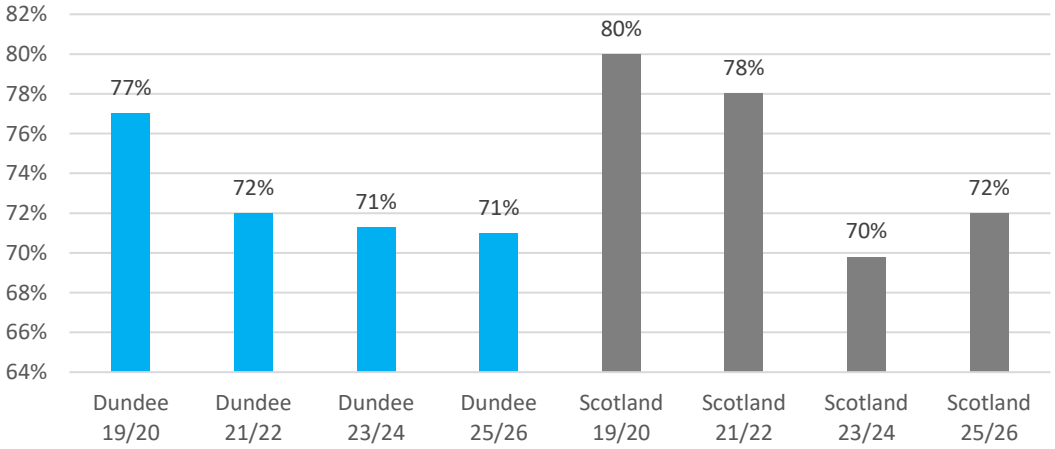


- Dundee performed the same or better than Scotland over the 4 surveys.
- Performance improved in both Dundee and Scotland between the 23/24 and 25/26 surveys.

National Indicator 7: Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
(Scotland ----------)

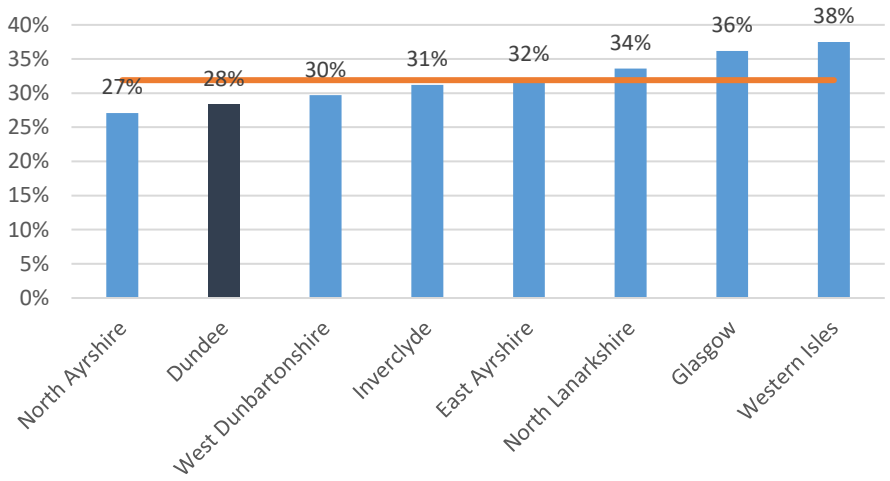


- Dundee's performance was 3rd best in the family group although 1% poorer than the Scottish average.
- 2 of the 8 family group partnerships performed better than the Scottish average.

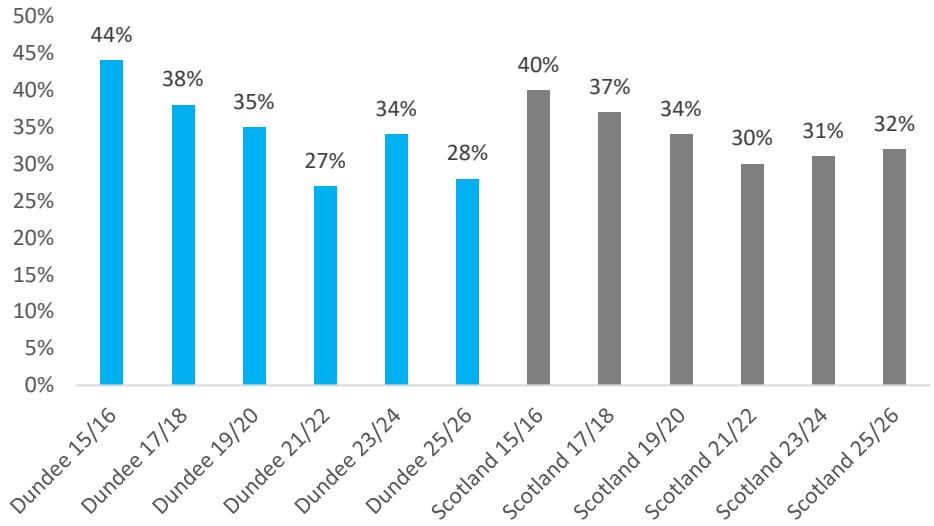


- Dundee's performance was poorer than Scotland in the 19/20, 21/22 and 25/26 but 1% better than Scotland in 23/24.
- Performance has generally declined across both Dundee and Scotland although there was an improvement in performance in Scotland between the 23/24 and 25/26 surveys whereas Dundee performance stayed the same.

National Indicator 8: Percentage of carers who feel supported to continue in their caring role (Scotland ----------)

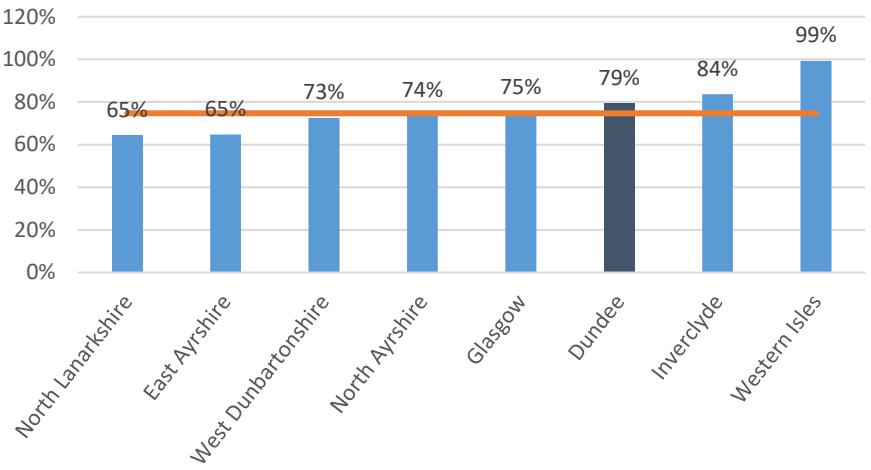


- Dundee performed 2nd poorest in the family group and poorer than the Scottish average.
- 4 of the 8 family group partnerships performed better than the Scottish average.

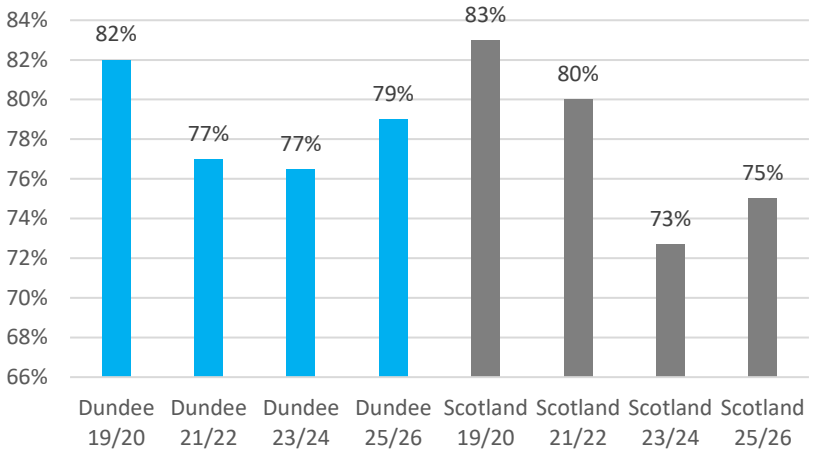


- Performance has generally declined across both Dundee and Scotland although there was increase in performance in Scotland between the 21/22 and 25/26 surveys.
- Dundee performance deteriorated by 6% between the 23/24 and 25/26 surveys.
- This question was answered by everyone who states they provide unpaid care, which means that the cohort is wider than those unpaid carers supported by the Partnership and Dundee Carers Centre.

National Indicator 9: Percentage of adults supported at home who agree they felt safe (Scotland ----------)



- Dundee performed 3rd best in the family group and better than the Scottish average.
- 4 of the 8 family group partnerships performed better than the Scottish average.



- Dundee's performance was poorer than Scotland in the 19/20 and 21/22 surveys, however better than Scotland in the 23/24 and 25/26 surveys.
- Performance has generally declined across both Dundee and Scotland although there was an improvement in performance in both Dundee and Scotland between the 23/24 and 25/26 surveys.

ITEM No …12……..

REPORT TO: **PERFORMANCE AND AUDIT COMMITTEE–23 SEPTEMBER 2026**

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

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC28-2026**

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATIONS

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

2.1 Note the content of the report and the progress made against the actions within the Governance Action Plan (contained within appendix 1).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Appendix 1 contains an overview report detailing the current status of the actions within the Governance Action Plan. Since May 2026, 1 action has been completed and 27 actions remain ongoing. Nine additional actions have been added during this reporting period, all recommendations from the IJB's Annual Internal Control Evaluation Report 2025/26.

4.2 The 1 action completed during the period relates to assurance from the Lead Partner (Angus IJB) regarding the implementation of recommendations arising from the previous Internal Audit of the Sustainability of Primary Care Services. The recommendations from this report were monitored through the NHS Audit Follow-up system, which requires updates to be taken to the NHS Tayside Audit and Risk Committee. Reports submitted in May 2024 to that committee (available at: NHST Audit and Risk 160524 page 17) noted that the actions associated with this risk had been completed. The committee also noted that the original recommendations had been complex and that the context in which they were made had since evolved impacting how the actions had been implemented.

4.3 Of the 27 ongoing actions, nine have had progress recorded progress towards implementation since the last update was provided to PAC. As noted in appendix 1 the IJB Annual Internal Control Evaluation Report for 2025/26 has identified a need to further streamline the Governance Action Plan, including reviewing the relevance of outstanding actions. Officers from the Partnership are actively pursuing this recommendation with colleagues from FTF, with an initial discussion now having taken place. It is currently anticipated that a revised set of actions will be available for submission to the PAC by the November meeting.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any

recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

6.1 This report has been assessed to identify impacts on strategic risk management. No impact has been identified, either in relation to the strategic risks currently contained within the IJB's strategic risk register or the identification of additional, emerging risks.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 None.

Christine Jones
Acting Chief Finance Officer

DATE: 24 August 2026

IJB Outstanding Actions – Governance Action Plan September 2026

Completed since last update

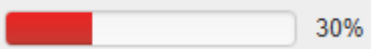
		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
1		DHSCPGAPIA20230130-1 **Sustainability of Primary Care - assurance from lead partner** Angus IJB, as the lead partner for primary care, should provide assurance to Dundee IJB regarding progress against the audit recommendations and management actions arising from the Internal Audit of the Sustainability of Primary Care.	31 Mar 2023	Head of Health and Community Care	24.08.26 Assurance provided by Angue IJB. Details of completion of recommendations / actions contained at page 17 of NHST Audit and Risk 160524

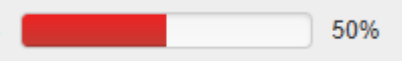
In progress

		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
1		DHSCPGAPAIAR20190212 **Improved hosted services arrangements** Development of improved Lead Authority Services arrangements around risk and performance management for lead authority services  **5% increase**	31 Oct 2020	Chief Officer Chief Finance Officer	24.08.26 Internal audit of Lead Partner arrangements is ongoing. Further actions for improvement to current governance, performance and risk management arrangements will be identified via this report.

		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
2		DHSCPGAPEA20201124 **Regular reporting against savings and transformation proposals** Updates on the IJB's transformation programme and efficiency savings are not reported to the Board on a regular basis. The position on the achievement of savings proposals and transformation should be clearly and regularly reported to members. 90% **10% increase**	31 Aug 2021	Chief Officer Chief Finance Officer Head of Service, Strategic Services	24.08.26 Update reports on progress of savings and transformation programmes contained within the 26/27 budget have been submitted to the IJB, most recently in August 2026. This reporting will continue throughout the remainder of the year. Reporting formats and detail are continuing to be refined.
3		DHSCPGAPEA20251126-01 **Services redesign to improve financial sustainability** The IJB is forecasting an operational overspend of £6 million for 2024/25 and will need to use reserves to bridge the funding gap. It is also projecting a cumulative funding gap of £52 million over the five years to 2029/20. The IJB must use its strategic commissioning role to work with partners and engage with service users to accelerate redesign through the Transformation Programme. 60% **20% increase**	31 Dec 2025	Chief Officer Chief Finance Officer	24.08.2026 A number of actions have progressed as part of the 27/28 budget setting process – this includes Sustainability and Service Improvement Workshops with operational managers, identification of scope for joint working with Angus HSCP for specific tasks / priorities and formalization of the HSCP link to NHS Tayside Project Management Office.

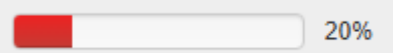
		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
4		DHSCPGAPIA20210623-6 **Compliance from Partner Bodies** There is currently no direct reporting to the IJB on its risk profile; nor direct, overt assurance on each of its strategic risks with risk monitoring occurring at the CCPG and the PAC receiving assurance on the overall system of risk management as above. Where controls sit within the partner bodies, the IJB receives only a general annual assurance through the year end processes. To further develop good governance arrangements, an IJB assurance plan could be implemented to ensure assurance on all risks is provided to the IJB, including where necessary assurances from partner organisation.  **No change in % achieved**	31 Dec 2021	Chief Finance Officer	24.08.26 – no further progress 21.04.26 Revised strategic risk register and reporting arrangements now approved by IJB and being implemented. Further discussions to be held with corporate bodies regarding assurance mechanisms for shared risks (which are now clearly identified within the IJB risk register format / reports).
5		DHSCPGAPIA20211124-1.1 **Revision of Integration Scheme** As set out in the Integration Scheme, 'a list of targets and measures, which relate to the non-integrated functions of the partners that will have to be taken into account by the Integration Joint Board when preparing their Strategic Plan' should be included  **No change in % achieved**	30 Jun 2022	Head of Service, Strategic Services	24.08.26 – no further progress 21.04.26 This action cannot be further progressed until the next revision of the Integration Scheme – which is the responsibility of the corporate bodies, rather than of the IJB. The next revision is due to be completed in 2027.
6		DHSCPGAPIA20211124-1.5 **Development of Strategic Plan Performance**	31 Mar 2024	Head of Service, Strategic Services	24.08.26 – no further progress

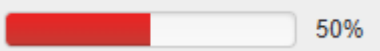
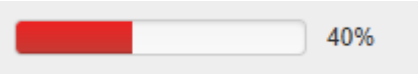
		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
		Measures – 2023/24 The IJB should monitor the work of the ISPG to ensure that it develops the new SCP in such a way it embeds meaningful performance measures which can be reported regularly to allow a conclusion on whether the SCP is being implemented effectively and is delivering the required outcomes (not just inputs or outputs).  **No change in % achieved**			21.04.26 IJB has agreed to retain and revise the existing strategic plan. SPAG are developing proposed revisions for submission to the IJB, which will include addition of high level performance measures.
7		DHSCPGAPIA20220622-5 **Clinical and care governance arrangements will feed into the formation of IJB directions** A draft Directions Policy & Procedure is being considered as an associated document with the revised Integration Scheme. We would reiterate our position that as part of any further developments in this area, consideration should be given as to how clinical and care governance arrangements will feed into the formation of IJB directions.  **25% increase**	31 Dec 2022	Chief Officer Clinical Director	24.08.26 A draft Directions Policy has now been drafted and is being consulted on with relevant officers. This is currently scheduled for the October IJB meeting.
8		DHSCPGAPIA20220720-1 **Cat 1 Responder -Definition of IJB Duties** Category 1 responder resilience arrangements have not been fully and adequately incorporated into the IJBs governance structure. In addition to implementing the recommendation contained within the Internal Audit	31 Oct 2022	Head of Service, Strategic Services Head of Health and Community Care	24.08.26 IJB Standing Orders due to be updated to incorporate changes required due to the Public Bodies Amendment Order 2025, changes required in relation to Cat 1

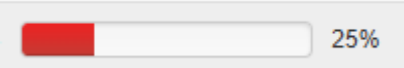
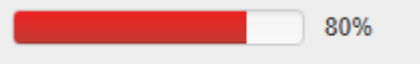
		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
		Annual Report 2020/21 (Action Point 3) relating to the PAC, it should be ensured that the duties of the IJB are fully defined.  **No change in % achieved**			Responder duties will be considered at the same time.
9		DHSCPGAPIA20230621-1 **Sustainability - Delivering the IJB's strategic and commissioning priorities within the budget and resources that it has available will be a significant challenge.** Delivering the IJB's strategic and commissioning priorities within the budget and resources that it has available will be a significant challenge. In these circumstances monitoring of the implementation of the SCF and of the development and then implementation of the supporting documents including the Annual Delivery Plan, Resource Framework, Workforce Plan and Performance Framework will be fundamental. Management should clearly set out how the IJB will receive assurance, including assurance over transformation. Reporting on implementation of Strategy and financial monitoring should have a clear focus on the success of transformational projects i.e. what has changed and how services are better delivered, with savings achieved, as a result of transformation.  **No change in % achieved**	31 Dec 2023	Chief Finance Officer	24.08.26 – no further progress 21.04.26 IJB has agreed to retain and revise the existing strategic plan. SPAG are developing proposed revisions for submission to the IJB, which will include recommendations regarding rationalization / prioritization of strategic shifts to reflect available resources.

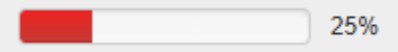
		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
10		DHSCPGAPIA20230927-1.1 **Viability of External Providers - Financial Monitoring Process** It is recommended that the Monitoring and Review Protocol is enhanced to include a clear escalation process in the event that financial sustainability of a Care Provider is deemed to be at risk. This should include thresholds for each of the ratios considered in the financial monitoring template which would trigger escalation for enhanced monitoring, or other appropriate action, to ensure a consistent approach is taken. To ensure sufficiently regular financial monitoring of annual accounts is conducted for each provider, a review should be performed at least annually, including ensuring that a copy of the Care Provider's recent annual accounts is held. Overall assurance against this risk should then be reported to a pertinent Committee, or the IJB itself, and could include KPI reporting relating to the financial sustainability ratios.  **No change in % achieved**	31 Dec 2023	Head of Service, Strategic Services	24.08.26 – no further progress 21.04.26 This work has not progressed further at this time due to competing pressures and priorities for the relevant officers / teams.
11		DHSCPGAPIA20240131-1.1 **Operational Planning - Development of operational plans** All transformation boards should articulate the pathway towards the development of their underpinning operational plan, and report on its progress to a relevant governance group. 	30 Sept 2024	Chief Finance Officer Head of Service, Strategic Services	24.08.26 – no further progress 21.04.26 This work has not progressed further at this time due to competing pressures and priorities for the relevant officers / teams associated with 2026/27 budget setting.

		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
		No change in % achieved			
12		DHSCPGAPIA20240131-2.1 **Operational Planning - Review of Terms of Reference** Terms of reference for governance and management groups and committees should specify the review period, generally annually, and Terms of Reference should be updated if necessary. This should, at a minimum, require that the remit of groups is reviewed each time the Strategic Commissioning Plan, or relevant strategic objectives, are updated. 50% **No change in % achieved**	30 June 2024	Chief Finance Officer Head of Service, Strategic Services	24.08.26 – no further progress 21.04.26 This continues to be added to terms of reference as they are reviewed. For example, the SPAG Terms of Reference have been updated and the first annual review has taken place.
13		DHSCPGAPIA20240131-3.1 **Operational Planning - project management arrangements** The HSCP should outline the circumstances in which it is considered appropriate that formal project management is applied, and the minimum set of controls that should be applied. The complexity of the arrangements for delivery of the Strategic Commissioning Plan, and its underpinning delivery plans and programmes of transformation, is such that	30 June 2024	Chief Finance Officer Head of Service, Strategic Services	24.08.26 It should be noted that the HSCP delegated workforce does not include corporate project management capacity. Some specific areas of work have dedicated project managers aligned to improvement work, for example unscheduled care, and a mapping exercise has begun to identify these resources and consider

		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
		it may be appropriate to adopt a principles based approach.  **10% increase**			their current deployment.
14		DHSCPGAPIA20240131-4.1 **Operational Planning - alignment to strategic plan** The HSCP has committed to the development of a revised set of Strategic Plan performance measures throughout 2023/24.Groups responsible for the implementation of delivery plans and supporting performance management frameworks should take cognisance of this work, and in developing their own suites of performance measures, should: • Align the objectives of their implementation plans to the performance measures identified for the Strategic Plan, where it makes sense to do so • Consider other workstreams within delivery plans that contribute to the same objectives, and the relative impact. Measurement of indicators and their reporting should account for the situation where indicators at a service level are improving, while deteriorating for the HSCP as a whole, or vice versa.  **20% increase**	30 June 2024	Chief Finance Officer Head of Service, Strategic Services	24.08.26 Review Mental Health and Wellbeing Strategy to be submitted to IJB in October 2026, which has included improved alignment to the overall IJB strategic plan. New Palliative and End of Life Care Strategic also complete and aligned to strategic plan.

		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
15		DHSCPGAPIA20240619-2 **Resource Framework and Annual Delivery Plans** A firm timeline for prioritised completion of the resource and performance frameworks and an Annual Delivery Plan should be put in place. These documents are key to DIJB achieving financial sustainability over the coming years and will need to demonstrate areas of investment and disinvestment. DIJB should ensure that updates on progress are given at each meeting until the documents are presented for approval.  **No change in % achieved**	31 Oct 2024	Head of Service, Strategic Services	24.08.2026 Following completion of 2026/27 budget setting the delivery plan is now being updated for the year. It is anticipated that this will be completed in December 2026. The IJB has now agreed to retain and revise the strategic plan, which is due to be submitted in October 2026. This will then allow the resource and performance frameworks to be completed by December 2026.
16		DHSCPGAPIA20240619-3 **Terms of reference for PAC** The Annual Report of the PAC should conclude on the adequacy and effectiveness of its work and provide assurance that it has fulfilled its remit during the year under review.  **No change in % achieved**	31 Aug 2024	Chief Finance Officer	24.08.2026 Next annual assurance report has been scheduled on the IJB planner for October 2026 and note has been added regarding assurance language to be incorporated within the report format.

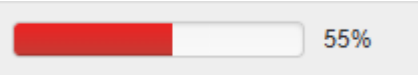
		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
17		DHSCPGAPIA20240619-4 **Register of Interests and Statutory Information** A document control front sheet should be included with each statutory document, clearly showing the latest date of review and the version number.  **No change in % achieved**	31 Aug 2024	Chief Finance Officer	24.08.2026 This will be addressed as part of the current revision of the Register of Interests.
18		DHSCPGAPIA20240619-5 **PAC and Strategic Risk Register** In relation to the Strategic Risk Annual Report, the PAC should receive, review and then endorse this for onward submission to DIJB.  **No change in % achieved**	31 May 2025	Chief Finance Officer, Head of Service, Strategic Services	21.04.26 Noted – future annual reports will go to PAC then to IJB. This is not due until February 2027, following the review and replacement of the previous risk register in early 2026.
19		DHSCPGAPIA20240619-6 **Directions** A monitoring process for directions should be implemented, including requesting progress reports from the partners as required. 	31 May 2025	Chief Finance Officer	24.08.26 A draft Directions Policy has now been drafted and is being consulted on with relevant officers. This is currently scheduled for the October IJB meeting.

		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
		20% increase			
20		DHSCPGAPIA20240619-9 **Assurance Principles** We recommend DIJB formally considers FTF's Assurance Principles and adopts these for use across the governance groups of Dundee City IJB. These will provide the clarity around the use of assurance levels that are used by the NHS Tayside Clinical Governance Committee.  **No change in % achieved**	31 Oct 2024	Chief Finance Officer	24.08.26 – not further progress 8.01.2026 Recommendation to be reviewed as part of 25/26 updated Internal Control Evaluation and IA Annual Report, to consider any impact of changes from PSIAS to GIAS, as well as refreshed IJB Risk Register.
21		DHSCPGAPIA20250129-1 **Workforce - modelling future service demand and workforce requirements** The HSCP has not yet developed an approach to modelling Service demand to a level of detail which supports effective planning for future workforce requirements. In the absence of an understanding of the way in which future workforce requirements are likely to develop, there is a risk that workforce planning interventions may not be applied in the areas of highest risk. While there are a number of actions related to understanding Service demand and modelling staff requirement reflected in the Workforce Planning action plan, these are expressed as open	30 Apr 2025	Head of Service, Strategic Services Head of Health and Community Care Lead Officer, Quality Data and Intelligence	24.08.26 No further progress has been made at this time.

		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
		ended ambitions and, as a consequence, it is difficult to gain assurance over the extent to which progress has been made towards implementation. Audit Recommendation: The Workforce Planning subgroup should establish an approach to modelling future service demand and therefore workforce requirements which can be implemented within its currently available resources. This approach should be predicated on the basis of data already available and documented assumptions where data is not available. SMART Actions within the action plan should be refined such that they set out specific deliverables which can be used to update and refine the initial assessment of future service demand, ideally with expected timescales.  **No change in % achieved**			
22		DHSCPGAPIA20250129-5 **Workforce - workforce planning group reporting** There is no clear and explicit link between the information which is formally reported to the Workforce Planning Group and relevant risks and controls. As such, the reporting does not provide assurance over the effectiveness of arrangements to mitigate workforce risks.  **No change in % achieved**	31 Mar 2025	Head of Service, Strategic Services Head of Health and Community Care	24.08.26 – no further progress 21.04.26 Workforce risk is included in the revised IJB strategic risk register and will facilitate future reporting regarding mitigating controls.

		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
23		DHSCPGAPIA20250618-2 **Budget planning** Budget monitoring reports, identifying significant variances, are provided to each IJB meeting. Overspends are reported in almost every delegated services, and a financial recovery plan had to be put in place after Q1 in 2024/25. It could be helpful to examine initial planning assumptions to establish whether the adverse variances can be attributed to these. Lessons learned from previous years experiences should be built into the financial planning process for future years.  **No change in % achieved**	31 Aug 2025	Chief Finance Officer	24.08.26 – no further progress 21.04.26 Lessons learned from 2026/27 have been discussed by the Core Management Team and incorporated into timelines and plans for budget planning for 2027/28.
24		DHSCPGAPIA20250618-5 **Fraud assurances to PAC** The Terms of Reference (ToR) for the PAC were updated in December 2023 to reflect their responsibility for the core areas of counter fraud and corruption. The remit of the PAC now includes "to receive assurances that effective counter fraud arrangements are in place within the partner bodies governance arrangements." No specific assurances have been presented to the PAC since update to the ToR. 	31 Dec 2025	Chief Finance Officer	7.01.26 Assurance report to IJB scheduled on report tracker for August 2026.

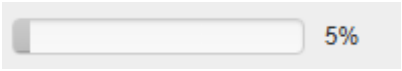
		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
		No change in % achieved			
25		DHSCPGAPIA20250618-9 **Information governance assurances** The revised Integration Scheme, section 11, covers information sharing and data handling. Para 11.1 – The Parties…. will adhere to the Information Sharing ProtocolPara 11.3 – The Data Protection Officers of NHST, DCC and the IJB…. will meet annually, or more frequently if required, to review the Information Sharing Protocol and will provide a report detailing recommendations for amendments, for the consideration of the IJB, the Council and NHST.A draft Information Sharing Agreement with NHST and DCC was provided to us during our Annual Report work in June 2024. This was dated 2019 and we were informed that this was to be revisited to ensure it was signed by all parties and finalised. This has not come before the IJB yet, neither has an annual report been provided. The IJB was sighted on GDPR regulations in October 2018 (DIJB54-2018) but no formal assurances from the partners have been received since. We have previously commented that the IJB should receive assurance that its strategies and statutory responsibilities are supported by the asset and IT strategies and information governance arrangements of its partners and that these are appropriately prioritised, resourced, and monitored, as an important enabler for the delivery of genuine transformation. The outstanding resource framework to support the Strategic Commissioning Framework is intended to	31 Oct 2025	Acting Head of Strategic Services	24.08.2026 Information Governance Assurance Report provided in June 2026.

		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
		include digital.  **20% increase**			
26		DHSCPGAPIA20250618-10 **Consolidated transformation reporting and results** Partnership working to transform services into a sustainable operating model is recognised as the way to deal with the ever-increasing demand for services and to improve outcomes for people. Consolidated transformation programme updates were to be provided to the IJB, but this has not progressed. We have been informed that this is in the pipeline and will be a focus in 2025/26, with reliance on the partners making transformations.  **15% increase**	31 Dec 2025	Chief Finance Officer	24.08.2026 Update reports on progress of savings and transformation programmes contained within the 26/27 budget have been submitted to the IJB, most recently in August 2026. This reporting will continue throughout the remainder of the year. Reporting formats and detail are continuing to be refined.
27		DHSCPGAPIA20250618-11 **Control document for suite of governance documents** We previously made recommendations about updating statutory documents and including a document control form to evidence update and review on a regular basis. DIJB has been working through the revision to documents such as financial regulations, standing orders etc. These have been updated at various times. To ensure that the IJB is given assurance that these are subject to regular review and	31 Dec 2025	Chief Finance Officer	24.08.26 – no further progress 21.04.2026 Whilst individual governance documents have been updated with version control tables, a consolidated control document is yet to be developed. This will be progressed over the next reporting period.

		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
		kept current, a control document that would allow review of the ‘suite’ at a glance might be appropriate. 0% **No change in % achieved**			

New Actions (including initial update)

		Title and Description	Due Date	Ownership	Initial Update
29		DHSCPGAPICE20260819-1 **Streamlining of Governance Action Plan** Several outstanding actions in the GAP relate back to 2021 and 28 remain open. An exercise to streamline and review relevance of these outstanding actions would be beneficial. Future reporting should include a split of actions which are over a year old and actions which are under one year old. Outstanding actions which are well over a year old may not be relevant to the IJB and agreed action may not be feasible. 5%	30 Sep 2026	Chief Finance Officer	24.08.26 Further review of historic actions to be undertaken alongside FTF to streamline and remove any that are no longer relevant and refresh the presentation of remaining actions. Initial meeting between FTF and DHSCP staff set for 07.09.26.
30		DHSCPGAPICE20260819-2 **Reporting of Whistle Blowing concerns** While Whistleblowing Policies for Dundee City Council and NHS Tayside are in place there was no quarterly reporting of any concerns to the IJB, as required by the Integration Scheme. 95%	30 Sep 2026	Acting Head of Strategic Services	24.08.26 Annual Whistleblowing Reports from corporate bodies to be shared and incorporated in IJB's Annual Performance report. IJB Annual Report 2025/26 incorporated available annual Whistleblowing information from NHS Tayside and Dundee City Council. This will be updated further when Dundee City Council information becomes available in full in September 2026.
31		DHSCPGAPICE20260819-3	31 Oct 2026	Acting Head of Strategic Services	24.08.26

		Strategy Delivery Plan SMART Actions Actions in the DHSCP delivery plan October 2024 - March 2026 update report are not SMART, including allocation to an individual/group, ensuring target timescales for delivery and remedial action taken. 			This will be considered for the next report submitted regarding the delivery plan.
32		DHSCPGAPICE20260819-4 **Establishment of Transformation Programme Oversight** While the IJB has been informed of specific overall planned interventions (efficiency/management action and savings), there is no programme of whole system transformation reporting through governance structures or reporting from the Budget Delivery Group. 	30 Sep 2026	Chief Finance Officer / Head of Health and Community Care	24.08.26 Consideration of formal and structured reporting processes to be considered by HSCP Senior Leadership team with the aim to produce more detailed and robust Transformation reporting. Consideration of wider Whole System Transformation impact will need developed with NHST colleagues. Designated point of contact now in place between NHS Tayside Project Management Officer and DHSCP. Systems Sustainability and Service Transformation Workshops being held with operational managers in late August / early September to inform next iteration of Transformation Programme.
33		DHSCPGAPICE20260819-5 **Updating of Register of Interests**	31 Dec 2026	Clerk to the IJB	24.08.26 Work will continue with Committee

		The publicly available Register of Interests on the DHSCP website requires to be updated, as the latest version relates to 2024. 5%			Services to review the process and publish updated information
34		DHSCPGAPICE20260819-6 **Complaints performance against timescales** Performance against the required timescales to respond to stage 1 and stage 2 complaints is poor. A report to PAC specifically detailing SMART actions to improve performance, linked to the root causes of non-conformance would improve scrutiny, challenge and monitoring of complaints management. 5%	30 Nov 2026	Acting Head of Strategic Services	24.08.26 Ongoing efforts across the HSCP continue to investigate and respond to complaints within expected timescales however root causes are primarily the complexity of complaints (including the ongoing health and wellbeing needs of complainants) and wider workload pressures. These factors have been and will continue to be reported to the PAC via quarterly reports. Q1 26/27 report does show improving trend for Stage 2 escalated complaints (Health and Social Work) and for Stage 1 Health and Stage 2 Social Work complaints. A refreshed DHSCP Complaints Standard Operating Procedure has been drafted for consideration by the Senior Management Team. This incorporates learning and analysis of performance challenges to date.
35		DHSCPGAPICE20260819-7 **Completion of Adverse Event Reviews within timescales** The number of outstanding unverified events is increasing	31 Dec 2026	Nurse Director	25.08.26 Additional project management and Clinical Governance Facilitator capacity has been deployed to strengthen adverse event management across Dundee HSCP, with an initial focus on MHLD Services. This has contributed to

		year on year and SAERs are not being completed in the required timescales. Actions included in reports in 2025/26 were the same as actions in 2024/25, with no assessment of completion or effectiveness in improving performance. 5%			a reduction in outstanding adverse events within MHLD and improved timeliness of review. Improvement activity continues to strengthen local processes, staff support, learning and closure arrangements, with progress and impact monitored through established governance arrangements. Ongoing oversight, scrutiny and assurance are provided through the Dundee HSCP Clinical Governance Forum, CCPGG and NHS Tayside Clinical Governance reporting arrangements, with MHLD-specific progress now being reported through Tayside MHLD Clinical Governance assurance processes.
36		DHSCPGAPICE20260819-8 **CFO and CO Objectives and Appraisal Systems** We have been informed the Chief Officer has formal objectives and appraisal (mainly linked through partner organisation senior leadership processes and their remuneration arrangements). The Acting Chief Finance Officer had no formally agreed objectives, nor have they undergone an appraisal process for 2024/25 and 2025/26. 50%	31 Dec 2026	Chief Officer	24.08.26 Regular 1:1 occur between the Chief Officer and Chief Executives of both Dundee City Council and NHS Tayside to discuss priorities and performance. Similarly regular 1:1 occur between the Chief Officer and Acting Chief Finance Officer (and similarly for other members of Senior Management) to discuss priorities and performance. Both postholders regularly participate in wider strategic and performance meetings within IJB, HSCP, NHS Tayside and Dundee City Council to enhance and influence governance and priorities. Objectives and Appraisal process to be

					considered in line with employing organisation arrangements.
37		DHSCPGAPICE20260819-9 **Finance Team Capacity** The duties of the Section 95 Officer must be formally assigned to an appropriate individual and agreed by the IJB. The Acting Chief Finance Officer was appointed from January 2024, and this post has not been advertised and appointed to on a permanent basis. 	30 Sep 2026	Chief Officer	24.08.26 Progress continues to be made towards formalising senior management structure, including the Chief Finance Officer. This includes consideration of revised job descriptions for both employing organisations.

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 23 SEPTEMBER 2026**

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

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC34-2026**

1.0 PURPOSE OF REPORT

1.1 This paper provides the Performance & Audit Committee (PAC) with an update on progress of the one remaining review from 2024/25, the 2025/26 internal audit plan and mandatory audits from the 2026/27 plan.

1.2 This report also includes internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs are considered relevant for assurance purposes to Dundee IJB.

2.0 RECOMMENDATIONS

It is recommended that the PAC:

2.1 Notes the ongoing work on the 2024/25, 2025/26 and the 2026/27 plan.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Global Internal Audit Standards require that the Chief Internal Auditor reports periodically to the PAC on activity and performance relative to the approved annual plan. We have previously set out that audit work is planned to allow the Chief Internal Auditor to provide the necessary assurances prior to the signing of the accounts.

4.2 The PAC approved the 2025/26 Internal Audit Plan at the September 2025 meeting (Article XVI of the minute on 24 September 2025 refers) and the 2026/27 Internal Audit Plan is on the agenda item 14 (PAC34-2026 today for approval. Internal audit work undertaken to deliver the 2025/26 plan, the one remaining review from 2024/25 and mandatory audits from 2026/27 is set out in Appendix 1.

4.3 FTF Internal Audit, working with our Dundee City Council partner, is committed to ensuring that internal audit assignments are reported to the target PAC. The progress of each audit has been risk assessed, and a RAG rating added showing an assessment using the following definitions:

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

4.4 Resources to deliver Dundee IJB audits are provided by the NHS Tayside and Dundee City Council Internal Audit Services.

4.5 In order that all parts of the system receive appropriate information on the adequacy and effectiveness of internal controls relevant to them, including controls operated by other bodies which impact on their control environment, an output sharing protocol was developed and approved by all partners' respective Audit and Risk Committees. This protocol covers the need to share internal audit outputs beyond the organisation that commissioned the work, in particular where the outputs are considered relevant for assurance purposes. The following reports are considered relevant and are summarised here for information. It should be noted that the respective Audit and Risk/ Scrutiny Committees of the commissioning bodies are responsible for scrutiny of implementation of actions.

NHS Tayside reports:

Internal Audit Progress report to 11 August 2026 NHS Tayside Audit & Risk Committee:

Report Description	Assurance	Key findings
T10/27 Annual Report	**Reasonable Assurance**	idcplg – link to NHS Tayside website – see Item 6.3
T17/26 Complaints	**Reasonable Assurance**	Internal Audit reviewed NHS Tayside's complaints management arrangements, focusing on oversight, learning, Key Performance Indicator reporting and Scottish Public Services Ombudsman (SPSO) handling. The audit concluded improvements were under way but further developments were required in formal improvement planning, sharing learning, SPSO documentation/reporting and Stage 2 complaint timeliness. The findings of the audit and the management responses should be considered when reviewing and updating the clinical governance risk. Key actions agreed with management: • **Learning – Closing the loop**: Use of existing systems to improve Complaints

		Outcome Recording will be explored to enable closing of the loop by the team responding to the complaint with outcomes attached, enabling all data to be held in one place. Learning is to be shared (as themes) in bimonthly newsletter by the Patient Experience Team (PET) and in education updates. Themes and actions will be reported via governance structures (quarterly reporting). • **PET Improvements**: A draft PET Improvement plan has been developed and will be reported through established governance arrangements. • **SPSO Cases** – PET assurance reporting to the Clinical Governance Committee will be enhanced to provide a comprehensive account of SPSO activity, including accurate data on referred, upheld and partially upheld complaints, with clear articulation of learning and actions. Reporting will be strengthened to identify and monitor trends and themes over time. Learning will be consistently shared through education sessions and a bimonthly newsletter to support transparency and continuous improvement.
T25/26 ePayroll Maintenance	**Substantial Assurance**	To confirm accuracy, the amendments to the national salary scales for medical and dental staff as notified in NHS circulars PCS(DD)2025/1 and PCS(DD)2025/1 Addendum were confirmed to the national ePayroll system. The amendments to Executive and Senior Management Pay notified in circular PCS(ESM)2025/3 were also confirmed. Audit testing confirmed that, with the exception of one, all amendments to the pay scale/band masterfile, were as notified in the update letters and all amendments processed had been appropriately authorised. An error was identified to a pay scale on the national ePayroll system relating to PCS(DD)2025/1. Internal Audit notified the National Payroll Systems Team who checked to identify any records on the pay scale and arranged to have ePayroll updated to the correct value. There were no records on the pay scale and therefore, no financial implications arising from this error. One moderate and two merits attention findings were reported with appropriate management actions agreed.

<u>Dundee City Council reports</u>:

Report Description	Assurance	Key findings

Social Work Contracts and Payments	Substantial Assurance	Processes to manage expenditure under the National Care Home Contract are generally operating effectively, however we have observed weaknesses in payment administration processes which could result in failures to detect inaccuracies arising from error or changes in circumstance. We have raised a small number of recommendations, however strengthening these processes may depend on negotiation of corporate support resources between the HSCP and the Council. We identified a number of areas of good practice: • Payment processes are semi-automated, and make use of provider and contract rate information which is pre-configured in MOSAIC, helping to ensure that payment arrangements entered by Care staff use accurate rates. • At a Council level, Care Home placements are commissioned on an individual basis. Contract monitoring is led nationally, and work is underway to develop a Contract Monitoring approach within the Council which does not duplicate these processes. • The approvals required to issue payments are integrated into MOSAIC functionality which automatically retains audit trails. Audit testing did not identify any issues with payment authorisation. • National Commissioning arrangements mean that the primary task of the HSCP is managing demand and budget. Budgetary information is regularly prepared, and reporting formats are tailored for senior management and operational budget holders. We have identified the following areas for improvement. All the recommendations raised in this report have been addressed by management at time of reporting, although the resolution to the first area related to corporate support for the MOSAIC system is a temporary solution and subject to the completion of longer-term initiatives to find a permanent solution. • There are limited resources made available to the HSCP by Council IT functions for the update and maintenance of information on which payment processes rely. More broadly, no structured arrangement is in place to negotiate and agree the level of support available to the HSCP from Council functions. There may be opportunities to reduce reliance on IT administrative resource by designing MOSAIC workflows which allow tasks to be carried out by clerical staff, however this may require upfront investment of resource. • The main internal control providing assurance over the accuracy of Care Home payments is a requirement that providers verify and sign off remittances, however these are not systematically retained. As such, we are unable to provide assurance that this process is operating as expected • Payment process provides a means for Care Homes to raise any issues in returned remittances, but there is no systematic tracking which provides assurances that all such issues are resolved. Implementing stronger record keeping would provide assurance that

		issues notified by providers are followed up and tracked to resolution.
Dundee Health and Social Care Partnership – Cash Handling	No Assurance	There were significant weaknesses in Cash Handling controls at the Claverhouse Social Work office. In respect of the Claverhouse Social Work Office, the following areas for improvement were identified: • No documented processes and procedures for cash handling are in place. • Record keeping is not adequate to reliably record cash uplifted by Adult Social Work (Dundee Health and Social Care Partnership) staff. • Different Adult Social Work (Dundee Health and Social Care Partnership) Teams use different record keeping systems to record cash deliveries and collections, creating a risk that these are mis-recorded. • Records of cash collection do not provide any assurance that staff adhere to Council policy limiting the amount of cash permitted to be carried by a single person. • Cash balances are not periodically counted. • Although outside the scope of this review, we also observed that the Claverhouse cash safe is used by Adult Social Work (Dundee Health and Social Care Partnership) staff to hold non-cash valuables and property belonging to clients, but no records are kept of ownership or responsibility for these items. All the recommendations in the report have now been completed

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 None.

Christine Jones
Acting Chief Finance Officer

Date: 10 September 2026

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
2026/27 (plan on PAC Agenda 23 September 2026 for approval)								
D01-27	Audit Planning	Audit Risk Assessment & Operational Planning.	September 2026	✓	✓	✓	✓	**N/A**
D02-27	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at Audit Committee.	Ongoing May 2027	✓	✓			
D03-27	Internal Control Evaluation (reported in March)	Holistic assessment of the internal control environment in preparation for production of 2024/25 Annual Report. Follow-up of previous agreed governance actions including Internal Audit recommendations.	May 2027					
D04-27	Annual Report 2026/27 (reported in July)	CIA annual assurance statement to the IJB and fieldwork to support this.	IJB meeting June 2027					
D05-27	TBC	TBC						
Remaining Audits from 2024/25 and 2025/26								
D05-25	Lead Partner Services	Lead Partner Governance and Assurance arrangements Scope to review status of information sharing related to finance / financial outlook / risks / clinical and care governance / activity and strategic planning.	~~May 2025~~ ~~September 2025~~ ~~November 2025~~	✓	✓	✓		

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
		Update: Fieldwork complete and draft report has been discussed with the Acting Chief Finance Officer and Associate AHP Director Dundee Health and Social Care Partnership. Pan Tayside findings have been discussed at the Tayside Lead Partner Forum and the Acting Chief Finance Officer is to provide further information to the auditors to finalise the report.	~~February 2026~~ ~~20 May 2026~~ ~~23 September 2026~~ 18 November 2026 					
D03-26	Internal Control Evaluation (reported in March)	Holistic assessment of the internal control environment in preparation for production of 2024/25 Annual Report. Follow-up of previous agreed governance actions including Internal Audit recommendations. **Update:** Note that D03/26 Internal Control Evaluation will be issued as a final report by 31 May 2026 and will be formally reported to the IJB in June 2026, as part of the Internal Audit Annual Report for 2025/26.	~~May 2026~~ ~~June 2026 IJB meeting~~ August 2026 IJB meeting 	✓	✓	✓	✓	**Both the Internal Control Evaluation (ICE) and the Annual Report 2025/26 were reported at the August 2025 IJB meeting. Progress to address ICE findings will be reported to the**

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
D04-26	Annual Report 2025/26 (reported in July)	CIA annual assurance statement to the IJB and fieldwork to support this.	~~IJB Meeting June 2026~~ IJB Meeting August 2026 	✓	✓	✓	✓	**IJB PAC within the Governance Action Plan**
D05-26	Partner Bodies Support Services	Review of support services received from partner bodies (NHST and DCC) as stated within the Scheme of Integration: *'It will be the responsibility of the Parties to work collaboratively to provide the Integration Joint Board with support services which will allow the IJB to carry out is functions and requirements', including 'professional, technical and administrative resource."* Work delayed due to operational pressures within the Internal Audit team. Assignment Plan is with Management for approval.	TBC 	✓	✓			

ITEM No …14……..

REPORT TO: **PERFORMANCE AND AUDIT COMMITTEE – 23 SEPTEMBER 2026**

REPORT ON: **INTERNAL AUDIT PLAN 2026/27**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC35-2026**

1.0 PURPOSE OF REPORT

1.1 The purpose of this paper is to seek approval of the 2026/27 Annual Internal Audit Plan for Dundee City Integration Joint Board (IJB) and to agree the appointment of the Chief Internal Auditor for the financial year. This will be the eleventh year of FTF providing the lead role, with the annual plan delivered jointly by the NHS Tayside and the Dundee City Council internal audit teams.

2.0 RECOMMENDATIONS

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

- **Agree** the continuation of Fife, Tayside and Forth Valley Internal Audit Service (FTF) as the IJB's lead internal auditors.
- **Agree** the continuation of the Chief Internal Auditor arrangement for 2026/27.
- **Approve** the 2026/27 Annual Internal Audit Plan.
- **Review and approve** the updated Internal Audit Charter as set out in Appendix 1.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no direct financial implications. However, Financial Governance is a key pillar of governance and value for money is a core consideration in planning all internal audit reviews.

4.0 MAIN TEXT

Internal Audit Plan

4.1 As stated in the Integrated Resources Advisory Group (IRAG) guidance, it is the responsibility of the IJB to establish adequate and proportionate internal audit arrangements for review of the arrangements for risk management, governance, and control of the delegated resources. This includes determining who will provide the internal audit service for the IJB and nominating a Chief Internal Auditor.

4.2 Resources to deliver the 40 days for 2026/27 will be provided by the NHS Tayside and Dundee City Council Internal Audit Services and have been included in both of the approved 2026/27 Internal Audit Plans for NHS Tayside and Dundee City Council.

4.3 Global Internal Audit Standards (GIAS), Standard 9.4 - Internal Audit Plan, sets out the requirement for the Chief Internal Auditor to create an internal audit plan that supports achievement of the organisation's objectives.

4.4 The Application Note: GIAS in the UK Public Sector states that the requirement for an overall conclusion must also inform planning conducted under GIAS and that it must be clear to senior management and the Board that the planning process supports the overall annual conclusion.

GIAS Standard 9.4 Internal Audit Plan states that 'the Chief Audit Executive must base the internal audit plan on a documented assessment of the organisation's strategies, objectives and risks. This assessment must be informed by input from the board and senior management, as well as the chief audit executive's understanding of the organisation's governance, risk management and control processes'.

The internal audit plan must:

- *Consider the internal audit mandate and the full range of agreed to internal audit services*
- *Specify internal audit services that support the evaluation and improvement of the organisation's governance, risk management and control processes*
- *Consider coverage of information technology governance, fraud risk, the effectiveness of the organisation's compliance and ethics programmes, and other high-risk areas*
- *Identify the necessary human, financial and technological resources necessary to complete the plan*
- *Be dynamic and updated timely in response to changes in the organisation's business, risks, operations, programmes, systems, controls and organisational culture.*

The Chief Audit Executive must review and revise the internal audit plan as necessary and communicate timely to the board and senior management:

- *The impact of any resource limitations no internal audit coverage*
- *The rationale for not including an assurance engagement in a high-risk area or activity in the plan*
- *Conflicting demands for services between major stakeholders, such as high priority requests based on emerging risks and requests to replace planned assurance engagements with advisory engagements*
- *Limitations on scope or restrictions on access to information.*

The Chief Audit Executive must discuss the internal audit plan, including significant interim changes, with the board and senior management. The plan and significant changes to the plan must be approved by the board.

4.5 The Internal Audit Plan is designed to provide the Chief Internal Auditor with sufficient evidence to form an overall annual conclusion on the organisation's governance, risk management, and control.

4.6 It therefore includes the delivery of standard products required each year and is further based on professional judgement of audit need based on the IJB's risk environment. In addition, account is taken of assurance which can be provided to the IJB based on work performed under the internal audit plans of both parties. The audit plan describes how the available resources will be utilised during the year.

4.7 The audit plan is predicated on the basis that operational controls over services are maintained and assured through the partners.

4.8 The Chief Officer, Acting Chief Finance Officer and Regional Audit Manager held discussions to agree the best use of discretionary audit days for 2026/27 and to ensure the audit plan adds maximum value. Audit days are allocated to the Internal Control Evaluation (ICE) which underpins the Chief Internal Auditor's annual report and conclusion and audit management throughout the year.

4.9 The IJB's internal auditors may flexibly adjust the plan as required, and Internal Audit will report progress at each PAC Meeting. Audit work is planned to allow the Chief Internal Auditor to provide the necessary assurances prior to the signing of the audited annual accounts, and we are committed to ensuring that internal audit assignments are reported to the target Performance and Audit Committee (PAC) date as noted in the proposed plan below.

Ref	Audit	Indicative Scope	Days	Target Performance and Audit Committee
D01-27	Audit Planning	Audit Risk Assessment & Operational Planning.	2 (NHS auditors)	Sept 2026
D02-27	Audit Management	Liaison with management, pre-PAC liaison with Acting Chief Finance Officer, preparation of papers and attendance at PAC.	6 (5 NHS, 1 Council auditors)	Ongoing
D03-27	Internal Control Evaluation (reported in March)	Holistic assessment of the internal control environment in preparation for production of 2026/27 Annual Report. Follow-up of previous agreed governance actions including Internal Audit recommendations.	13 (8 NHS, 5 Council auditors)	April 2027
D04-27	Annual Report 2025/26	CIA annual assurance statement to the IJB and fieldwork to support this.	5 (NHS auditors)	June 2026
D05-27	Resource Allocation	Application of eligibility criteria for care and support packages across adult and older people services (including direct payments and commissioned arrangements).	14 (Council auditors)	April 2027
Total			**40**	

Charter and Mandate

4.10 To ensure compliance with the Institute of Internal Auditors (IIA) Global Internal Audit Standards (GIAS), an Internal Audit Charter, including a mandate, is required to be reviewed and approved annually as part of the approval of the IJB's Annual Internal Audit Plan. To ensure compliance with GIAS, the Application Note: GIAS in the UK Public Sector, applicable from 1 April 2025, the Code of Practice for the Governance of Internal Audit in Local Government, and to incorporate recommendations from the March 2025 External Quality Assessment of Internal Audit, the Charter is presented to the PAC.

4.11 GIAS require each organisation to agree an Internal Audit Charter, which is a formal document that includes the internal audit function's mandate, organisational position, reporting relationships, scope of work, types of services, and other specifications.

4.12 The Internal Audit Mandate sets out the internal audit function's authority, role, and responsibilities, which may be granted by the PAC and/or laws and regulations.

4.13 The Internal Audit Charter is complementary to the relevant provisions included in the IJB's Standing Orders and Standing Financial Instructions.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. An Equality Impact Assessment is not required. All internal audit reviews which involve review of policies and procedures will examine the way in which equality and diversity is incorporated within documentation.

6.0 RISK ASSESSMENT

6.1 The internal audit planning process considers the strategic risk profile of the organisation. Individual internal audit assignments identify the key risks at the planning stage, and our work is designed to evaluate whether appropriate systems are in place and operating effectively to mitigate the risks identified. Legislative requirements are a core consideration in planning all internal audit reviews.

The allocation of days within the proposed 2026/27 Annual Internal Audit Plan is designed to mitigate the risk that the Chief Internal Auditor's annual audit opinion is not based on appropriate and sufficient audit evidence.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 None.

Christine Jones
Acting Chief Finance Officer

DATE: 14 September 2026

Internal Audit Charter

1. Purpose

1.1 Internal Audit is an independent and objective assurance and advisory service that seeks to provide Dundee City Integration Joint Board's (IJB) Performance and Audit Committee and senior management with independent and objective assurance and consultative guidance.

The internal audit function is provided to Dundee City IJB by the NHS Tayside and Dundee City Council internal audit services under a shared service model.

The purpose of the internal audit function is to strengthen Dundee City IJB's ability to create, protect, and sustain value by providing the Performance and Audit Committee and management with independent, risk-based, and objective assurance, advice, insight, and foresight.

Internal Audit seeks to enhance governance, risk management and control processes within the IJB to support achievement of the organisation's objectives.

The internal audit service will operate:

- In compliance with Global Internal Audit Standards issued by the Internal Audit Standards Board and endorsed by the Chartered Institute of Internal Auditors effective from 1 April 2025.
- In a position of organisational independence with direct accountability to the Performance and Audit Committee
- In an environment that is free from undue influence and demonstrates a commitment to making objective assessments.

1.2 **Commitment to Adhering to the Global Internal Audit Standards**

Dundee City IJB's internal audit function adheres to the mandatory elements of the Institute of Internal Auditors' International Professional Practices Framework and aligns delivery with the CIPFA Code of Practice for the Governance of Internal Audit in Local Government and the Application Note: Global Internal Audit Standards in the UK Public Sector.

The Global Internal Audit Standards (GIAS) are reflected in the Code of Practice for the Governance of Internal Audit in Local Government. This Code addresses the responsibilities of senior management and the Performance and Performance and Audit Committee towards internal audit to ensure that internal audit services delivered have the necessary authority, support and oversight of the organisation. The Code provides a link between the recommended practices in the Global Internal Audit Standards and established governance arrangements of local government bodies and reflects the legislation and practices of local government bodies.

The Application Note: GIAS in the UK Public Sector provides UK public sector-specific context, interpretations of GIAS requirements in the specific circumstances expected to apply across the UK public sector and some additional requirements which the 'Relevant Internal Audit Standard Setters' consider essential for the practice of internal audit in the UK public sector.

The Chief Internal Auditor (CIA) will report on the internal audit function's conformance with the Standards within the Internal Audit Annual Report. Compliance will be assessed through a quality assurance and improvement programme.

In compliance with the Global Internal Audit Standards an external assessment of the respective internal audit functions will be undertaken periodically by a qualified, independent assessor or assessment team from outside Dundee City IJB.

2. Mandate

2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to comply with the accounts and audit regulations and legislation under section 106 of the Local Government (Scotland) Act 1973. A professional and objective Internal Audit Service arrangement has been established in accordance with recognised Internal Audit standards and practices as laid out in the Global Internal Audit Standards, in order to comply with article 7 of the Local Authority Accounts (Scotland) Regulations 2014. The Integrated Resources Advisory Group also issued guidance which sets out the IJB's responsibility to establish adequate and proportionate Internal Audit arrangements for risk management, governance and control of delegated resources. The guidance further advised that IJB's should make appropriate and proportionate arrangements for the consideration of the audit provision.

The Scottish Public Finance Manual (SPFM) provides guidance on internal audit arrangements and procedures. The SPFM states that:

'Internal audit should provide an independent, objective assurance and consulting service designed to add value and improve an organisation's operations. It should provide an appraisal of an organisation's governance, risk management and internal control system and take the action needed to provide Accountable Officers with a continuing assurance that the organisation's risk management, control and governance arrangements are adequate and effective. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.'

The Performance and Audit Committee grants the internal audit service the mandate to provide the Performance and Audit Committee and senior management with objective assurance, advice, insight and foresight.

2.2 **Authority**

Internal Audit derives its authority from the Performance and Audit Committee and the relevant provisions included in the organisation's Standing Orders.

The internal audit function's authority is created by its direct reporting relationship to the Performance and Audit Committee. Such authority allows for unrestricted access to the Performance and Audit Committee members.

The Chief Internal Auditor reports on a functional basis to the Chief Officer and to the Performance and Audit Committee on behalf of the IJB. The Performance and Audit Committee authorises the internal audit function to:

- Have full and unrestricted access to all required functions, data, records, information, physical property, and personnel to carry out internal audit responsibilities. Internal auditors are accountable for confidentiality and safeguarding records and information.
- Allocate resources, set frequencies, select subjects, determine scopes of work, apply techniques, and issue communications to accomplish the function's objectives.
- Obtain assistance from the necessary personnel of Dundee City HSCP, the partner organisations and other specialised services from within or outside Dundee City HSCP to complete internal audit services.

2.3 **Independence, Organisational Position, and Reporting Relationships**

The CIA is positioned at a level in the organisation that enables internal audit services and responsibilities to be performed without interference from management, thereby establishing the independence of the internal audit function.

The CIA reports functionally to the Performance and Audit Committee and administratively (for example, day-to-day operations) to the Chief Finance Officer. This positioning provides the organisational authority and status to bring matters directly to senior management and escalate matters to the Performance and Audit Committee, when necessary, without interference and supports the internal auditors' ability to maintain objectivity. In addition, the shared service model of Internal Audit provision allows further organisational independence.

The CIA will be a member of the CCAB Institute or equivalent, or CMIIA with experience equivalent to at least five years post-qualification experience and at least three years of audit. Sufficiently qualified and experienced employees will be allocated to ensure the Internal Audit Service is delivered in compliance with the Global Internal Audit Standards

The CIA will confirm to the Performance and Audit Committee, at least annually, the organisational independence of the internal audit function. If the governance structure does not support organisational independence, the CIA will document the characteristics of the governance structure limiting independence and any safeguards employed to achieve the principle of independence. The CIA will disclose to the Performance and Audit Committee any interference internal auditors encounter related to the scope, performance, or communication of internal audit work and results. The disclosure will include communicating the implications of such interference on the internal audit function's effectiveness and ability to fulfill its mandate.

2.4 **Changes to the Mandate and Charter**

Circumstances may require update of the internal audit mandate or other aspects of the internal audit charter. Such circumstances may include but are not limited to:

- A significant change in the Global Internal Audit Standards.
- A significant reorganisation within the organisation.
- Significant changes in the CIA, Performance and Audit Committee and/or senior management.
- Significant changes to the organisation's strategies, objectives, risk profile, or the environment in which the organisation operates.
- New laws or regulations that may affect the nature and/or scope of internal audit services.

3. The role of the Performance and Audit Committee

3.1 The IJB Chief Finance Officer and the CIA will maintain effective channels of communication with members.

The Performance and Audit Committee will review and approve the Internal Audit Mandate and Charter on an annual basis.

Members of the Performance and Audit Committee and the CIA are able to meet privately. Internal Audit report all findings from concluded assignments via progress reports to the Performance and Audit Committee. Lines of communication between the Chair of the Performance and Audit Committee and the CIA will be open at all times.

All members are free to raise concerns directly with the CIA and input to the Internal Audit Charter and Audit Plan. Areas suggested for inclusion in the Audit Plan will be risk assessed prior to any audit work being undertaken.

The Performance and Audit Committee will approve a risk-based Internal Audit Plan on an annual basis having satisfied itself around the adequacy of Internal Audit coverage, qualifications and competencies of the internal audit service and of the CIA to deliver the plan.

The Performance and Audit Committee will receive regular update reports throughout the year on progress with delivering the approved Internal Audit Plan and an annual report expressing an overall audit conclusion for the year.

The Performance and Audit Committee will satisfy itself that management has established a quality assurance and improvement programme.

4. CIA Roles and Responsibilities

4.1 Ethics and Professionalism

The CIA will ensure that internal auditors:

- Conform with the Global Internal Audit Standards, including the principles of Ethics and Professionalism: integrity, objectivity, competency, due professional care, and confidentiality.
- Conform with the Seven Principles of Public Life (the Nolan Principles).
- Understand, respect, meet, and contribute to the legitimate and ethical expectations of the organisation and be able to recognise conduct that is contrary to those expectations.
- Encourage and promote an ethics-based culture in the organisation.
- Report organisational behavior that is inconsistent with the organisation's ethical expectations, as described in applicable policies and procedures.

4.2 Objectivity

The CIA will ensure that the internal audit function remains free from all conditions that threaten the ability of internal auditors to carry out their responsibilities in an unbiased manner, including matters of engagement selection, scope, procedures, frequency, timing, and communication. If the CIA determines that objectivity may be impaired in fact or appearance, the details of the impairment will be disclosed to appropriate parties.

Internal auditors will have no direct operational responsibility or authority over any of the activities they review. Accordingly, internal auditors will not implement internal controls, develop procedures, install systems, or engage in other activities that may impair their judgment.

Internal auditors will:

- Disclose impairments of independence or objectivity, in fact or appearance, to appropriate parties such as the CIA, Performance and Audit Committee, management, or others, as any become known and at least annually.
- Exhibit professional objectivity in gathering, evaluating, and communicating information.
- Make balanced assessments of all available and relevant facts and circumstances.
- Take necessary precautions to avoid conflicts of interest, bias, and undue influence.

4.3 Managing the Internal Audit Function

The CIA has the responsibility to:

- Prepare a risk-based internal audit plan that complies with the Global Internal Audit Standards and prioritises assignments to ensure key areas of work are completed in the year to support the CIA's annual conclusion. The Annual Internal Audit Plan is designed to focus audit resources on the areas of greatest risk to the IJB, considering:
    - key strategic risks,
    - financial and budgetary pressures,
    - major change programmes and transformation activity,
    - regulatory and statutory compliance, and
    - areas of known or emerging concern.
- Communicate the impact of resource limitations on the internal audit plan to the Performance and Audit Committee and senior management.
- Review and adjust the internal audit plan, as necessary, in response to changes in Dundee City IJB's business, risks, operations, programs, systems, and controls, for approval by the Performance and Audit Committee.
- Communicate with the Performance and Audit Committee and senior management if there are significant interim changes to the internal audit plan.
- Ensure internal audit engagements are performed, documented, and communicated in accordance with the Global Internal Audit Standards and laws and/or regulations.
- Ensure that plans are coherent over the whole health and social care system and ensure the IJB obtains assurance from internal audits of the partner organisations' systems and processes. The respective internal auditors will identify any audits of the partner organisations that may be of relevance to the IJB, particularly those that relate to the HSCP. These audits will be communicated to the Chief Finance Officer. Summaries of relevant audits from the Annual Internal Audit plans of the Health Board and Local Authority will be presented to the IJB Performance and Audit Committee within the progress reports in summarised form, after reporting to the partner organisation Audit Committees.
- Ensure the internal audit function collectively possesses or obtains the knowledge, skills, and other competencies and qualifications needed to meet the requirements of the Global Internal Audit Standards and fulfill the internal audit mandate.
- Where relevant, identify and consider trends and emerging issues that could impact Dundee City IJB and communicate to the Performance and Audit Committee and senior management as appropriate.
- Consider emerging trends and successful practices in internal auditing.
- Establish and ensure adherence to methodologies designed to guide the internal audit function.
- Ensure adherence to Dundee City IJB's relevant policies and procedures unless such policies and procedures conflict with the internal audit charter or the Global Internal Audit Standards. Any such conflicts will be resolved or documented and communicated to the Performance and Audit Committee and senior management.
- Obtain an understanding of the organisation and its activities, encourage two-way communications between internal audit and operational staff, discuss the audit approach and seek feedback on work undertaken.
- Coordinate activities and consider relying upon the work of other internal and external providers of assurance and advisory services. If the CIA cannot

achieve an appropriate level of coordination, the issue must be communicated to senior management and if necessary escalated to the Performance and Audit Committee.

4.4 **Communication with the Performance and Audit Committee and Senior Management**

The CIA will report annually to the Performance and Audit Committee and senior management regarding:

- The internal audit function's mandate.
- The internal audit plan and performance relative to its plan.
- Significant revisions to the internal audit plan.
- Potential impairments to independence, including relevant disclosures as applicable.
- Results from the quality assurance and improvement program, which include the internal audit function's conformance with the IIA's Global Internal Audit Standards and action plans to address the internal audit function's deficiencies and opportunities for improvement.
- Significant risk exposures and control issues, including fraud risks, governance issues, and other areas of focus for the Performance and Audit Committee that could interfere with the achievement of Dundee City IJB's strategic objectives.
- Results of assurance and advisory services.
- Management's responses to risk that the internal audit function determines may be unacceptable or acceptance of a risk that is beyond Dundee City IJB's risk appetite.

4.5 **Quality Assurance and Improvement Programme**

The CIA will develop, implement, and maintain a quality assurance and improvement program that covers all aspects of the internal audit function. The program will include external and internal assessments of the internal audit function's conformance with the Global Internal Audit Standards, as well as performance measurement to assess the internal audit function's progress toward the achievement of its objectives and promotion of continuous improvement. The program also will assess, if applicable, compliance with laws and/or regulations relevant to internal auditing. Also, if applicable, the assessment will include plans to address the internal audit function's opportunities for improvement.

The CIA will regularly communicate with the Performance and Audit Committee and senior management about the internal audit function's quality assurance and improvement program, including the results of internal assessments (ongoing monitoring and periodic self-assessments) and external assessments. External assessments will be conducted at least once every five years by a qualified, independent assessor or assessment team from outside Dundee City IJB; qualifications must include at least one assessor holding a CCAB Institute, or equivalent, or CMIIA qualification, and Public Sector competencies and knowledge.

5. Scope and Types of Internal Audit Services

5.1 The scope of internal audit services covers the breadth of the IJB's activities. The scope of internal audit activities also encompasses, but is not limited to, objective examinations of evidence to provide independent assurance and advisory services to the Performance and Audit Committee and management on the adequacy and effectiveness of governance, risk management, and control processes for Dundee City IJB.

The existence of Internal Audit does not diminish the responsibility of management to implement sound systems of internal control. It is clearly and solely a management responsibility to ensure that activities are conducted in a secure, efficient and well-ordered manner and that finances are safeguarded and used to maximum effect. This includes identifying and managing risks including fraud.

5.2 **Annual Report**

The principal report to be produced by Internal Audit will be the Internal Audit Annual Report for each audit year. This requires to be prepared in time for submission to the Performance and Audit Committee no later than the agreed target date, in order to provide the assurance required in considering the IJB's Annual Accounts.

5.3 **Advisory Services**

Internal Audit may be called upon to provide advice on controls and related matters, subject to the need to maintain objectivity. Normally Internal Audit will have no executive role, nor will it have any responsibility for the development, implementation or operation of systems. Opportunities for improving the efficiency of governance, risk management, and control processes may be identified during advisory engagements. These opportunities will be communicated to the appropriate level of management.

Advisory engagements may include:

- Attendance at governance forums in an independent capacity.
- Provision of controls and assurance expertise.
- Review of draft strategic and corporate documentation.
- Input into Board and Senior Management team development events.
- Independent validation of self-assessments.

The Performance and Audit Committee is the final reporting line for all audit reports and where it is appropriate for a report to be shared with another governance or management forum, this will be included on the audit assignment plan.

Approved by the Performance and Audit Committee at its meeting on [date].

Acknowledgments/Signatures

_____	_____
CIA	Date
_____	_____
Performance and Audit Committee Chair	Date
_____	_____
Chief Officer	Date
_____	_____
Acting Chief Finance Officer	Date

ITEM No …15……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 23 SEPTEMBER 2026**

REPORT ON: **BEST VALUE ARRANGEMENTS & ASSESSMENT 2025/26**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC27-2026**

1.0 PURPOSE OF REPORT

The purpose of this report is to provide assurance that the Integration Joint Board and partners have arrangements in place to demonstrate that Best Value is being achieved.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of this report and the full Best Value assessment as set out in Appendix 1 to this report

2.2 Notes that the outcome of this assessment provides assurance that Best Value is being achieved through the Integration Joint Board's governance arrangements and activities.

3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

4.1 Background

4.1.1 It is the duty of the Integration Joint Board to secure Best Value as prescribed in Part 1 of the Local Government in Scotland Act 2003. Best Value is defined as the 'continuous improvement in the performance' of the organisation's functions.

4.1.2 The IJB's first Best Value Self-Assessment report was presented to the Performance and Audit Committee in September 2020 (Article XXIII of the minute of 22 September 2020 refers) with has been updated annually since December 2023. This will continue to be subject to annual review.

4.1.3 The Best Value framework developed by the Scottish Government was revised in 2020 and has been applied to the IJB's governance arrangements and activities in order to demonstrate that the IJB has delivered against the required duties, namely

- to make arrangements to secure continuous improvement in performance (while maintaining an appropriate balance between quality and cost); and, in making those arrangements and securing that balance, to have regard to economy, efficiency, effectiveness, the equal opportunities requirement and to contribute to the achievement of sustainable development
- to achieve break-even trading accounts, subject to mandatory disclosure
- to observe proper accounting practices
- to make arrangements for the reporting to the public of the outcome of the performance of functions.

4.1.4 The revised guidance issued in 2020 is now framed around 7 Best Value Themes

- Vision and Leadership
- Governance and Accountability
- Effective Use of Resources
- Partnerships and Collaborative Working
- Working with Communities
- Sustainability
- Fairness and Equality

4.1.5 The latest annual review of the IJB's systems and processes has been undertaken. The outcome of this assessment is attached as Appendix 1 to this report and concludes that Dundee IJB continues to have sufficient evidence to determine that Best Value is being achieved.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk	1 IJB - Financial - There is a risk of the IJB being unable to maintain financial sustainability.
Risk Level	25
Risk Appetite	Outwith
The report demonstrates:	
	An increase in risk level
	A reduction in risk level
	The effectiveness of current controls
X	**The identification and implementation of additional controls** Implementation of Best Value framework with associated actions
	The presence of a new / emerging risk

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Christine Jones
Acting Chief Finance Officer DATE: 31 August 2026

APPENDIX …1...

Theme 1: Vision and Leadership

Effective political and managerial leadership is central to delivering Best Value, through setting clear priorities and working effectively in partnership to achieve improved outcomes. Leaders should demonstrate behaviours and working relationships that foster a culture of cooperation, and a commitment to continuous improvement and innovation.

In achieving Best Value, an Integration Joint Board will be able to demonstrate the following:
• Members and senior managers have a clear vision for their area that is shared with citizens, key partners and other stakeholders.
• Members set strategic priorities that reflect the needs of communities and individual citizens, and that are aligned with the priorities of partners.
• Effective leadership drives continuous improvement and supports the achievement of strategic objectives.

Theme 1	Measure/Expected Outcome	Evidence/Outcome
1	The IJB's vision for its area is developed in partnership with its citizens, employees, key partners and other stakeholders.	The IJB vision is set out in the Strategic Commissioning Framework. In June 2023 the IJB agreed the new, replacement plan. You can read The Plan for Excellence in Health and Social Care in Dundee: Strategic Commissioning Framework 2023 – 2033 on our website. This Plan describes our 6 strategic priorities for the next ten years and the key actions required to deliver on our ambitious vision for the city. This Plan is also influenced by a series of Partnership strategies, each of which respond in detail to different needs across the city. These local strategies are led by Strategic Planning Groups, which comprise of people who use services, their carers and people delivering services (from the HSCP, NHS, Council and other agencies in the Third and Independent Sector) A statutory review of the Strategic Commissioning Framework was completed during 2025/26, informed by updated needs analysis, review activity and public, workforce and stakeholder engagement. The review concluded that the Framework remains largely fit for purpose, with the current ambition, values and six strategic priorities retained, but that the supporting strategic shifts should be revised to reflect current resources, emerging pressures and deliverability.
2	Members set strategic priorities that contribute to achieving the IJB's vision, reflect the needs of communities and individual citizens, and are aligned with the priorities of partners. They take decisions that contribute to the achievement of those priorities, in particular when allocating resources and in setting and monitoring performance targets.	Dundee City Integration Joint Board's Strategic and Commissioning Plan sets out the context within which integrated services in Dundee operate. The IJB 2023-2033 Strategic Commissioning Framework can be accessed here. The strategic and commissioning plan is informed by the strategic needs assessment for health and social care, which is updated regularly (last update completed in June 2023 and further update now in progress). The overarching strategic needs assessment is supported by more focused assessments for specific care groups and specific localities.

Theme 1	Measure/Expected Outcome	Evidence/Outcome
		The strategic and commissioning plan is aligned to the Dundee City Plan (local outcome improvement plan for community planning partners). This includes a health, care and wellbeing theme that is led by the Health and Social Care Partnership The Dundee Health and Social Care Partnership's Deliver Plan is monitored by the Partnership and the IJB throughout the year to check that actions are progressing and having the positive impact that has been planned. Where things are not going as planned, or where new risks or challenges emerge the delivery plan will be adjusted in agreement between the Partnership and the IJB. It is currently being fully revised following the statutory review of the Strategic Commissioning Framework.
3	The IJB's vision and strategic priorities are clearly communicated to its citizens, staff and other partners.	The Strategic Commissioning Framework is accessible through the Dundee Health and Social Care Partnership (HSCP) website. A summary version of the plan has been produced to aid public accessibility here
4	Strategic plans reflect a pace and depth of improvement that will lead to the realisation of the IJB's priorities and the long-term sustainability of services.	The Strategic Commissioning Framework focuses on 6 strategic priorities which are: • Inequalities -Support where and when it is needed most. • Self Care -Supporting people to look after their wellbeing. • Open Door -Improving ways to access services and supports. • Planning together -Planning services to meet local need. • Workforce -Valuing the workforce. • Working together -Working together to support families. The 2023-2033 plan is consistent with the aspirations set out within the City Plan for Dundee and NHS Tayside Annual Operating plan.
5	Service plans are clearly linked to the IJB's priorities and strategic plans. They reflect the priorities identified through community planning, and show how the IJB is working with partners to provide services that meet community needs.	The Strategic Planning Groups have developed strategic plans. The following strategic plans have been approved by the IJB: • **Dundee Carers Strategy 2026–2032 –** This strategy, approved by the IJB in February 2026, replaces *A Caring Dundee 2* and sets out the long-term approach to supporting unpaid carers in Dundee. Developed through the Dundee Carers Partnership, it aims to ensure carers are heard, valued, understood and supported to stay well and have a life alongside caring. It builds on previous commitments, reflects carer engagement, aligns with the National Carers Strategy and the Carers (Scotland) Act 2016, and will be supported by an updated delivery plan and regular review.

Theme 1	Measure/Expected Outcome	Evidence/Outcome
		• **Dundee Alcohol and Drug Partnership's Strategic Framework 2023-2028 –** This plan sets out a commitment to work together to prevent harm and support recovery. We have developed a performance management framework, investment plan and strategic risk register to support the implementation of the strategic framework and delivery plan. • **Dundee Mental Health and Wellbeing Strategic Plan 2019-2024 -** Our vision is that the people of Dundee will have positive wellbeing and a good quality of life to help prevent mental health problems occurring, and that those with mental ill health will get the respect, support, treatment and care they require to recover without fear of discrimination or stigma. A review of this plan went to the IJB meeting on 20th August 2025, as well as the approach and steps that have been taken to co-produce the new Dundee Mental Health and Wellbeing Strategic Plan for 2026-2031 with key stakeholders. The revised plan is scheduled to be submitted to the IJB for approval in October 2026. The plans below show the collaborative work being undertaken between IJBs and wider Tayside partners: • **Tayside Primary Care Foundational Strategy 2026–2028 –** This strategy was approved by the IJB in June 2026, following NHS Tayside Board endorsement and system-wide engagement. Developed through Angus IJB as Lead Partner, it provides a bridging framework to stabilise and strengthen primary care across Tayside while national policy continues to develop. The strategy focuses on sustaining General Practice and contractor services, strengthening multidisciplinary team working, improving urgent and Out of Hours interfaces, supporting prevention and care closer to home, and establishing clearer governance and financial principles across NHS Tayside and the three Health and Social Care Partnerships. • **NHS Tayside Winter Resilience Plan 2025/26 –** This plan was presented to the IJB in December 2025 and sets out the whole-system approach to winter preparedness across NHS Tayside, Angus, Dundee and Perth & Kinross HSCPs, the Scottish Ambulance Service and other partners. It builds on learning from winter 2024/25 and focuses on prevention and early intervention, maintaining system capacity and flow, timely discharge, infection prevention and control, workforce wellbeing, communication, monitoring, risk and assurance. In Dundee, the plan supports additional winter capacity, including Home First social care support, seven-day inpatient rehabilitation and urgent frailty response in the community.

Theme 1	Measure/Expected Outcome	Evidence/Outcome
		• **Tayside Together – Palliative Care Matters for All Strategy –** This strategy was approved by the IJB in June 2026 and sets out a shared Tayside approach to palliative care, care around dying and bereavement support. It responds to growing need across Tayside and aligns with the Scottish Government's *Palliative Care Matters for All* strategy. Developed with NHS Tayside, the three Tayside IJBs, health and social care services, specialist palliative care, primary care, third and independent sector partners, communities and strategic planning groups, it provides a framework for improving care across the whole system so that people of all ages with life-shortening conditions, and the people who care for them, receive the right support at the right time and in the right place.
6	Priority outcomes are clearly defined, and performance targets are set that drive continuous improvement in achieving those outcomes.	The vision sits alongside Scotland's long-term aim for people to live longer, healthier lives at home or in a homely setting. Scotland's National Health and Wellbeing Outcomes guide our work: **Outcome 1:** People can look after and improve their own health and wellbeing and live in good health for longer. **Outcome 2:** People, including those with disabilities or long-term conditions, or who are frail, can live, as far as reasonably practicable, independently and at home or in a homely setting in their community. **Outcome 3:** People who use health and social care services have positive experiences of those services, and have their dignity respected. **Outcome 4:** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. **Outcome 5**: Health and social care services contribute to reducing health inequalities. **Outcome 6:** People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being. **Outcome 7:** People using health and social care services are safe from harm. **Outcome 8:** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. **Outcome 9:** Resources are used effectively and efficiently in the provision of health and social care services. You can see the Partnership's quarterly performance reports on our website. https://www.dundeehscp.com/publications Performance against the national health and wellbeing indicators (aligned

Theme 1	Measure/Expected Outcome	Evidence/Outcome
		to the national outcomes) is scrutinised by the Performance and Audit Committee on a regular basis. Additional indicators contained within the managing performance under integration suite are also reported quarterly. Bespoke performance reports are also routinely provided on key areas of service delivery – mental health, drug and alcohol, unscheduled care.
7	There are clear and effective mechanisms for scrutinising performance that enable the taking of informed decisions and the measuring of impacts and service outcomes.	During 2025-26 the Performance and Audit Committee (PAC) of the Integration Joint Board (IJB) continued to be responsible for scrutinising the performance of the Partnership in achieving its vision and strategic priorities, including overseeing financial performance and other aspects of governance activities. The PAC receives quarterly local performance reports, including benchmarking data from other Health and Social Care Partnerships across Scotland. The PAC provided an Annual Assurance Report to IJB with the 2025/26 report approved in August 2026.
8	There is a corporate approach to continuous improvement, with regular updating and monitoring of improvement plans.	Benchmarking with other Partnerships assists the interpretation of data and identifies areas for improvement. This is incorporated, where data is available, in both annual and quarterly performance reports. Partnerships with similar traits, including population density and deprivation have been grouped into 'family groups', which consist of eight comparator Partnerships. Dundee is placed in a family group along with Glasgow, Western Isles, North Lanarkshire, East Ayrshire, Inverclyde, West Dunbartonshire and North Ayrshire. You can see the Partnership's quarterly performance reports on our website. https://www.dundeehscp.com/publications
9	The IJB and its partners agree on how the key elements of Best Value will contribute to achieving the commonly agreed local priorities and outcomes. These key elements include the need to: • secure continuous improvement, in particular for those services aligned to the IJB's priorities • provide customer- and citizen-focused public services, which meet the needs of diverse communities • achieve the best balance of cost and quality in delivering services (having regard to economy, efficiency, effectiveness and equalities) • contribute to sustainable development • encourage and support innovation and creativity.	The IJB 2025-26 Annual Performance Report provides a key public mechanism for demonstrating Best Value by reporting progress against the Strategic Commissioning Framework, national health and wellbeing outcomes and local delivery priorities. It brings together performance data, improvement activity, financial and service pressures, partnership delivery and examples of innovation to show how the IJB and its partners are securing continuous improvement, responding to the needs of diverse communities, balancing quality and cost, supporting sustainability and using learning and creativity to improve outcomes for people in Dundee.

Theme 1	Measure/Expected Outcome	Evidence/Outcome
10	Members and senior managers communicate the approach to Best Value methodically throughout the IJB in terms that are relevant to its staff and set out clear expectations of them. The IJB has a positive culture in which its people understand its vision and objectives and how their efforts contribute to their achievement, and they are engaged with and committed to improvement.	The Partnership has been part of and has contributed to the statutory Best Value Audit of Dundee City Council which was published in September 2020. The Accounts Commission is the public spending watchdog for Local Authorities and is responsible for assessing Best Value. The Council's audit focused on their vision and strategic direction, performance, planning for use of resources, delivery of services with partners and continuous improvement. The Accounts Commission found that whilst the Council and its partners have a clear and ambitious vision for Dundee, that there is a need to accelerate the pace of change in addressing complex and deep-rooted challenges such as poverty and drug and alcohol use. The Commission also noted risks in relation to the financial sustainability of the IJB and the likelihood that this would be further exacerbated by the impact of the pandemic. The IJB members sign off audit reports and have sight of Audit Scotland reports and are aware of and promote best value
11	Members and senior managers are self-aware. They commit to training and personal development to update and enhance their knowledge, skills, capacity and capabilities to deliver Best Value and perform their leadership roles, and they receive sufficient support to do so.	Reliance is placed on the established and documented systems of performance and development reviews embedded within each partner for all senior managers. Multiple IJB development events have currently been held/scheduled through 2025-26, covering topics that aim to enhance the knowledge of IJB members to support them to enhance delivery of Best Value.
12	Leadership is effective and there is good collaborative working. Members and senior managers have a culture of cooperation and working constructively in partnership, informed by a clear understanding of their respective roles and responsibilities and characterised by mutual respect, trust, honesty and openness and by appropriate behaviours.	Several IJB development events have been held. See below the sessions that were organised during the year : • 23rd April Workforce • 14th May Social Care Demand and Response • 11th June Assurance and Risk • 27th August Adult Support & Protection and Statutory Review of Strategic Commissioning Framework • 17th September Engagement and Co-production • 24th October Mental Health Model of Care & Tayside GP Out of Hour Service Reform (Joint) • 24th October Tayside Out of Hours Service Review (Joint) • 29th October Budget Development • 26th November Equality Matters • 17th December Budget Development • 30th January Budget Development

Theme 1	Measure/Expected Outcome	Evidence/Outcome
		• 11th February Budget Development • 11th March Budget Development Members & senior managers often come together to focus on specific issues such as budget and risk so they have a clear understanding of their role as a member.

Theme 2 – Governance and Accountability

Effective governance and accountability arrangements, with openness and transparency in decision-making, schemes of delegation and effective reporting of performance, are essential for taking informed decisions, effective scrutiny of performance and stewardship of resources.
In achieving Best Value, an integrated Joint Board will be able to demonstrate the following:
• A clear understanding and the application of the principles of good governance and transparency of decision-making at strategic, partnership and operational levels.
• The existence of robust arrangements for scrutiny and performance reporting.
• The existence of strategic service delivery and financial plans that align the allocation of resources with desired outcomes for the short, medium and long terms.

Theme 2	Requirement	Evidence/Outcome
1	Members and senior managers ensure accountability and transparency through effective internal and external performance reporting, using robust data to demonstrate continuous improvement in the IJB's priority outcome measures.	Data is routinely reported through quarterly performance reports, bespoke service area performance reports and the statutory Annual Performance Report (both internally and externally, as detailed in Theme 1.
2	Management information and indicators that allow performance to be assessed are widely and consistently used by the IJB. Senior management regularly receives information that is used to inform members about performance.	Data is routinely reported through quarterly performance reports, bespoke service area performance reports and the statutory Annual Performance Report (both internally and externally), as detailed in Theme 1. Each month a senior management summary is sent out detailing the financial position with key areas of concern noted before figures are taken to the IJB on a quarterly basis
3	Performance is reported to the public, to ensure that citizens are well informed about the quality of services being delivered and what they can expect in future.	Performance and Audit committee minutes and papers are available on the HSCP and Dundee City Council websites. The Annual Performance Report is published on the Partnership website and a summary version is produced and published to aid public accessibility.
4	Learning from previous performance, and from the performance of other local authorities, informs the review and development of strategies and plans to address areas of underperformance.	Across public protection responsibilities, including adult support and protection as delegated function, extensive arrangements are in place through learning review process and regional and national networks to share learning to support improvement. National networks are utilised to share best practice and gain learning from other partnership areas, this includes Chief Officers and CFO networks, integration managers networks and networks focused on specific care groups, such as the Scottish Government's carers leads meeting.
5	Key organisational processes are linked to, or integrated with, the planning cycle; these include strategic analyses,	The Strategic Commissioning Framework and the corresponding delivery plan are part of our continued conversation with the people of Dundee and

Theme 2	Requirement	Evidence/Outcome
	stakeholder consultations, fundamental reviews, performance management, staff appraisal and development schemes, and public performance reporting.	our partners. We will work through established community and citywide engagement structures, listening to the voices of people using services, carers, volunteers, the third and independent sectors to plan flexible, sustainable services. As part of our commitment to collaboration, the Partnership will monitor progress of this Plan on an ongoing basis, and will report through the Integrated Strategic Planning Group, to the IJB and other partner bodies. Strategic needs assessment processes are linked to strategic planning cycles; with the strategic needs assessment being a key companion document to the strategic and commissioning plan. Stakeholder consultation is a statutory requirement when reviewing or developing strategic plans, as well as a core commitment across all service planning, development and improvement. Further work is required to fully develop and align a performance management framework that explicitly supports the strategic and commissioning plan.
6	The IJB has a responsible attitude to managing risk, and business continuity plans (including civil contingencies and emergency plans) are in place to allow an effective and appropriate response to planned and unplanned events and circumstances.	Over the last year the IJB has continued to strengthen its strategic risk management arrangements. The Strategic Risk Register is reported regularly to the IJB and Performance and Audit Committee, providing members with oversight of the key risks that may affect delivery of the Strategic Commissioning Framework, financial sustainability, workforce capacity, service quality and wider partnership responsibilities. During 2025/26, work has progressed to refresh the risk management process and improve the quality and consistency of strategic risk information. This has included reviewing the content of the Strategic Risk Register, strengthening links between risks and strategic priorities, clarifying controls and assurances, and introducing a clearer articulation of risk appetite to support more informed discussion and decision-making by members and senior officers. Risk considerations continue to be embedded in governance and reporting arrangements. A risk section is included within each IJB and Performance and Audit Committee report, providing oversight of the risks associated with the decisions members are being asked to make. These risks are reflected within the IJB's risk register where appropriate and are monitored through the Ideagen (prev Pentana) risk management system. The Risk Management Strategy sets out roles, responsibilities and escalation arrangements, including the relationship between operational, partnership and strategic risks. The IJB also maintains oversight of relevant partner risks where these relate to delegated functions, supporting a more joined-up understanding of risk across Dundee Health and Social Care Partnership, Dundee City Council and NHS Tayside.

Theme 2	Requirement	Evidence/Outcome
7	Key discussions and decision-making take place in public meetings, and reasonable measures are taken to make meeting agendas, reports and minutes accessible to the public, except when there are clear reasons why this would be inappropriate.	IJB meetings are open to the public. IJB and Performance and Audit committee minutes and papers are available on the HSCP website. As they now hold hybrid meetings, with attendance combining in-person and virtually, the recordings are also available on the website
8	The IJB's political structures support members in making informed decisions.	The IJB members when acting on IJB business act in the interest of the IJB and not their political affiliation
9	The scrutiny structures in the IJB support members in reviewing and challenging its performance.	The IJB standing orders and the Terms of Reference of the Performance and Audit Committee can be accessed here. This is reviewed annually with the next report due to be presented to the December 2026 IJB meeting.
10	Members and senior managers promote the highest standards of integrity and responsibility, establishing shared values, mutual trust and sound ethics across all activities. Effective procedures are in place to ensure that members and staff comply with relevant codes of conduct and policies. This includes ensuring that appropriate policies on fraud prevention, investigation and whistleblowing are established and implemented.	The Code of Conduct, Register of Interests and Register of Gifts and Hospitality are in place for the IJB. Reliance is placed on each partner's arrangements for the investigation of fraud, whistle blowing and procurement processes. Reliance is placed on the policies and procedures in place for partnership staff to report breaches of the IJB/partner's values. This includes whistleblowing policies, competency-based recruitment, induction courses, online training, and mechanisms to raise concerns/seek feedback, including confidential routes and the promotion of equality and dignity at work.
11	Members and senior managers understand and effectively communicate their respective and collective roles and responsibilities to members and staff. They understand that effective delegation enables and supports the IJB's ability to achieve Best Value.	The induction process provides an overview of responsibilities. The scheme of delegation assists that decisions are made by those best placed to make those decisions
12	An information governance framework is in place that ensures proper recording of information, appropriate access to that information including by the public, and legislative compliance.	Dundee IJB has adopted the Model Publication Scheme 2014 which has been produced and approved by the Scottish Information Commissioner. It is approved until 31 May 2018 and updated 26 March 2021. The IJB has recently had submitted its Records Management plan to the NRS (National Records Scotland). The IJB handles very little personal data but is registered with the Information Commissioners Office. On 24 June 2026 the IJB also received its first annual information governance assurance report, strengthening member oversight of compliance, records management, information security and related assurance arrangements.

Theme 2	Requirement	Evidence/Outcome
13	Technological innovation and digital transformation are promoted and used to ensure accessibility of performance information and public accountability	IJB and Performance and Audit committee minutes and papers are available on the HSCP and Dundee City Council websites. All formal meetings are recorded electronically. Annual Accounts and Performance reports are published on the website. Partners' social media accounts are relied on to promote key IJB publications and information
14	Members and employees across the IJB understand and implement their responsibilities in relation to its Standing Orders and Financial Regulations.	The Financial Regulations were revised in 2025 and sets out the respective responsibilities and duties of the Chief Officer and the Chief Finance Officer of the Integration Joint Board. Scheme of delegation (revised in 2025) sets out the powers conferred to the IJB by the Public Bodies (Joint Working) (Scotland) Act 2014 and what is delegated to the IJB from the partners Both of these reports are reviewed annually and due to go to the October 2026 IJB The IJB places reliance on the robust frameworks of corporate governance within each partner to provide assurance to the IJB that there are effective internal control systems in operation to meet the strategic commissioning intentions and to comply with all relevant legislation, policies and guidance, as appropriate. The Annual Governance Statement is published in the IJB Annual Accounts drawing on a wide range of evidence to inform the view on the implementation of the directions.
15	There are clear governance and lines of accountability when delivering services via a third party, and there is evidence of the application of the principles within the 'Following the Public Pound' guidance when funding is provided to external bodies.	Services delivered through third parties are bound by a contractual agreement. A contract monitoring process examines actual against planned outcomes. The IJB benefits from a dedicated Social Care Contracts Team that forms part of the delegated workforce. Working in partnership with corporate procurement teams in both Dundee City Council and NHS Tayside the delegated team provides expert advice and support for procurement functions as well as strategic commissioning.

Theme 3 – Effective Use of Resources

Making the best use of public resources is at the heart of delivering Best Value. With clear plans and strategies in place, and with sound governance and strong leadership, an integrated Joint Board will be well placed to ensure that all of its resources are deployed to achieve its strategic priorities, meet the needs of its communities and deliver continuous improvement.

In achieving Best Value, an integrated Joint Board will be able to demonstrate the following:
• It makes best use of its financial and other resources in all of its activities.
• Decisions on allocating resources are based on an integrated and strategic approach, are risk-aware and evidence-based, and contribute to the achievement of its strategic priorities.
• It has robust procedures and controls in place to ensure that resources are used appropriately and effectively, and are not misused.
• It works with its partners to maximise the use of their respective resources to achieve shared priorities and outcomes.

Theme 3	Requirement	Evidence/Outcome
Staff	1. A workforce strategy is in place that sets out expectations on how the IJB's staff will deliver its vision, priorities and values. 2. The strategy is translated into workforce plans, covering employee numbers, skills, knowledge, competencies and organisational structures, that demonstrate how staff will be deployed to deliver the services planned for the future. Plans are regularly reviewed at appropriate intervals according to a clear review cycle. 3. All employees are managed effectively and efficiently, and know what is expected of them. Employee performance is regularly assessed through performance appraisal, with individuals and teams being supported to improve, where appropriate. 4. Members and senior managers understand and demonstrate that effective delegation is an important contribution to the IJB's ability to achieve Best Value. 5. The contribution of staff to ensuring continuous improvement is supported, managed, reviewed and acknowledged. 6. The IJB demonstrates a commitment to fairness, equity and safety in the workplace; it adopts relevant statutory guidance through progressive workplace policies and a commitment to best practice in workplace relationships. 7. Leaders ensure that there is the organisational capacity	The Integrated Workforce Plan 2025-28 was published in June 2025. The Dundee Health and Social Care Partnership (DHSCP) Integrated Workforce Plan 2025–2028 sets out a strategic vision for building and sustaining a skilled, resilient, and person-centred workforce across health and social care services. Developed in alignment with the Scottish Government's National Workforce Strategy for Health and Social Care (2022), this plan reflects our commitment to delivering high-quality, integrated care that meets the evolving needs of Dundee's population. At the heart of this plan is a recognition that our workforce is our greatest asset. The plan is structured around five key pillars—Plan, Attract, Train, Employ, and Nurture—each designed to support the development of a sustainable and valued workforce. Our workforce plan reflects these strategic commitments and aims to enable the Health and Social Care Partnership to: ➢ Meet future workforce requirements – identify the number and types of health and social care professionals needed to meet future service demands. ➢ Promote skill development and training – ensure that the workforce has the necessary skills and competencies through access to continuous professional development and training programmes. ➢ Support recruitment and retention – support strategies to attract and retain skilled professionals in the health and social care sector. ➢ Develop integrated workforce planning – promote collaboration

Theme 3	Requirement	Evidence/Outcome
	to deliver services through effective use of all employees and other resources. They communicate well with all staff and stakeholders, and ensure that the organisation promotes a citizen- and improvement-focused culture that delivers meaningful actions and outcomes.	between health and social care services to create a more cohesive and efficient workforce. ➢ Support workforce wellbeing – implement measures to support the physical and mental well-being of health and social care workers. ➢ Adapt to change – ensure the workforce is supported to adapt to changes in technology, policy and service user needs. Partner processes are used to communicate with staff and provide learning and workforce development opportunities
Asset management	1. There is a corporate approach to asset management that is reflected in asset management strategies and plans, which are subject to regular review. 2. There is a systematic and evidence-based approach to identifying and managing risks in relation to land, buildings, plant, equipment, vehicles, materials and digital infrastructure. 3. The IJB actively manages its asset base to contribute to its objectives and priorities. 4. Fixed assets are managed efficiently and effectively, taking account of availability, accessibility, safety, utilisation, cost, condition and depreciation.	Whilst no assets are delegated to the IJB, we recognise the need to continue to improve the way that people move between large hospitals and the community, how we would redesign models of non-acute hospital-based services and re-invest in community-based services including our response to protecting people concerns. Fixed assets including land, property, IT, equipment and vehicles are managed efficiently and effectively by each partners and are aligned appropriately to shared priorities.
Information	1. Information is regarded as a strategic resource and is managed accordingly. 2. There is a clear digital strategy in place, which includes resilience plans for information systems. 3. Information is shared appropriately, and the IJB seeks to develop data compatibility with its partners.	Reliance is placed on the processes and controls for information sharing which have been established by each partner. This includes: • compliance with General Data Protection Regulations • the arrangements for the Data Protection Officer, Senior Information Risk Owner • learning from events to raise the level of resilience across the partnership e.g. the response by the DCC partner to IT disruption due to power failure. All IJB formal board meetings and committees are minuted and made public for transparency
Financial management & planning	1. There is clear alignment between the IJB's budgets and its strategic priorities. 2. Regular monitoring and reporting of financial outturns compared with budgets is carried out, and corrective action taken where necessary to ensure the alignment of budgets and outturns.	The IJB Scheme of Delegation and Financial Regulations are in place ensuring an effective framework for budgetary control. IJB financial monitoring reports are presented to the IJB Committee. The IJB's financial monitoring position is also reported regularly to the

Theme 3	Requirement	Evidence/Outcome
	3. Financial plans show how the IJB will fund its services in the future. Long-term financial plans that include scenario planning for a range of funding levels are prepared and linked to strategic priorities. 4. An appropriate range of options is considered when taking decisions, and robust processes of option appraisal and self-assessment are applied. 5. The IJB has clear plans for how it will change services and realise efficiencies to close future budget gaps. 6. Members and senior managers have a clear understanding of likely future pressures on services and of how investment in preventative approaches can help alleviate those pressures, and they use that understanding to inform decisions. 7. Financial performance is systematically measured across all areas of activity, and regularly scrutinised by managers and members. 8. There is a robust system of financial controls in place that provides clear accountability, stakeholder assurance, and compliance with statutory requirements and recognised accounting standards. 9. The IJB complies with legal and best practice requirements in the procurement and strategic commissioning of goods, services and works, including the Scottish Model of Procurement. There is clear accountability within procurement and commissioning arrangements. 10. There are clear and effective governance and accountability arrangements in place covering partnerships between the IJB and its arm's-length external organisations (ALEOs), including for performance monitoring and the early identification of any significant financial and service risks; there is evidence of the application of the principles of 'Following the Public Pound.' 11. The IJB has a reserves policy that supports its future financial sustainability, and its reserves are held in accordance with that policy.	partner agencies Level of financial detail reported to the IJB increased on areas with significant variances or risk. Explanations within the monitoring reports to members in relation to changes to the approved budget was incorporated Reliance is placed on the financial monitoring and financial planning arrangements which have been established by each partner to achieve financial balance. Reliance is placed on the strategies for procurement and the management of contracts (and contractors) which have been established by each partner to demonstrate appropriate competitive practice. A Social Care Procurement Policy is in place which sets out the framework within which the service purchases care services. This combines the fundamentals of the corporate procurement strategy with social care specific issues. The service hosts the social care contracts team which ensures this policy is adhered to. The IJB has no Arms Length external organisations. External service providers have social care contracts in place along with a contracts monitoring process. The reserves policy is audited annually as part of the annual accounts process
Performance management	1. Effective performance management arrangements are in place to promote the effective use of the IJB's resources. Performance is systematically measured across all areas of	The IJB can demonstrate that continuous improvement is incorporated into its strategy and plans. Areas for improvement have been identified through the governance self-assessment process and Annual Internal Audit Report.

Theme 3	Requirement	Evidence/Outcome
	activity, and performance reports are regularly scrutinised by managers and elected members. The performance management system is effective in addressing areas of underperformance, identifying the scope for improvement and agreeing remedial action. 2. There is a corporate approach to identifying, monitoring and reporting on improvement actions that will lead to continuous improvement in priority areas. Improvement actions are clearly articulated and include identifying responsible officers and target timelines. 3. The IJB uses self-evaluation to identify areas for improvement. This includes the use of comparative analyses to benchmark, monitor and improve performance. 4. The IJB takes an innovative approach when considering how services will be delivered in the future. It looks at the activities of other organisations, beyond its area, to consider new ways of doing things. A full range of options is considered, and self-assessment activity and options appraisal can be demonstrated to be rigorous and transparent. 5. Evaluation tools are in place to link inputs, activities and outputs to the outcomes that they are designed to achieve. There is evidence to demonstrate that improvement actions lead to continuous improvement and better outcomes in priority service areas. 6. The IJB seeks and takes account of feedback from citizens and service users on performance when developing improvement plans. 7. Improvement plans reflect a pace and depth of improvement that will lead to the realisation of the IJB's priorities and the long-term sustainability of services. 8. Performance information reporting to stakeholders is regular and gives a balanced view of the IJB's performance, linked to its priority service areas. The information provided is relevant to its audience, and clearly demonstrates whether or not strategic and operational objectives and targets are being met. 9. The IJB demonstrates a trend of improvement over time in delivering its strategic priorities.	Progress against these is monitored by the Performance and Audit Committee. IJB's outcomes are monitored across a set of performance indicators that has been developed to cover the delegated functions and the nine national health and well-being outcomes. These performance measures are reported to the Performance and Audit Committee. A range of additional datasets and performance monitoring arrangements have been developed, for example regular datasets relating to care home oversight, unmet need within social care and delayed discharge. The HSCP uses a comprehensive performance monitoring system – Ideagen (prev Pentana) to support recording and reporting on performance for some suites of indicators. HSCP provide input to monitoring of the Council Plan, City Plan and NHST Annual Operational Plan. Performance data is validated by Public Health Scotland (PHS). Internal Audit and External Audit conduct periodic reviews of the accuracy of reporting. Dedicated Local Intelligence Support Team Analysts and the HSCP's internal performance management resources are sourcing, linking and interpreting data in order to better understand and project patterns of service demand. This analytical work is providing insights into delivering better plans, designing improved service user pathways and contributing to the achievement of the Health and Social Care outcomes. Feedback from citizens is obtained in a variety of ways, this includes through complaints and compliments as well as feedback through engagement activities. Annual processes have been established to support consultation with the public and other stakeholders as part of the budget setting process. The Partnership is in the process of implementing Care Opinion as a mechanism through which to capture feedback about services. Quarterly performance reports are presented to the Performance and Audit Committee. An Annual Performance Report is produced, and the Carers Partnership annual performance report is also now produced. The CSWO report and the annual report of the Public Protection Committees both contain information relating to delegated services and are presented to the

Theme 3	Requirement	Evidence/Outcome
		IJB. Annual reports are also published in relation to Safer Staffing requirements. The 2025 strategic inspection of mental health services also provides an important source of external assurance and learning. The inspection findings are being used to inform improvement planning, strengthen scrutiny of mental health service performance, and support the development of the new Dundee Mental Health and Wellbeing Strategic Plan for 2026–2031. A review of IJB and Performance and Audit Committee reports provides evidence of performance against: • objectives, targets and service outcomes • past performance • improvement plans • other relevant bodies being used but not all together all the time.

Theme 4 – Partnerships and Collaborative Working

The public service landscape in Scotland requires local authorities to work in partnership with a wide range of national, regional and local agencies and interests across the public, third and private sectors. An integrated Joint Board should be able to demonstrate how it, in partnership with all relevant stakeholders, provides effective leadership to meet local needs and deliver desired outcomes. It should demonstrate commitment to and understanding of the benefits gained by effective collaborative working and how this facilitates the achievement of strategic objectives. Within joint working arrangements, Best Value cannot be measured solely on the performance of a single organisation in isolation from its partners. An integrated Joint Board will be able to demonstrate how its partnership arrangements lead to the achievement of Best Value.

In achieving Best Value, an integrated Joint Board will be able to demonstrate the following:
• Members and senior managers have established and developed a culture that encourages collaborative working and service provision that will contribute to better and customer-focused outcomes.
• Effective governance arrangements for Community Planning Partnerships and other partnerships and collaborative arrangements are in place, including structures with clear lines of responsibility and accountability, clear roles and responsibilities, and agreement around targets and milestones.

Theme 4	Requirement	Evidence/Outcome
1	Members and senior managers actively encourage opportunities for formal and informal joint/integrated working, joint use of resources and joint funding arrangements, where these will offer scope for service improvement and better outcomes.	The Dundee City IJB was established during 2015/2016. Integrated delivery of adult community health and social care services commenced on 01 April 2016. 2026/2027 is the eleventh year of operation for the IJB. Partnership working is supported through active participation in and leadership of the Dundee Partnership, including themes for health, care and wellbeing. Key partnerships are also in place in relation to public protection responsibilities through the Chief Officers Group and public protection committees.
2	The IJB is committed to working with partner organisations to ensure a coordinated approach to meeting the needs of its stakeholders and communities. This includes: • scenario planning with partners to identify opportunities to achieve Best Value • collaborative leadership to identify Best Value partnership solutions to achieve better outcomes for local people • proactively identifying opportunities to invest in and commit to shared services • integrated management of resources where appropriate • effective monitoring of collective performance, including self-assessment and reviews of the partnership strategy, to ensure the achievement of objectives • developing a joint understanding of all place-based capital and revenue expenditure.	Partnership working is supported through active participation in and leadership of the Dundee Partnership, including themes for health, care and wellbeing. Key partnerships are also in place in relation to public protection responsibilities through the Chief Officers Group and public protection committees. Close working and collaboration with the third and independent sector is in place.
3	Members and senior managers identify and address any	Reliance is placed on the personal development, performance appraisal and

Theme 4	Requirement	Evidence/Outcome
	impediments that inhibit collaborative working. The IJB and its partners develop a shared approach to evaluating the effectiveness of collaborative and integrated working.	formal supervision processes in place within each partner to ensure all employees are managed effectively and efficiently, know what is expected of them and are assisted to maximise their full potential. This also includes the learning and professional development required to support statutory and professional responsibilities and achieve organisational objectives and quality standards. Staff governance arrangements are well embedded across the partnership and recognise the contribution to ensuring continuous improvement and quality.
4	In undertaking its community planning duties the IJB works constructively with partners to agree a joint vision for the Community Planning Partnership and integrates shared priorities and objectives into its planning, performance management and public reporting mechanisms. Service plans clearly reflect the priorities identified through community planning, and show how the IJB is working with partners to provide services that meet stakeholder and community needs.	The Chief Officer and other officers actively participate in relevant Community Planning Executive Boards. The Partnership also hosts the strategic support team for public protection arrangements. The Partnership participates in performance reporting arrangements for community planning / city plan – including both performance data and narrative updates on progress achieved against priorities. The IJB Strategic Commissioning Plan is consistent with the priorities set out within the City Plan for Dundee and the NHS Tayside Annual Operating plan. These priorities are also consistent with and support the Scottish Government nine National Health and Wellbeing Outcomes which apply across all health and social care services. Lead Partner services arrangements are in place with Perth & Kinross and Angus Health & Social Care Partnerships National Frameworks have also been published indicating priorities for the wider health and social care system which requires the IJB to plan collaboratively with partners to deliver. These include Health and Social Care Renewal Framework, Scotlands Population Health Framework and NHS Scotland Operational Improvement Plan

Theme 5 – Working with Communities

Local authorities, both individually and with their community planning partners, have a responsibility to ensure that people and communities are able to be fully involved in the decisions that affect their everyday lives. Community bodies – as defined in the Community Empowerment Act 2015 (section 4(9)) – must be at the heart of decisionmaking processes that agree strategic priorities and direction.

In achieving Best Value, an Integration Joint Board will be able to demonstrate the following:
• Early and meaningful engagement and effective collaboration with communities to identify and understand local needs, and in decisions that affect the planning and delivery of services.
• A commitment to reducing inequalities and empowering communities to effect change and deliver better local outcomes.
• That engagement with communities has influenced strategic planning processes, the setting of priorities and the development of locality plans.

Theme 5	Measure/Expected Outcome	Evidence/Outcome
1	Members and senior managers ensure that meaningful consultation and engagement in relation to strategic planning take place at an early stage and that the process of consultation and engagement is open, fair and inclusive.	Extensive consultation was undertaken to develop the Strategic Commissioning Framework including events and surveys of which is documented in an involvement report. Further public, workforce and stakeholder engagement was undertaken during 2025/26 to support the statutory review of the Strategic Commissioning Framework, helping to confirm that the current ambition, values and strategic priorities remain relevant while informing revisions to the supporting strategic shifts. Local Health and Wellbeing networks feed into strategic planning groups to reflect views of the community, particularly those that are more disadvantaged. The IJB also considered a December 2025 report on service user and carer representation, agreeing a longer-term approach to strengthening lived experience voice within strategic planning structures by using existing community and lived experience groups as feeder routes, creating supported opportunities through the Strategic Planning Advisory Group, and improving succession planning for future IJB membership. The IJB budget consultation also provides an important mechanism for involving the public, providers and the workforce in discussions about financial pressures, service priorities and potential savings, ensuring that a broad range of views informs budget setting and decision-making.
2	Members and senior managers are proactive in identifying the needs of communities, citizens, customers, staff and other stakeholders; plans, priorities and actions are demonstrably informed by an understanding of those needs.	The overarching strategic needs assessment is maintained through regular reviews. Care group needs assessments have also been developed to support service planning and improvement. We have published Locality Profile information about the people who live in each of the Community Planning Partnership areas. This information helps inform planning in these areas and supports us to analyse if progress has been made towards the Partnership outcomes for people living in these

Theme 5	Measure/Expected Outcome	Evidence/Outcome
		areas. The IJB Performance and Audit Committee receive regular Performance Reports, with statistics comparing Dundee with other areas and including differences in Local Community Planning Partnership areas. This information is analysed, and comparisons made between areas of deprivation regarding important statistics like: Emergency Hospital Admissions rates; number of bed days; and amount of Delayed Discharge. This information informs plans to address health inequalities. HSCP officers are represented on Local Community Planning Partnerships. Data in locality health profiles is being linked with that from other sources (benefits and housing) to enhance understanding of issues affecting residents in more deprived areas, specifically the Local Fairness Initiative datazones.
3	Communities are involved in making decisions about local services, and are empowered to identify and help deliver the services that they need. Suitable techniques are in place to gather the views of citizens, and to assess and measure change in communities as a result of service interventions.	The IJB has actively involved and consulted with stakeholders on the development of the 2 previous Strategic Commissioning Plans (2016/21 and 2019/22), the new Strategic Commissioning Framework (2023-2033), the recent statutory review of the plan, budget proposals and the implementation of transformational changes. Reliance is also placed on the participation and engagement arrangements each of the partners has in place. Three Local Health and Wellbeing Networks (HWBN) comprising of residents and local staff are the agreed mechanism for the IJB and SPGs to gain a community and wider stakeholder perspective in the development and implementation of plans. The Community Health Advisory Forum (CHAF) with residents from all deprived parts of the city are now being consulted on a range of strategic and service developments A City-wide consultation process was launched during January to March 2026 to engage with a wide-range of stakeholders, including citizens, service users/patients, families / carers, staff and providers with feedback being used to support and inform budget decisions by the IJB.
4	Active steps are taken to encourage the participation of hard-to-reach communities.	The IJB's equalities outcomes were reset for 2023-2027. This process included engagement with people from protected Characteristic groups and the equality outcomes align with the priorities in the Framework. Links with HWBNs/ CHAF for the views of people affected by poverty. HSCP is also represented on Dundee's Fairness Leadership Panel with a focus on the impact of poverty on mental health and wellbeing

Theme 5	Measure/Expected Outcome	Evidence/Outcome
5	The IJB and its Community Planning Partnership work effectively with communities to improve outcomes and address inequalities.	The IJB has set equality outcomes and publishes a mainstreaming update report at least every 2 years. The last report was published in 2025. Officers participate in the equality mainstream groups within both NHST and DCC as well as advancing the IJB's own equalities activities. In April 2025 the IJB published their Equality Mainstreaming and Outcomes Progress Report 2023-25 reporting on progress against these four equality outcomes and wider mainstreaming equality work. Significant contributions have been made to arrangements within NHST and DCC for their BSL action plans. Inequalities is one of the 6 strategic priorities within the strategic and commissioning plan. The range of work taken to address inequalities is evidenced in the Annual Performance Report. HSCP is represented on LCPPs, which comprise officers, elected members and local people
6	A locality-based approach to community planning has a positive impact on service delivery within communities, and demonstrates the capacity for change and for reducing inequality in local communities by focusing on early intervention and prevention.	Locality managers' portfolios currently include a combination of service specific responsibilities which are city wide (e.g. older people care at home, learning disabilities) as well as an overview of the needs of their locality areas as part of the transition to full locality based integrated health and social care services. A dedicated officer focusing on community health inequalities complements the integrated responsibilities to address inequalities and focus on early intervention and prevention in HSCP locality managers roles.
7	Members and senior managers work effectively with partners and stakeholders to identify a clear set of priorities that respond to the needs of communities in both the short and the longer term. The IJB and its partners are organised to deliver on those priorities, and clearly demonstrate that their approach ensures that the needs of their communities are being met.	The IJB Strategic Commissioning Framework set out the intention to review the way care is delivered in a number of settings. The IJB relies on the frameworks established by each partner to undertake rigorous reviews and option appraisal processes of all areas of partnership activity from a whole system perspective. There are clear processes for stakeholder engagement in reviews. The HSCP involvement in Dundee Partnership ensures strategic and cross cutting engagement in the priority areas for improvement identified in the City Plan, including reducing inequalities in income, attainment and health
8	The IJB engages effectively with customers and communities by offering a range of communication channels, including innovative digital solutions and social media.	HSCP website is a useful source of information and easily accessible reference point. Reliance is placed on the provision of communication support by NHST and DCC. Dundee Carers Centre is contracted to provide carers with information and advice and the Carers of Dundee website is maintained by Dundee Carers

Theme 5	Measure/Expected Outcome	Evidence/Outcome
		Centre with a wide, extensive amount of information for carers and those they support. Information related to the IJB is shared on social media channels supported by its community partners to ensure wide access to health related information
9	The IJB plays an active role in civic life and supports community leadership.	The Engage Dundee survey was developed in partnership between Public Health Scotland, HSCP, Community Learning and Developments, NHST, Dundee City Council and the Third Sector. It went live in Oct/ Nov 2023 and explores the impact of the cost of living crisis on Dundee residents, including on their health and wellbeing. Figures will be used to shape local, service and strategic responses. The information from this survey was presented to the IJB at the June 2024 meeting. A further city-wide survey is currently planned during the latter months of 2026, and results will be shared with IJB afterwards.

Theme 6 – Sustainable Development

Sustainable development is commonly defined as securing a balance of social, economic and environmental wellbeing in the impact of activities and decisions, and seeking to meet the needs of the present without compromising the ability of future generations to meet their own needs. The United Nations Sustainable Development Goals provide a fuller definition and set out an internationally agreed performance framework for their achievement. Sustainable development is a fundamental part of Best Value. It should be reflected in an integrated Joint Board's vision and strategic priorities, highlighted in all plans at corporate and service level, and a guiding principle for all of its activities. Every aspect of activity in an integrated Joint Board, from planning to delivery and review, should contribute to achieving sustainable development.

In achieving Best Value, an integrated Joint Board will be able to demonstrate the following:
• Sustainable development is reflected in its vision and strategic priorities.
• Sustainable development considerations are embedded in its governance arrangements.
• Resources are planned and used in a way that contributes to sustainable development.
• Sustainable development is effectively promoted through partnership working.

Theme 6	Measure/Expected Outcome	Evidence/Outcome
1	Leaders create a culture throughout the IJB that focuses on sustainable development, with clear accountability for its delivery across the leadership and management team.	The No Poverty, Zero Hunger and Good Health & Wellbeing Sustainable Development Goals of the Scottish Government are strongly reflected within the Strategic Commissioning Framework (SCF) of the IJB. The National Performance Framework (NPF) is the main mechanism for localising and implementing the SDG's, including the National Health and Wellbeing Outcomes and Indicators that are fully incorporated into the SCF. Delivery and accountability of the SCF is the main focus of the leadership and management team as evidenced in all reports to the IJB and Performance and Audit Committee. Outcomes focused on sustainable development and tackling poverty and inequality are reflected across all of the strategic priorities contained within the SCF. Sustainable development is key to the IJB achieving its own priorities
2	There is a clear framework in place that facilitates the integration of sustainable development into all of the IJB's policies, financial plans, decision making, services and activities through strategic-, corporate- and service-level action. In doing so, the IJB will be able to demonstrate that it is making a strategic and operational contribution to sustainable development.	HSCP work closely with its parent bodies to support the implementation of the relevant climate change plans and strategies of DCC and NHST. Financial sustainability is a key priority for the IJB and the partners and work continues to be progressed to develop medium to longer term financial planning. A five-year financial framework (2025/26 to 2029/30) was approved in August 2025. This will be updated annually as part of the budget setting process and reflecting the impact of current pressures. The impact on Equalities and Partnership goals, with particular focus on Human Rights, is included in all reports presented to the IJB.
3	The IJB has set out clear guiding principles that demonstrate its,	Reliance is placed on the arrangements each partner has to progress

Theme 6	Measure/Expected Outcome	Evidence/Outcome
	and its partners', commitment to sustainable development.	sustainability action plans.
4	There is a broad range of qualitative and quantitative measures and indicators in place to demonstrate the impact of sustainable development in relation to key economic, social and environmental issues.	The National Performance Framework is Scotland's Wellbeing framework and the Sustainable Development Goals of the Scottish Government share the same aims contained in this. The IJB's outcomes are monitored across the set of performance indicators that has been developed to cover the delegated functions and the nine national health and well-being outcomes.
5	Performance in relation to sustainable development is evaluated, publicly reported and scrutinised.	The IJB report on the Public Bodies Climate Change Duties 2017: can be accessed here.

Theme 7 – Fairness and Equality

Tackling poverty, reducing inequality and promoting fairness, respect and dignity for all citizens should be key priorities for local authorities and all of their partners, including local communities.

In achieving Best Value, an integrated Joint Board will be able to demonstrate the following:
• That equality and equity considerations lie at the heart of strategic planning and service delivery.
• A commitment to tackling discrimination, advancing equality of opportunity and promoting good relations both within its own organisation and the wider community.
• That equality, diversity and human rights are embedded in its vision and strategic direction and throughout all of its work, including its collaborative and integrated community planning and other partnership arrangements.
• A culture that encourages equal opportunities and is working towards the elimination of discrimination.

Theme 7	Measure/Expected Outcome	Evidence/Outcome
1	The IJB demonstrates compliance with all statutory duties in relation to equalities and human rights.	The IJB is fully compliant with their statutory equality duties. During 2024/25 there was a specific focus in ensuring compliance with, and improving the quality of, equality impact assessments supporting IJB decision-making. This has included changes to processes, templates and briefings / educational sessions for both IJB members and supporting officers. Both the IJB's Equality Outcomes and Mainstreaming Update reports are up-to-date: Board Equality Mainstreaming Report 2023-2027. In addition to maintaining their own equality framework, the IJB also co-operates with and places reliance on each partner's Equality and Diversity framework. Equality and diversity is at the center of all that the IJB and the partners do – this is reflected in the outcomes contained within the Strategic Commissioning Framework. The approach to equality and diversity covers both as a service provider and in support of the health and social care workforce is supported by the equality and diversity frameworks and actions against general and specific duties are monitored. Information is available in accessible formats, plain English approaches are increasingly being adopted and reasonable requests for adapted versions of any work will be met. Interpreting services are available via NHS Tayside (supplemented by external providers where required). All budgets, polices and service changes are subject to Equality and Diversity Impact Assessment which highlights any specific adjustments required
2	The IJB is taking active steps to tackle inequalities and promote fairness across the organisation and its wider partnerships, including work and living conditions, education and community participation.	The Dundee Integration Joint Board Equality Mainstreaming Report 2023-2027 details its Equality Outcomes and how these will be measured so that everyone in Dundee to have the highest achievable level of health and wellbeing.
3	The IJB and its partners have an agreed action plan aimed at	Plans to tackle inequality are incorporated within the Strategic

Theme 7	Measure/Expected Outcome	Evidence/Outcome
	tackling inequality, poverty and addressing fairness issues identified in local communities.	Commissioning Framework under the Inequalities Priority.
4	The IJB engages in open, fair and inclusive dialogue to ensure that information on services and performance is accessible to all, and that every effort has been made to reach hard-to-reach groups and individuals.	The Partnership implements different methods of participation and engagement that complement adopted by DCC, NHST and the Third and Independent sectors.
5	The IJB ensures that all employees are engaged in its commitment to equality and fairness outcomes, and that its contribution to the achievement of equality outcomes is reflected throughout its corporate processes.	Reliance is placed on NHS Tayside and DCC's programme of training and awareness raising.
6	The IJB engages with and involves equality groups to improve and inform the development of relevant policies and practices, and takes account of socio-economic disadvantage when making strategic decisions	Engagement and consultation processes are in place and the IJB liaises with the Scottish Government and the Scottish Health Council. All major change programmes are delivered within the parameters recommended in the relevant best practice guidance.
7	The equality impact of policies and practices delivered through partnerships is always considered. Equality impact information and data is analysed when planning the delivery of services, and measuring performance.	Equality and diversity impact assessment is an integral part of the IJB's and the partner's processes in particular policy or service change proposals. Equality and Diversity Impact Assessment Guidance and Forms are available for staff. Training and support is also available on request. In 2022-23 a revised format for Integrated Impact assessments was developed via Dundee City Council and learning sessions delivered. See equality matters pages on Dundee HSCP website for European Human Rights Commission information
8	The IJB's approach to securing continuous improvement in delivering on fairness and equality priorities and actions is regularly scrutinised and well evidenced.	Dundee IJB has its own mainstreaming equality duties. Reliance is placed on the arrangements each partner has in place to mainstream equality and diversity. The equality outcomes help the IJB and the partners understand the impact on equality groups. Mainstreaming Reports published by the partners include the equality outcomes. Further work which continues to be progressed to embed equalities matters across the HSCP. The IJB Equality Outcomes and Mainstreaming Equality Framework sets out the priorities for addressing equality issues. Regular monitoring and reporting on progress against the agreed equality outcomes is performed.

PERFORMANCE AND AUDIT COMMITTEE – ATTENDANCES - JANUARY 2026 TO DECEMBER 2026

COMMITTEE MEMBERS - (* - DENOTES VOTING MEMBER – APPOINTED FROM INTEGRATION JOINT BOARD)					
Organisation	**Member**	**Meeting Dates 2025**			
		04/02	20/5	23/9	18/11
NHS Tayside (Non Executive Member)	Bob Benson *	✓	✓		
Dundee City Council (Elected Member)	Siobhan Tolland *	A/S	✓		
Dundee City Council (Elected Member)	Dorothy McHugh *	✓	A/S		
NHS Tayside (Non Executive Member)	David Cheape *	✓	✓		
Chief Social Work Officer	Glyn Lloyd	✓	A/S		
Chief Officer	Dave Berry	✓	✓		
Acting Chief Finance Officer	Christine Jones	A	✓		
NHS Tayside (Registered Medical Practitioner – not providing primary medical services)	Sanjay Pillai	✓	A		
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	A		
Carers' Representative	Martyn Sloan	✓	✓		
Chief Internal Auditor ***	Jocelyn Lyall	A/S	A/S		

✓ 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.
*** 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.

^ Meeting didn't take place as wasn't quorate.
^^ Special meeting.

(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).