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

City Chambers
DUNDEE
DD1 3BY

19th September, 2023

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

Dear 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, 27th September, 2023 at 10.00am.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at committee.services@dundeecity.gov.uk by no later than 12 noon on Monday, 25th September, 2023.

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

Yours faithfully

VICKY IRONS

Chief Officer

A G E N D A

1 APOLOGIES FOR ABSENCE

2 DECLARATION OF INTEREST

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

3 MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE **- Page 1**

The minute of previous meeting of the Committee held on 24th May, 2023 is attached for approval.

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

The Action Tracker (PAC36-2023) for meetings of the Performance and Audit Committee is attached for noting and updating accordingly.

4 MEMBERSHIP – PERFORMANCE AND AUDIT COMMITTEE

Reference is made to Article III of the minute of meeting of the Dundee Integration Joint Board of 23rd August, 2023, wherein it was agreed that Donald McPherson be appointed as a Voting Member on the Committee.

The Committee is asked to note the position.

5 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2022/2023 – QUARTER 4 - Page 11

(Report No PAC24-2023 by the Chief Finance Officer, copy attached).

6 MENTAL HEALTH SERVICES INDICATORS 2023/2024 QUARTER 1 - Page 33

(Report No PAC25-2023 by the Chief Finance Officer, copy attached).

7 DISCHARGE MANAGEMENT PERFORMANCE – UPDATE ON COMPLEX AND STANDARD DELAYS - Page 61

(Report No PAC26-2023 by the Chief Finance Officer, copy attached).

8 CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/OLDER PEOPLE AND OTHER ADULT SERVICES 2022/2023 - Page 73

(Report No PAC27-2023 by the Chief Finance Officer, copy attached).

9 REVIEW OF EMERGENCY ADMISSION RATES - Page 101

(Report No PAC28-2023 by the Chief Finance Officer, copy attached).

10 DRUG AND ALCOHOL SERVICES INDICATORS 2022/2023 QUARTER 4 - Page 111

(Report No PAC29-2023 by the Chief Finance Officer, copy attached).

11 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT - Page 133

(Report No PAC30-2023 by the Clinical Director, copy attached).

12 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT - Page 175

(Report No PAC37-2023 by the Chief Finance Officer, copy attached).

13 INTERNAL AUDIT ANNUAL PLAN 2023/2024 - Page 183

(Report No PAC31-2023 by the Chief Finance Officer, copy attached).

14 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT REPORT – VIABILITY OF EXTERNAL PROVIDERS - Page 187

(Report No PAC32-2023 by the Chief Finance Officer, copy attached).

15 QUARTERLY COMPLAINTS PERFORMANCE – QUARTER 1 - Page 205

(Report No PAC34-2023 by the Chief Finance Officer, copy attached).

16 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP RISK REGISTER – UPDATE - Page 215

(Report No PAC35-2023 by the Chief Finance Officer, copy to attached).

17 GOVERNANCE ACTION PLAN – UPDATE (PAC33-2023)

At the meeting of the Performance and Audit Committee held on 24 May 2023, the Internal Audit Review of the Governance Action Plan was considered with the report recommendations agreed to. One of those recommendations was to carry out an exercise, facilitated by Internal Audit to reprioritise outstanding recommendations to ensure completeness of actions with a view to developing separate reporting for Internal Audit Report recommendations, External Audit recommendations, external review recommendations, governance statement improvement actions in addition to actions from agenda item discussions reported within the standard PAC agenda (action tracker).

This work is progressing with a first stage mapping of Internal Audit recommendations almost complete. This work is ongoing and it is proposed that revised reporting in line with the Internal Audit Review is presented to the November PAC meeting. Given the focus of this work, there is no update provided to the existing Governance Action Plan on the current PAC Agenda. The Committee is asked to note this position.

18 ATTENDANCE LIST - Page 227

(A copy of the Attendance Return (PAC38-2023) for meetings of the Performance and Audit Committee held over 2020 is attached for information and record purposes).

19 DATE OF NEXT MEETING

The next meeting of the Committee will be held on Wednesday, 22nd November, 2023 at 10.00 am

PERFORMANCE AND AUDIT COMMITTEE
CONTACT LIST

(a) CONTACTS – PERFORMANCE AND AUDIT COMMITTEE

(* - DENOTES VOTING MEMBER)

Role	Recipient
Elected Member (Chair)	Councillor Ken Lynn *
Elected Member	Councillor Dorothy McHugh *
NHS Non Executive Member	Donald McPherson *
NHS Non Executive Member	Sam Riddell *
Chief Officer	Vicky Irons
Chief Finance Officer	Dave Berry
Registered medical practitioner employed by the Health Board and not providing primary medical services	James Cotton
Chief Social Work Officer	Diane McCulloch
Chief Internal Auditor	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)	Robert Emmott
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
NHS Tayside (Chief Executive)	Grant Archibald
NHS Non Executive Member – Proxy	Donald Macpherson
NHS Non Executive Member – Proxy	Jenny Alexander
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Elaine Holmes
Dundee City Council (Members' Support)	Sharron Wright
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership	Kathryn Sharp
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (Communications rep)	Anna Michie
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
NHS (PA to Tony Gaskin)	Carolyn Martin
Audit Scotland (Audit Manager)	Richard Smith
Dundee Health and Social Care Partnership	Christine Jones
Dundee City Council (Communications rep)	Katie Alexander
Dundee City Council (Communications rep)	Mike Boyle
Dundee City Council (Communications rep)	Lewis Thomson
Dundee Health and Social Care Partnership	Jenny Hill

UPDATED: August 2023

Organisation	Recipient
Dundee Health and Social Care Partnership	Lynsey Webster
Dundee City Council (Legal Manager)	Kenny McKaig
Dundee City Council (Legal rep)	Maureen Moran
Dundee Health and Social Care Partnership	Matthew Kendall
Audit Scotland	Mary O'Connor
Regional Audit Manager	Barry Hudson

At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 24th May, 2023.

Present:-

Members	Role
Ken LYNN (Chairperson)	Nominated by Dundee City Council (Elected Member)
Dorothy McHUGH	Nominated by Dundee City Council (Elected Member)
Anne BUCHANAN	Nominated by Health Board (Non Executive Member)
Sam RIDDELL	Nominated by Health Board (Non Executive Member)
Dave BERRY	Chief Finance Officer
Barry HUDSON	(for Tony GASKIN Chief Internal Auditor)
Vicky IRONS	Chief Officer
Diane MCCULLOCH	Chief Social Work Officer
Martyn SLOAN	Person providing unpaid care in the area of the local authority

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

Linda GRAHAM	Health and Social Care Partnership
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Kathryn SHARP	Health and Social Care Partnership
Lynsey WEBSTER	Health and Social Care Partnership
Jenny HILL	Health and Social Care Partnership
Christine JONES	Health and Social Care Partnership

Prior to commencement of business, the Chair advised the Committee that this would be Annie Buchanan's last meeting and paid tribute to the contribution made by her over her period of membership and wished her well for the future.

Ken LYNN, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

There were apologies for absence submitted on behalf of:-

Raymond MARSHALL	(Staff Partnership Representative
Dr James COTTON	(Registered Practitioner not providing primary medical care 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 1st February, 2023 was submitted and approved.

(b) ACTION TRACKER

There was submitted the Action Tracker, PAC14-2023, for meetings of the Performance and Audit Committee for noting and updating accordingly.

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

IV ANALYTICAL REVIEW OF EMERGENCY READMISSION RATES – UPDATE

There was submitted Agenda Note PAC16-2023 giving an update on the analytical review of emergency readmission rates. Unscheduled hospital care is one of the biggest demands on Partnership resources. Whilst significant improvements had been made in some aspects of unscheduled care, performance in relation to repeat emergency admissions remains an area requiring further understanding and improvement. The Performance and Audit Committee had received a series of in-depth analytical reports for unscheduled care, including readmissions (Article VIII of the minute of the Dundee PAC on 29th May 2018, Article IV of the minute of the Dundee PAC on 25th March 2019 and Article XIV of the minute of the Dundee PAC on 22nd September 2020 referred). At the end of 2021 further analytical work was being planned (Article VII of the minute of the Dundee PAC on 24th November 2021 referred), however this was suspended as local data for readmissions was not available from Q1 2021/22 as NHS Tayside Business Unit (NHST BSU) were undertaking investigation and improvement of coding and recording to ensure greater parity when benchmarking performance across Partnerships (Article XI of the minute of the Dundee PAC on 20th July 2022 referred).

Following completion of the work by NHST BSU reporting of readmissions data had recommenced as at Q3 2022/23 (Article XVII of this minute refers).

Since February 2023, a short-life working group had been meeting to consider readmissions data. This group included NHST BSU, NHST Public Health Directorate, Public Health Scotland LIST and both data and intelligence and operational staff from the Dundee Health and Social Care Partnership. To date the work of the group had focused on developing a robust understanding of local readmissions data and ensuring that local calculation of the readmissions indicator was consistent with the technical definition of the national readmissions indicator. The group had now reached the stage of having as high a level of confidence as is proportionate, given limited analytical resources, in the local data and local calculation methodology. This provided the foundation for moving forward with further work in two areas: data definitions and quality and, analysis to inform improvement.

In relation to data definitions and quality, the immediate focus was on addressing remaining recording and coding issues that had been identified through the process already undertaken by the working group. The group had also opened up channels of communication with Public Health Scotland regarding the technical definition of the national readmissions indicator and were advocating for changes to the methodology to align this with modern pathways of care.

Work to develop a robust understanding of local readmissions data and indicator calculation had also helped the working group to identify specific areas for further analysis, with a view to this informing future improvement activity:-

- Further analysis of data by Scottish Index of Multiple Deprivation (SIMD), gender and age.
- Analysis of the readmission ratio, which was the number of readmissions observed over the expected readmissions.
- Further analysis of short stay admissions and readmissions (0 days and 1-3 days);
- Analysis of readmissions activity based on admission routes, including admissions made by GPs.

- Analysis of admissions and readmissions by diagnosis, with a focus on instances where initial admissions and subsequent readmissions are for the same diagnosis.

- Analysis of instances where there had been a significant number of multiple readmissions.

- Confirmation of specialities with highest readmission rates and further analysis of data for each of these specialities.

- Working with operational colleagues to contextualise readmissions activity as part of the pathway of unscheduled care and articulate the impact of wider improvement activity on a broader suite of indicators that provided a more holistic overview of unscheduled care performance and quality.

The working group anticipated submitting a full analytical report to the Performance and Audit Committee on 27th September 2023.

The Committee agreed to note the updated position.

V DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2022/2023 QUARTER 3

There was submitted Report No PAC17-2023 by the Chief Finance Officer, providing an update on the 2022/2023 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 (tables 1, 2 and 3) to the report;

(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) to the report; and

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

VI MENTAL HEALTH PERFORMANCE

There was submitted Report No PAC20-2023 by the Chief Finance Officer, reporting a suite of measurement relating to the activity of Mental Health services for scrutiny and assurance.

The Committee agreed:-

(i) to note the content of the report;

(ii) to discuss any further areas for development in the content and presentation of the report; and

(iii) to note the operational and strategic supporting narrative in the context of the trends in performance and activity.

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

There was submitted Report No PAC15-2023 by the Clinical Director providing assurance to the Committee on the business of the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group.

The report was brought to the Committee to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership Integration Scheme. Clinical Governance was a statutory requirement to report, at Board level, from Scottish Government as per NHS MEL (1998) 75. The Performance and Audit Committee was asked to provide their view on the level of assurance the report provided in regard to clinical and care governance within the Partnership. The timescale for the data within the report was to 31st January 2023.

The Committee agreed:-

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

(ii) that the level of assurance was reasonable due to te factors as indicated.

VIII QUARTERLY COMPLAINTS PERFORMANCE – 4TH QUARTER 2022/2023

There was submitted Report No PAC18-2023 by the Chief Finance Officer, summarising the complaints performance for the Health and Social Care Partnership (HSCP) in the fourth quarter of 2022/2023. The complaints included complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

The Committee agreed:-

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

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

IX DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE

There was submitted Report No PAC19-2023 by the Chief Finance Officer, providing an update in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership.

The Committee agreed:-

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

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

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

X DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT REPORT – GOVERNANCE ACTION PLAN

There was submitted Report No PAC10-2023 by the Chief Finance Officer, presenting the findings of the Internal Audit Review of the Governance Action Plan which was presented to each meeting of the Performance and Audit Committee.

The Committee agreed:-

(i) to note the content and recommendations of the Internal Audit Review of the Governance Action Plan as set out in Appendix 1 of the report; and

(ii) to instruct the Chief Finance Officer to implement the recommendations of the report and provide an update on progress at the next meeting of the Committee.

XI GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC12-2023 by the Chief Finance 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 in relation to the actions set out in the Governance Action Plan as outlined in Appendix 1 of the report.

XII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC13-2023 by the Chief Finance Officer, providing an update on the completion of the previous years' internal audit plans as well as progress against the 2022/2023 plan and work relating to 2023/2024. 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 Integration Joint Board.

The Committee agreed to note the completion of the 2021/2022 Internal Audit Plan and work undertaken relating to 2022/2023 and the commencement of the 2023/2024 plan.

XIII ATTENDANCE LIST

There was submitted Agenda Note PAC21-2023 providing attendance returns for meetings of the Performance and Audit Committee held over 2023.

The Committee agreed to note the position as outlined.

XIV DATE OF NEXT MEETING

The Committee agreed to note that the next meeting of the Committee would be held remotely on Wednesday 27th September, 2023 at 10.00 am.

Ken LYNN, Chairperson.

ITEM No …3(b)……...

PAC36-2023

PERFORMANCE AND AUDIT COMMITTEE – ACTION TRACKER – 27th SEPTEMBER 2023

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
1.	26/05/21	III(ii)	MINUTE OF PREVIOUS MEETING – 3RD FEBRUARY 2021	The Partnership to progress public information being placed on the website including information on Voluntary Action Exercise Group.	Chief Finance Officer	(Sept 2021) Sept 2023	In progress. Further initiatives around sharing of information on range of services / activities available continue to be developed
2.	26/05/21	V(vii)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2020/2021 QUARTER 3 SUMMARY	Kathryn Sharp to undertake further analysis of the position in relation to the figures for the North East area to establish what learning could be achieved for the benefit of the other areas in Dundee.	Strategy and Performance Manager	(June 2022) March 2024	Completion of this analysis is not able to be prioritised within existing resources at the present time due to other competing demands associated with statutory requirements and other analytical requests from the PAC and operational services.

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
3.	26/05/21	VI (iv)	DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX AND STANDARD DELAYS	Jenny Hill to prepare a one page outline document showing an organisational graph of the Partnership for circulation to the full Committee.	Head of Health and Community Care	(Sep 2021) May 2023	Complete – issued following May PAC meeting
4.	29/09/21	VIII(iii)	DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT	to note following enquiry from Bailie Wright the explanation from Tony Gaskin in relation to what was meant by Viability as indicated in the report and that a report on Key Risk Viability would be submitted to the February meeting.	Chief Internal Auditor	(February 2022) September 2023	Complete - Deadline moved to coincide with planned completion of Internal Audit Report on provider sustainability which is on Agenda for September 2023 PAC
5.	24/11/21	VII(iv)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – QUARTER 1	to instruct the Chief Finance Officer to submit a further in-depth analysis of readmissions data, which should include analysis of the data for the specialty with the highest readmission rate (excluding where reasons for poor performance were due to coding) no later than 31st March, 2022 (sections 5.4 and 6 of the report).	Chief Finance Officer	(March 2022) May 2023	Complete – submitted for 27 September 2023.
6.	20/07/22	VI(vi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE	that, at request of Councillor McHugh, information would be provided on the support available to care staff.	Chief Officer	(October 2022)	In progress.

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
			REPORT 2021/2022 - QUARTER 4			September 2023	
7.	20/07/22	VII(vi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE	that a date for a development session on risk would be arranged.	Chief Finance Officer	(December 2022) August 2023	Complete – risk appetite session delivered in August 2023
8.	28/09/22	III(b)(iii)	ACTION TRACKER	that consideration would be given by the Management Team to noting the briefing notes, that were issued inbetween PAC meetings, at the next available meeting of the PAC.	Chief Officer	(December 2022) September 2023	In progress – Discussions held with Head of Legal and Democratic Services of Dundee City Council as advisor to the IJB/PAC
9.	28/09/22	IV(vi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2022/23 – QUARTER 1	that consideration would be given to using more nuanced colour coding in the report.	Service Manager, Strategy and Performance	(March 2023) September 2023	Complete
10.	23/11/22	VII	DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX AND STANDARD DELAYS	that arrangements would be made to show actual numbers in the chart, where possible, in future reports.	Senior Officer - Information	June 2023	Complete – due to complexity of charts it is not always possible to include actual numbers without rendering the chart illegible. Charts will

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
							continue to be used to illustrate trend information, with actual numbers provided in accompanying text where required. Further breakdowns can also be provided to PAC members on request.

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 27 SEPTEMBER 2023**

REPORT ON: **DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2022-23 QUARTER 4**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC24-2023**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2022-23 Quarter 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 preceeding five reporting years. Until now the 2015/16 (pre-integration) year has been

used as the baseline compoarator year in order to measure impact of integration on performance. Additionally, as many of the National Indicators relate to the hospital system, which operated on an emergency footing during the COVID-19 Pandemic, the 15/16 baseline allowed services to compare performance to a stable operational position. It is now prudent to consider a baseline year which fits with a more modern health and social care system. This Q4 report has retained the 15/16 baseline year where possible, as it would be inconsistent to change the baseline mid year. However, for the indicators reported from the annual National Core Indicators Data published by Public Health Scotland (PHS), the baseline year is 2016/17 as this is the level provided in this publication. From Q1 2023/24, quarterly performance reports will use the 2018/19 baseline year for all indicators.

4.3 Quarterly and locality data for readmissions within 28 days, has been included for the second time since Q1 2021/22. A Short Life Working Group has now reached the stage of having as high a level of confidence as is proportionate, given limited analytical resources, in the local data and local calculation methodology. This provides the foundation for moving forward with further work in two areas: data definitions and quality and, analysis to inform improvement. A detailed explaination is available in report PAC16-2023 and a follow up report is to be discussed has been submitted for discussion on 27 September 2023 (see report PAC28-2023).

5.0 QUARTER 4 PERFORMANCE 2022-23 – KEY ANALYTICAL MESSAGES

5.1 Key analytical messages for the Quarter 4 2022/23 period are:

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

- Performance is poorer than the 2015/16 baseline for rate of emergency admissions 18+, hospital admissions due to a fall 65+, A+E attendances 18+, emergency admission numbers from A+E 18+, emergency admissions as a rate of all A+E attendances 18+, 28 day readmissions, % care services graded good, and standard bed days lost to delayed discharges 75+.

- The number of emergency admissions from A+E has increased over the last 4 quarters and particularly between Q3 (8134) and Q4 (8249), although the number of emergency admissions as a rate per 1,000 of all A+E attendances has decreased over the last 4 quarters (both are higher than the 2015/16 baseline).

- The rate of emergency bed days 18+ has reduced since 2015/16, which is an improvement. However, the rate has increased (deteriorated) in Maryfield by 5.6% and Strathmartine by 7.4%. Performance is best in the family group and 2nd out of the 3 Tayside Partnerships.

- The rate of readmissions within 28 days of discharge increased by 5.3% from the 15/16 baseline although has maintained a stable rate since 2018/19, sitting between 139 and 140 each year. There is variation by LCPP with rates ranging from 117 in North East to 167 in Coldside. A Short Life Working Group is completing further analysis by Scottish Index of Multiple Deprivation (SIMD), gender and age in order to further understand this variation.

- 90.3% of the last 6 months of life was spent at home or in a community setting; this is higher than the 2017/18 baseline of 88.8% (improvement). Although performance across Scotland is similar, Dundee is best out of the 8 family group partnership and is 2nd out of the 3 Tayside partnerships.

- Rate of hospital admissions due to a fall for people aged 65+ is 35% higher than the 2015/16 baseline and is higher in every LCPP. Dundee is the poorest of the 8 family group partnerships and poorest out of the 3 Tayside partnerships. The Falls Data Group continues to meet to understand and ultimately improve this performance.

- % care services graded 'good' (4) or better in Care Inspectorate inspections has deteriorated since the 2017/18 baseline from 84.5% in 2017/18 to 75.2% in 22/23. Report PAC27-2023 provides a detailed analysis of gradings awarded in 2022/23.

- Rate of bed days lost to a standard delayed discharge for people aged 75+ is 25% more than the 2015/16 baseline and performance deteriorated in The Ferry (by 93%), East End (by 55%), North East (by 46%), Lochee (by 21%), Strathmartine (by 20%) and Coldside (by 17%). However, there has been a decrease (improvement) since Q1 2022/23. At Q4 the LCPP with the highest rate was East End (1012) and the LCPP with the lowest rate was Maryfield (476). Report PAC26-2023 provides an up-to-date position regarding discharge management, including an overview of improvement activity.

- Rate of bed days lost to complex (code 9) delayed discharge for people aged 75+ is 55% less than the 2015/16 baseline, with increases across 1 LCPP (Maryfield). Performance has deteriorated over the last 4 quarters.

5.2 Public Health Scotland publishes a four week snapshot of the demand for Care at Home services provided by Health and Social Care Partnerships across Scotland. 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 also the number of hours of care that has been assessed but not yet delivered. The information is presented by people waiting in hospital or waiting at home / in the community for the care at home service to be delivered. In Dundee, as at 17 April 2023:

- 0 people waited in hospital and 47 people waited in the community for a social care assessment. This is an overall decrease on the previous 4 weeks, from 57 people waiting in the community at 20 March 2023. 0 people have waited in hospital each week since 24 October 2022.

- 50 people were assessed and were waiting in hospital for a care at home package; this number has remained below 64 since 6 March 2023.

- 158 people were assessed and were waiting in the community for a care at home package; this is the lowest it has been in the last 20 weeks.

- 50 people were assessed and waiting for a care at home package in hospital (856 hours yet to be provided). The number of hours appears to be on a general downward trajectory since 27 February 2023, although more data points are required to establish a definite trend.

- 158 people were assessed and waiting for a care at home package in the community (1,129 hours yet to be provided). This is the lowest number of hours waiting to be provided in the last 24 weeks.

- For those already in receipt of a care at home package 460 additional hours were required and not provided. There is an increasing trend in hours waiting to be provided and at 17 April 2023 this number was this highest it has been over the previous 7 weeks.

6.0 POLICY IMPLICATIONS

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

7.0 RISK ASSESSMENT

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

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

DATE: 28 August 2023

Lynsey Webster
Senior Officer, Strategy and Performance

APPENDIX 1 – Performance Summary

Table 1: Performance in Dundee's LCPPs - % change in Q4 2022-23 against baseline year 2015/16

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18	+9.2%	+4.9%	+4.3%	+15.8%	+5.3%	+11.6%	+8.2%	+21.6%	+2.5%
Emer Bed Days rate per 100,000 18+	-4.6%	-14.5%	-4.8%	-1.2%	-6.9%	+7.4%	+5.6%	-15.9%	-4.9%
28 Day Readmissions rate per 1,000 Admissions	+5.3%	-5.4%	+10.1%	+4.8%	-0.4%	+16.4%	-9.2%	+15.2%	+12.0%
Hospital admissions due to falls rate per 1,000 65+	+33%	+38%	+43%	+25%	+31%	+13%	+42%	+31%	+44%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	+25%	+21%	+55%	+17%	+46%	+20%	-20%	-23%	93%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-55%	-58%	-64%	-55%	-83%	-78%	+202%	-71%	-39%

Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q4 2022-23 compared to Dundee

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strath martine	Mary field	West End	The Ferry
Emer Admissions rate per 100,000 18+	13,032	14,428	16,507	15,887	12,246	14,603	10,727	9,728	11,301
Emer Bed days rate per 100,000 18+	126,875	138,590	173,536	161,072	104,908	133,010	112,637	82,580	120,093
28 Day Readmissions rate per 1,000 Admissions	139	139	139	167	117	140	122	164	124
Hospital admissions due to falls rate per 1,000 65+	33.1	36.8	39.3	37.3	26.9	28.4	32.9	36.0	29.1
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	656	736	1012	648	692	590	476	523	603
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	134	68	187	198	128	92	490	63	25

Source: NHS Tayside data

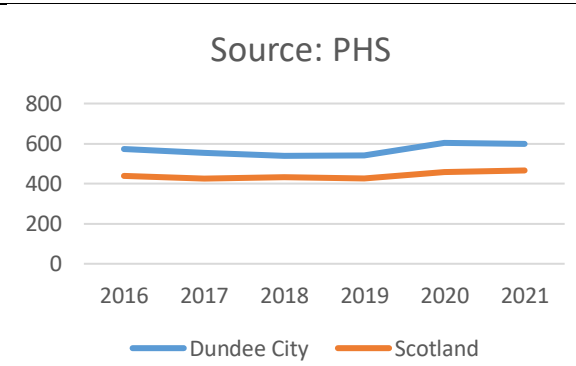
Key: Improved/Better Stayed the same Declined/Worse

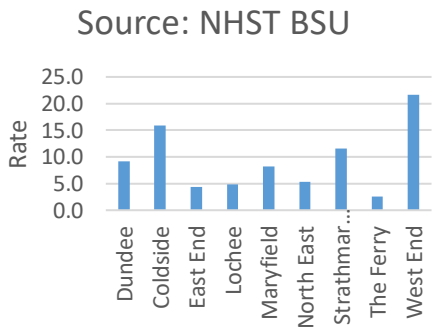
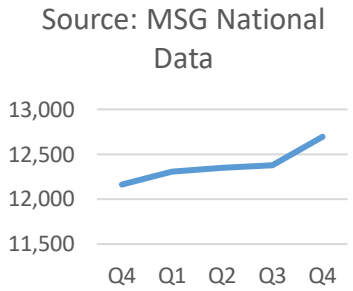
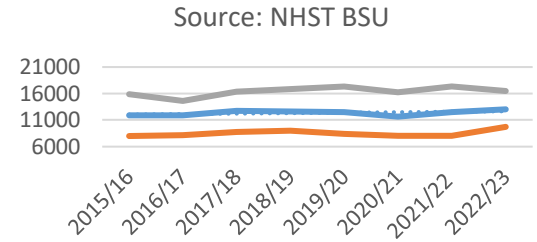
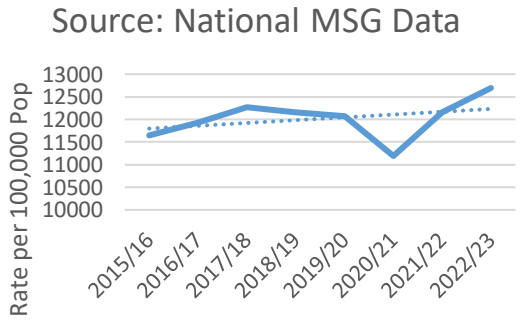
Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q4 2022-23 compared to Dundee

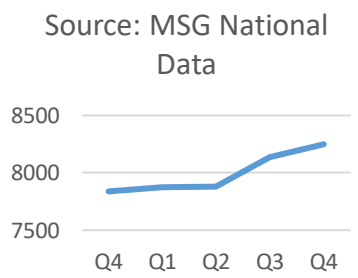
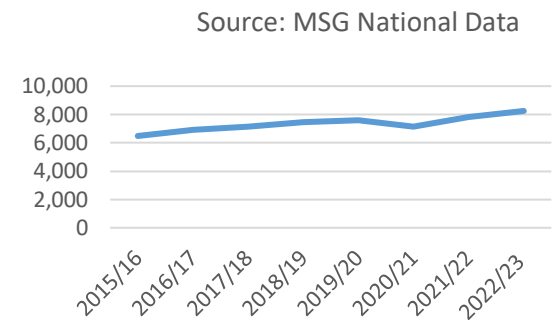
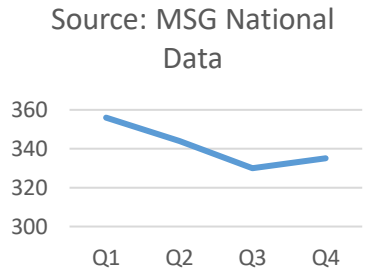
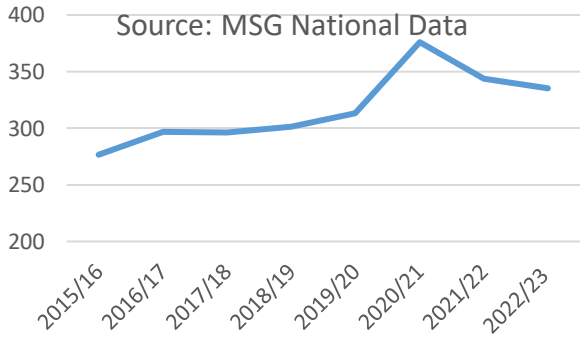
Dundee = D	East End = EE	Coldside = C	West End = WE
Strathmartine = S	North East = NE	Lochee = L	The Ferry = TF

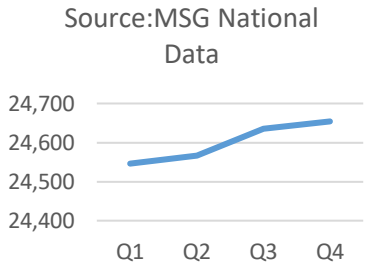
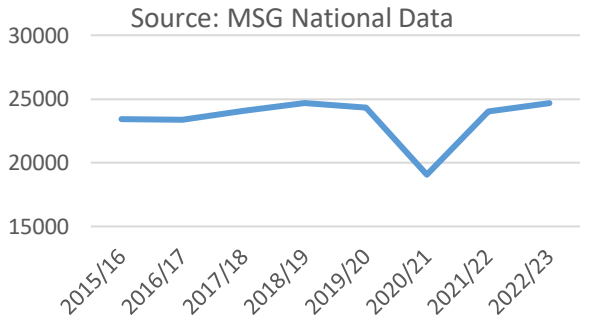
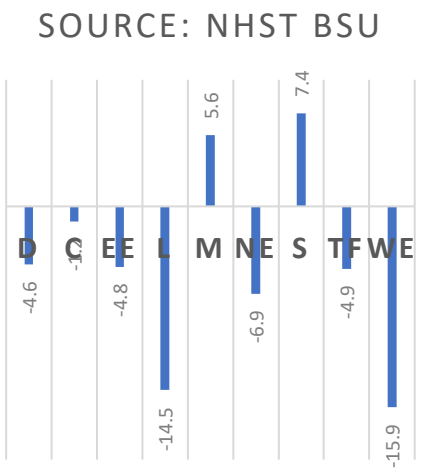
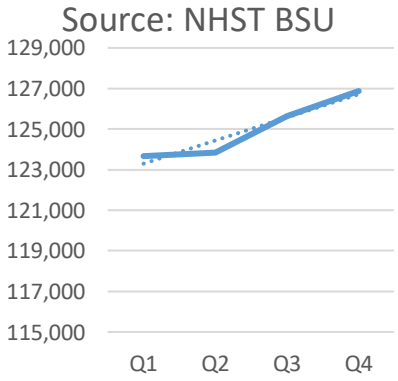
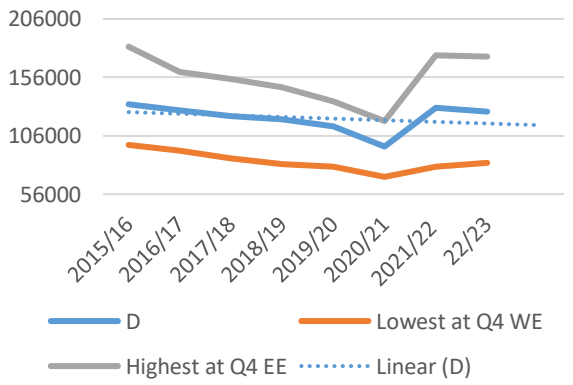
Please note that indicators 1-9 are reported from a biennial national survey – therefore short-term trends are not available. Longitudinal trends are also not available due to changes in suvrey methodology since 2015/16.

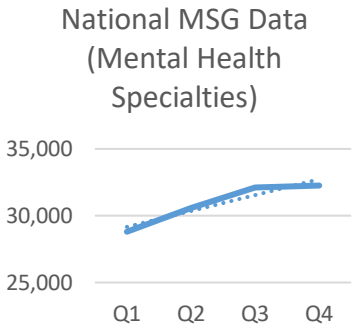
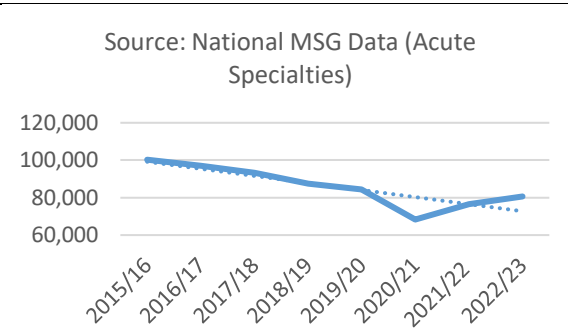
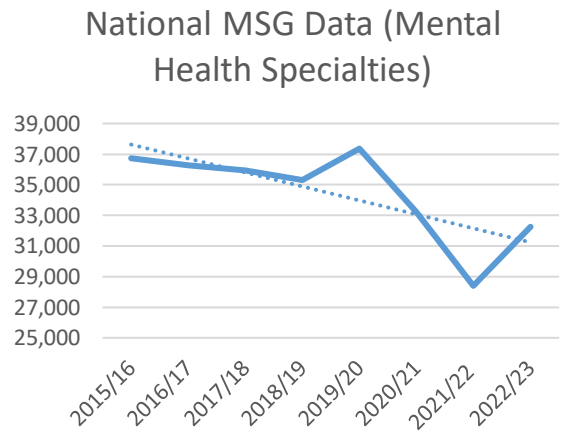
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
1.% of adults able to look after their health very well or quite well*	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

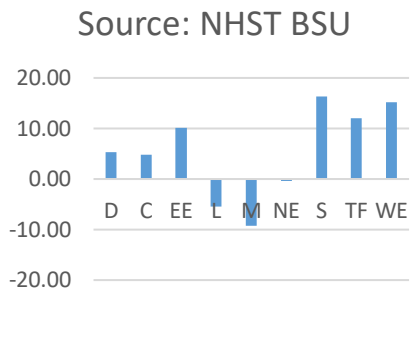
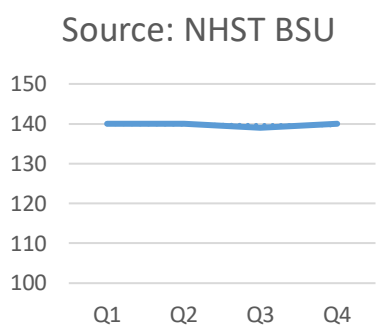
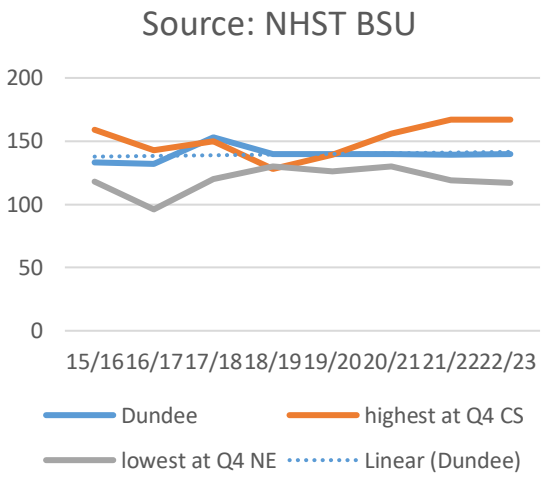
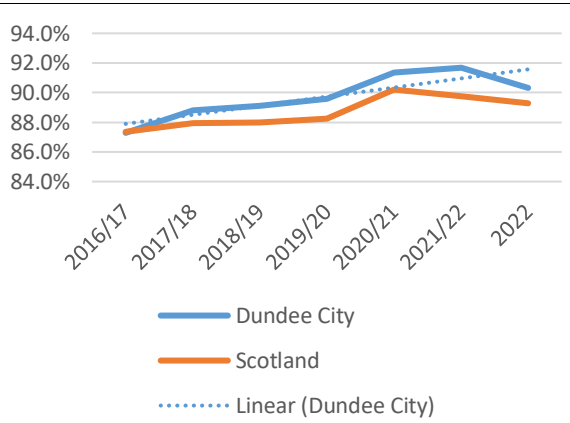
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
7.% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life*				29th	8th (72%)	3rd
8.% of carers who feel supported to continue in their caring role*				26th	7th (27%)	3rd
9.% of adults supported at home who agreed they felt safe*				20th	7th (77%)	3rd
10. % staff who say they would recommend their workplace as a good place to work	Not Available Nationally	Not Available Nationally	Not Available Nationally			
11. Premature mortality rate per 100,000 persons	6% more in 2021 than 2016 (deterioration)	Not Available		29th	7th	3rd

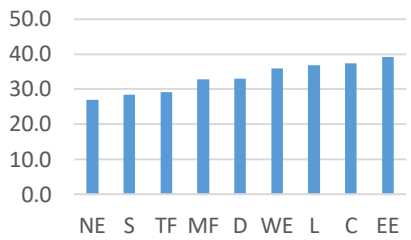
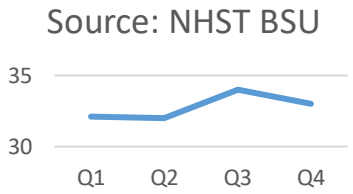
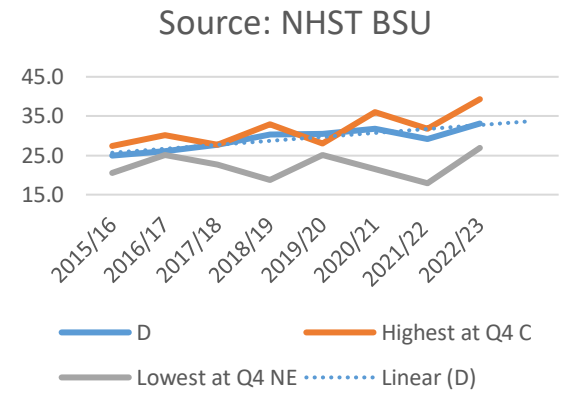
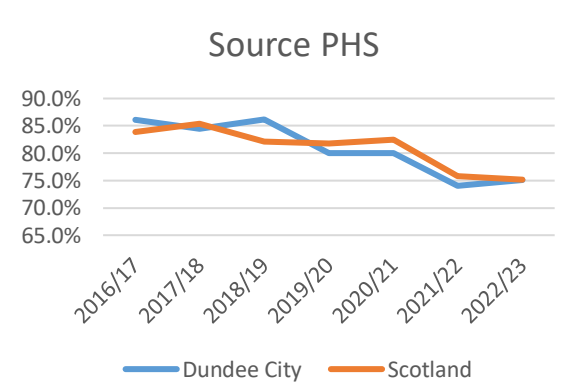
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
12. Emer Admissions rate per 100,000 18+	8.9% (1,258 admissions) more in Q4 22/23 than 2015/16 (deterioration) (source: MSG) 		 	24th	4th	3rd

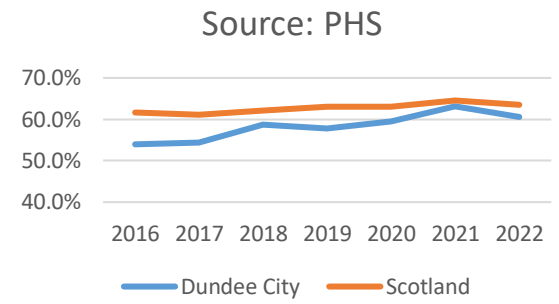
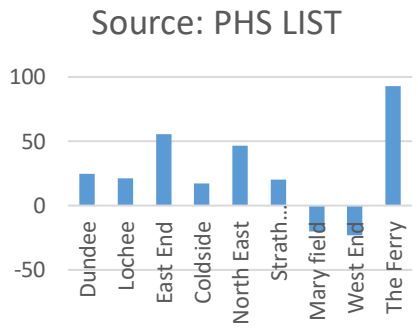
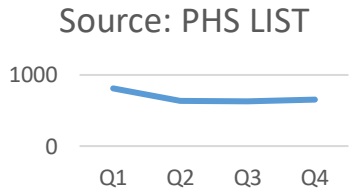
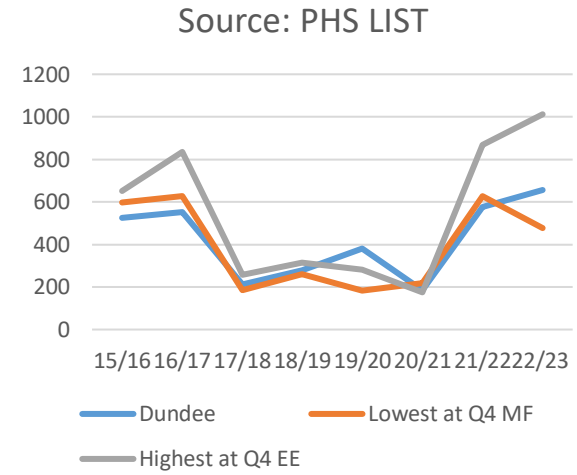
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Emergency Admissions Numbers from A&E (MSG)	1,766 more attendances in Q4 22/23 than 2015/16			NA as number and not rate	NA as number and not rate	NA as number and not rate
Emergency Admissions as a Rate per 1,000 of all Accident &Emergency Attendances (MSG)	58 higher at Q4 2022/23 than 2015/16	 Although rate remains higher than in 2015/16, it decreased (improved) over the last 4 quarters.		Not Avail	Not Avail	Not Avail

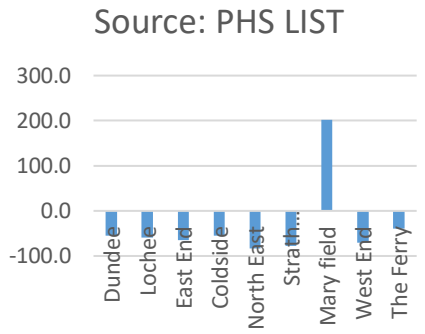
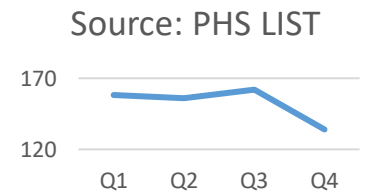
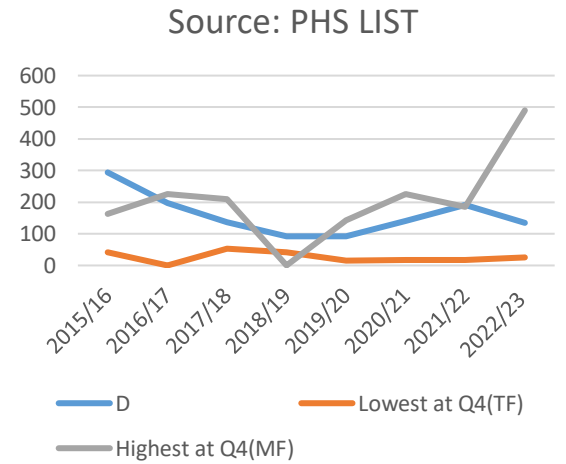
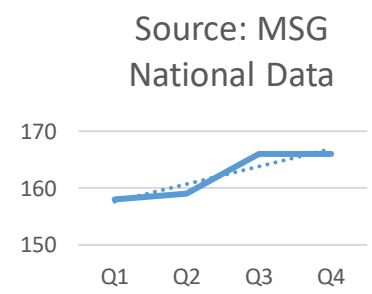
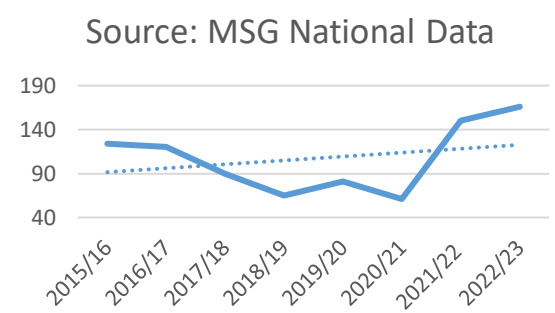
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Accident & Emergency Attendances (MSG)	1,217 more in Q4 2022/23 than 2015/16			NA as number and not rate	NA as number and not rate	NA as number and not rate
13.Emer Bed days rate per 100,000 18+		 Rate has risen (deterioration) over the last 4 quarters.		10th	1st	2nd

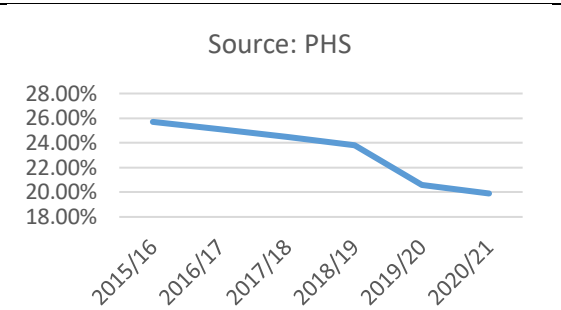
	7,570 (4.6%) less acute bed days in Q4 2022/23 than 2015/16 (improved) (source: NHST BSU) 5,228 (12%) less mental health bed days in Q4 2022/23 than 2015/16 (improved) (source: MSG)		 			

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
14.Readmissions rate per 1,000 Admissions All Ages	 5.3% more in Q4 22/23 than 15/16 (deterioration). Variation ranges from -9.2% in Maryfield to +16.4% in Strathmartine.			30th	8th	3rd
15. % of last 6 months of life spent at home or in a community setting	Up from 88.8% in 2017/18 to 90.3% in 2022 (improvement)	Not Available		9th	1st	2nd

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
16. Hospital admissions due to falls rate per 1,000 65+	 35% (223 falls admissions) more in Q4 2022/23 than 2015/16 (deterioration). Greatest increase (deterioration) was in The Ferry with 44% increase (50 fall related admissions) (deterioration).	 Decrease of 11 fall related admissions between Q3 and Q4.		31st	8th	3rd
17. % care services graded 'good' (4) or better in Care Inspectorate inspections	Dropped from 84.5% in 2017/18 to 75.2% in 2022/23 (deterioration)	Not Available		21st	7th	1st

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
18. % adults with intensive care needs receiving care at home	6.5% (130 people) more in 2022 than 2017 (improvement) (note calendar year)	Not Available		28th	8th	2nd
19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)	 25% increase (deterioration) since 2015/16.	 Improvement since Q1 although slight increase between Q3 and Q4		NA	NA	NA

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	 Overall 55% improvement since 2015/16 although increase (deterioration) in Maryfield 202%. (this equates to an increase in bed days from 175 in 15/16 to 534 in 22/23.)	 Deterioration since Q3		NA	NA	NA
Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)	5,236 more bed days lost in Q4 2022/23 than 2015/16 (deterioration)			NA	NA	NA

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

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

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

The data included in this publication is management information which the Health and Social Care partnerships began submitting in August 2021. This data collection is still under development and requires further work on the consistency of the recording of the information across Health and Social Care Partnerships.

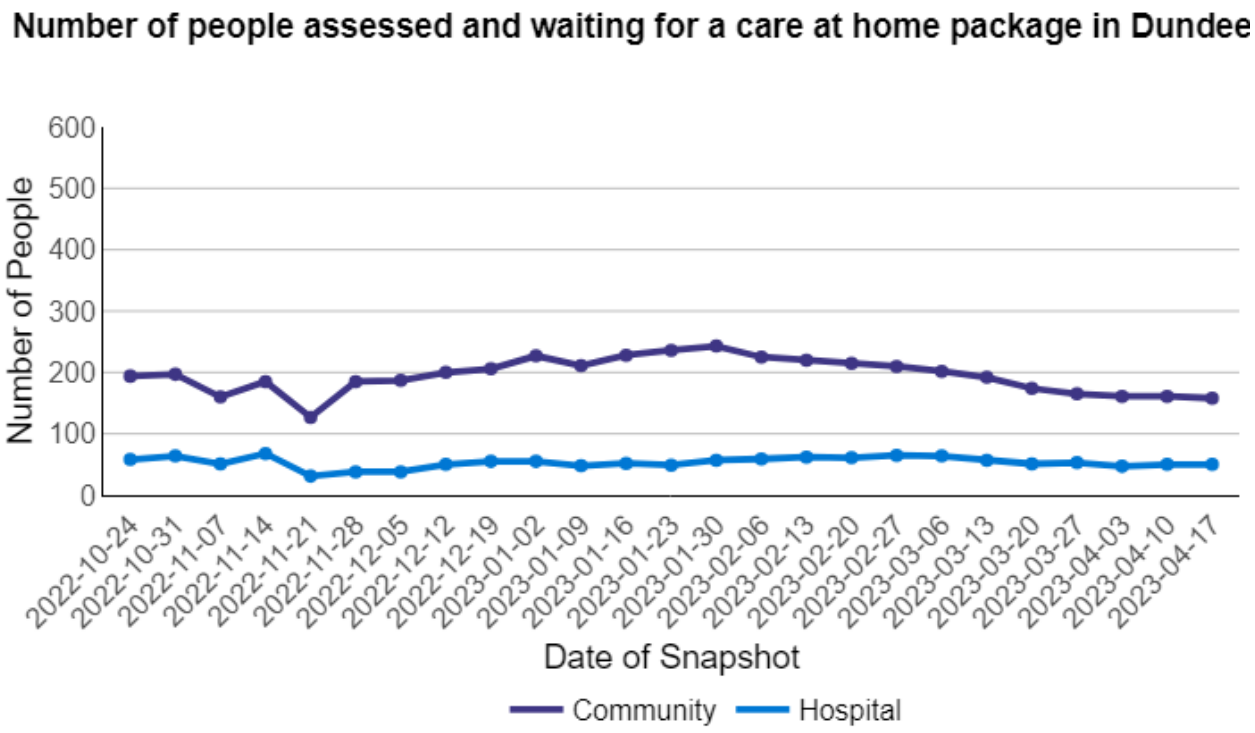
Chart 1

In Dundee as at 17th April 2023:

- 0 people waited in hospital and 47 people waited in the community for a social care assessment. This is an overall decrease on the previous 4 weeks from 57 people waiting in the community at 20 March 2023.

- 0 people have waited in hospital each week since 24 October 2022.

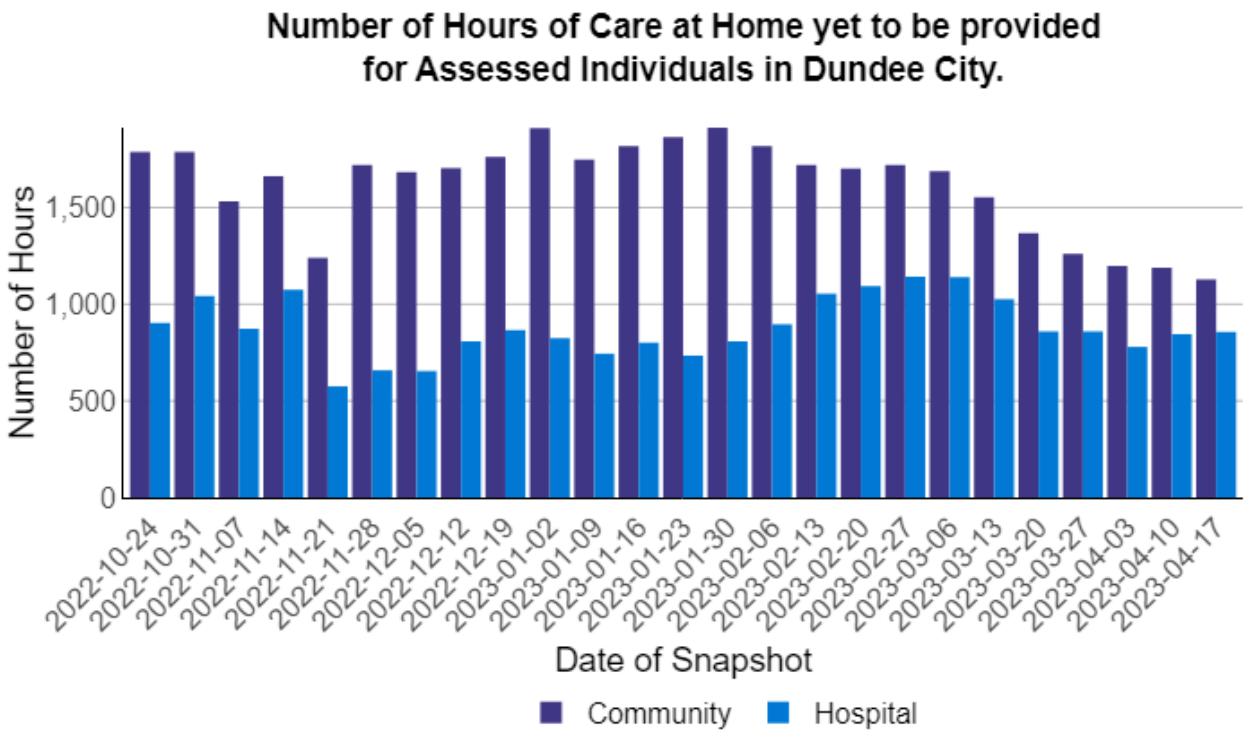
Chart 2



In Dundee as at 17th April 2023:

- 50 people were assessed and were waiting in hospital for a care at home package; this number has remained below 64 since 6 March 2023.
- 158 people were assessed and were waiting in the community for a care at home package; this is the lowest it has been in the last 20 weeks.

Chart 3

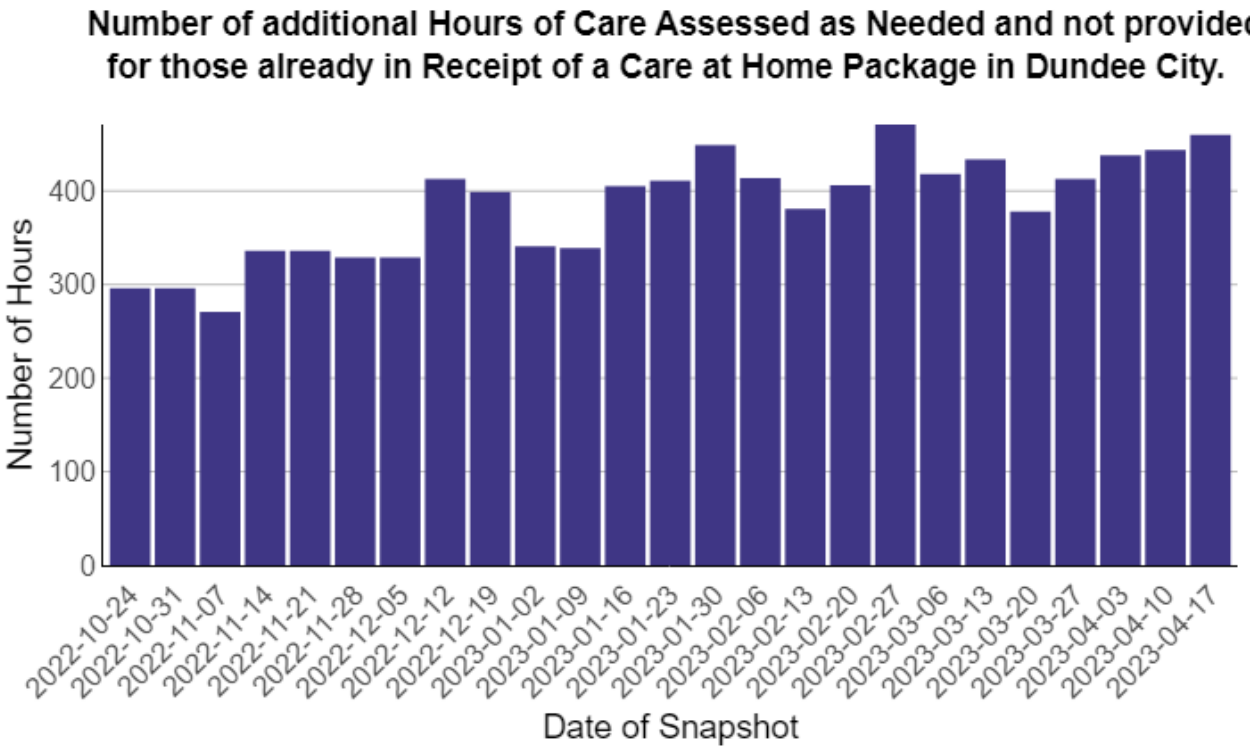


In Dundee as at 17th April 2023:

- 50 people were assessed and waiting for a care at home package in hospital (856 hours yet to be provided). The number of hours appears to be on a general downward trajectory since 27 February 2023, although more data points are required to establish a definite trend.

- 158 people were assessed and waiting for a care at home package in the community (1,129 hours yet to be provided). This is the lowest number of hours waiting to be provided in the last 24 weeks.

Chart 4



In Dundee as at 17th April 2023:

- For those already in receipt of a care at home package 460 additional hours were required and not provided. There is an increasing trend in hours waiting to be provided and at 17 April 2023 this number was this highest over the previous 7 weeks.

APPENDIX 3 – DATA SOURCES USED FOR MEASURING PERFORMANCE

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

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

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

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

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

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

[1] Rolling data is used so that quarterly data can be compared with financial years. This means that data for Quarter 4 shows the previous 12 months of data including the current quarter. Therefore, Quarter 4 data includes data from 1 April 2022 to 31 March 2023.

ITEM No …6……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 27 SEPTEMBER 2023**

REPORT ON: **MENTAL HEALTH SERVICES INDICATORS – 2023/24 QUARTER 1**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC25-2023**

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 Comment on any further areas for development in the content and presentation of this report.

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

5.2 There is a higher rate of people with mental health conditions living in Lochee, East End and Coldside than in other Local Community Planning Partnership areas (LCPPs). East End has more than double the rate of people with a mental health condition, compared with The Ferry.

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

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

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

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

5.7 The Kings Fund review of long-term conditions and mental health reported that those with long-term conditions and co-morbid mental health problems disproportionately lived in deprived areas with access to fewer resources.

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

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

6.0 WHAT THE DATA IS TELLING US

6.1 The rate of Mental Health admissions and beds has decreased across all hospital admissions and emergency admissions. However there is substantial variation by LCPP, with the most deprived localities having the highest rate of admissions and bed days across both the 18-64 and 65+ populations.

6.2 When benchmarked across the 8 Family Group Partnerships and compared with Scotland, Dundee has the 2nd highest rate of mental health emergency bed days for ages 18-64 and the highest rate of mental health emergency bed days for ages 65+.

6.3 The number of new referrals to psychological therapies has increased with most new referrals coming from Lochee. It may be of interest to note that West End has the 2nd lowest rate of emergency mental health bed days 18-64 (332 compared with 679 for Dundee) and the 2nd highest number of new referrals to Psychological Therapies.

6.4 The % of patients referred to psychological therapies who commenced their treatment within 18 weeks of referral (completed waits) has risen from 62% in Q1 21/22 to 72% in Q1 23/24.

6.5 The number of community based mental health appointments from Dundee Crisis Team has decreased, whereas the number from Dundee Community Mental Health West Team has increased. The number from Dundee Community Mental Health East Team has remained constant over the reporting time period. The number of people discharged without being seen follows the same pattern.

6.6 The number of community based mental health return appointments for every new patient seen is currently an average of 15. The number of new referrals to Psychiatry of Old Age dipped at Q1 22/23 and has since increased. The % of referrals accepted followed a similar pattern. At Q1 23/24, the highest number of new referrals came from The Ferry and the lowest number came from North East. The average number of return appointments for every patient seen is 11.

6.7 The number of new referrals to Learning Disabilities services has increased from 211 in Q1 21/22 to 336 in Q1 23/24. The highest number of new referrals was from Coldside and the lowest number was from The Ferry. The % of referrals accepted increased from 66% at Q1 21/22 to 72% at Q1 23/24. The average number of return appointments for every new patient seen at Q1 23/24 was 12, which has decreased from 18 in Q1 21/22.

6.8 The number of new referrals to the Social Work Mental Health Officer Team and the Community Mental Health Teams (younger and older age groups, social work) has decreased during the reporting period.

6.9 The number of local authority guardian applications were 52 during Q1 2023/24 and the number of Private Guardianship applications increased from 53 in Q1 21/22 to 64 in Q1 23/24.

7.0 OPERATIONAL CONTEXT / ACHIEVEMENTS / AREAS FOR FURTHER DEVELOPMENT

7.1 During COVID-19, there was a decision made to admit patients across Tayside into any available bed and for the entire episode of care to be delivered from that location. That is, Dundee patients may end up in Perth & Kinross or Dundee beds. Recent analysis of admissions suggested that 'out of locality' care was of similar levels for each of the localities with it possible that on any given day the number of Dundee patients in Murray Royal may be the same as the number of Perth & Kinross patients in Carseview. Whilst this has helped with immediate bed management (and minimising COVID cross-contamination risk), it has likely had the unwanted consequence of divorcing CMHTs from decision making around patient admission and timely discharge of those patients that can be best supported in the community when there is pressure on beds. Work has now started to examing re-aligning in-patient wards aligned with localities to determine whether this usefully impacts on admission rates (through the increased use of intensive home treatment) and length of stay (through greater involvement of CMHT staff during in-patient admissions and better discharge planning.

7.2 Within Psychological Therapies, the aggregation of data masks that a very significant number of specialities routine exceed the RTT waiting times target. Particular issues exist within Clinical Neuropsychology, Psychology to CMHT care and Clinical Health Psychology. All three areas have experienced high vacancy levels. Arrangements are now in place with a recognised Locum Agency and remote working arrangements in place across each of these domains, albeit not to the level of existing vacancies which reflect a National shortfall in trained therapists. Increased number of Locum staff will be used where these can be secured, although there are some limits of what can be delivered remotely. The service has agreed to increase the number of training places on offer over the next training intakes to attempt to grow the growforce.

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.

8.2 RISK ASSESSMENT

Risk 1 Description	Poor performance could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	- Continue to develop a reporting framework which identifies performance and activity. - Continue to report data quarterly to the PAC to highlight performance and activity. - Support operational managers by providing in depth analysis regarding areas of poor performance. - Ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

9.0 CONSULTATIONS

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

10.0 BACKGROUND PAPERS

10.1 None.

Dave Berry
Chief Finance Officer

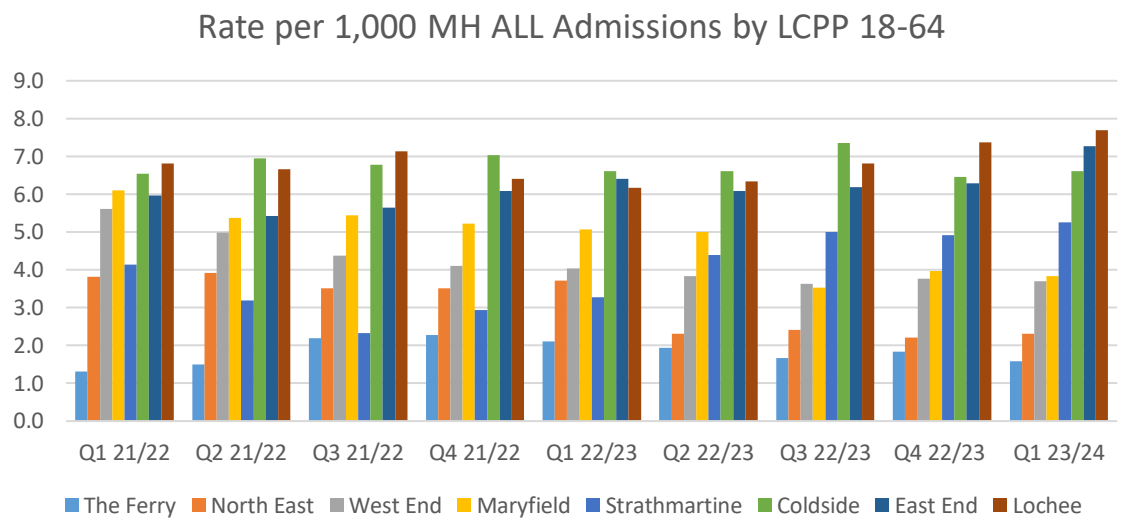
DATE: 28 August 2023

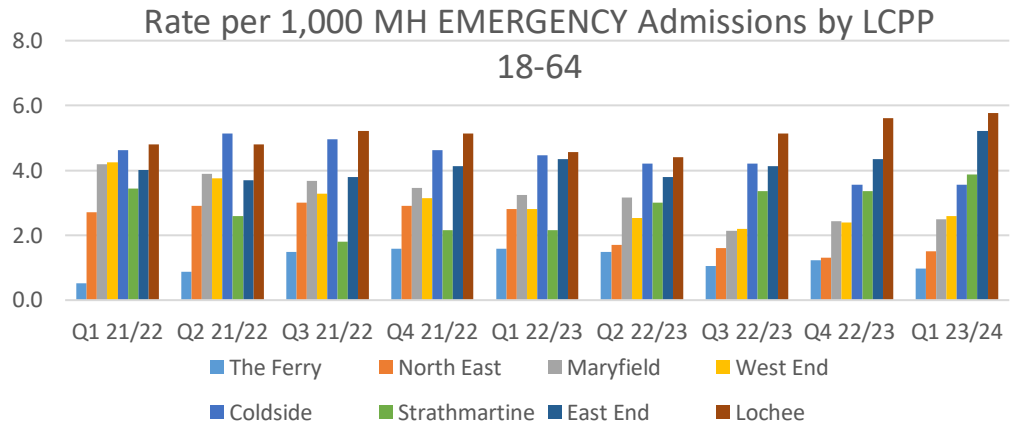
Lynsey Webster
Senior Officer, Strategy and Performance

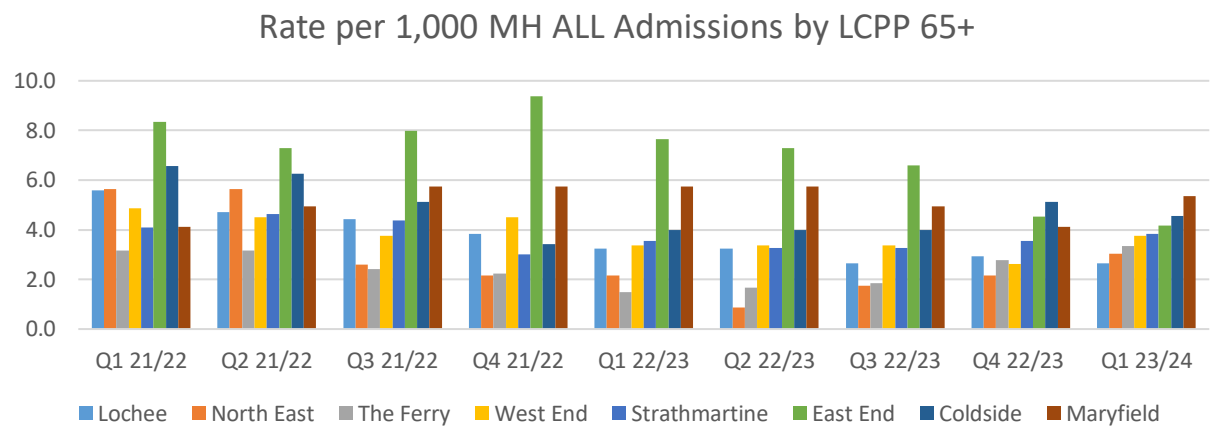
Linda Graham
Clinical Lead for Mental Health and Learning Disabilities

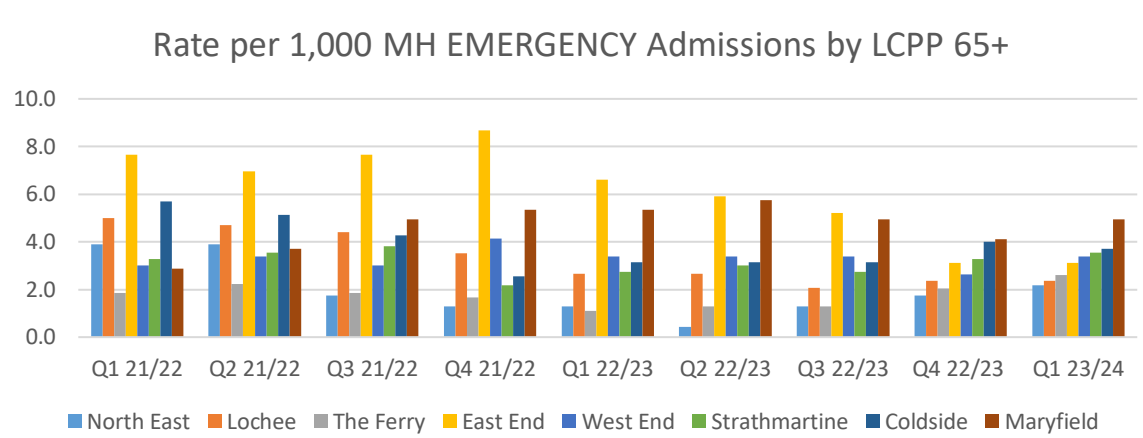
APPENDIX 1 – MENTAL HEALTH SERVICES INDICATORS

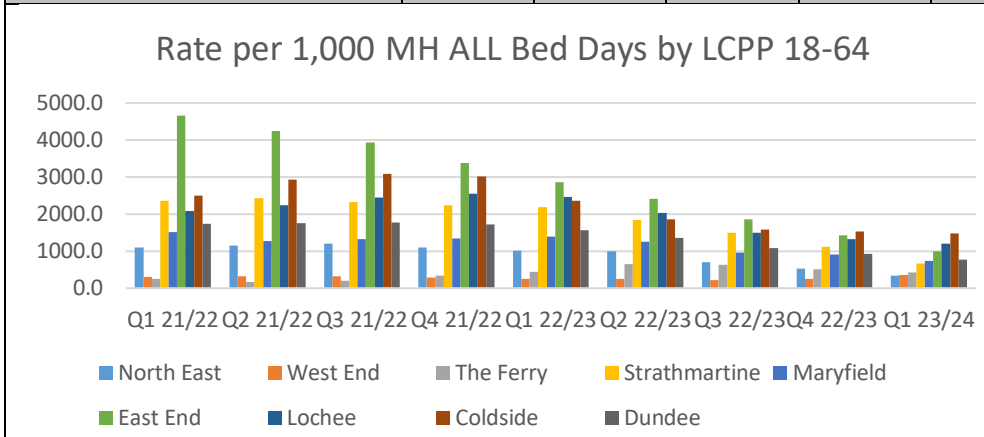
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Comments/Analysis
Unscheduled Care										
Number of Mental Health ALL Admissions for people aged 18-64	485	456	448	447	443	435	433	437	451	Downward trend since 21/22 although increasing trend since Q3 22/23.
Number of Mental Health EMERGENCY Admissions for people aged 18-64	345	333	326	323	307	290	281	287	306	Downward trend since 21/22 although increasing trend since Q3 22/23.
Rate per 1,000 Mental Health ALL Admissions for people aged 18-64	5.1	4.8	4.7	4.7	4.7	4.6	4.6	4.6	4.8	Downward trend. Variation by LCPP although note that rates are not standardised. Highest rates in Lochee, followed by East End and lowest rates in The Ferry.

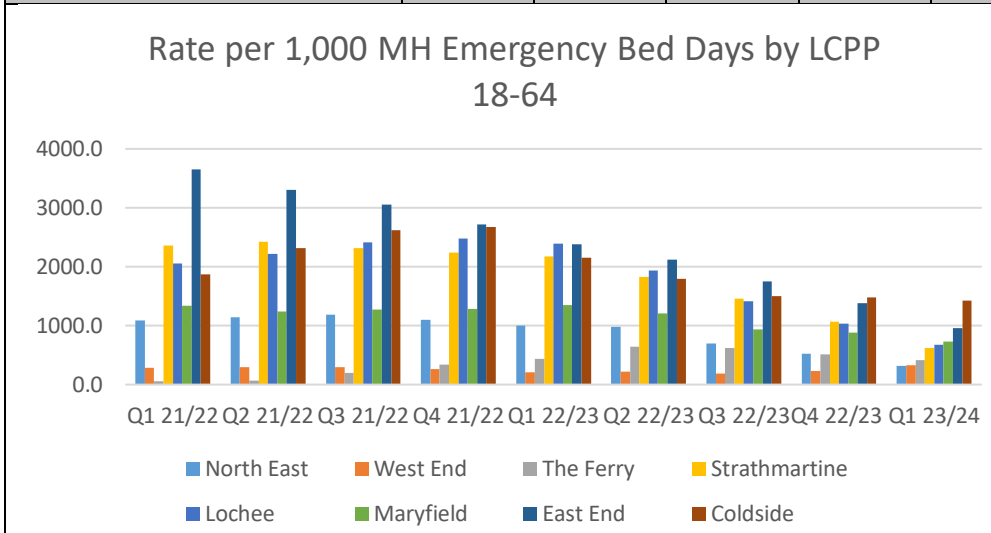
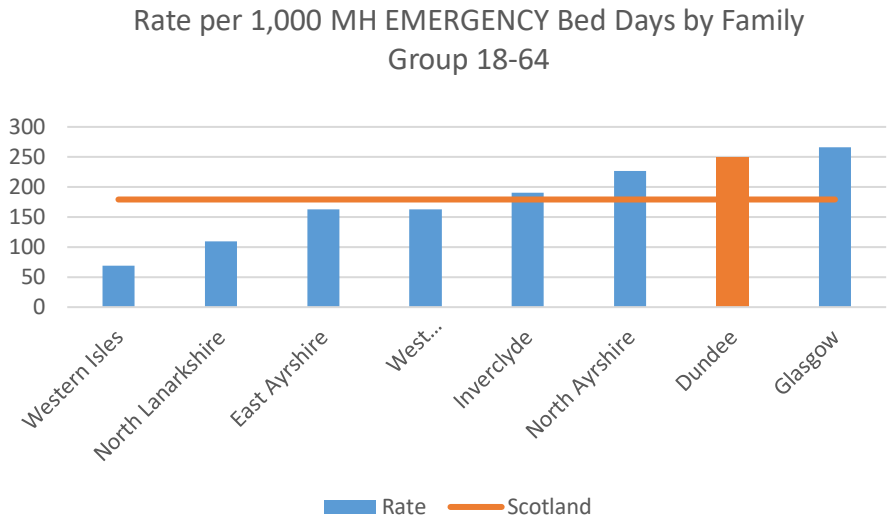
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Comments/Analysis
										
Rate per 1,000 Mental Health <u>EMERGENCY</u> Admissions for people aged 18-64	3.6	3.5	3.4	3.4	3.2	3.1	3.0	3.0	3.2	Downward trend. Variation by LCPP although note that rates are not standardised. Highest rates in Lochee, followed by East End and lowest rates in The Ferry.

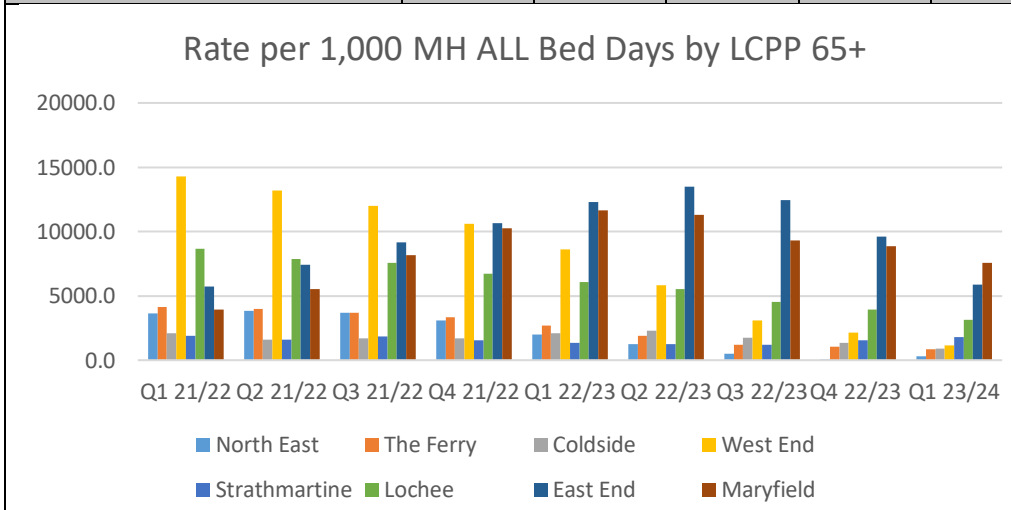
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Comments/Analysis
										
Number of Mental Health ALL Admissions for people aged 65+	134	130	115	106	96	92	89	91	99	Downward trend since 21/22 although increasing trend since Q3 22/23.
Number of Mental Health EMERGENCY Admissions for people aged 65+	105	106	10	90	80	79	74	75	83	Downward trend since 21/22 although increasing trend since Q3 22/23.
Rate per 1,000 Mental Health ALL Admissions for people aged 65+	5.1	5.0	4.4	4.0	3.7	3.5	3.4	3.5	3.8	Downward trend. Variation by LCPP although note that rates are not standardised. Highest rates in Maryfield, followed by Coldside and lowest rates in Lochee.

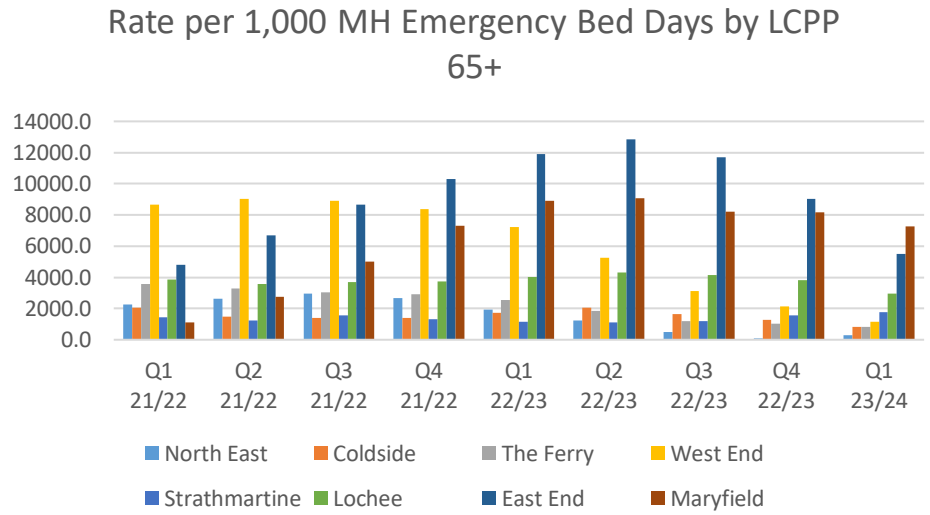
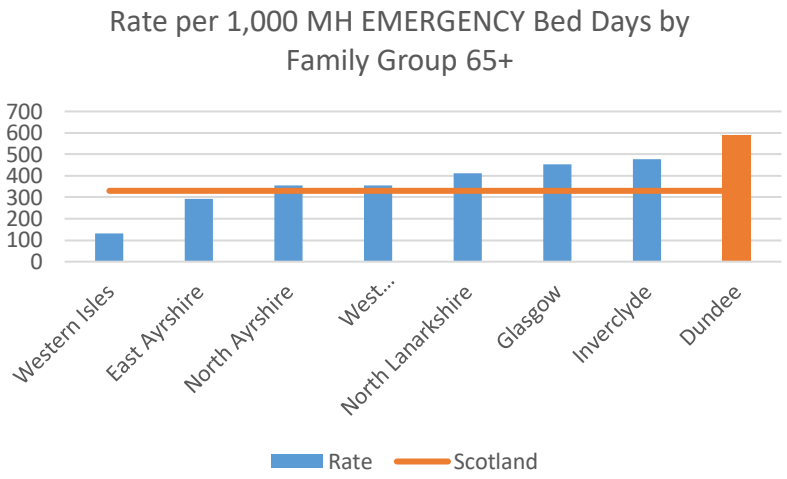
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Comments/Analysis
										
Rate per 1,000 Mental Health <u>EMERGENCY</u> Admissions for people aged 65+	4.0	4.0	3.8	3.4	3.0	3.0	2.8	2.9	3.2	Downward trend. Variation by LCPP although note that rates are not standardised. Highest rates in Maryfield, followed by Coldside and lowest rates in North East.

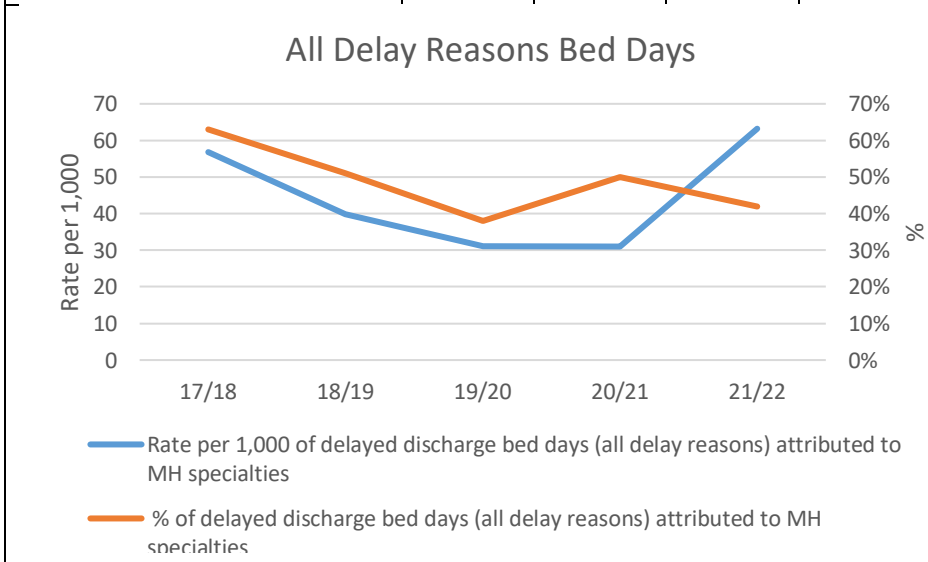
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Comments/Analysis
										
Number of Mental Health ALL Bed Days for people aged 18-64	165,561	166,188	168,114	162,593	148,644	129,383	102,394	88,195	73,216	Downward trend.
Rate per 1,000 Mental Health ALL Bed Days for people aged 18-64	1743.7	1750.3	1770.6	1712.5	1565.5	1362.7	1078.4	928.9	771.1	Downward trend. Variation by LCPP although note that rates are not standardised. Highest rates in Coldside, followed by Lochee and lowest rates in North East.

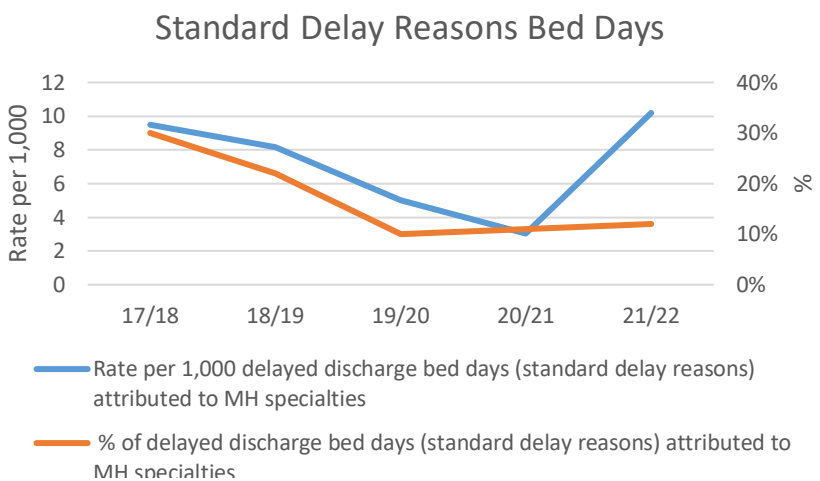
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Comments/Analysis
										
Number of Mental Health EMERGENCY Bed Days for people aged 18-64	143,295	147,632	152,483	150,302	139,394	123,403	98,439	82,356	64,500	Downward trend.
Rate per 1,000 Mental Health EMERGENCY Bed Days for people aged 18-64	1509.2	1554.9	1606.0	1583.0	1468.1	1299.7	1036.8	867.4	679.3	Downward trend. Variation by LCPP although note that rates are not standardised. Highest rates in Coldside, followed by East End and lowest rates in North East. Dundee has the 2nd highest rate in the Family Group and is considerably higher than the Scotland rate.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Comments/Analysis
										
Number of Mental Health ALL Bed Days for people aged 65+	138,778	138,448	145,020	143,339	138948	126,436	100,345	84,647	64,040	Downward trend.
Rate per 1,000 Mental Health ALL Bed Days for people aged 65+	5288.2	5275.6	5526.0	5462.0	5294.7	4817.9	3823.7	3225.5	2440.3	Downward trend. Variation by LCPP although note that rates are not standardised. Highest rates in Maryfield, followed by East End and lowest rates in North East.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Comments/Analysis
										
Number of Mental Health EMERGENCY Bed Days for people aged 65+	89,783	95,559	107,267	113,938	117,480	111,945	93,723	80,454	61,359	Downward trend.
Rate per 1,000 Mental Health EMERGENCY Bed Days for people aged 65+	3,421.2	3,641.3	4,087.5	4,341.7	4,476.6	4,265.7	3,571.4	3,065.7	2,338.1	Downward trend. Variation by LCPP although note that rates are not standardised. Highest rates in East End, followed by Maryfield and lowest rates in North East. Dundee has the highest rate in the Family Group and is considerably higher than the Scotland rate.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Comments/Analysis
										
Number of A+E attendances with psychiatry diagnosis	N/A	N/A	N/A	1792	1755	1673	1650	1674	N/A	Downward trend, 118 less attendances in Q4 22/23 than Q4 21/22.
Number of people who have received support from a Navigator								164 people supported in 2022		In progress.
Number of avoided emergency admissions supported by the paramedic response vehicle.										In progress.

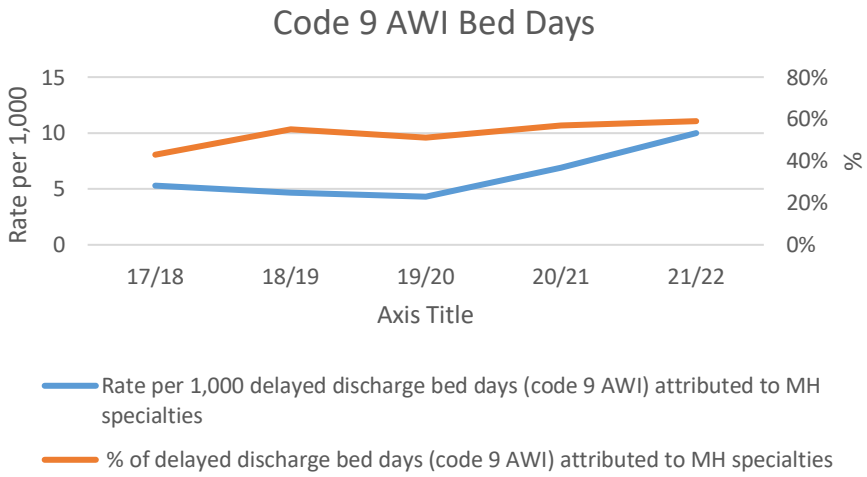
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Comments/Analysis
Delayed Discharges										
Rate of standard delayed discharge from general psychiatry specialty										Indicator in development.
Rate of standard delayed discharge from psychiatry of old age specialty										Indicator in development.
Rate of complex delayed discharge from general psychiatry specialty										Indicator in development.
Rate of complex delayed discharge from psychiatry of old age specialty										Indicator in development.
										Not available at LCPP level. Not available by quarter. Rate per 1,000 delayed discharge bed days (all reasons) attributed to MH specialties increased between 2021/22 and was higher than the 17/18 rate. % of delayed discharge bed days (all reasons) attributed to MH specialties increased between 20/21 and 21/22 and was 63% at 21/22. Source: PHS Publication December 2022 This is annual data and therefore 22/23 data is not expected until Q4 23/24.



Not available at LCPP level. Not available by quarter.

Rate per 1,000 delayed discharge bed days (standard delay reasons) attributed to MH specialties increased between 2021/22 and was higher than the 17/18 rate. % of delayed discharge bed days (standard delay reasons) attributed to MH specialties decreased from 30% in 17/18 to 10% in 19/20 and between 19/20 and 21/22 increased to 12%.

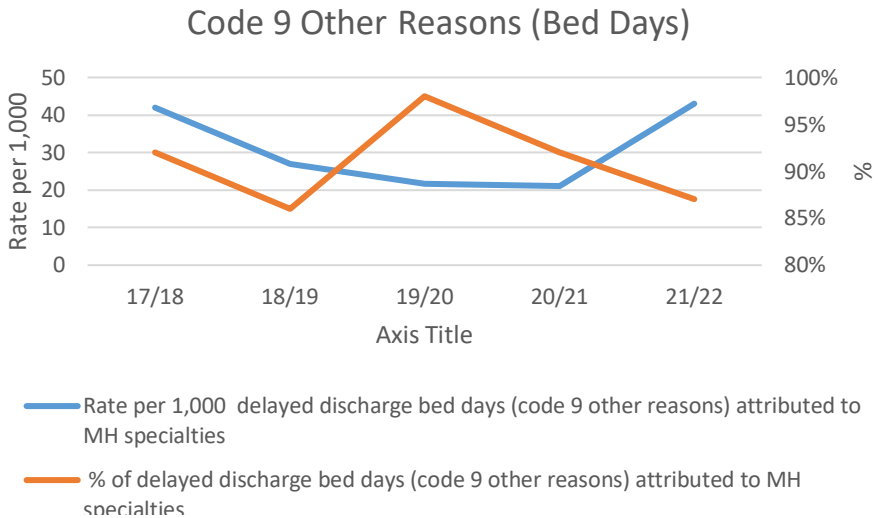
Source: PHS Publication December 2022 This is annual data and therefore 22/23 data is not expected until Q4 23/24.



Not available at LCPP level. Not available by quarter.

Rate per 1,000 delayed discharge bed days (code 9 AWI) attributed to MH specialties decreased from 5 in 17/18 to 4 in 19/20 and between 19/20 and 21/22 increased to 10. % of delayed discharge bed days (code 9 AWi) attributed to MH specialties increased from 43% in 17/18 to 59% in 21/22.

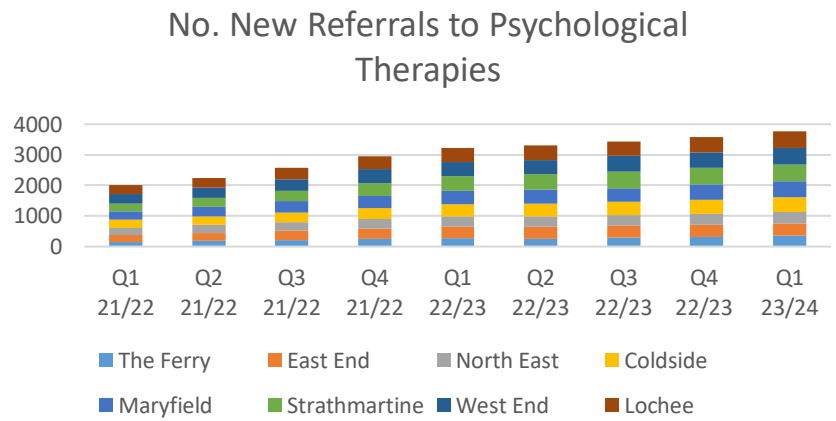
Source: PHS Publication December 2022 This is annual data and therefore 22/23 data is not expected until Q4 23/24.

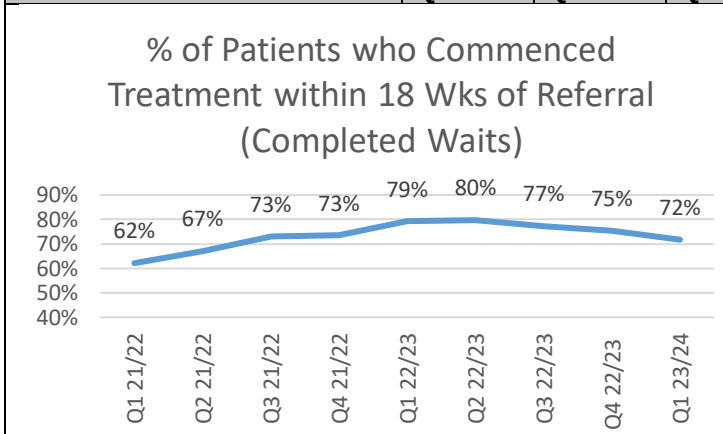


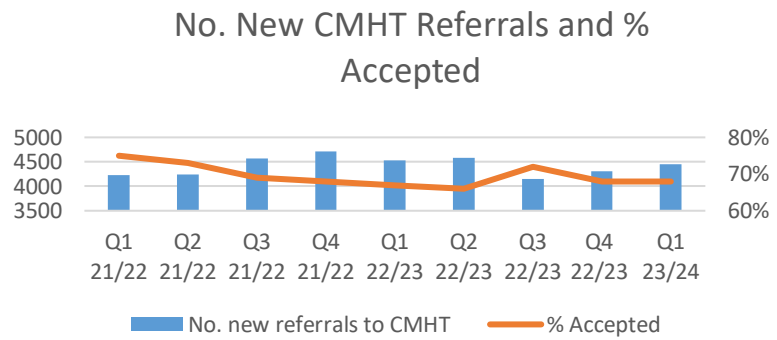
Not available at LCPP level. Not available by quarter.

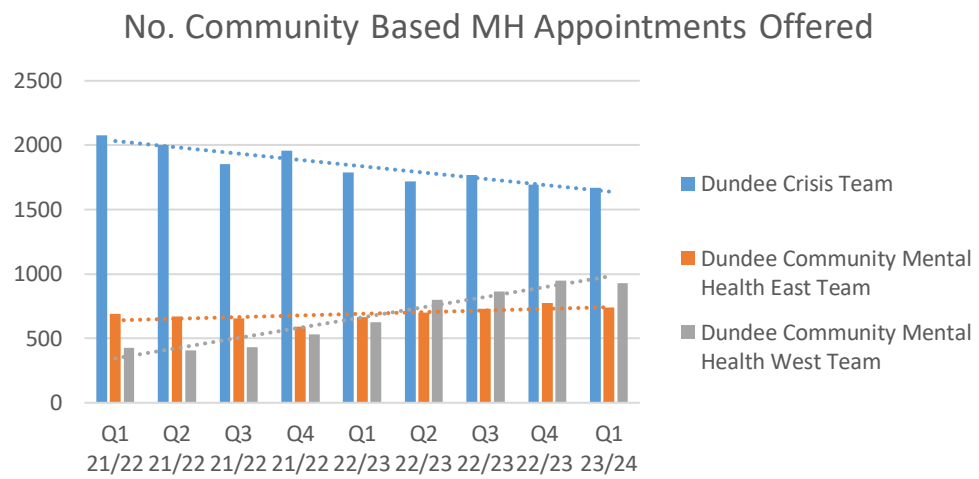
Rate per 1,000 delayed discharge bed days (code 9 other reasons) attributed to MH specialties decreased from 42 in 17/18 to 21 in 20/21 and increased to 43 in 21/22. % of delayed discharge bed days (code 9 other reasons) attributed to MH specialties decreased from 98% in 19/20 to 87% in 21/22.

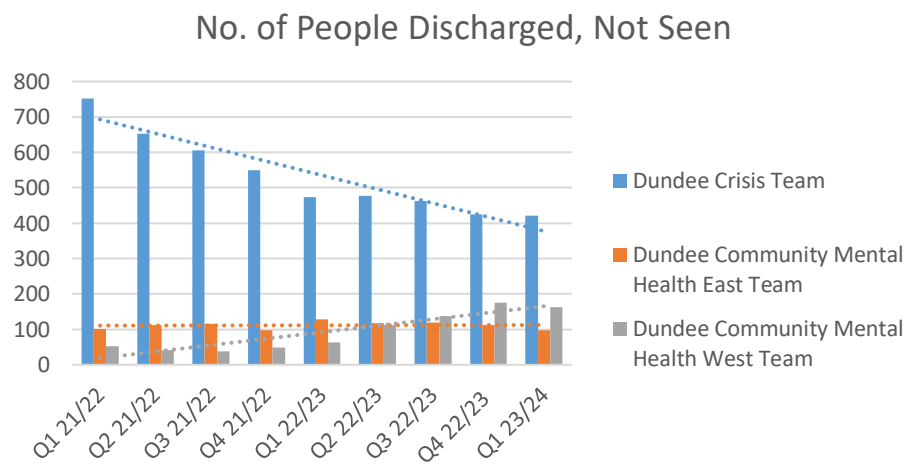
Source: PHS Publication December 2022 This is annual data and therefore 22/23 data is not expected until Q4 23/24.

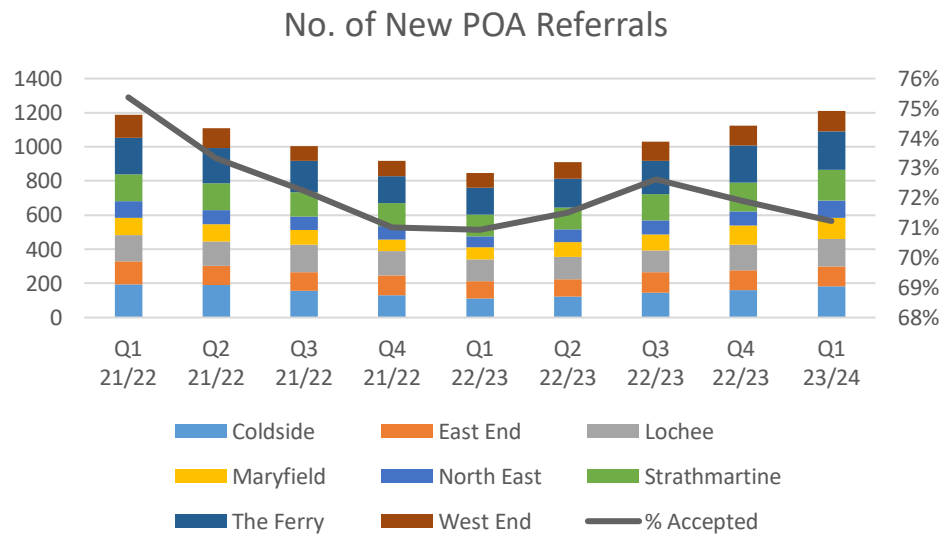
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Comments/Analysis
Psychological Therapies										
Number of NEW referrals to psychological therapies (ALL)	2010	2249	2572	2954	3217	3299	3442	3500	3772	-Increasing trend. -Most new referrals are from Lochee (559 at Q1 23/24). -West End has the 2nd lowest rate of emergency mental health bed days 18-64 (332 compared with 679 for Dundee) and the 2nd highest number of new referrals to Psychological Therapies.
										
% of patients referred to psychological therapies who commences their treatment within 18 weeks of referral (completed waits)	62%	67%	73%	73%	79%	80%	77%	75%	72%	Downward trend since Q2 22/23 although increase since baseline year (Q1 21/22).

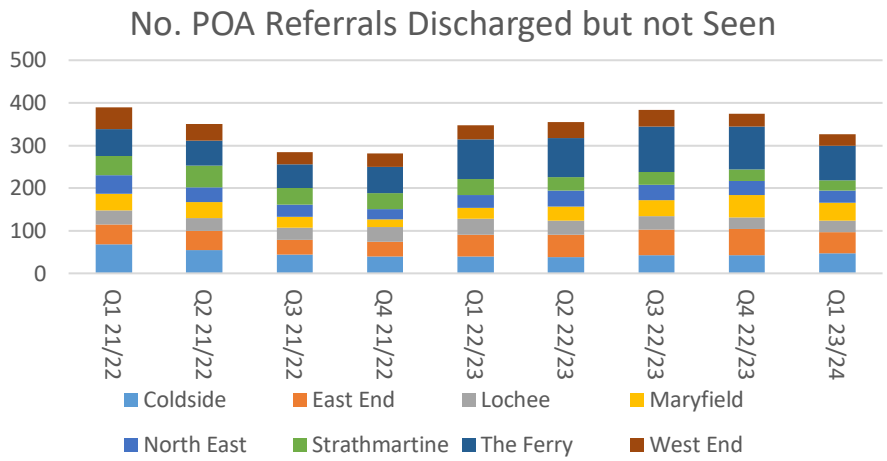
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Comments/Analysis
										
% of patients referred to psychological therapies who commences their treatment within 18 weeks of referral (ongoing waits)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	90% (snapshot April 23)	100% (snapshot July 23)	Data prior to April 23 not available.
Community Mental Health Team (CMHT)										
Number of new referrals to CMHT (and % accepted)	4225 (75%)	4241 (73%)	4563 (69%)	4711 (68%)	4525 (67%)	4580 (66%)	4146 (72%)	4309 (68%)	4445 (68%)	Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team. The number of referrals peaked at Q4 21/22 however the number of referrals decreased between Q4 21/22 and Q3 22/23. The number of referrals has been increasing since Q3 23/24. The % accepted has fluctuated between 66% and 75%.

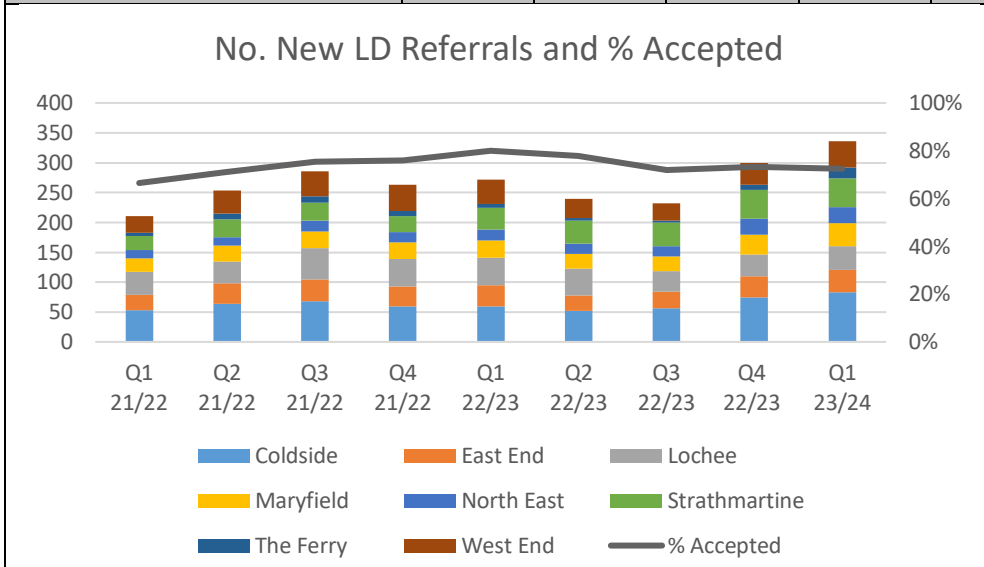
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23Q1	Rolling 22/23Q2	Rolling 22/23Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Comments/Analysis
										
% of discharged psychiatric in patients followed up by CMHT services within 7 calendar days										Requires further development as not currently possible using the current EMIS system.
Number of community based mental health appointments offered (included attended and DNA)	3194	3077	2942	3077	3083	3216	3365	3414	3342	Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team. Slight reduction in number of appointments offered from Dundee Crisis Team. The number of appointments offered from Dundee Community Mental Health East Team has remained fairly stable. There has been an increase in the number of appointments offered from Dundee Community Mental Health West Team.

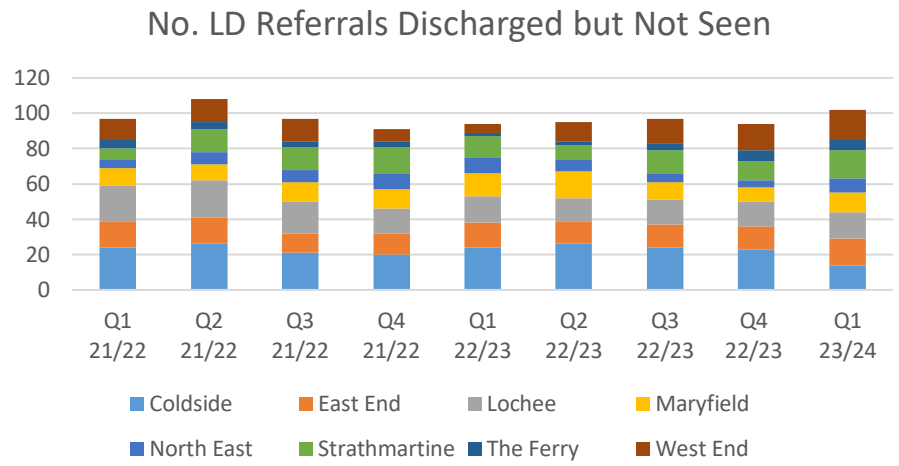
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Comments/Analysis
										
No. of return appointments for every new patient seen. (average per month over the previous 12 months)	16	17	19	18	18	17	15	14	15	Fluctuated between 14 and 19.
Number of people discharged without being seen	907	807	758	697	665	706	720	712	680	Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team. Reduction in number of people discharged without being seen from Dundee Crisis Team from 753 at Q1 21/22 to 421 at Q1 23/24. The number of people discharged without being seen from Dundee Community Mental Health East Team has

										remained fairly stable. There has been an increase in the number of people discharged without being seen from Dundee Community Mental Health West Team from 52 at Q1 21/22 to 162 at Q1 23/24.
Indicator	**Rolling 21/22 Q1**	**Rolling 21/22 Q2**	**Rolling 21/22 Q3**	**Rolling 21/22 Q4**	**Rolling 22/23Q1**	**Rolling 22/23Q2**	**Rolling 22/23Q3**	**Rolling 22/23 Q4**	**Rolling 23/24 Q1**	**Comments/Analysis**
										
Waiting time indicator in development										Data quality exercise being undertaken and data expected Q1 23/24.
Psychiatry of Old Age										
Number of new referrals to Psychiatry of Old Age (and % accepted)	1186 (75%)	1108 (73%)	1004 (72%)	918 (71%)	846 (71%)	911 (72%)	1030 (73%)	1123 (72%)	1212 (71%)	The number of new referrals dipped to 846 at Q1 22/23 and has since increased to 1212 at Q4 23/24. The % accepted followed a similar pattern. At Q1 23/24, the highest number

										of new referrals came from The Ferry (225) and the lowest number came from North East (101).
Indicator	**Rolling 21/22 Q1**	**Rolling 21/22 Q2**	**Rolling 21/22 Q3**	**Rolling 21/22 Q4**	**Rolling 22/23 Q1**	**Rolling 22/23 Q2**	**Rolling 22/23 Q3**	**Rolling 22/23 Q4**	**Rolling 23/24 Q1**	**Comments/Analysis**
										
Number of return appointments for every new patient seen.	8	9	9	9	9	9	9	9	11	Increasing trend.
Number of people discharged without being seen	390	351	285	282	348	355	384	370	322	Decrease over the previous 4 quarters. The largest number of people discharged without being seen are from The Ferry (80)(also highest number of new referrals) and the lowest number are from Strathmartine (25).

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Comments/Analysis
										
% of those referred for post diagnostic support who received a minimum 12 months of support.										Published data only available to 20/21 (Published Dec 22). At that point Dundee was at 93.4%.
Learning Disabilities (LD)										
Number of new referrals to LD (and % accepted)	211 (66%)	253 (71%)	286 (76%)	263 (76%)	272 (80%)	239 (78%)	232 (72%)	300 (73%)	336 (72%)	Increasing trend since Q1 21/22. At Q1 23/24, highest number of new referrals was from Coldside (83)and the lowest number was from The Ferry (18). % accepted increased from 66% at Q1 21/22 to 72% at Q1 23/24.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Comments/Analysis
										
Number of return appointments for every new patient seen.	18	17	15	15	14	14	14	13	12	Reduced from 18 to 12.
Number of people discharged without being seen	97	108	97	91	94	95	97	94	102	Has been fairly consistent over the previous 4 rolling quarters and at Q1 23/24 was 102.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Comments/Analysis
										
Mental Health Officer Team										
MHO new referrals and Assessment	325	342	329	339	337	321	298	292	292	Downward trend.
CMHT (SW team) new referrals	158	159	166	167	149	136	151	145	134	Downward trend.
CMHT older people (SW team)	195	171	156	131	136	140	159	165	174	Downward trend.
LA Guardianship applications	39	37	34	47	41	48	49	40	52	Increase.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Comments/Analysis
Private Guardianship application	53	64	71	65	58	59	64	63	64	Fluctuating between 53 and 71, however 64 at Q1 23/24.
Emergency detention in hospital (up to 72 hours) (s36)	91	96	84	97	102	103	107	95	100	Increasing trend.
Short term detention in hospital (up to 28 days) (s44)	156	170	157	167	164	166	169	169	180	Increasing trend.
Compulsory Treatment Orders (s64)	47	54	49	46	52	47	52	55	54	Increasing trend.
No. of S44 with Social Circumstance report was considered	81	83	65	67	56	51	52	56	61	Downward trend although increase between Q4 22/23 and Q1 23/24.
No. of SCR that were prepared	59	60	47	50	41	35	34	32	35	Downward trend.
MHO team caseload at period end	225	243	272	263	265	251	265	273	264	Increasing trend although decrease between Q4 22/23 and Q1 23/24.
MHO unallocated at end of quarter	29	41	56	47	49	46	53	44	37	Fluctuated between 29 and 56, although 37 at Q1 23/24.
% MHO unallocated out of all cases	13%	17%	21%	18%	18%	18%	20%	16%	14%	Stable trend.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Comments/Analysis
CMHT (SW team) caseloads at period end	446	457	462	485	456	412	410	429	474	Increase over the previous 4 quarters.
CMHT (SW teams) unallocated at end of quarter	5	5	5	4	4	0	2	11	57	Increasing trend.
% CMHT (SW teams) unallocated out of all cases	1%	1%	1%	1%	1%	0%	0%	3%	12%	Very low % unallocated although sharp rise between Q4 22/23 and Q1 23/24.
CMHT older people (SW team) caseloads at period end	259	255	258	259	269	254	262	253	280	Increase between Q4 22/23 and Q1 23/24.
CMHT older people (SW team) unallocated at end of quarter	1	0	0	0	0	0	0	0	0	Very low / zero unallocated.
% CMHT older people (SW team) unallocated out of all cases	0%	0%	0%	0%	0%	0%	0%	0%	0%	Zero.

ITEM No …7……..

REPORT TO: **PERFORMANCE AND AUDIT COMMITTEE – 27 SEPTEMBER 2023**

REPORT ON: **DISCHARGE MANAGEMENT PERFORMANCE - UPDATE ON COMPLEX AND STANDARD DELAYS**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC26-2023**

1.0 PURPOSE OF REPORT

1.1 To provide an update to the Performance and Audit Committee on 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 delays as outlined in section 5, standard delays as outlined in section 6, and discharge without delay as outlined in section 10.

2.2 Note the improvement actions planned to respond to areas of pressure as outlined in sections 8 and 10.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Background to Discharge Management

4.1.1 A delayed discharge is 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 as set out by the National Urgent and Unscheduled Care Collaborative. The focus of this work is to deliver care closer to home for citizens of Dundee and to minimise hospital inpatient stays wherever appropriate.

4.1.4 The Tayside Urgent and Unscheduled Care Board is chaired jointly by the Head of Health and Community Care for Angus Health and Social Care Partnership and the Associate Medical Director for 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 Associate Locality Manager for

Acute and Urgent Care. Liaison between the local Board and the national team is undertaken by a Programme Manager within the NHS Tayside Improvement Team.

The Urgent and Unscheduled Care Board is currently working on the revised workstreams for 23/24, which will continue to focus on the existing agreed priorities, but will also expand the scope. A particular focus this year will be on a further expansion of the Discharge Without Delay work with the aim of achieving upper quartile performance against length of stay in all inpatient areas across Tayside.

4.1.5 A large amount of weekly and monthly reporting is provided at management level to monitor, plan and make improvements with regards to discharge management. This includes:

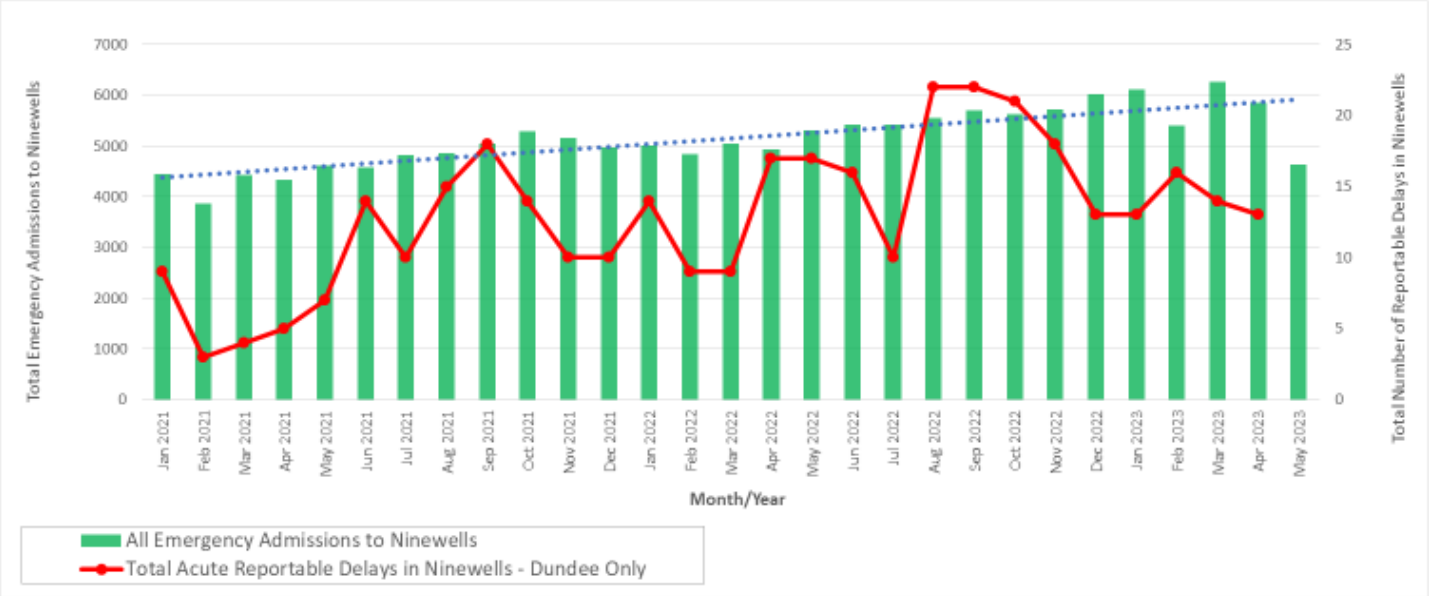
- weekly 'RAG' snapshots across all sites;
- weekly Tayside level 'Discharge Without Delay' key measurement which is also used to populate the Local Oversight Reporting suite of measurement;
- monthly 'Planned Date of Discharge' report;
- Discharge Without Delay Action plan updated weekly.

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 outlined in this report.

5.0 CURRENT PERFORMANCE IN RELATION TO DELAYED DISCHARGES

5.1 Performance in relation to delayed discharge has continued to improve since October 2022, despite a sustained increase in unscheduled admissions during that time period. Since a peak of delayed discharge in mid-August 2022 of 18 acute delays, and a total of 55 delays across all sites, performance in relation to the locally agreed RAG matrix has consistently been in amber status since week beginning 10 May 2023 and continues to reduce. Performance reporting beginning 22 May 2023 is now within the green section of the RAG matrix for both acute and non-complex delays (6 and 16 respectively) and in amber for the total delay figure (38).

Graph showing level of reportable delayed discharges for Dundee HSCP in the context of increased admission rates to Ninewells Hospital on a monthly basis



Source: Qlikview – Filters: All emergency admissions to Ninewells. Includes patients of all ages from all Local Authorities between Jan 2021-April 2023 coded as an emergency admission to hospital. Delay figure taken from monthly census point (last Thursday of the month) for each month – only includes complex and non-complex reportable delays with Dundee City as the Responsible Local Authority. Health delays and code 100's are not included as these are not reportable to SG.

5.2 This demonstrates a specific improvement in relation to the management of non-complex delays the reason for which had predominantly been the ongoing increased demand for social care. Despite sustained increase in admission rates, performance in relation to the management of non-complex acute delays has continued to improve.

6.0 CURRENT PERFORMANCE IN RELATION TO COMPLEX DELAYS

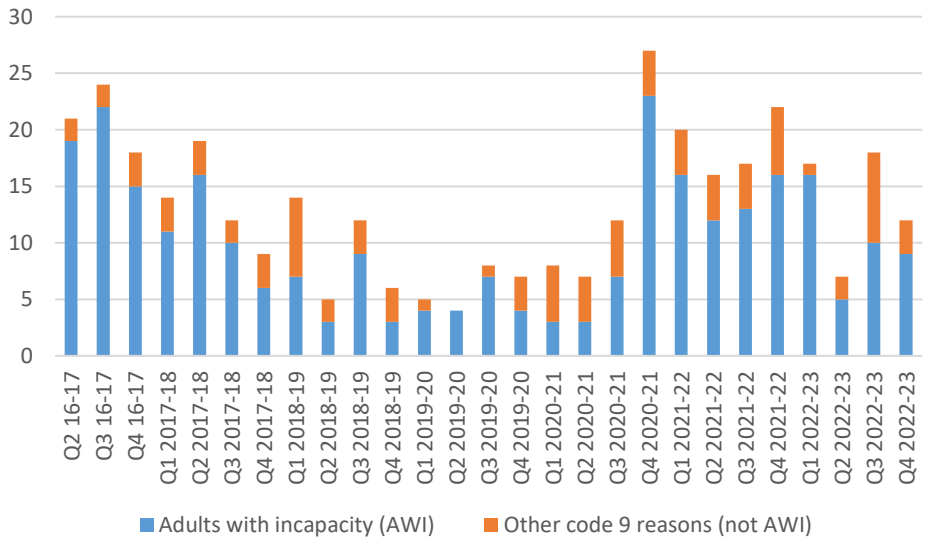
6.1 Complex Delays - Current Situation

6.1.1 A 'Complex Delay' (also known as a 'Code 9' delay) counts adults aged 18+ who have been delayed in their discharge from inpatient hospital care due to: waiting for a place in a specialist facility and no such facility exists in the partnership area and no interim option is appropriate; awaiting completion of complex care arrangements in order to live in their own home; Adults with Incapacity legislation requirements; or, people exercising their statutory right of choice where no interim placement is possible or reasonable.

Complex delays can be split into two main age groupings, and specific approaches to improvement have been adopted for each.

The position in relation to the 75+ age group is detailed in Chart 1 below:

Chart 1: Number of Complex Delayed Discharges Split by Reason for Delay Age 75+



Source: PHS Delayed Discharge Census

As previously reported, there was a significant improvement in performance in relation to complex delays for the 75+ group between 2016/17 and 2020/21. In part, this reflects the success of the 'Discharge to Assess' model which promotes discharge prior to major assessment decisions being made. The aim of this is to reduce the numbers of patients moving directly to a care home from hospital, and therefore reduces the demand for guardianship applications under the Adults with Incapacity legislation.

Delays linked to Adults with Incapacity guardianship applications in the 75+ age group began to rise during 2021 and they have remained high since. This is largely due to the impact of the COVID-19 pandemic, which increased hesitancy in the general population around the safety of care homes, at a time when the ability to recruit to social care reduced significantly and demand for social care rose sharply. These factors have led to a situation where there has been less resource available to continue with the 'Discharge to Assess' model and a consequent increase in the numbers of patients requiring to move directly to care homes from hospital.

As the Discharge to Assess model continues to remobilise post pandemic, it is expected that performance in this area will begin to improve again.

Additionally, a dedicated Mental Health Officer (MHO) is once again working within the Integrated Discharge Hub, and is tasked with raising awareness of issues associated with Adults with Incapacity, as well as streamlining and reducing delays associated with guardianship applications.

There is a growing number of older adults whose needs cannot be accommodated within the current local care home resource and for whom more complex discharge planning is required. Plans are ongoing to remodel local authority care home provision as a means of ensuring older people with the most complex needs receive appropriate care and support.

6.1.2 Chart 2 outlines the position for the 18-74 age group. Again, a programme of long-term improvement work between the Partnership and Dundee City Council Neighbourhood Services which was planned to release further housing stock throughout the second half of 2019/20, has been further delayed due to the pandemic and other delays in construction. This plan remains in place and will provide accommodation for the majority of these younger adults with complex needs.

Chart 2: Number of Complex Delayed Discharges Split by Reason for Delay Age 18-74

Source: NSS ISD Delayed Discharge Census

6.1.3 In collaboration with the Urgent and Unscheduled Care Board and the NHS Tayside Improvement Academy, an additional discharge coordinator has been recruited on a permanent basis, who will focus specifically on implementing the good practice already established in the acute hospital within General Adult Psychiatry.

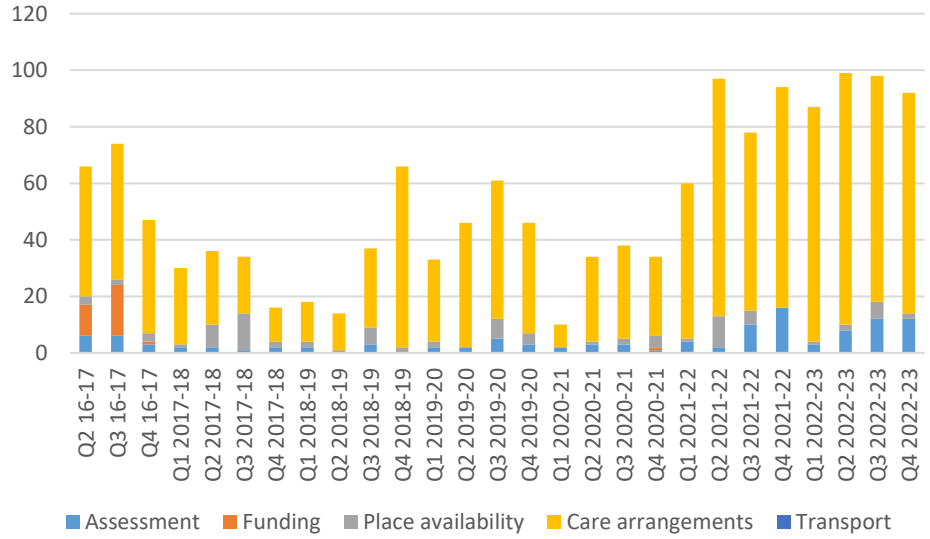
7.0 CURRENT PERFORMANCE IN RELATION TO STANDARD DELAYS

7.1 The position in Dundee regarding standard delays has continued to deteriorate over the previous 12 months as a result of the challenges noted above in relation to the matching of social care availability with rising demand. During 2017/18, the introduction of the 'Discharge to Assess' model enabled the majority of patients to be discharged on their Planned Date of Discharge as the assessment of their needs could be undertaken in a community setting.

7.2 Throughout 2022/23, local care agencies continued to experience recruitment challenges which has been the main contributor to the increase in standard delays. Although interim care home placements have been offered to those patients awaiting social care packages to facilitate their discharge from hospital, many patients and their families have chosen not to accept this option.

7.3 As we remobilise post pandemic, social care recruitment is beginning to improve. Additionally, Dundee has entered into a new test of change with British Red Cross aimed at enhancing those improvement measures outlined in previous reports. As a result, a reduction in standard delays can be seen in Q4 22-23. Chart 3 below shows the deteriorating position in relation to standard delays. Chart 3 also demonstrates that standard delays are now almost exclusively attributable to the non-availability of social care.

Chart 3: Standard Delayed Discharges by Principal Reason for Delay 18+ at Census Day each Month



8.0 IMPROVEMENT ACTIONS IDENTIFIED TO ADDRESS INCREASE IN STANDARD DELAYS

8.1 As previously reported, a locality modelling programme has commenced to ensure best use of existing staff resource across the Partnership. This will create multi-professional teams based within geographical localities, thereby reducing duplication and maximising efficiencies. This will support workforce remodelling and create staff resource to undertake social care review function more robustly. A barrier to this is the increasing vacancy levels within both care management and community nursing teams.

8.2 Building on the existing community urgent care services in Dundee, the Partnership has now launched the Dundee Enhanced Care at Home Team (DECAHT), aimed to work in a multidisciplinary way across a single frailty pathway which promotes patient focussed decision making and fewer barriers between stand-alone services. The service is GP cluster focussed and multidisciplinary, drawing on the clinical expertise of the Hospital at Home clinicians as well as the cluster geriatricians who are based in inpatient settings but who will provide support and advice to the Advanced Nurse Practice led cluster teams. The service has a single point of access for GP practices, thereby simplifying the referral process and ensuring the patient receives the appropriate level of clinical assessment and input. The service will be supported by the developing Discharge to Assess social care service which will provide wraparound support for people in their own homes during periods of ill health as a means of avoiding hospital admission wherever possible and appropriate. Additionally, a Transitions Team comprising occupational therapy and physiotherapy staff has been developed which will functionally assess patients at the front door assessment areas of the acute hospital or within urgent care, and follow the patient to their own homes to embed the rehabilitation plan within the social care assessment package. Regular whole system multidisciplinary meetings will ensure the patient's care continues to be provided in the right place, at the right time by the right person. In order to make best use of the scarce social care resource, third sector partners are also involved in these discussions.

8.3 A Programme Manager for Urgent and Unscheduled Care has now been appointed within the Partnership which adds extra resilience in terms of creating a governance and reporting structure around this developing work. Priorities have now been grouped into distinct workstreams which focus on the further development of the above service with the aim of creating a seamless pathway of care for frail older adults which supports primary care and delivers care and treatment closer to home.

8.4 This structure is being developed with support and collaboration from the NHS Tayside Urgent and Unscheduled Care Board in recognition that the focus of our work is increasingly community facing.

8.5 Linked to the development of DECAHT, as described above, is the crucial relationship with the Acute Medicine for the Elderly Unit (AME). The new model will ensure transitions between this inpatient assessment area and community urgent care are seamless in order to ensure frail older adults spend as little time in hospital as possible. .

8.6 The eight bedded unit within Turriff House continues to provide step up/down alternatives to inpatient psychiatric rehabilitation for older people.

8.7 In addition to the DECAHT service, alternative advanced practice models such as advanced paramedic roles, are also being explored with a view to the ongoing multidisciplinary development of the urgent care service.

8.8 The Care Home Team continues to undertake development work with local care homes as a means of preventing admission to hospital when appropriate.

8.9 Testing of a Lead Advanced Nurse Practitioner (ANP) model is ongoing with 3 Lead ANPs now in post (2 permanent and 1 temporary). These postholders are tasked with leading on the implementation, governance and management of the ANP led cluster model, as well as developing a competence framework which supports continuous professional development for all ANP staff. As the governance and reporting structure for the DECAHT workstreams above is developed, clearer measurement of the impact of this model will be available.

8.10 The other major improvement workstream identified as part of the Urgent and Unscheduled Care programme for Dundee is the development of a stroke/neuro pathway. Again, the focus will be on reducing length of stay through the creation of more community rehabilitation and support services.

9.0 OCCUPIED BED DAYS DUE TO DELAYED DISCHARGE

Chart 4 Average daily delayed bed days occupied, age 18-74

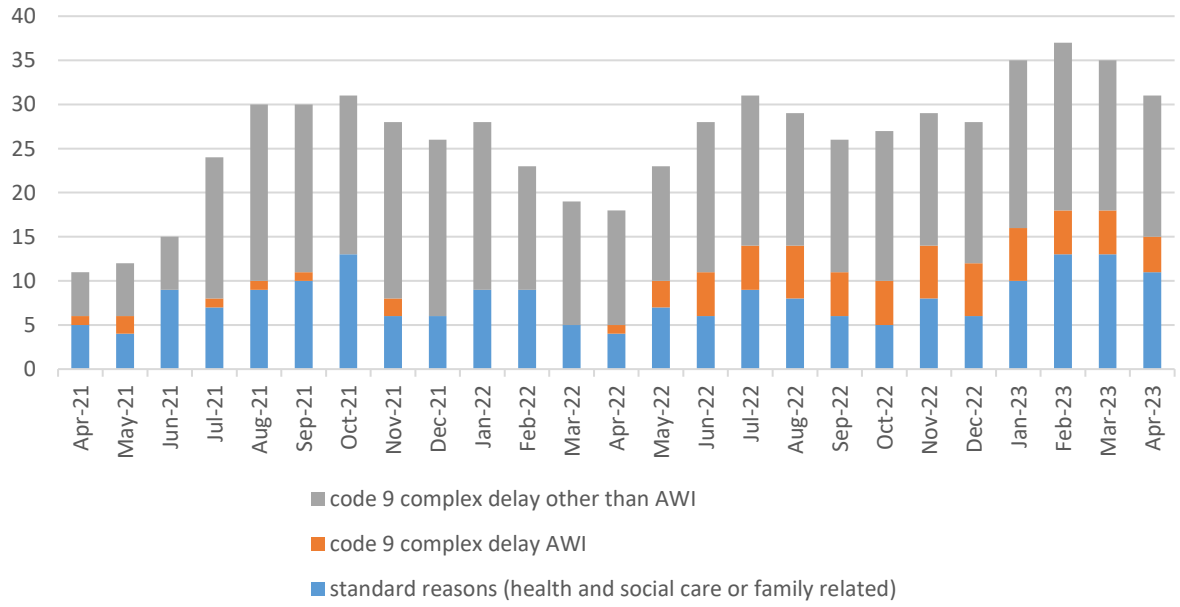
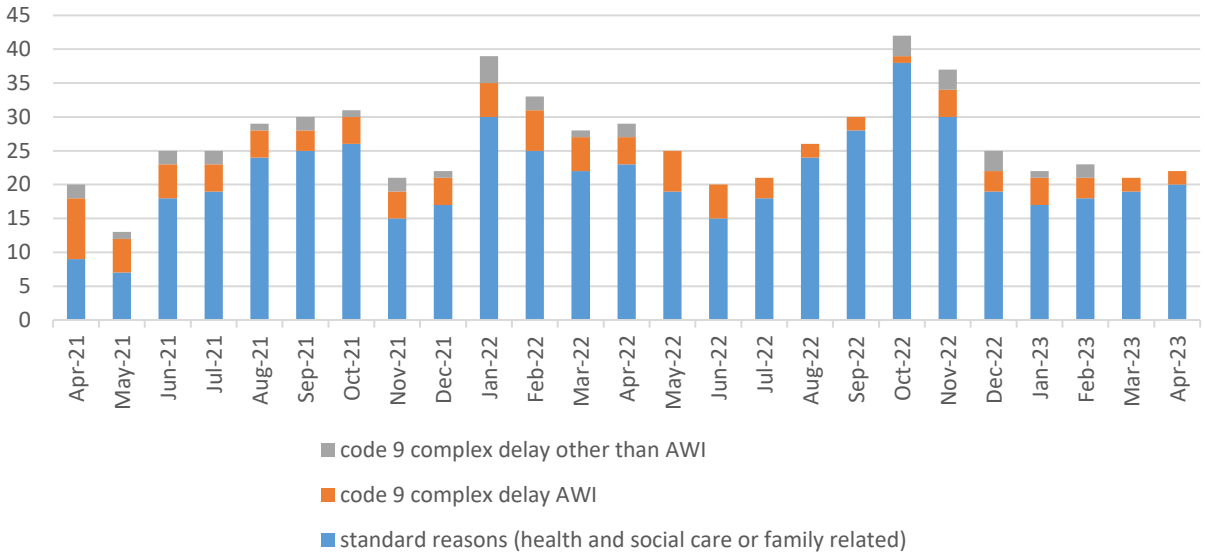
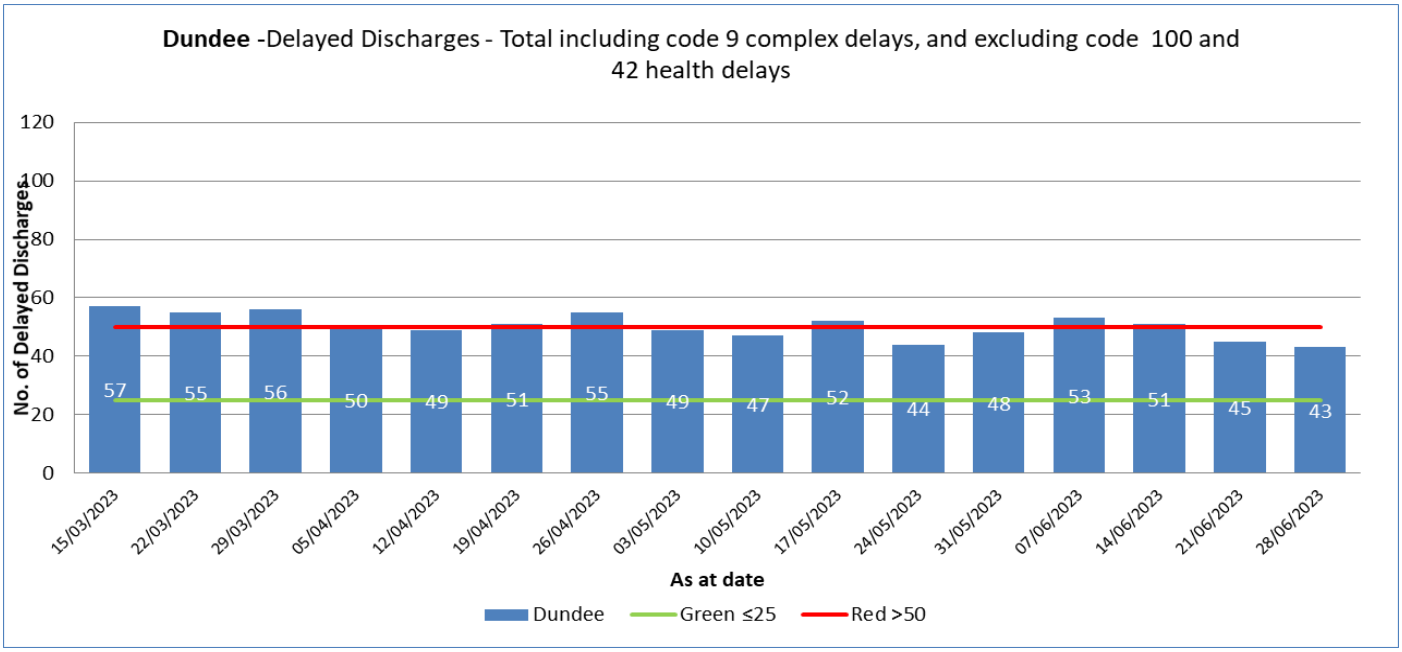


Chart 5 Average daily delayed bed days occupied, age 75+



9.1 It can be seen from charts 4 and 5 that the principle reason for delay in the 75+ age group is almost entirely attributable to the demand for social care as a means of supporting people to remain in their own homes.; both the average daily occupied bed days and the number of people delayed are high, whereas, delays for the younger adult age group continue to highlight a lack of availability of more specialised accommodation and support options predominantly for adults with complex mental health issues and/or learning disabilities. Both the average occupied bed days and the number of delays are high.

Chart 6 Dundee Delayed Discharges – Total including complex delays

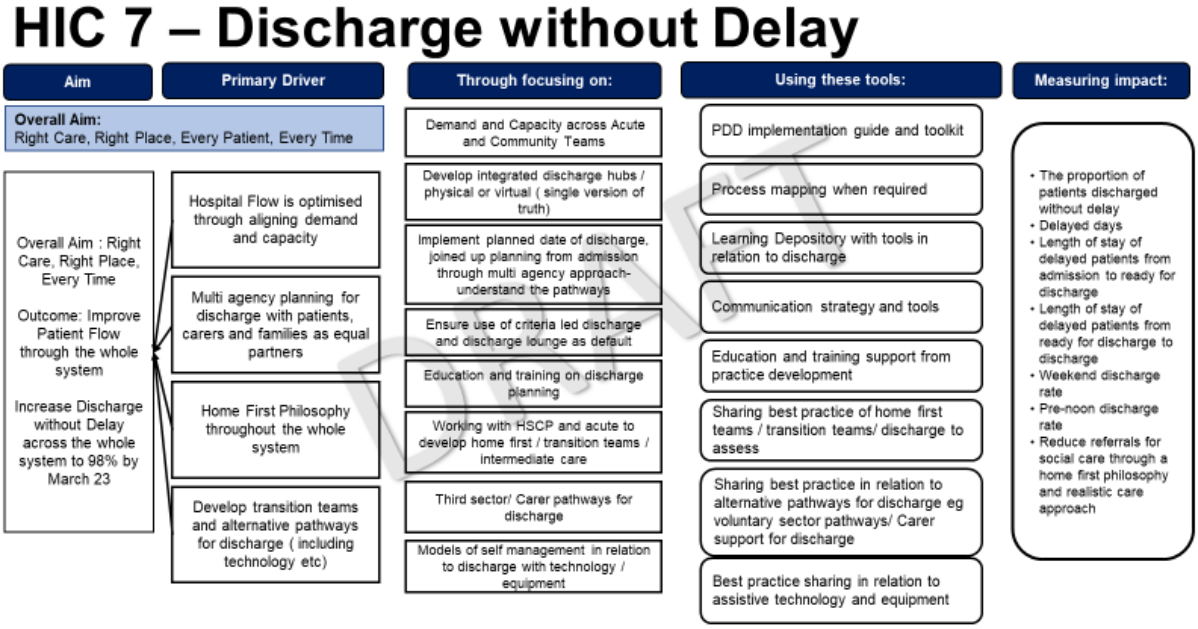


9.2 The overall Tayside delay position is presented as part of the Board Business Critical Tayside level report for scrutiny at the Tayside Operational Leadership Group, which is chaired by the Medical Director and attended by senior representatives from each Tayside authority. As part of the Tayside wide strategic approach, local targets with timescales have been set for each Health and Social Care Partnership both for overall reduction in delays and specifically reductions in standard delays within the acute hospital. Chart 6 above demonstrates the

improving Dundee performance against the target set to reduce to AMBER status (<50 delays) by end of October 2022. Whilst the target for October 2022 was not reached due to ongoing increased demand and winter pressures, Dundee has consistently reported AMBER since April 2023 with the non-complex delays continuing to reduce. Complex delays within General Adult Psychiatry remain stable but high, which is a key contributor to our inability to date to reduce to GREEN RAG status.

10.0 DISCHARGE WITHOUT DELAY (DWD)

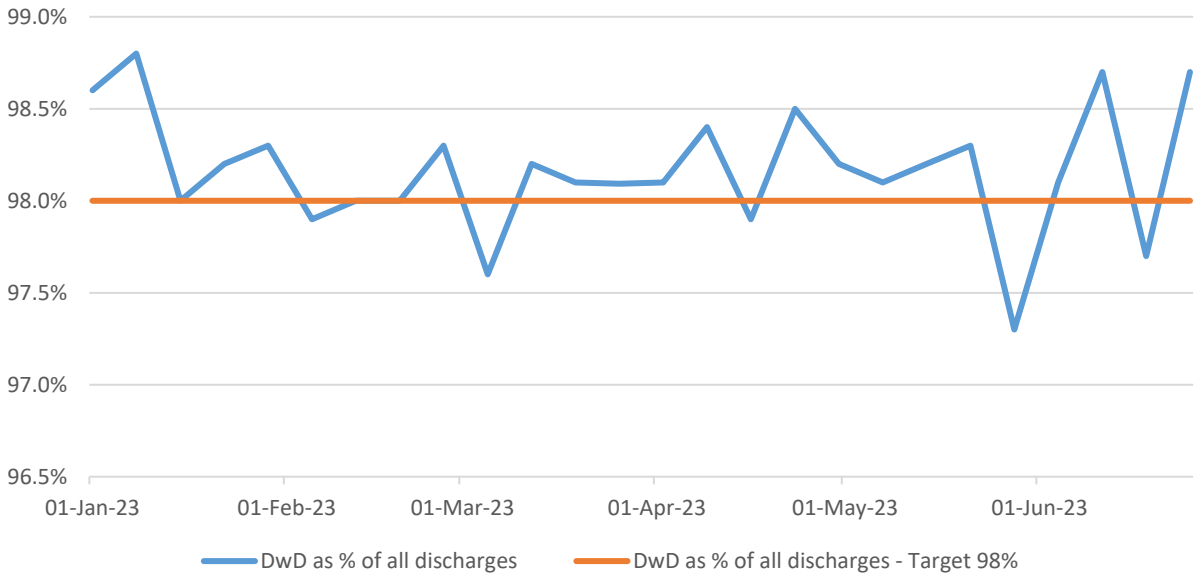
10.1 The Scottish Government Urgent and Unscheduled Care National Collaborative relaunched the Programme in July 2022, identifying 8 High Impact Change areas and asking each Health Board area to identify their priorities in progressing the work. NHS Tayside and the 3 Health and Social Care Partnerships identified Discharge Without Delay (DWD) as a key area of high impact change.



10.2 Tayside continues to perform well, sustaining 98% performance across all discharges at a time where we have seen an approximate rise of 20% in numbers of patients.

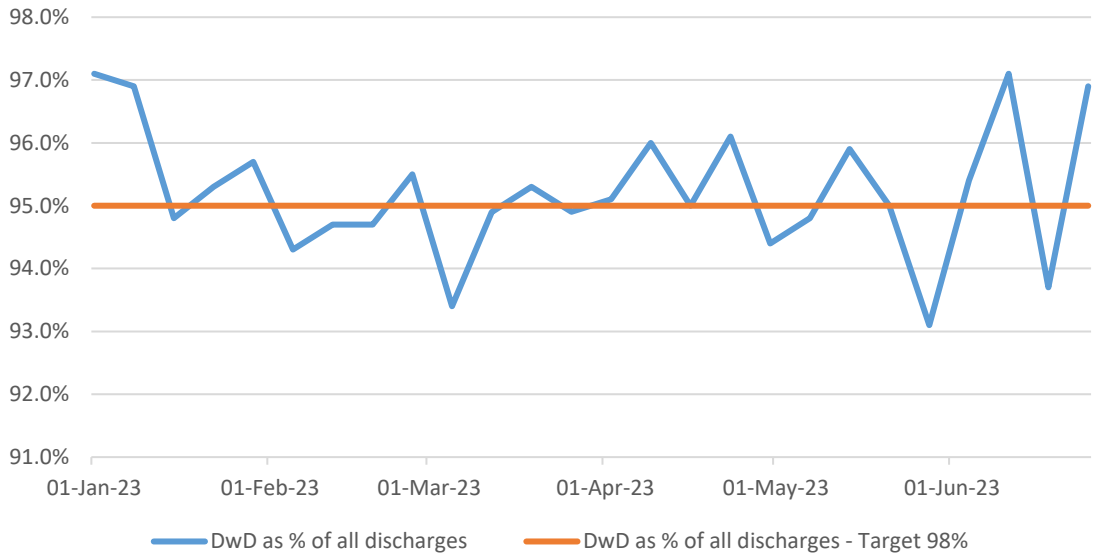
10.3 Charts 7, 8 and 9 demonstrate how the % of discharges without delay can vary by age group and specialty. Whilst overall, 98 of discharges were not delayed, performance particularly for the 65+ age group and Medicine for the Elderly specialty is more challenging due to the reasons already noted in sections 6 and 7 of this report.

Chart 7 % of DWD Discharges 18+ Dundee residents



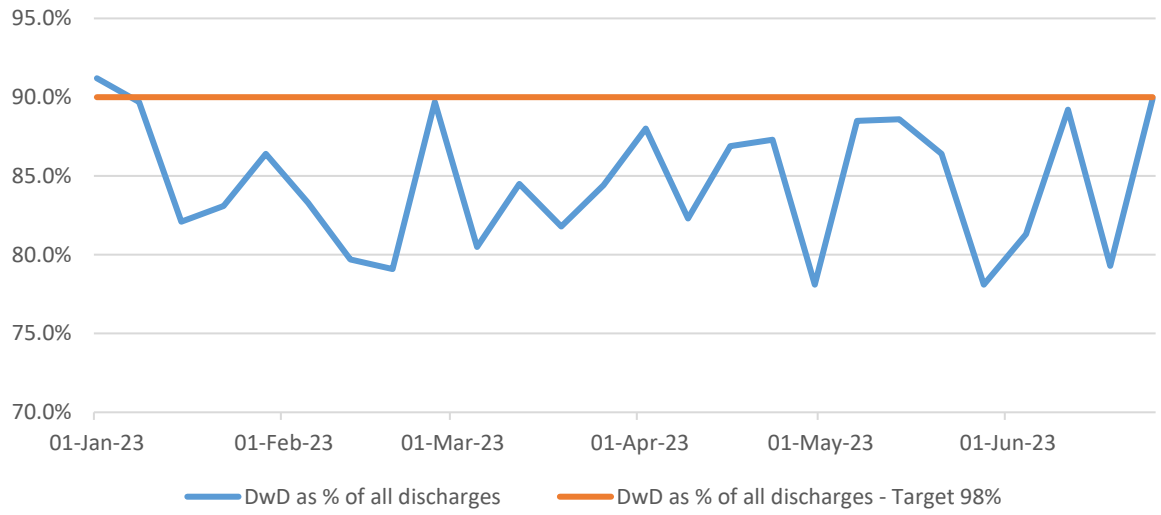
At 25 June 2023 98.7% of discharges were without delay (target 98%) for the 18+ age group.

Chart 8 % of DWD Discharges 65+ Dundee Residents



At 25 June 2023 96.9% of discharges were without delay (target 98%) for the 65+ age group.

Chart 9 - % of Medicine for the Elderly (MFE) DWD as a % of all MFE final discharges - Tayside



At 25 June 2023 90% of discharges were without delay (target 90%) in Medicine for the Elderly.

10.4 Following the successful Discharge Without Delay programme in 22/23, it is essential to maintain momentum in terms of embedding this good practice approach across all ward areas. Funding has been provided by NHS Tayside for a permanent Senior Nurse for Urgent and Unscheduled Care hosted within Dundee Health and Social Care Partnership but with a focus on supporting all inpatient areas to achieve length of stay performance in the upper quartile in terms of national benchmarking. Each area has been provided with a target based on the national data, and will be supported to develop measurable improvement actions to achieve these targets. This links well with the work described in section 8 of this report, which aims to provide more robust community alternatives to inpatient stays.

11.0 SUMMARY

11.1 Progress has been made in Dundee in relation to enabling people to be discharged when they are ready but we also recognise that further realignment is now required within social care and rehabilitation services to support the increased demand in community settings. The proposed actions above are targeted at ensuring the whole system is better equipped to manage the increasing demand for community-based support. Whilst there continues to be improvement opportunities as noted above, it is important to note that our increasingly frail, older population will have limited rehabilitation ability and therefore, long term investment in support services will be necessary in order to continue to achieve positive outcomes.

12.0 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.

13.0 RISK ASSESSMENT

Risk 1 Description	Every unnecessary day in hospital increases the risk of an adverse outcome for the individual, drives up the demand for institutional care and reduces the level of investment that is available for community support.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	- Weekly review of all delays. - Significant programme of performance reporting in place at local, regional and national level. - Action plan and monitoring at the Home and Hospital Transition Group. - Tayside Urgent and Unscheduled Care Board in place. - Additional improvement and governance posts have been recruited to support performance reporting and improvement planning and implementation. - Range of improvement actions underway to reduce risk of delays.
Residual Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Planned Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Approval recommendation	The PAC is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

14.0 CONSULTATIONS

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

15.0 BACKGROUND PAPERS

15.1 None.

Dave Berry
Chief Finance Officer

DATE: 23 August 2023

Lynne Morman
Associate Locality Manager, Acute and Urgent Care

Lynsey Webster
Senior Officer

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 27 SEPTEMBER 2023**

REPORT ON: **CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/ OLDER PEOPLE AND OTHER ADULT SERVICES 2022-23**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC27-2023**

1.0 PURPOSE OF REPORT

The purpose of this report is to summarise for the Performance and Audit Committee the gradings awarded by the Care Inspectorate to Dundee registered care homes for adults/ older people and other adult services s in Dundee for the period 1 April 2022 to 31 March 2023.

2.0 RECOMMENDATIONS

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

2.1 Note the changes to the scale and scope of Care Inspectorate led inspections carried out in 2022-23 during the reporting year (section 4.1)

2.2 Note the contents of this report and the gradings awarded as detailed in the attached performance report (Appendix 1) and highlighted in section 4.2 below.

2.3 Note the range of continuous improvement activities progressed during 2022-23 as described in section 4.3 and Appendix 1.

3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

4.1 Background

4.1.1 The Care Inspectorate is responsible for the inspection and regulation of all registered care services in Scotland. The regulatory authority ensures that care service providers meet the Health and Social Care Standards which came into effect in April 2018. The Care Inspectorate use a six-point grading system against which certain key themes are graded. The grades awarded are published in inspection reports and on the Care Inspectorate's website at www.careinspectorate.com.

4.1.2 During 2021-22 an additional key question to augment frameworks (Key Question 7) was introduced under duties placed upon the Care Inspectorate by the Coronavirus (Scotland)(No.2) Act. For 2022-23 this key question was removed and elements pertaining to infection prevention and control were incorporated under a new quality indicator in Key Question 1 in the relevant frameworks. There was also a further amendment to include a quality indicator focused on meaningful contact, which reflects

the right of every adult and older person living in a care home to connect with family, friends and community.

4.1.3 During 2022-23 the Care Inspectorate prioritised services they hadn't visited during the pandemic as well as those identified as high risk.

4.2 Gradings Awarded

4.2.1 Within the 40 registered services listed in the performance report contained within appendix 1, 55 inspections were undertaken. This included 35 inspections carried out in 22 care homes and 20 inspections carried out in 18 other adult services. Five care homes operated by Dundee Health and Social Care Partnership were inspected during the reporting year.

4.2.2 Table 1 illustrates the number of services receiving a grade of 1-6 in one or more key question along with a comparison from 2021-22. It should be noted that the majority of services were inspected in 2021-22 against a different set of key question criterion, however the information provided in Table 1 nonetheless provides an overview comparison of the overall quality of service provision.

Table 1: Grade Received by Service	**Care Homes**		**Other Adult Services**	
Year	2022-23	2021-22	2022-23	2021-22
Number of Services Inspected	**22**	**13**	**18**	**5**

6 'excellent' in one or more key questions	**1**	**5%**	**0**	**0%**	**0**	**0%**	**0**	**0%**
5 'very good' in one or more key questions	**6**	**27%**	**1**	**8%**	**9**	**50%**	**0**	**0%**
4 'good' in one or more key questions	**13**	**59%**	**3**	**23%**	**12**	**67%**	**2**	**40%**
3 'adequate' in one or more key questions	**12**	**55%**	**11**	**85%**	**7**	**39%**	**5**	**100 %**
2 'weak' in one or more key questions	**4**	**18%**	**5**	**38%**	**2**	**11%**	**1**	**20%**
1 'unsatisfactory' in one or more key questions	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

4 'good' and above in all grades	**9**	**41%**	**2**	**15%**	**10**	**56%**	**0**	**0%**
3 'adequate' or below in all grades	**3**	**14%**	**8**	**62%**	**2**	**11%**	**3**	**60%**

The gradings data evidences an improvement in grades between 2021-22 and 2022-23 for both care homes and other adult services. In 2022-23 the proportion of care homes and other adult services that received grades of 'good' or above in all key questions increased significantly. A significant decrease was also apparent in the proportion of registered services that received grades of 'adequate' or below in all key questions. The number of care homes and other adult services that received grades of 'very good' or 'excellent' in at least one key question also increased from 1 in 2021-22 to 16 in 2022-23.

4.2.3 A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010, its regulations, or orders made under the Act, or a condition of registration.

Requirements are enforceable in law. Requirements were placed on 19 of the 40 services following inspection during 2022-23. As at the end of the reporting year 2 providers had a total of 2 Requirements outstanding. Details of the improvement support provided to some of these services is set out in section 4.3 and Appendix 1.

4.2.4 Enforcement is one of the Care Inspectorate's core responsibilities and is central to protecting residents and bringing about an improvement in the quality of care services. There were no enforcement measures put in place for any service during 2022-23.

4.2.5 Table 2 shows the overall percentage awarded at grades 1 to 6 for care homes. Of the 35 care homes inspected, 102 grades were awarded against the key questions noted below.

Table 2: Grade 2022-23	Overall	How well do we support people's wellbeing?	How good is our leadership ?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
6 'excellent'	**2%**	3%	4%	0	0	0
5 'very	**14%**	16%	18%	7%	8%	12%
4 'good'	**28%**	20%	33%	33%	46%	19%
3 'adequate'	**43%**	45%	41%	40%	38%	50%
2 'weak'	**13%**	16%	4%	20%	8%	19%
1 'unsatisfactory'	**0%**	0	0	0	0	0

Table 2 demonstrates that grades of 'very good' or excellent' were more likely to be awarded against key questions relating to supporting people's wellbeing and leadership of care home services. Where grades of 'weak' were awarded these were more likely to be associated with supporting people's wellbeing, quality of staffing and quality of care and support planning.

Of the 5 Partnership operate care homes inspected during 2022-23, three ended the year with an evaluation of 'good' against all Key Questions inspected, one with an evaluation of 'very good' against all Key Questions and one with an evaluation of 'excellent' against all Key Questions.

The breakdown of gradings illustrated in Table 2 has not been possible for other adult services as there are a variety of different models of service within adult services and the number of inspections during 2022-23 were too few in each of the different models to indicate any trends.

4.3 Continuous Improvement

4.3.1 There continues to be a joint commitment to continuous improvement and a proactive approach to improving and sustaining quality which involves care home providers, other adult service providers, the Care Inspectorate and representatives of Dundee Health and Social Care Partnership. This is particularly evident when significant concerns arise. There have been many benefits of such an approach e.g. effective sharing of information, shared agreement about improvement activity required and monitoring of the same until such point concerns have been adequately addressed. Appendix 1 contains further information about the range of improvement support available to providers across care home, care at home, housing support and other adult services.

4.3.2 Appendix 1 provides further information about improvement support provided to care home providers who achieved grades of 'weak' or below in some aspects of their inspection gradings. This included:

- Enhanced contract monitoring arrangements;

- Additional support from the Care Home Team;
- Commencement of Adult Support and Protection Large Scale Investigations, supported by a voluntary embargo on new admissions; and,
- Support to address staff vacancies in key positions, including appointment of permanent Care Home Managers, and to support Care Home Managers to lead effective improvement activity.

In two of the three services this has resulted in improved gradings, with work ongoing with the third provider at the end of the year.

4.3.3 A number of high performing services are also identified within Appendix 1, having received grades of 'excellent' and 'very good' across multiple aspects of the key questions utilised for inspection. Some of the common areas of strength identified across these services included: motivated staff who are eager to provide high quality services; quality of relationships and communication between the service, people they care for and support, unpaid carers and other agencies; good leadership of the service; the availability of a wide range of meaningful social activities; high standards of infection prevention and control practice; adequate staffing resources in place to support high quality service provision; and, a commitment to seeking and listening to feedback from services users and unpaid carers.

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

This report has not been subject to a risk assessment as it relates to the publication of Care Inspectorate information and is for information only.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 28 August 2023

Rosalind Guild
Contracts Officer

APPENDIX 1 - PERFORMANCE REPORT – CARE INSPECTORATE GRADINGS

DUNDEE REGISTERED CARE HOMES FOR ADULTS/OLDER PEOPLE AND OTHER ADULT SERVICES

1 APRIL 2022 – 31 MARCH 2023

INTRODUCTION

The purpose of this report is to summarise for members the findings and gradings awarded by the Care Inspectorate to registered care homes for adults/older people and other adult services within Dundee for the period 1 April 2022 to 31 March 2023.

The Care Inspectorate regulates and inspects care services to make sure they meet the right standards. It also works with providers to help them improve their service and make sure everyone gets safe, high quality care that meets their needs. The Care Inspectorate has a critical part to play to make sure that care services in Scotland provide good experiences and outcomes for the people who use them and their carers.

In consultation with the social care sector, the Care Inspectorate have developed a self-evaluation and quality framework model based on the Scottish Government's Health and Social Care Standards. This model has been used to develop a suite of quality frameworks for different service types to evaluate the quality of care during inspections and improvement planning. It is recognised that self-evaluation is a core part of quality assurance and supporting improvement and this framework is primarily designed to support care services in self-evaluation. The same framework is then used by the Care Inspectorate to provide independent assurance about the quality of care and support. By setting out what Inspection Officers expect to see in high-quality care and support provision, it can help support improvement and supports openness and transparency of the inspection process.

The Quality Framework for Care Homes for Adults and Older People has been used for the services inspected in appendices A and B.

The Care Inspectorate continue to inspect using a six-point grading scale (see below) against which the following key themes are graded:

Each theme is assessed from 1 to 6 with1 being 'unsatisfactory' and 6 'excellent'.

The grading scale used is:

6	excellent
5	very good
4	good
3	adequate
2	weak
1	unsatisfactory

CHANGE OF FOCUS FOR CARE INSPECTIONS SINCE 2021-2022

During 2021-22 an additional key question to augment frameworks (Key Question 7) was introduced under duties placed upon the Care Inspectorate by the Coronavirus (Scotland)(No.2) Act. For 2022-23 this key question was removed and elements pertaining to infection prevention and control were incorporated under a new quality indicator in Key Question 1 in the relevant frameworks. There was also a further amendment to include a quality indicator focused on meaningful contact, which reflects the right of every adult and older person living in a care home to connect with family, friends and community.

Healthcare Improvement Scotland has published new Infection Prevention and Control (IPC) Standards that apply to health and adult social care settings. The standards will act as a key component in the drive to reduce the risk of infections in health and social care in Scotland. They will support services to quality assure their IPC practice and approaches, and the IPC principles set out in the National Infection Prevention and Control Manual. The Care Inspectorate will take account of the standards in all inspections and regulation of adult and older people's care services including care homes.

During 2022-23 the Care Inspectorate prioritised services they hadn't visited during the pandemic as well as those identified as high risk.

OVERVIEW OF THE SERVICES INSPECTED

A total of 55 inspections were carried out in 40 services during 2022-23 (see Appendices A and B):

- 35 inspections in 22 care homes
- 20 inspections in 18 other adult services

Where there are performance concerns at an inspection resulting in a number of requirements being imposed, a follow up visit is arranged. This can result in further action being taken or grades being amended. This is relevant in 8 care home services and 2 other adult services during 2022-23 and a breakdown of the requirements are listed in Appendix C and Appendix D respectively if grades were grade 2 (weak) or lower at any time during the initial or follow-up inspections.

Inspection visits can also be carried out if complaints are made against a service and can result in a change to grades.

Table 1 shows which sectors received an inspection:

Table 1: Inspected Services - Sector Data	DHSCP	Private	Voluntary	Total
Number of Care Homes	**5**	**15**	**2**	**22**
%	23%	68%	9%	100%
Number of Other Adult Services	**0**	**11**	**7**	**18**
%	0%	61%	39%	100%

Summary of the gradings awarded in Dundee

A full breakdown of all gradings received in 2022-23 is contained in appendices A and B.

Table 2 illustrates the number of services who received the undernoted gradings in one or more of the key questions inspected and the comparison from previous year 2021-22. The process for inspection differed between the two years however this comparison reflects overall service quality.

Table 2: Grade Received by Service	Care Homes		Other Adult Services	
Year	2022-23	2021-22	2022-23	2021-22
Number of Services Inspected	**22**	**13**	**18**	**5**

6 'excellent' in one or more key questions	1	5%	0	0%	0	0%	0	0%
5 'very good' in one or more key questions	6	27%	1	8%	9	50%	0	0%
4 'good' in one or more key questions	13	59%	3	23%	12	67%	2	40%
3 'adequate' in one or more key questions	12	55%	11	85%	7	39%	5	100 %
2 'weak' in one or more key questions	4	18%	5	38%	2	11%	1	20%
1 'unsatisfactory' in one or more key questions	-	-	-	-	-	-	-	-

4 'very good' and above in all grades	9	41%	2	15%	10	56%	0	0%
3 'adequate' or below in all grades	3	14%	8	62%	2	11%	3	60%

Table 3 – Care Homes (35 inspections, 102 grades awarded)

Table 3: Grade 2022-23	Overall	How well do we support people's wellbeing?	How good is our leadership ?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
6 'excellent'	**2%**	3%	4%	0	0	0
5 'very	**14%**	16%	18%	7%	8%	12%
4 'good'	**28%**	20%	33%	33%	46%	19%
3 'adequate'	**43%**	45%	41%	40%	38%	50%
2 'weak'	**13%**	16%	4%	20%	8%	19%
1 'unsatisfactory'	**0%**	0	0	0	0	0

The breakdown of gradings illustrated in Table 3 above has not been possible for other adult services as there are a variety of different models of service within adult services and the number of inspections during 2022-23 were too few in each of the different models to indicate any trends.

Balhousie Clement Park (owned by Balhousie Holdings Limited) – Throughout 2021-22 this care home experienced a variety of difficulties resulting in poor grades, the Care Inspectorate issuing an Improvement Notice and twice being part of an Adult Support & Protection Large Scale

Investigation process. Moving into 2022-23 a period of enhanced contract monitoring and support from the Care Home Team followed. A permanent manager was appointed in June 2023. Previous concerns continued to arise and a further Adult Support & Protection Large Scale Investigation commenced on 1 September 2022 with a voluntary embargo put in place for new admissions. From that time until the process ended in January 2023, marked improvements were noted primarily owing to the management and leadership skills of the new manager in leading the staff group and embedding care and support processes within the home. Enhanced contract monitoring subsequently followed the end of this Large Scale Investigation which evidenced the continued sustainability of improvement.

Balhousie St Ronan's (owned by Balhousie Holdings Limited) – An inspection was carried out on 22 July 2022 which resulted in adequate/good grades and two requirements to be met by October 2022. At the follow up visit on 4 November 2022 the requirements had not been met and a number of other concerns had arisen resulting in further requirements being imposed and grades of weak/adequate. A number of complaints had also been upheld during this period. This was a service in transition owing to the long-serving manager having resigned and a number of temporary arrangements and high staff turnover having a detrimental effect on the management and leadership within the care home. An Adult Support and Protection Large Sale Investigation commenced on 23 January 2023 and is still in place at this time. A permanent manager was appointed in June 2023.

Pitkerro Care Centre (owned by Hudson Healthcare Ltd) – A new manager was appointed in June 2022. Grades from the inspection carried out the following month were poor however the Care Inspectorate recognised that the recently appointed manager had identified the areas of concern in advance of the inspection and with the support of the Care Home Team and other professionals was starting to make improvements. The Care Inspectorate carried out three follow up visits and in February 2023 all grades were improved to adequate and all outstanding requirements met.

Care Inspectorate Key Messages – High Performing Services

White Top Respite Service

- The people and carers who use the White Top Centre respite service receive an excellent service.
- People had good opportunities to enjoy a wide variety of meaningful activities.
- During Covid-19 restrictions the service was imaginative in the way it supported people.
- Staff were very motivated and eager to provide high quality support to people.
- Staff told us that they had time to do their jobs well.
- The service is extremely good at communicating with carers and other agencies.
- The service was extremely well led.
- The service had excellent infection prevention (IPC) and control practices and policies.
- When we inspected the service it was providing respite over three weekday nights each week, but was hoping to return to the seven nights a week service it provided prior to the Covid-19 pandemic.

Harestane Care Home

- Staff interactions with people were warm and kind
- People were not rushed
- All staff were committed to promoting social activities
- Staff demonstrated very good infection prevention and control practices
- There were sufficient numbers of staff available to achieve people's health and wellbeing outcomes
- The manager was responsive to feedback and committed to making positive improvements within the service

TayCare at Home Support Service

- Very good relationships between staff and those they support.
- One person receiving a service commented, 'They're like a ray of sunshine in the morning'.

- Although recruitment remains difficult, people commented that consistency of staff was good.
- Clearly very person-centred in staff interactions and documentation.
- The service is responsive to changes in the health and well-being of those they support.
- Staff looked for opportunities to maintain the independence of those they support.
- Infection prevention and control measures were of a high standard.
- There was good consultation with stakeholders, but efforts could be made to include staff more effectively. We suggested that re-introducing team meetings, or equivalent, may be of benefit.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010, its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

Requirements were placed on 11 of the 22 (50%) care homes inspected and 8 of the 18 (44%) other adult services inspected.

Complaints

A complaint is an expression of dissatisfaction by about a registered care service's action or lack of action, or about the standard of service provided by or on behalf of a registered care service'. Following investigation, a decision will be made by the Care Inspectorate whether the complaint is upheld or not upheld.

During 2022-23 the Care Inspectorate received one or more complaints relating to 10 care home services and 5 other adult services in Dundee. Of these, all were upheld or at least one of the following elements upheld.

Complaints – Care Homes	Complaints – Other Adult Services
Wellbeing • Other • Emotional • Social **Healthcare** • Medication issues • Oral Health • Inadequate healthcare or healthcare treatment • Infection control issues • Palliative care • Hydration • Tissue viability • Nutrition • Other **Staff** • Levels • Other fitness issues	**Communication** • Between staff and service users/relatives/carers • Information about the service **Staff** • Other • Training/qualifications • Levels **Healthcare** • Medication issues • Infection control issues • Tissue viability • Continence care **Wellbeing** • Other **Property** • Care of

Record-keeping • Other **Protection of People** • Adults **Access** • To other services e.g. advocacy/health • Other **Communication** • Between staff and service users/relatives/ carers **Choice** • Other • Activities • Care and treatment **Property** • Loss of/missing **Policies and Procedures** • Complaint procedure **Environment** • Fitness of premises/environment • Inadequate facilities **Food** • Choice • Quality • Other **Privacy and Dignity** • Private and Dignity	**Choice** • Care and treatment **Environment** • Security **Policies and Procedures** • Complaints procedure

Enforcements

Enforcement is one of the Care Inspectorate's core responsibilities and is central to protecting residents and bringing about an improvement in the quality of care services.

There were no enforcement measures put in place for any service during 2022-23.

CONTINUOUS IMPROVEMENT

There continues to be a joint commitment to continuous improvement and a proactive approach to improving and sustaining quality which involves service providers, the Care Inspectorate and representatives of Dundee Health and Social Care Partnership. This is particularly evident when significant concerns arise. There have been many benefits of such an approach e.g. effective sharing of information, shared agreement about improvement activity required and monitoring of the same until such point concerns have been adequately addressed.

Care Home Services

The Care Home Team continue to provide support to all care homes in Dundee with enhanced supports available at times of concern for individual homes. The Care Home Team has now appointed an Occupational Therapist within the team to further enhance the support they are able to provide.

The partnership continues to host Care Home Providers forums on a monthly basis which is now co-chaired with the Scottish Care Independent Sector Lead.

There is now a fully functioning intermediate care unit to facilitate discharge from mental health units. When appropriate, this allows assessments to be undertaken to establish what level of care is required, which often results in admission to a care home after assessments. This unit is also used to prevent admission to a mental health unit where appropriate whilst assessments can be undertaken to return people back to their care setting, which can often be a care home.

Adaptations are currently being investigated in one of the care homes to facilitate future bariatric service users due to a lack of resources in the city. This has already been achieved in one care home and is now being explored in a second at the different side of the city.

Care at Home Services

During the initial few months of 2022-23 care at home services continued to find it difficult to recruit and retain staff. In addition to the usual challenge from other parts of health and social care, such as hospitals and care homes, they also faced recruitment competition from the retail and hospitality sector. It was recognised that the well-established model of paying providers that deliver care at home services based on the actual hours supplied was a contributory factor to the recruitment and retention issues.

It had been planned to embed fairer working conditions within care at home services as part of the next tendering exercise but it was agreed to accelerate these plans by focusing on the 'shift issue' immediately as part of a Test of Change. There were a number of primary and secondary drivers behind this decision but central to it was to support improved recruitment and retention and improved health and wellbeing outcomes for service users, by encouraging care at home services to use the paid downtime creatively to support people.

The Test of Change commenced on 10 October 2022 for care at home services and ran to 31 March 2023 with an evaluation completed. The feedback was overwhelmingly positive with a number of recommendations being made in the evaluation report that are now being followed up and embedded within ongoing contractual and service provision arrangements.

Care At Home/Housing Support (LD & MH)
During 2022-23 work has continued on Strategic Housing Investment Plan (SHIP) developments. A number of service providers have been appointed to new housing developments which provide supported accommodation to service users with a variety of assessed learning disability/mental health needs in Dundee. The identification of service providers is carried out via meetings of the Dundee Collaborative Group. This group uses a partnership working approach to decision making and providers involved in this process have given positive feedback.

Substance Abuse / Homelessness

Substance Use and Homelessness commissioned services remained fully operational throughout the pandemic and continue to do so having come through this difficult time. Excellent partnership working between the Partnership, Dundee City Council Housing Department and the Third Sector was a key factor which resulted in good quality service provision. Our commissioned services were given the autonomy to be innovative and solution focussed which ensured this vulnerable service user group were kept safe and supported.

APPEDNIX A - DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP
CARE INSPECTORATE GRADINGS FOR CARE HOMES IN DUNDEE - 1 APRIL 2022 TO 31 MARCH 2023

Name of Care Home and Provider Organisation	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	KQ1 How well do we support people's wellbeing?	KQ2 How good is our leadership?	KQ3 How good is our staff team?	KQ4 How good is our setting?	KQ5 How well is our care and support planned?	Requirements	Complaint(s) received during 22-23	Enforcement / Notice of Improvement
Balcarres HC-One Limited	Care Home (Older People)	Private	Last Inspected 19.01.22						No	No	No
Balhousie Clement Park Balhousie Holdings Limited	Care Home (Older People)	Private	26.04.22 Follow-up	3	3	-	-	-	Yes	Yes	No
			14.10.22	3	3	3	4	3	Yes	-	No
			16.02.23 Follow-up	3	3	-	-	3	Yes	-	No
Balhousie St Ronan's Balhousie Holdings Limited	Care Home (Older People)	Private	22.07.22	4	4	3	4	3	Yes	Yes	No
			04.11.22 Follow-up	2	3	2	-	2	Yes	-	No
			03.02.23 Follow-up	2	-	2	-	2	Yes	-	No
Ballumbie Court HC-One Limited	Care Home (Older People)	Private	28.07.22	3	3	3	3	3	Yes	Yes	No
			17.01.23 Follow-up	3	-	-	-	3	Yes	-	No

Benvie Duncare Ltd	Care Home (Older People)	Private	Last Inspected 11.12.20						No	No	No
Bridge View Sanctuary Care	Care Home (Older People)	Private	26.10.22	**4**	**4**	**-**	**-**	**-**	No	Yes	No
The Bughties Enhance Healthcare Ltd	Care Home (Older People)	Private	(Previously named Elder Lea Manor - Last inspected 17.11.20						-	Yes	-
Carmichael House Kennedy Care Group (Holdings) Limited	Care Home (Older People)	Private	05.05.22	**2**	**3**	**3**	**3**	**3**	Yes	Yes	No
			06.07.22 Follow-up	**3**	**-**	**4**	**4**	**-**	Yes	-	No
Ellen Mhor Cygnet Healthcare	Care Home (Learning Dis)	Private	Last inspected 10.06.20						No	No	No
Ferry House Committee of Management	Care Home (Older People)	Voluntary	04.05.22	**5**	**5**	-	-	-	No	No	No
Forebank Care Home Brookesbay Care Group	Care Home (Older People)	Private	21.07.22	**4**	**4**	**4**	**4**	**5**	No	Yes	No
Harestane Care Home Priority Care Group Ltd	Care Home (Older People)	Private	22.06.22	**5**	**5**	**5**	**5**	**5**	No	No	No
Janet Brougham House Dundee HSCP	Care Home (Older People)	Dundee HSCP	18.05.22	**3**	**4**	**-**	**-**	**-**	No	No	No
			30.06.22 Follow-up	**4**	**-**	**-**	**-**	**-**	No	No	No
Lochleven Thistle Healthcare Ltd	Care Home (Older People)	Private	19.10.22	**3**	**3**	**4**	**3**	**4**	No	No	No
			20.02.23 Complaint	**2**	KQ1 re-graded as a result of an upheld complaint				No	Yes	No
McGonagall House	Care Home	Private	20.04.22	**3**	**3**	**3**	**4**	**3**	Yes	No	No

Rosebank (Dundee) Limited	(Adults-ARBD)										
			January 2023 – Transfer of Ownership from Brookesbay Care Group to Enhance Healthcare Ltd								
Mackinnon Centre Dundee HSCP	Care Home (Phys/Sensory Impairment - Respite)	Dundee HSCP	17.10.22	**4**	**3**	**-**	**-**	**-**	Yes	No	No
			24.02.23 Follow-up	**-**	**4**	**-**	**-**	**-**	No	-	No
Menzieshill House Dundee HSCP	Care Home (Older People)	Dundee HSCP	05.08.22	**4**	**4**	**-**	**-**	**-**	No	No	No
Moyness Care Home Balhousie Holdings Limited	Care Home (Older People)	Private	Last inspected 30.09.21						No	No	No
Orchar Nursing Home Orchar Care Ltd	Care Home (Older People)	Private	08.06.22	**5**	**5**	**-**	-	-	No	No	No
Pitkerro Care Centre Hudson Healthcare Ltd	Care Home (Older People)	Private	18.07.22	**2**	**2**	**2**	**2**	**2**	Yes	No	No
			22.09.22 Follow-up	No change to grades					Yes	-	No
			11.11.22 Follow-up	No change to grades					Yes	-	No
			15.02.23 Follow-up	**3**	**3**	**3**	**3**	**3**	No	-	No
Redwood House Kennedy Care Group (Holdings) Limited	Care Home (Older People)	Private	21.04.22	**3**	**3**	**-**	**-**	**-**	Yes	No	No
Riverside View Care Home HC-One Limited	Care Home (Older People)	Private	31.08.22	**3**	**4**	**4**	**4**	**4**	Yes	Yes	No

Sense Scotland Dundee Respite Sense Scotland	Care Home (Learning Dis)	Private	01.07.22	**5**	**5**	-	-	-	No	No	No
St Columba's Care Home Priority Care Ltd	Care Home (Older People)	Private	20.10.22	**3**	**4**	-	-	-	Yes	No	No
			27.01.23 Follow-up	No change to grades					No	-	No
St Margaret's Home – Dundee Trustees of St Margaret's Home	Care Home (Older People)	Voluntary	15.12.22	**3**	**4**	**4**	**3**	**4**	Yes	Yes	No
Thistle Cygnet Healthcare	Care Home (Learning Dis)	Private	Last inspected 29.09.20						No	No	No
Turriff House Dundee HSCP	Care Home (Older People	Dundee HSCP	12.09.22	**5**	**5**	-	-	-	No	No	No
White Top Dundee HSCP	Care Home (Learning Dis - Respite)	Dundee HSCP	09.08.22	**6**	**6**	-	-	-	No	No	No

KEY:

6 excellent
5 very good
4 good
3 adequate
2 weak
1 unsatisfactory

↑ signifies that the grade has improved since the previous inspection
↓ signifies that the grade has fallen since the previous inspection
no arrow signifies the grade has stayed the same grade
where there is no grade this signifies that the theme was not inspected

APPENDIX B - DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP
CARE INSPECTORATE GRADINGS FOR ADULT SERVICES (EXCLUDING CARE HOMES) - 1 APRIL 2022 TO 31 MARCH 2023

Name of Care Home and Provider Organisation	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	KQ1 How well do we support people's wellbeing?	KQ2 How good is our leadership?	KQ3 How good is our staff team?	KQ4 How good is our setting?	KQ5 How well is our care and support planned?	Requirements	Complaints	Enforcement / Notice of Improvement
TENANCY SUPPORT											
Positive Steps (East) The Positive Steps Partnership	Housing Support Service	Voluntary	28.03.23	5	3	5	-	4	Yes	No	No
SUPPORT SERVICES – WITH CARE AT HOME											
Allied Health-Services Dundee Allied Health-Services Limited	Housing Support Service	Private	12.09.22	5	4	4	-	4	No	No	No
Balmoral Dundee Balmoral Homecare Ltd	Housing Support Service	Private	New Service (No Report) – Registered 22.08.22 – Upheld Complaint during 2022-23						No	Yes	No
British Red Cross Support at Home The British Red Cross Society	Housing Support Service	Voluntary	06.02.23	4	4	-	-	-	No	Yes	No
Crossroads Caring Scotland – Dundee Crossroads Caring Scotland	Support Services – Care at Home	Voluntary	25.01.23	4	3	-	-	-	Yes	No	No
DCC – Home Care – Enablement and Support Cityside & Community MH Older People Team	Housing Support Service	DHSCP	Last inspected 31.01.20 – upheld complaint during 2022-23						No	Yes	No

The Inclusion Group Support Services – Care at Home The Inclusion Group (Dundee)	Support Services – Care at Home	Voluntary	21.02.23	**4**	**3**	-	-	-	Yes	No	No
Integrity Social Care Solutions Housing Support with Care at Home Integrity Social Care Solutions Ltd	Housing Support with Care at Home	Private	19.08.22	**3**	**3**	-	-	-	Yes	No	No
My Care Tayside My Care (Tayside) Limited	Housing Support Service	Voluntary	01.02.23	**4**	**4**	-	-	-	No	No	No
My Homecare (Dundee) Ltd My Homecare (Dundee) Ltd	Support Service – Care at Home	Private	27.06.22	**5**	**4**	-	-	-	No	Yes	No
Prestige Nursing and Care – Dundee Prestige Nursing Scotland Limited	Support Service	Private	30.09.22	**2**	**2**	**3**	-	**3**	Yes	Yes	No
			09.03.23	**3**	**3**	**4**	-	**4**	No	-	No
TayCare at Home TayCare at Home Ltd	Support Services – Care at Home	Private	19.12.22	**5**	**5**	-	-	-	No	No	No
TLA Neighbourhood Services TLA Neighbourhood Services Limited	Support Services – Care at Home	Private	31.10.22	**4**	**3**	-	-	-	Yes	No	No

HOUSING WITH CARE SERVICES (SUPPORT SERVICES WITH CARE AT HOME)

Dundee Housing with Care (Bield) Bield Housing and Care	Support Services – Care at Home	Voluntary	09.12.22	**5**	**5**	-	-	-	No	No	No

CARE AT HOME/HOUSING SUPPORT (24/7 SERVICES)

Westlands Balfield Properites t/a Westlands	Care at Home/ Housing Support	Private	20.11.22	**5**	**5**	-	-	-	No	No	No
Magdalen House Priority Care Ltd	Care at Home/Housing Support	Private	20.09.22	**5**	**4**	-	-	-	No	No	No
Sense Scotland Supported Living: Dundee 1 & surrounding areas	Care at Home/ Housing Support	Private	03.02.23	**4**	**3**	-	-	-	Yes	No	No
Sense Scotland Supported Living: Dundee 2 & surrounding areas	Care at Home/ Housing Support	Private	21.07.22	**4**	**4**	**4**	-	**5**	No	No	No
Transform Community Development	Care at Home/ Housing Support	Private	11.08.22	**2**	**3**	-	-	-	Yes	No	No
			25.10.22 Follow-up	**3**	-	-	-	-	No	-	No

Name of Care Home and Provider Organisation	Service Type	Category DHSCP/ Private/ VoI	Inspection Date	KQ1	KQ2	KQ3	KQ4	KQ5	KQ7	Requirements	Complaints	Enforcement / Notice of Improvement
				How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?	How good is our care and support during the Covid-19 pandemic?			
Hillcrest Futures – Dundee Learning Disability Services	Care at Home/ Housing Support	Voluntary	16.05.22	**5**	**5**	-	-	-	**5**	No	No	No

KEY:

6	excellent
5	very good
4	good
3	adequate
2	weak
1	unsatisfactory

↕ signifies that the grade has improved since the previous inspection
↕ signifies that the grade has fallen since the previous inspection
no arrow signifies the grade has stayed the same grade
where there is no grade this signifies that the theme was not inspected

APPENDIX C - DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP – CARE HOME SERVICES
CARE INSPECTORATE REQUIREMENTS 2022-23

Date of Inspection	Name of Org/Service	Service Type	How well do we support people's wellbeing	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
22.07.22	Balhousie St Ronan's	Care Home - Private	**4**	**4**	**3**	**4**	**3**
04.11.22	Regrading		**2**	**3**	**3**	**(4)**	**2**

Requirement 1
By 31 October 2022 the provider must ensure there are, at all times, enough suitably qualified and competent individuals working in the care service to provide safe, high quality services to ensure the best health care outcomes for people. To do this, the provider must, at a minimum consider and record:
a) the appropriate mix of staff skills required to meet the needs of people using the service over a 24 hour period. This should include nursing staff, care staff, wellbeing co-ordinators and medication administration as well as ancillary staff;
b) how and where staff are deployed;
c) the location of the service and time taken for additional support to arrive if needed; and
d) significant events - for example end of life care, people starting to use or leaving the service.

Requirement 2
By 31 October 2022, the provider must promote the health, welfare and safety of those who use the service by ensuring that all personal plans, risk assessments and care plans:
a) accurately reflect the assessed current health and care needs of the person;
b) describe in detail the need and abilities of the person and the support required to meet those needs;
c) accurately reflect any identified risks to the person's health and includes an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks;
d) are always implemented; and
e) are reviewed every six months.

Follow up inspection 04.11.22 – **2 requirements not met and timescales extended to 31 January 2023**

Follow up inspection 03.02.23 – **2 requirements not met and timescales extended to 30 April 2023**

The undernoted additional requirements made outwith an inspection on 23.08.22. This was also not met by 31 January 2023 and the timescale extended.
The provider must make proper provision for the health, welfare and safety of people using the service. In particular, have appropriate procedures for the prevention and control of infection. To be completed by: 30 April 2023

05.05.22	Carmichael House	Care Home - Private	**2**	**3**	**3**	**3**	**3**
06.07.22	Re-grading		**3**	**(3)**	**4**	**4**	**(3)**

Requirement 1
By 20 May 2022 the provider must ensure that people experience care in an environment that is clean, safe and minimises the risk of infection. In particular you must:
a) replace damaged items of equipment;
b) ensure that all equipment is kept clean;
c) ensure external clinical waste containers are locked at all times;
d) ensure that storage in ensuite bathrooms is suitable and effective at keeping items free from contamination; and
e) implement policies relating to the cleaning of the care service and infection prevention and control that are up to date and in line with ARHAI Scotland Guidance Safe Management of the Care Environment.

Requirement 2
By 30 June 2022, the provider must ensure that people experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. To do this the provider must, at a minimum:
a) ensure maintenance checks of the building and equipment are thorough;
b) ensure staff are aware of their responsibility to report issues; and
c) develop a maintenance plan that takes into account key priorities for action with realistic timescales to improve the environment, including measures which improve infection prevention and control and people having access to a bath.

Requirement 3
By 30 June 2022, the provider must promote the health, welfare and safety of those who use the service by ensuring that all personal plans, risk assessments and care plans:
a) accurately reflect the assessed current health and care needs of the person;
b) describe in detail the need and abilities of the person and the support required to meet those needs;
c) accurately reflect any identified risks to the person's health and includes an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks;
d) are always implemented; and
e) are reviewed every six months.

Follow up inspection 06.07.23 **– Requirements 1 and 2 met. Requirement 3 extended to 30 September 2023**

18.07.22	Pitkerro Care Centre	Care Home - Private	**2**	**2**	**2**	**2**	**2**
22.09.22	No change to gradings		**(2)**	**(2)**	**(2)**	**(2)**	**(2)**
11.11.22	No change to gradings		**(2)**	**(2)**	**(2)**	**(2)**	**(2)**
15.02.23	Regrading		**3**	**3**	**3**	**3**	**3**

Requirement 1
By 16 September 2022, the provider must ensure medication is managed in a manner that protects the health, welfare and safety of service users. In order to achieve this the provider must ensure;
a) administration of medication or reason for omission must be recorded on the MAR sheet at the time of administration
b) all prescribed creams are within their use by dates and safe for use
c) staff follow guidelines on the record keeping of all controlled drugs. The controlled drugs register should reflect the current stock balance within the care home.

Requirement 2
By 31 August 2022, the provider must ensure that service users experience care in an environment that is safe and minimises the risk of infection. In particular you must:
a) ensure that the internal premises, furnishings, and equipment are safe, clean, and fit for purpose
b) ensure that liners are in all waste bins
c) ensure that all mattresses are subject to regular cleaning
d) ensure that all food that has past its use by date is disposed off
e) ensure that processes such as enhanced cleaning schedules and regular quality assurance checks of the cleaning undertaken are in place.

Requirement 3
By 17 October 2022, the provider must ensure people's independence is supported, and their emotional and social needs are met. To do this, the provider must, at a minimum:
a) Record peoples preferences and choices in relation to meaningful activities
b) Provide regular meaningful activities suitable for peoples choices and preferences
c) Provide people with purpose, and support to achieve their potential
d) Appropriate activities should be available within and outside the home

Requirement 4
By 30 September 2022, the provider must ensure that service users experience a service which is well led and managed and which results in better outcomes for people through a culture of continuous improvement, with robust and transparent quality assurance processes. To do this, the provider must, at a minimum:
a) there is a quality assurance system in place to support a culture of continuous improvement
b) effective action planning takes place within reasonable timescales which addresses identified areas for improvement
c) ensure the quality assurance systems and processes in relation to infection prevention and control and care practices are further enhanced.

Requirement 5
By 16 September 2022, the provider must ensure service users are cared for and treated with dignity and respect. To do this, the provider must, at a minimum:
a) Ensure all staff receive appropriate training in values and principles of good care
b) Implement a system to review staff practice and take appropriate action when improvements are identified
c) Staff are aware of, and take account of their professional codes of practice.

Requirement 6
By 31 October 2022, the provider must ensure the service is decorated and maintained to a standard appropriate for service users level of independence, abilities and support needs. To do this, the provider must, at a minimum:
a) Implement a system for reviewing the home environment to identify required improvements
b) Develop and implement an action plan detailing how the required improvements will be met, and timescales
c) Ensure all fixtures and furnishings are fit for their purpose
d) Any furniture or equipment not fit for purpose must be removed or replaced.

Requirement 7
By 30 September 2022, the provider must ensure each service user has a personal plan that accurately documents their health, welfare and safety needs, and how these needs are to be met. To do this, the provider must, at a minimum:
a) Fully involve the service user and any representative in developing the plan
b) Ensure service users choices, decisions and preferences are included

Follow up inspection 22.09.22 – **2 of 3 requirements inspected against were met**
Follow up inspection 11.11.22 **– 2 of 7 requirements inspected against were met**
Follow up inspection 15.02.23 – **All requirements inspected against were met**

Legend:

6	excellent
5	very good
4	good
3	adequate
2	weak
1	unsatisfactory

() signifies that the theme was not assessed at this inspection therefore the grade is brought forward from previous inspection

APPENDIX D - DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP - ADULT SERVICES (EXCLUDING CARE HOMES)
CARE INSPECTORATE REQUIREMENTS 2022-23

Date of Inspection	Name of Org/Service	Service Type	How well do we support people's wellbeing	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
22.07.22	Prestige Nursing and Care - Dundee	Support Service - Private	**2**	**2**	**3**	**-**	**3**
04.11.22	Regrading		**3**	**3**	**4**	**-**	**4**

Requirement 1
The provider must make proper provision for the health, welfare and safety of people using the service, in particular, the provider must:
a) Ensure that people are provided safe and effective support to meet their medication needs.
b) Ensure that visits are planned in accordance with people's medication needs.
c) Ensure adequate monitoring of medication errors and ensure appropriate investigations are undertaken where errors have occurred.
To be completed by: 05 January 2023

Requirement 2
The provider must make proper provision for the health, welfare and safety of people using the service. In particular the provider must:
a) Ensure significant improvement to the personal care and support provided, including; personal and intimate care, oral care and skin care.
b) Ensure significant improvement to staff conduct and attitude toward responsibilities and duty of care.
c) Ensure record keeping is reflective and in accordance with the care and support provided.
d) Ensure significant improvement in meeting people's nutrition and hydration needs, including improving staff awareness, skills and knowledge of ensuring a balanced and nutritious diet, affording people choice of meals and ensuring people's wishes are respected.
To be completed by: 05 January 2023

Requirement 3
The provider must ensure that there are enough available suitably qualified and competent persons working in the care service to meet people's needs as agreed in their personal plan. To do this the provider must, at a minimum: a) Review their recruitment strategy and induction process.
b) Communicate effectively with people using the service and their families about any changes to service.
c) Liaise with relevant organisations to ensure that adequate support is in place should staffing levels fall short.
To be completed by: 5 January 2023

Requirement 4
The provider must make proper provision for the health, welfare and safety of people using the service. In particular, the provider must:
a) ensure that people are provided with care and support in accordance with the Care Plan and in accordance with the agreed duration of time.
To be completed by: 5 January 2023

Requirement 5
By 5 January 2023, the provider must ensure that there are enough available suitably qualified and competent persons working in the care service to meet people's needs as agreed in their personal plan. To do this the provider must, at a minimum:
a) Review their recruitment strategy and induction process.
b) Communicate effectively with people using the service and their families about any changes to service.
c) Liaise with relevant organisations to ensure that adequate support is in place should staffing levels fall short.

Requirement 6
By 5 January 2023, the provider must promote the health, welfare and safety of those who use the service by ensuring that all personal plans, risk assessments and care plans have up to date reviews (at least once in every six month period), which:
a) accurately reflects the assessed current health and care needs of the service user;
b) in detail, describes the needs and abilities of the service user and the support required to meet those needs;
c) accurately reflects any identified risks to the service user's health and includes an assessment of these risks and the steps that are to be taken to reduce and/or mitigate the risks; and
d) are always implemented.

Follow up inspection 09.03.23 – **All requirements met**

11.08.22	Transform Community Development	Care at Home/ Housing Support - Private	**2**	**3**	**-**	**-**	**-**
25.10.22	Regrading		**3**	**(3)**	**-**	**-**	**-**
By 17 October 2022, in order to protect the health, welfare and safety of those who use the service, the provider must ensure that, as a minimum: a) people have a plan, developed in partnership with the person, which details the current support arrangements in place; b) the plan accurately reflects the risks that have been identified, the assessment of these and steps to be taken to reduce and/or mitigate the risks c) plans are evaluated at regular intervals and following significant events d) plans and subsequent records are written in a way which demonstrates respect, dignity and a least restrictive approach; and c) implement a monitoring and quality assurance system to ensure robust maintenance of written records By 17 October 2022, in order to ensure infection prevention and control practices are safe for people experiencing support, the provider must, at a minimum: a) ensure staff receive training in relation to infection prevention and control; b) develop contingency plans detailing how people will be safeguarded in the event of an outbreak of infection; and c) implement a monitoring and quality assurance system to ensure safe infection prevention and control practice							
Follow up inspection 25.10.22 **– All requirements inspected against were met**							

Legend:

6	excellent
5	very good
4	good
3	adequate
2	weak
1	unsatisfactory

() signifies that the theme was not assessed at this inspection therefore the grade is brought forward from previous inspection

ITEM No …9……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 27 SEPTEMBER 2023**

REPORT ON: **REVIEW OF EMERGENCY ADMISSION RATES**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC28-2023**

1.0 PURPOSE OF REPORT

The purpose of this report is to provide an update regarding focused analytical work to interrogate and enhance understanding of National Indicator 14 (rate of readmissions to hospital within 28 days of discharge per 1,000 admissions) and associated performance data.

2.0 RECOMMENDATIONS

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

2.1 Notes the data presented in this report

2.3 Discusses the steps taken to review performance

2.3 Agree on next steps

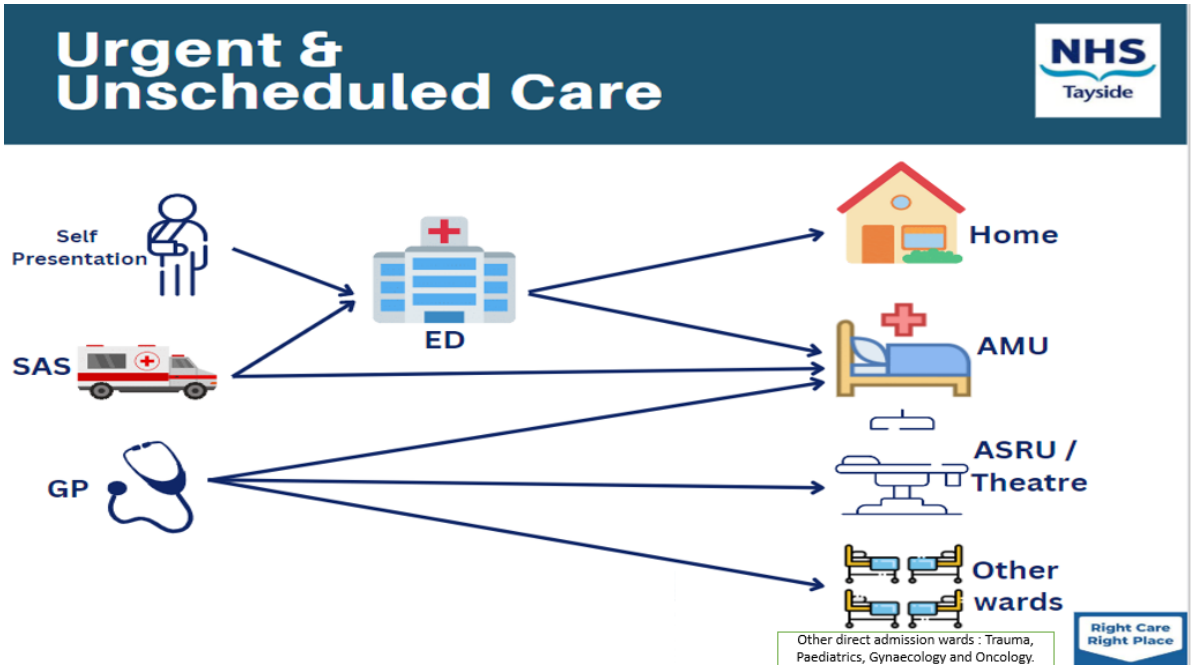
3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND INFORMATION

4.1 Unscheduled hospital care is one of the biggest demands on Partnership resources. Whilst significant improvements have been made in some aspects of unscheduled care, performance in relation to repeat emergency admissions remains an area where further understanding on indicators and performance is required to support future improvement activity.

4.2 Ninewells Hospital is the acute hospital which covers the Dundee Health and Social Care Partnership's geographical boundary. Modern patient pathways are key to the provision of health care in the right place and at the right time and in keeping with this, urgent and unscheduled care is no longer solely routed through the Emergency Department (ED). There are several 'front doors' for patients accessing Ninewells Hospital for urgent and unscheduled care. In addition to the traditional conveyancing to hospital via ambulance and self-presentation to ED, many hospital admissions are referred by General Practice directly to Acute Surgical Receiving Unit (ASRU) / Theatre and other direct admission wards (including trauma, paediatrics, gynaecology and oncology).



4.3 The source of the data used to calculate National Indicator 14 (rate of readmissions to hospital within 28 days of discharge per 1,000 admissions) is SMR 01 Acute Inpatient and Day Case. The indicator is calculated by dividing the number of readmissions within 28 days by the number of elective and emergency admissions and multiplying by 1,000. The readmission may or may not be related to the previous reason for admission. This indicator is therefore a measure of multiple admissions.

4.4 The Performance and Audit Committee has received a series of in-depth analytical reports for unscheduled care, including readmissions (Article VIII of the minute of the Dundee PAC on 29 May 2018, Article IV of the minute of the Dundee PAC on 25 March 2019 and Article XIV of the minute of the Dundee PAC on 22 September 2020 refer). At the end of 2021, further analytical work was being planned (Article VII of the minute of the Dundee PAC on 24 November 2021 refers), however this was suspended as local data for readmissions was not available from Q1 2021/22 as NHS Tayside Business Unit (NHST BSU) were undertaking investigation and improvement of coding and recording to ensure greater parity when benchmarking performance across Partnerships (Article XI of the minute of the Dundee PAC on 20 July 2022 refers).

4.5 Looking at 2019/20 data Public Health Scotland Local Improvement Support Team (PHS LIST) devised a readmission ratio methodology. The readmission ratio is comprised of the number of readmissions observed over the expected readmissions. The rate of expected readmissions is calculated by standardising the age, sex, type of admission, and specialty specific rates of the Scotland population and then comparing that to the structure of the subject population, (in this case Dundee's). Essentially, a ratio of 1 would mean parity with Scotland; any ratio below 1 would indicate fewer readmissions than expected and anything higher would show performance worse than what would be expected for the population. Data showed that the number of readmissions in Dundee is comparable to that of Scotland as a whole over the reporting period, indicating there have been no significant increases/decreases in performance over the 2019-20 financial year. NHS Tayside as a whole shows a marginal increasing trend in ratio over the past 6 months

4.6 Changes to coding in NHS Tayside to ensure greater parity when benchmarking performance across Partnerships took place 2021-22. It was initially thought that because the denominator for this indicator included day cases but NOT outpatients and because NHS Tayside recorded higher levels of follow-up contact with patients following a hospital admission as outpatients that the denominator was lower than it should be, resulting in a higher rate. When this was tested by recalculating the rate for all Partnerships, excluding inpatient day cases from the numerator and denominator, Dundee's rate was still higher than Scotland, however, the gap between

Dundee and Scotland narrowed. Following completion of the work by NHST BSU reporting of readmissions data has recommenced as at Q3 2022/23 (please see report PAC17-2023).

4.7 Since February 2023 a short-life working group has been meeting to consider readmissions data. This group includes NHST BSU, NHST Public Health Directorate, PHS LIST and both data and intelligence and operational staff from the Dundee Health and Social Care Partnership. Initially the work of the group focused on developing a robust understanding of local readmissions data and ensuring that local calculation of the readmissions indicator is consistent with the technical definition of the national readmissions indicator. The group now has as high a level of confidence as is proportionate, given limited analytical resources, in the local data and local calculation methodology. This has provided the foundation for moving forward with further work in two areas: data definitions and quality and, analysis to inform improvement.

5.0 SUMMARY OF DATA

5.1 Dundee has a longitudinal high rate of readmissions within 28 days. Using 2022 calendar year data, which is the most current national data available, Dundee is sitting 2nd poorest in Scotland. Perth and Kinross is 3rd poorest and Angus is 6th poorest (appendix 1 - chart 1 and chart 2).

5.2 When comparing Local Community Planning Partnerships (LCPPs) with the rate in 2015/16, there is variation. The LCPPs with the biggest increases compared with 15/16 are Strathmartine (16.4% increase) and West End (15.2% increase). Lochee, North East and Maryfield rates decreased when comparing Q4 22/23 to 15/16.

5.3 When comparing LCPPs rates with the Dundee rate, Coldside (167) and West End (164) had particularly higher rates than Dundee (139).

5.4 The numerator (number of readmissions within 28 days) for 22/23 (2,873 readmissions), is similar to the number reported for 2015/16 (2,804) and is less than the number reported for 2016/17 (2,975) and 2017/18 (3,050). The number reported for 2019/20 and 2020/21 is less than reported for 22/23 and this is as expected due to the emergency Covid-19 response. (appendix 1 - chart 3)

5.5 The denominator (number of elective and emergency admissions for 22/23 (20,563) is less than in 2015/16, 2016/17, 2017/18, 2018/19, 2019/20. It is only slightly higher than in 2021/22 (19,428) (appendix 1 - chart 4). Charts 3 and 4 in appendix 1 show that the denominator has decreased at a higher rate than the numerator, causing the increase in 28-day readmissions as a rate of all elective and emergency admissions.

5.6 In NHS Tayside, endoscopy is coded as out-patient whereas in many other Health Boards it is coded as a day-case (and therefore counted in the denominator). This contributes to the lower denominator and higher rate in Tayside.

5.7 The number of readmissions 18+ as a rate per 100,000 18+ population shows that Dundee had the 10th highest rate in Scotland, Perth and Kinross had the 12th highest and Angus had the 8th lowest. This is a notable difference in comparison to the number of readmissions as a rate of all elective and emergency admissions and may be a more suitable indicator for benchmarking purposes.

5.8 45% of readmissions during 22/23 were of people who live in SIMD 1 (most deprived postcodes) and 64% were of people who live in SIMD1 or SIMD 2 (top 2 most deprived postcodes). Again, the analysis showed that these were largely multiple admissions over 28 days rather than readmissions relating to the same reason as the initial admission. When analysing the diagnosis codes, some of the most commonly used diagnosis codes for people who live in SIMD1 related to substance use and COPD.

5.9 For 18+ age group the top 5 readmission diagnoses account for 25% of all readmissions and the diagnosis codes are:

1. Other injury, poisoning and certain other consequences of external causes

2. Other diseases of the circulatory system

3. COPD

4. Other diseases of the digestive system

5. Abdominal and pelvic pain

5.10 For 65+ age group the top 5 readmission diagnoses account for 26% of all readmissions and the diagnosis codes are:

1. Other injury, poisoning and certain other consequences of external causes

2. Other diseases of the circulatory system

3. COPD

4.Other symptoms, signs and abnormal clinical and laboratory findings

5. Pneumonia

5.11 Approximately 50% of readmissions from SIMD1,2,3 and 4 are coded as the same specialty as the initial admissions. This is 60% in SIMD5 (least deprived). This again demonstrates the high rates of multi-morbidities in the most deprived areas, where people are experiencing greatest health inequalities, experience long term conditions at a younger age and more people require acute hospital care regarding multiple conditions more frequently than in more affluent area.

5.12 An analysis of readmission rates within 28 days for 0 day and 1-3 day lengths of stay showed that Dundee's rate was 8th highest for 0 length of stay and highest for 1-3 day length out of all Partnerships in Scotland (appendix 1 - charts 5 and 6).

5.13 71% of admissions prior to readmission required 'no procedure'.

5.14 Proportionally high number of readmissions relate to initial admission diagnosis neoplasm.

5.15 There is variation in rates of readmissions per GP Practice. Highest rate of readmission per head of practice list is Lochee (35 readmissions per 1000 patients) followed by Park Ave and Maryfield (26 readmissions per 1,000 patients).

5.16 Assuming that the 2022-23 denominator did not change, in order to match the Scotland rate, which is also approximately the median point, Dundee would have to reduce the number of readmissions over the year from 2,875 to 2,100 (a reduction of 775 readmissions)

6.0 NEXT STEPS

6.1 Work continues to progress across Dundee in line with the Tayside Urgent and Unscheduled Care Programme, whereby the level of readmissions will be considered as a balancing measure for improvement to ensure we are achieving better outcomes for patients by preventing unnecessary hospital admission where it is not clinically indicated. Dundee Health and Social Care Partnership commit to optimising their urgent care services to support individuals to remain at home safely with the appropriate care and treatment to prevent hospital admission and support timely discharges using the "Right Care, Right Place, Right Time" approach.

6.2 As well as providing feedback to Public Health Scotland regarding the technical definition of the national indicator, work will progress locally to develop a suite of balancing measures to give further insight into the bigger picture (examples of these could include: rate of readmission per 1,000 population, % of readmissions where initial admission had length of stay of 0 days, rate of readmissions per 1,000 admissions where endoscopy is included in the denominator). This will support an approach, working alongside operational colleagues, that contextualises

readmissions activity as part of the pathway of unscheduled care and articulates the impact of wider improvement activity on a broader suite of indicators that provide a more holistic overview of unscheduled care performance and quality.

6.3 A number of areas have been identified where further data analysis is being considered:

- Further analysis of data by admission routes;
- Further analysis of instances where there have been a significant number of multiple readmissions;
- Linking of people who were readmitted within 28 days with social care systems; and.
- Identification of the % of people who were readmitted to the same specialty who initially discharged themself against medical advice.

7.0 CONCLUSION

7.1 Analysis of readmissions to date has identified a number of reasons for the high number of readmissions within 28 days as a rate of admissions. The largest contributor to the high rate is the low number of admissions (elective which includes day cases but not out-patients and emergency combined) due to some high volume procedures, such as endoscopy, being coded as outpatients in NHS. This means that despite the number of readmissions not increasing the rate has increased.

7.2 The definition of this indicator requires all admissions within 28 days of the previous admission to be included, regardless of whether or not the reason for admission is the same. Analysis has identified that many of the people with multiple admissions within 28 days live in the most deprived postcodes and are admitted to a different specialty than their previous admissions. This supports existing research findings regarding health inequalities and co-morbidities in the more deprived areas of the City.

7.3 There are a number of further avenues for investigation which the Working group are considering and prioritising. Of particular interest is the high % of admissions and readmissions which required no procedure and the high % of readmissions with a short length of stay. Many of the proposed next steps would require operational, and in some instances clinician input, to be able to be prioritised which is challenging given current levels of demands and resources pressures across relevant services.

8.0 RISK ASSESSMENT

Risk 1 Description	The risk of not reducing the rate of hospital admissions due to a fall could affect; outcomes for individuals and their carers and spend associated with unscheduled hospital admissions if the Partnership's performance does not improve.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15
Mitigating Actions (including timescales and resources)	- The in depth analysis included in this paper and appendix will be used to inform senior managers. - The Tayside Falls Prevention and Management Framework will provide an infrastructure to monitor progress in the community, hospital and care homes towards preventing the incidence of falls and reducing the negative effect of falling on people who fall and their carers.

	- The priority areas for improvement (section 8.0) have been developed to reduce the rate of hospital admissions as a result of a fall.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6
Approval recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

9.0 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.

10.0 CONSULTATIONS

The Chief Officer, 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 Finance Officer

DATE: 28 August 2023

Lynsey Webster
Senior Officer, Strategy and Performance

APPENDIX 1
Analysis of Rate of 28 Day Readmissions in Dundee

Chart 1 - rate of hospital readmission within 28 days by Partnership

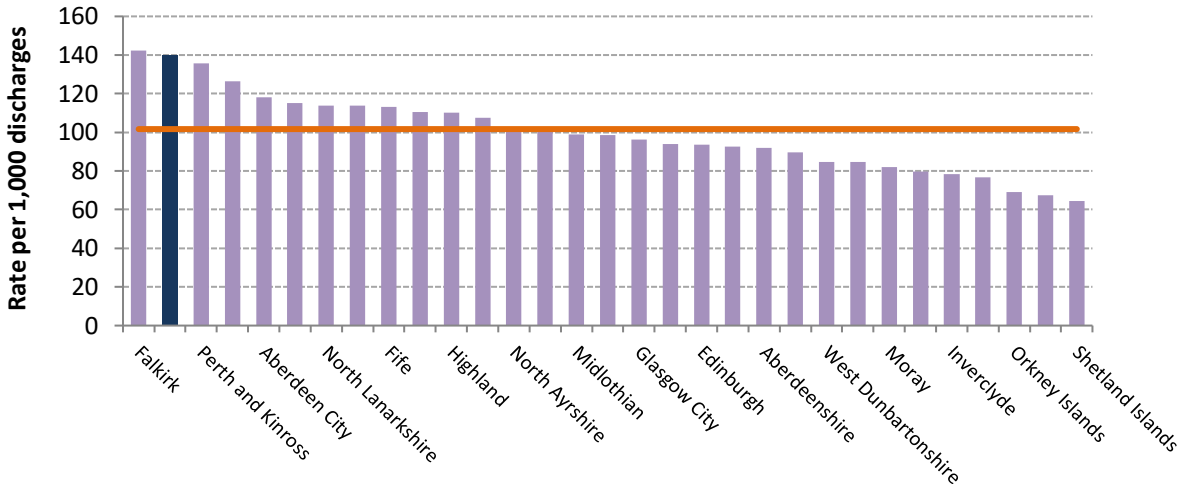


Chart 2 - rate of hospital readmission within 28 days by Partnership, over time

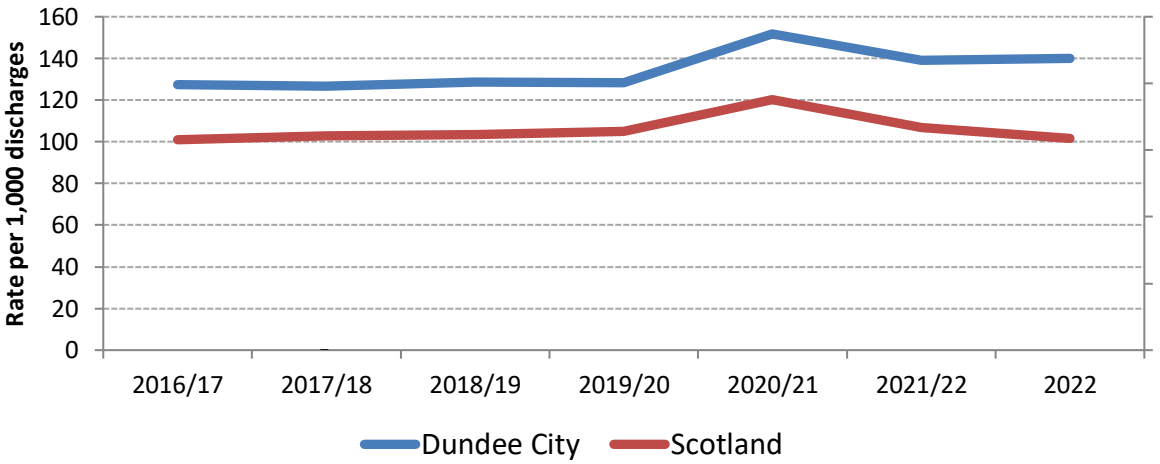


Table 1 - Performance in Dundee's LCPPs - % change in Q4 2022-23 against baseline year 2015/16 (Source: NHST BSU Trakcare)

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
28 Day Readmissions rate per 1,000 Admissions	+5.3%	-5.4%	+10.1%	+4.8%	-0.4%	+16.4%	-9.2%	+15.2%	+12.0%

Table 2 - Performance in Dundee's LCPPs - LCPP Performance in Q4 2022-23 compared to Dundee (Source: NHST BSU Trakcare)

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strath martine	Mary field	West End	The Ferry
28 Day Readmissions rate per 1,000 Admissions	139	139	139	167	117	140	122	164	124

Chart 3 – Number of readmissions (numerator) within 28 days by year (Source: NHST BSU Trakcare)

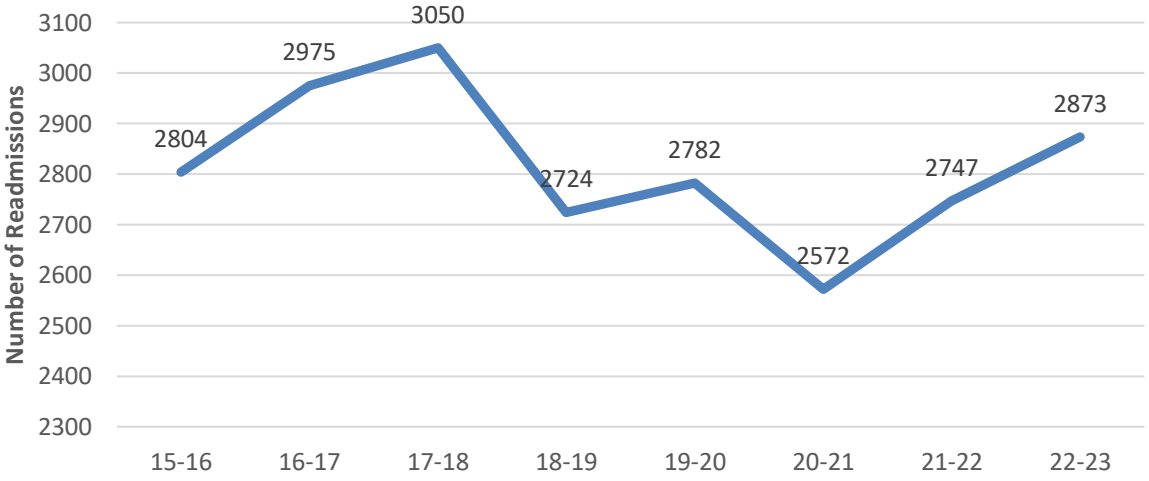


Chart 4 - Number of Elective and Emergency Admissions (denominator) by year

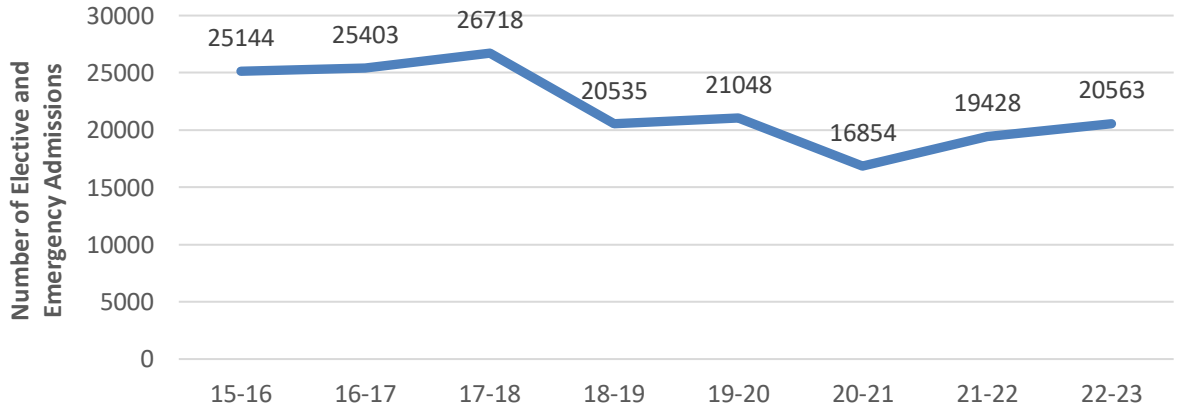


Chart 5 - 28 day readmissions with a LOS =0 (from preceding discharge) as a rate of all admissions (National Definition)

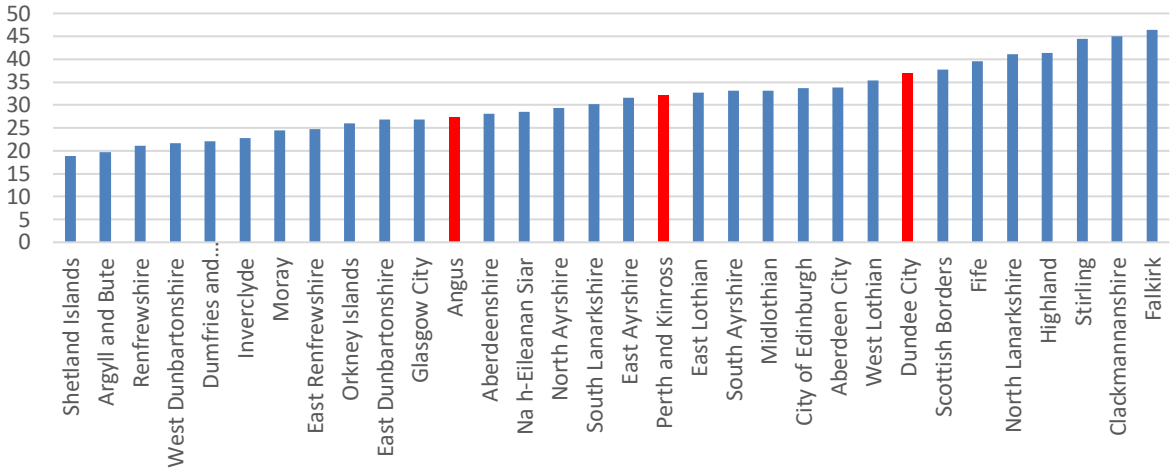
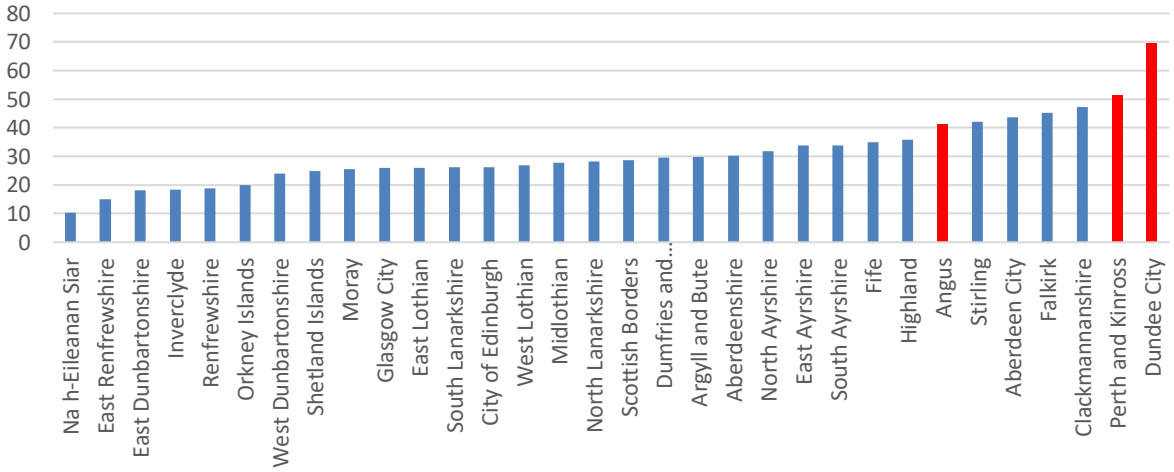


Chart 6 - 28 day readmissions with a LOS = 1-3 (from preceding discharge) as a rate of all admissions (National Definition)



ITEM No …10……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 27 SEPTEMBER 2023**

REPORT ON: **DRUG AND ALCOHOL SERVICES INDICATORS – 2022/23 QUARTER 4**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC29-2023**

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 2022/23 (section 6 and appendix 1).

2.2 Note the range of ongoing improvement activity, including within Dundee Drug and Alcohol Recovery Service, Primary Care and Partnership Mental Health Services focused on implementation of Medication Assisted Treatment Standards and wider priorities agreed via the Alcohol and Drug Partnership Strategic Framework and Delivery Plan (section 7).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND INFORMATION

4.1 Deprivation is high in Dundee. Dundee has one of the lowest employment rates and highest rates of people who are economically inactive in Scotland. Approximately 24,000 (25.5%) people in Dundee are recorded as economically inactive, this is 2% higher than the Scotland percentage of 23.5%. Health and wellbeing is known to vary by deprivation. Lifestyles that include smoking, unhealthy diet, the consumption of excess alcohol and recreational drugs are more prevalent in the most deprived localities. In general, people whose lifestyles include all or some of these factors have or will have poorer health and can experience a range of other risks to their wellbeing or safety.

4.2 Dundee has the second lowest life expectancy in Scotland. In Dundee life expectancy is 76.7 years, whereas it is 79.1 years in Scotland as a whole. Life expectancy varies substantially by deprivation level and the occurrence of morbidity including drug and alcohol use and mental illness. A significant proportion of the difference in life expectancy between Dundee and many other Partnerships can be accounted for by deaths at a young age from drugs, alcohol and suicide. Drug and alcohol use disproportionately affects the most vulnerable and socio-economically deprived in Dundee's communities and is associated with other health and social problems, including poor mental health, crime, domestic abuse and child neglect and abuse. Drug and alcohol use is recognised both at a national and local level as a major public health and health equity issue.

4.3 In Dundee City, drug and alcohol services are provided by a range of organisations, including the Dundee Drug and Alcohol Recovery Service (DDARS), offering a mixed-model approach delivered by a multidisciplinary team in collaboration with social work, community justice and

third sector services operating in three regional clusters across the city. The aim of this service model is to offer the right care, in the right place, at the right time for every person. It consists of both drop-in and appointment-based services alongside an assertive outreach component and additional services for children, families and intensive input for expectant mothers. All elements of the service seek to provide same day access to treatment (Medication Assisted Treatment (MAT) Standard 1) and assertive outreach to those at the most risk of harm (MAT Standard 3).

5.0 DRUG AND ALCOHOL SUITE OF INDICATORS

5.1 In November 2022, PAC received the first suite of indicators focused on performance in drug and alcohol service (article VI of the minute of the meeting of the Dundee IJB Performance and Audit Committee held on 23 November 2022 refers). This followed a request from PAC for the development of a wider suite of indicators related to drugs and alcohol that would better demonstrate progress against local priorities and areas for improvement. 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 in order to comply with General Data Protection Regulation and ultimately to ensure that individuals cannot be identified.

5.2 This is the second dataset from the suite prepared for the PAC, which aims to provide oversight and assurance regarding activity and performance in drug and alcohol services. It contains a brief summary of data, alongside accompanying analytical narrative. ON this occasion the report also contains, for the first time, explanation of ongoing improvement activities.

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 22/23 includes data for Q4 22/23 plus Q3 22/23, Q2 22/23, and Q1 22/23. 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 non-fatal overdose incidents reported by Scottish Ambulance Service and Police Scotland reduced by 40% between Q4 21/22 (319 incidents) and Q4 22/23 (192 incidents).

6.2 The proportion of people who started treatment within 21 days of referral has increased from 66.8% at Q1 22/23 to 96% at Q4 22/23.

6.3 The number of referrals for alcohol treatment increased by 3% during 22/23 compared with 21/22 and the number of individuals starting alcohol treatment increased by 48% during the same period. Statutory services are working to improve waiting times and they have experienced above average numbers of people disengaging prior to treatment.

6.4 The number of referrals for drug treatment services decreased during 22/23 by 11%, however the number of individuals starting drug treatment services has increased by 36% during the same period.

6.5 The number of Alcohol Brief Interventions (ABIs) increased by 37% between Q4 21/22 and Q4 22/23. ABI delivery was significantly impacted by the pandemic due to the reduction in face to face contact. That position is now beginning to improve as restrictions have eased. An ABI Co-ordinator has been appointed and is implementing a new training and improvement plan to increase delivery.

6.6 The number of unplanned discharges where the service user disengaged has increased by over 180% between Q4 21/22 (91 people) and Q4 22/23 (255 people). Of the discharges recorded, 80.2% (72) are for alcohol patients, 14.3% (13) are for drug patients and less than 10 (grouped to avoid identification) are co-dependent patients. Most are from third sector providers.

6.7 Naloxone spend has reduced since Q1 21/22. Spend does fluctuate across the year depending on when orders for stock are placed. Nyxoid intranasal kits were introduced around Q4 21/22 and many services ordered stock of these kits for the first time, hence an increase in charges in that quarter. There is a time lag between payment being made for stock ordered and these kits appearing in supply figures.

First supplies are beginning to decrease as services are starting to get towards saturation. Public Health Scotland estimate the reach of Naloxone supplies in Tayside have increased from 80.5% in 20/21 to 93.9% in 21/22 (one of the highest in Scotland). This means partners will start to see replacement kits increasing and first supplies decreasing. Kits last for 2 years so it is likely a dip in supplies will be observed for a short while before replacement kits begin to be issued in larger numbers.

6.8 The total spend on prescriptions generated by the Dundee Drug and Alcohol Recovery Service (DDARS) has decreased by 17% since Q1 21/22. This is because the number of people receiving long-acting buprenorphine injections (Buvidal) has increased.

6.9 In addition to the suite of indicators contained in appendix 1, the National Records of Scotland recently published their statistical report on drug-related deaths in Scotland in 2022 (report available in full at: https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2022). In 2022 there were 1,051 deaths due to drug misuse in Scotland; this is 2709 fewer deaths than in 2021 and the lowest number of drug misuse deaths since 2017. In 2022. There was a total of 38 deaths in 2022; this is a reduction from 52 deaths in 2021. After adjusting for age, Dundee City had the second highest rate of drug misuse deaths in Scotland (please note this is calculated over the five-year period 2018-2022).

7.0 SERVICE IMPROVEMENT AND PRIORITIES

7.1 In June 2021, Public Health Scotland published the second national MAT Implementation Benchmarking report, providing a RAGB (red, amber, green, blue) score for all 10 Mat standards, with a specific focus on scoring the implementation of MAT Standards 1 – 5. (available at: PHS MAT Report June 2023). Score awarded for Dundee were:

	MAT 1	MAT 2	MAT 3	MAT 4	MAT 5
June 2023 report	Amber	Provisional green	Provisional green	Provisional green	Provisional green
March 2022 report	Red	Amber	Amber	Amber	Amber

Previous scores, from March 2022, are provided for reference. However, caution should be applied in terms of making a direct comparison as the MAT Implementation Support Team has significantly evolved the self-assessment methodology, including the scoring criteria, between March 2022 and June 2023. For example, in March 2022 there was no consideration of experiential data and scores of provisional green and amber were not available.

The assessment of MAT standards 6–10 was mainly based on documented process evidence and whether this had been converted into actions that benefit the individuals accessing MAT. Nationally only a few ADP areas (including Dundee) were able to provide experiential evidence for these standards. Dundee's scores for MATs 6-10:

	MAT 6	MAT 7	MAT 8	MAT 9	MAT 10
June 2023 report	Provisional Amber	Amber	Amber	Provisional Amber	Amber

Dundee has scored higher than many ADPs for MAT Standards 7, 8 and 10. Overall, no ADP area is yet to score 'Provisional Green' or 'Full Green' for MATs 6-10, and some are still scoring 'Red'.

7.2 DDARs drop-in clinics now take place five times a week from different locations and have replaced the pervious waiting list system. Prior to setting up the direct access clinics, Dundee experienced a waiting list of over 300 patients. Currently Dundee is meeting the national Waiting-Time Standard with no one waiting longer than 21 days, and many individuals receive same-day treatment (MAT Standard 1).

More specifically, the drop-in system means that the majority of individuals are now seen on the same day that they request help, with people receiving the prescription suitable for them within an average of 2 days. The 2 days wait reflects a combination of person-led reasons, and procedural practice in the transfer of the prescription for dispensing from community pharmacies. Work is underway to support community pharmacies with the dispensing.

During the reporting period (2022/23) over a quarter of those attending the direct access clinics proceeded to receive MAT. More than half of the individuals attending the direct access clinics did so for help with the impact of alcohol use for whom MAT is not a relevant response, however a direct access service was still provided to these individuals.

A Prison Liberation Pathway has been developed in recognition that people liberated from prison are at a higher risk of overdose within the first 72 hours. DDARS has developed a pathway with Perth Prison to maximise continuity of treatment between prison and community.

Over the next few months DDARS will review the Direct Access Clinics in order to strengthen their operation and availability. This will include extending the input from the third sector (including key workers input) and securing the independent advocacy input to the clinics for the longer-term. Additional venues will be identified as alternative options for clinics (and further reduce the focus on service delivery from Constitution House).

7.3 Alongside MAT Standard 1, efforts are also continuing to progress implementation of MAT Standards 2 – 5. These standards have been the focus for all Partnerships across Scotland up to the end of 22/23. Specific priority areas are:

Gendered Approach
The gendered approach to the implementation of all the MAT standards continues and is to be strengthened in the coming year. Partners plan to test various options, including the delivery of MAT from the new Women's Hub and identifying specific ways to support women to access the shared care option.

MAT 2 - Choice
Over the coming months a key focus will be extending and improving access to experiential data to ensure fuller feedback is available from the individuals receiving MAT and their families. This is a requirement to progress the implementation of the MAT standards, however the approach being used is recognised as being relevant to a wide range of services for vulnerable and at-risk people. The Protecting People Committees will be considering how learning from this approach can be embedded in other areas in the future.
and extending the experiential data evidence.

The process of capturing experiential data includes training individuals with lived experience to conduct peer-based interviews. Consequently, at the current time, there is limited access to experiential data. However, Dundee submitted experiential information / feedback for all MAT standards with the exception MAT 10 (which is about people receiving trauma informed care) to Public Health Scotland as part of the recent MAT benchmarking exercise.

Most service users reported they attended the direct access clinics seeking help for opiate use and most had historical connection with services, of between 5 to 30 years. Individuals reported that, as part of the current direct access clinics, more treatment options have become available to them without the need to wait for appointments. Individuals also noted they received useful information and equipment to reduce risk of harm. Advocacy and key-working provided through the third sector organisations was praised, with individuals noting this help as invaluable to their recovery, and especially supporting them sort out other problems in their lives such as housing or benefit applications. Individuals highlighted gaps in the provision of counselling, mental health support and psychological care.

MAT 3 – Assertive Outreach and Anticipatory Care
Partners are working together to review arrangements for the delivery of MAT 3 with the long-term aim of expanding the scope of the current near-fatal overdose response and creating closer links with similar review processes (for individuals experiencing other vulnerabilities, including adult support and protection/ violence against women/ and risk of suicide).
This standard is also being reviewed nationally, however in the meantime partners are working together to map all of the relevant processes, stakeholders involved, information being shared and follow-up options available. Partners also intend to improve the multi-agency documentation and the information shared for the NFOD rapid response process and to deliver training for staff chairing the daily meetings.

7.4 At the same time as continued work on MAT Standards 1 - 5, during 23/24 the focus will also shift to the implementation of MAT Standards 6-10. This will include requirements to develop and provide a range of documentation, improve psychological support and joint working with mental health services, and further enhance the focus on trauma-informed work. As with MAT Standards 1-5, there will also be a requirement to demonstrate successful implementation by providing robust experiential data. Some key aspects of planned activity are highlighted below:

MAT 6 – Psychological Support
Plans are being developed to ensure the DDARS Psychology service can work alongside others (e.g. DVVA) to support the collection of experiential data, specifically for MAT6. The current questionnaire will be adapted to support this.

MAT 7 – Primary Care
There will be a focus on testing options to support individuals to transfer their care from DDARS to Primary Care. Work will also continue to develop the role of Advanced Nurse Practitioners to encourage and support a wider adoption of the shared care model across GP practices.

MAT 9 – Mental Health
With the introduction of the MAT Standards the Working Better Together project had adjusted to focus on supporting MAT 9 implementation. As part of the renewed approach, there is now a focus on services and systems, required staffing support, and lived experiences. Plans are in place to run 2 workshops, one focusing on benchmarking (where are we in relation to MAT9, including auditing number of Mental Health / Drug and Alcohol referrals, joint cases); and one focusing on mapping patients' journeys, including referral pathways, joint case work, discharge and through care processes. The information gathered will support decision making around required changes to meet MAT9.

8.0 RISK ASSESSMENT

Risk 1 Description	Risk of IJB not being sufficiently sighted on performance related to alcohol or drug services in Dundee.
Risk Category	Governance, Political
Inherent Risk Level	Likelihood 3 X Impact 3 = Risk Score 9 (High)
Mitigating Actions (including timescales and resources)	- Develop a dataset which will provide a suitable level of detail. - Agree on the frequency of reporting. - Liaise with the information and pharmacy colleagues in the ADP to ensure timeous reporting. - Liaise with operational managers to inform analysis and contribute improvement information.
Residual Risk Level	Unlikely 2 x Minor 2 = Risk Score 4 (Moderate)
Planned Risk Level	Unlikely 2 x Minor 2 = Risk Score 4 (Moderate)
Approval recommendation	The PAC is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

9.0 POLICY IMPLICATIONS

9.1 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.

10.0 CONSULTATIONS

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

11.0 BACKGROUND PAPERS

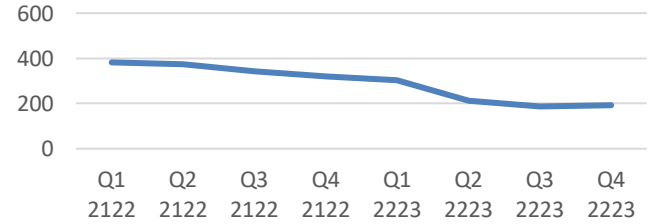
None.

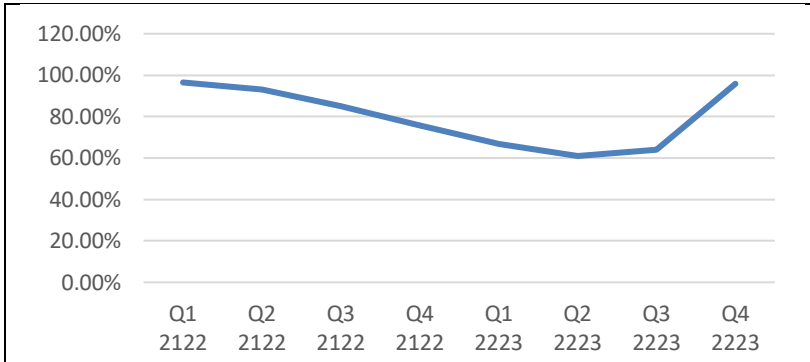
Dave Berry
Chief Finance Officer

DATE: 23 August 2023

Lynsey Webster
Senior Officer, Strategy and Performance

Appendix 1
Drug and Alcohol Services Indicators – Q4 2022/23

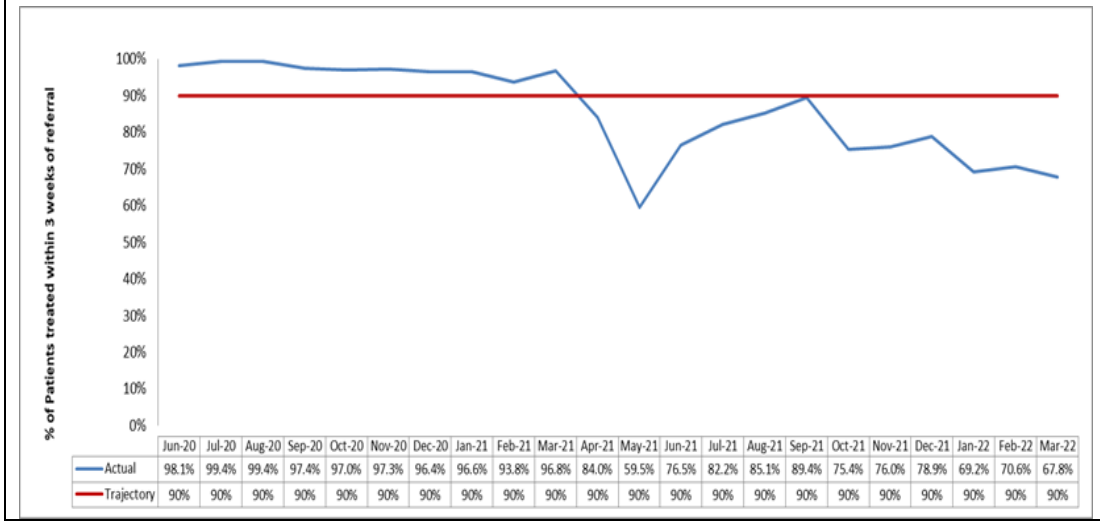
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Comments/Analysis
1. The number of suspected non-fatal overdose incidents reported by Scottish Ambulance Service (and Police)	382	375	343	319	302	212	187	192	There have been 56 non-fatal overdose incidents reported in Q4, this compares to 51 in the same quarter last year. There has been a small upturn but the overall year total is 192 which is still an almost 40% (39.8%) reduction on the previous year.
									
2. Percentage of people referred to services who begin treatment within 21 days of referral	96.5%	93.1%	85.1%	75.7%	66.8%	61%	64%	96%	The implementation of direct access to support the MAT standard implementation has meant that Dundee once again is meeting the Waiting times standard in Q4.



Drug and Alcohol Clients treated within 3 weeks from Referral to Treatment

Measure definition:
The Scottish Government set a standard that 90% of people referred for help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery.

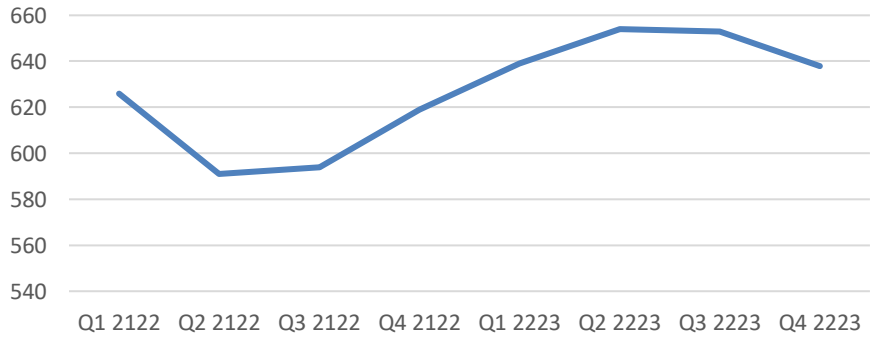
What the data tells us:
Performance declined in May 2021 to 59.5% but improved month on month reaching 89.4% in September 2021 just below the 90% target. The current position has further declined to 67.8% in March 2022.



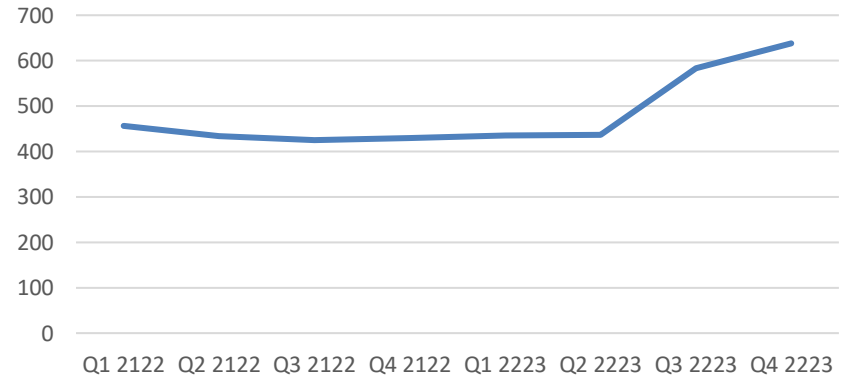
	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Actual	98.1%	99.4%	99.4%	97.4%	97.0%	97.3%	96.4%	96.6%	93.8%	96.8%	84.0%	59.5%	76.5%	82.2%	85.1%	89.4%	75.4%	76.0%	78.9%	69.2%	70.6%	67.8%
Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

Narrative: Performance in the drug and alcohol waiting times has declined considerably. This is being driven by waiting lists for alcohol treatment within all three areas of Tayside. Performance for Drug treatment waits (117/138=84.7%) is below target but remains better than for alcohol (121/208=58.1%). There were significant increases in referrals for alcohol treatment due to the pandemic leading to waiting lists; clinical priority is being given to drugs due to the greater acute risk to life. The waiting list has reduced from over 300 people to just over 100. Therefore part of the reason for the decline quarter Q1 2022/23 is completing the long waits for people who have been carried forward from previous reporting periods; it is expected that this will continue for at least the next two quarters while services continue to address this. Improvement plans are in place. Source: NHS Tayside Performance Report Reporting Period to end June 2022.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Comments/Analysis
3. Number of referrals to alcohol treatment	**626**	**591**	**594**	**619**	**639**	**654**	**653**	**638**	The higher rate of incoming referrals from alcohol has continued across all services and the Q4 figure brings the annual total to 638 which is a small increase on last year.

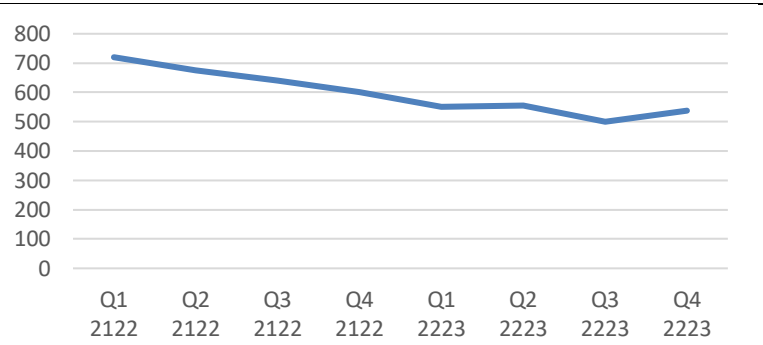


Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Comments/Analysis
4. Number of individuals starting alcohol treatment per quarter	456	434	425	430	435	437	583	638	As has been the case with the referrals the corresponding numbers of alcohol treatment starts has also increased. With the Q4 figure bringing the annual total to 471 starts.

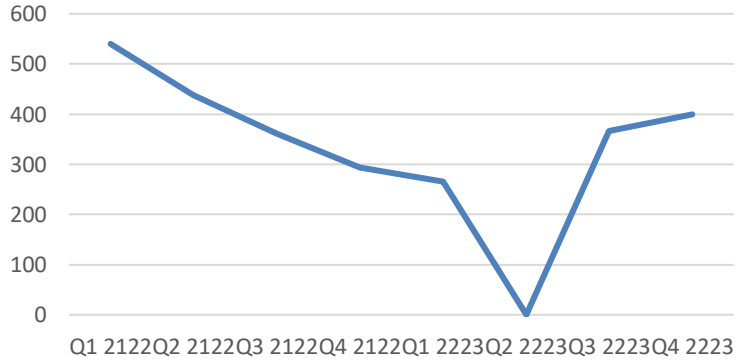


Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Comments/Analysis
5. Number of referrals to drug treatment	720	676	640	601	551	555	500	537	Although Q4 shows a slight increase in drug referrals on the previous quarter the total for the year is 537 which is a reduction of 10.6%on the previous year and continues the downward trend in referrals seen for the past 4 years.

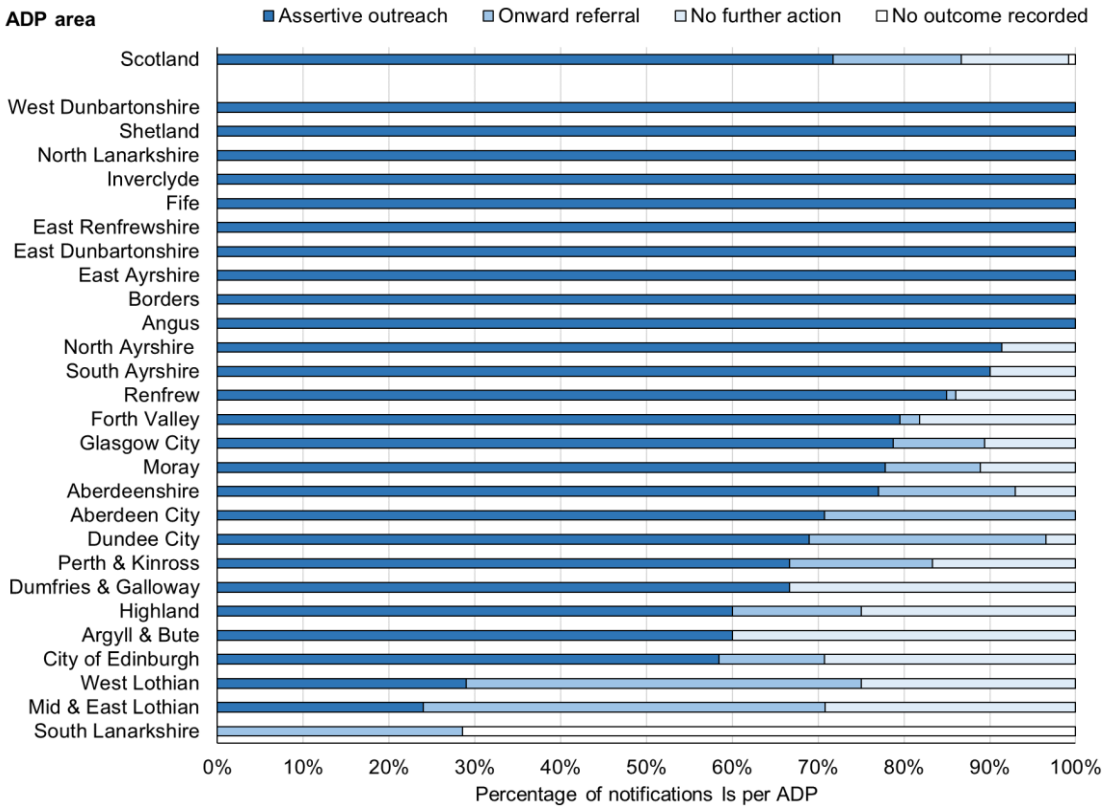
OBJ



Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Comments/Analysis
6. Number of individuals starting drug treatment per quarter	540	438	361	294	265	384`	366	399	The number of treatment starts in relation to referrals remains high and the move to direct access has significantly reduce the time into treatment. There were 399 treatment starts in the year which is an increase on last year but significantly below 2020/21.

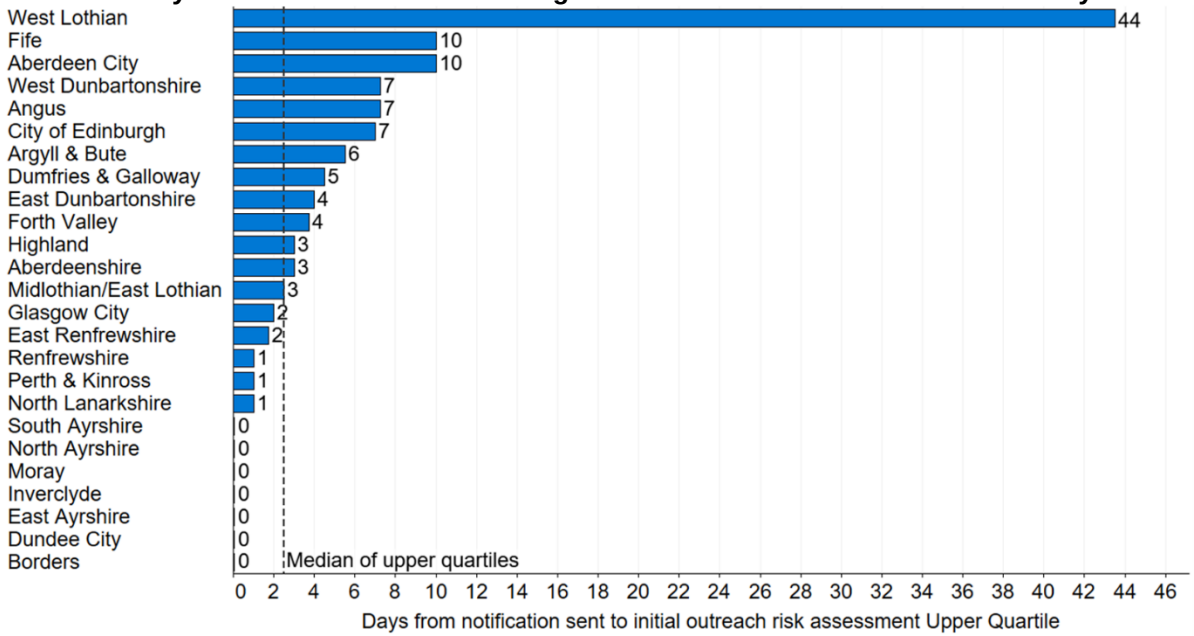


% of high-risk notifications by screening outcome by ADP area, 2023

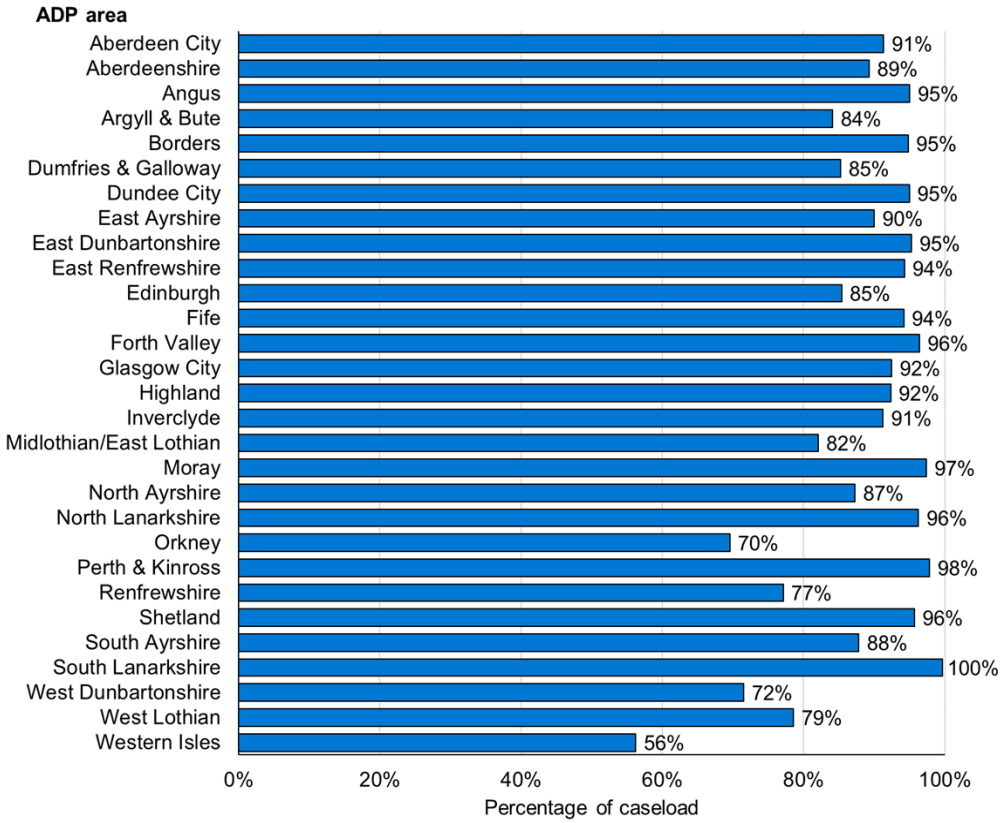


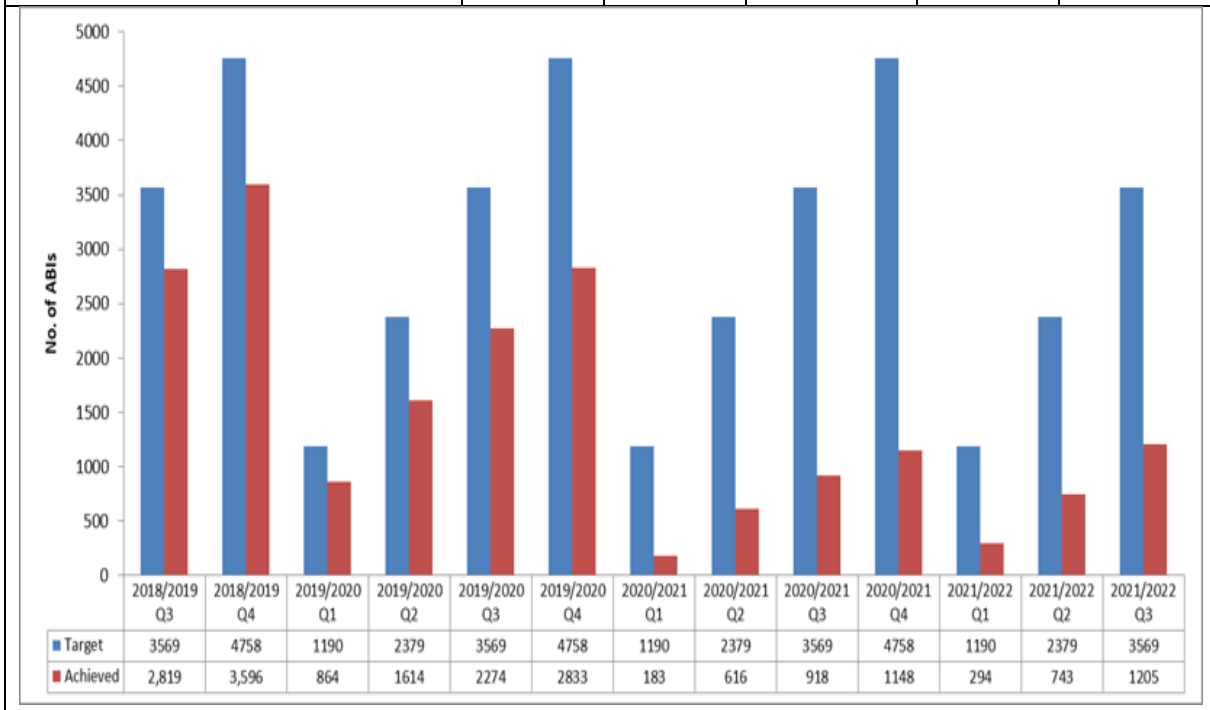
Across Scotland, all 1,236 high-risk events notified were screened and allocated to either assertive outreach, onward referral, no further action or no outcome recorded categories during the reporting period between November 2022 and February 2023. Ten ADP areas allocated 100% of high-risk events to assertive outreach. In 13 ADP areas 60% of people identified at high risk were offered assertive outreach. In three areas less than 60% of those at high risk were offered outreach. Two ADP areas allocated a higher proportion of screening to onward referral compared to other ADP areas (46%, n = 46 and 47%, n = 45). 11 ADP areas allocated none of the screening to no further action, with three ADPs allocating around 30% (numbers are individual to each ADP) of screening to no further action.

Number of days between notification of a high-risk event and outreach assessment by the multi-agency team for 75% of people by ADP area, 2023



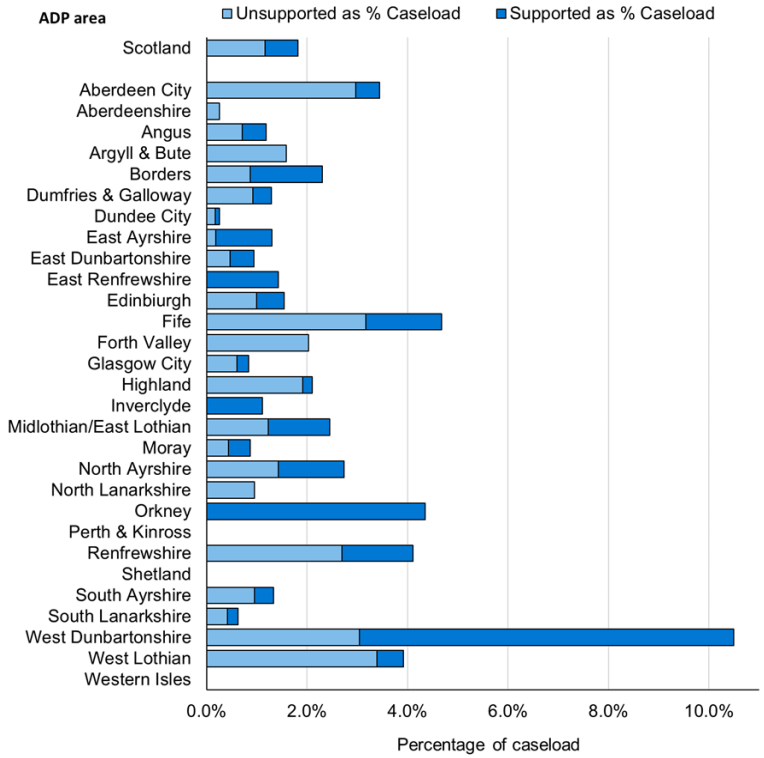
% of caseload retained in treatment for 6 months or more by ADP area, 2023



Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Comments/Analysis
7. Number of alcohol brief interventions (ABI's) provided in Dundee	514	589	617	727	1289	1459	1489	996	ABI delivery was significantly impacted by the pandemic due to the reduction in face to face contact. That position is now beginning to improve as restrictions have eased. An ABI coordinator has been appointed and is implementing a new training and improvement plan to increase delivery.
 2018/2019 Q3 / 2018/2019 Q4 / 2019/2020 Q1 / 2019/2020 Q2 / 2019/2020 Q3 / 2019/2020 Q4 / 2020/2021 Q1 / 2020/2021 Q2 / 2020/2021 Q3 / 2020/2021 Q4 / 2021/2022 Q1 / 2021/2022 Q2 / 2021/2022 Q3 Target: 3569 / 4758 / 1190 / 2379 / 3569 / 4758 / 1190 / 2379 / 3569 / 4758 / 1190 / 2379 / 3569 Achieved: 2,819 / 3,596 / 864 / 1614 / 2274 / 2833 / 183 / 616 / 918 / 1148 / 294 / 743 / 1205									**Measure definition:** The number of Alcohol Brief Interventions (ABIs) undertaken across NHS Tayside in a variety of settings, the priority settings being Primary Care, A&E and Antenatal, along with wider settings such as Pharmacy and Social Work. Performance is measured against the annual delivery standard set by the Scottish Government. At least 80% of the ABIs delivered should be in the 'priority settings' noted above. **What the data tells us:** The ABI improvement plan is beginning to have an impact as training is rolling out. The year-end total is at 996 which is an improvement on last year but still remains below

Narrative: Delivery of ABIs has improved slightly on performance in 2020 however, remains significantly below the standard. An improvement plan is being developed and will initially focus on delivery of further training in primary care, maternity, and other settings, with the offer of both digital and face to face training options. NHS Tayside has not had an ABI trainer for several years. The ABI coordinator has now undertaken a train the trainer's course and will be training further trainers over the coming months. A Train the Trainers course will be offered later in the year to increase trainer capacity across Tayside. It is expected that additional awareness and confidence in delivery of ABI will be achieved through increased access to training will improve ABI delivery across all our settings.								the pre-pandemic levels. The improvement plan is currently underway and training is being cascaded across services.
Indicator	**Rolling 21/22 Q1**	**Rolling 21/22 Q2**	**Rolling 21/22 Q3**	**Rolling 21/22 Q4**	**Rolling 22/23 Q1**	**Rolling 22/23 Q2**	**Rolling 22/23 Q3**	**Rolling 22/23 Q4**	**Comments/Analysis**
8. Number of unplanned discharges (service user disengaged) recorded in DAISY	293	220	151	91	128	210	272	255	The number of unplanned discharges remains significantly lower than in previous years. However, there are some key points to note. Of the discharges recorded, 80.2% (72) are for alcohol patients, 14.3% (13) are for drug patients and 5.5% (5) are co-dependent patients. Of the total 2 are alcohol patients form the DDARS service the remaining 89 are from third sector providers.

Discharges as a % of caseload by type and ADP area, 2023



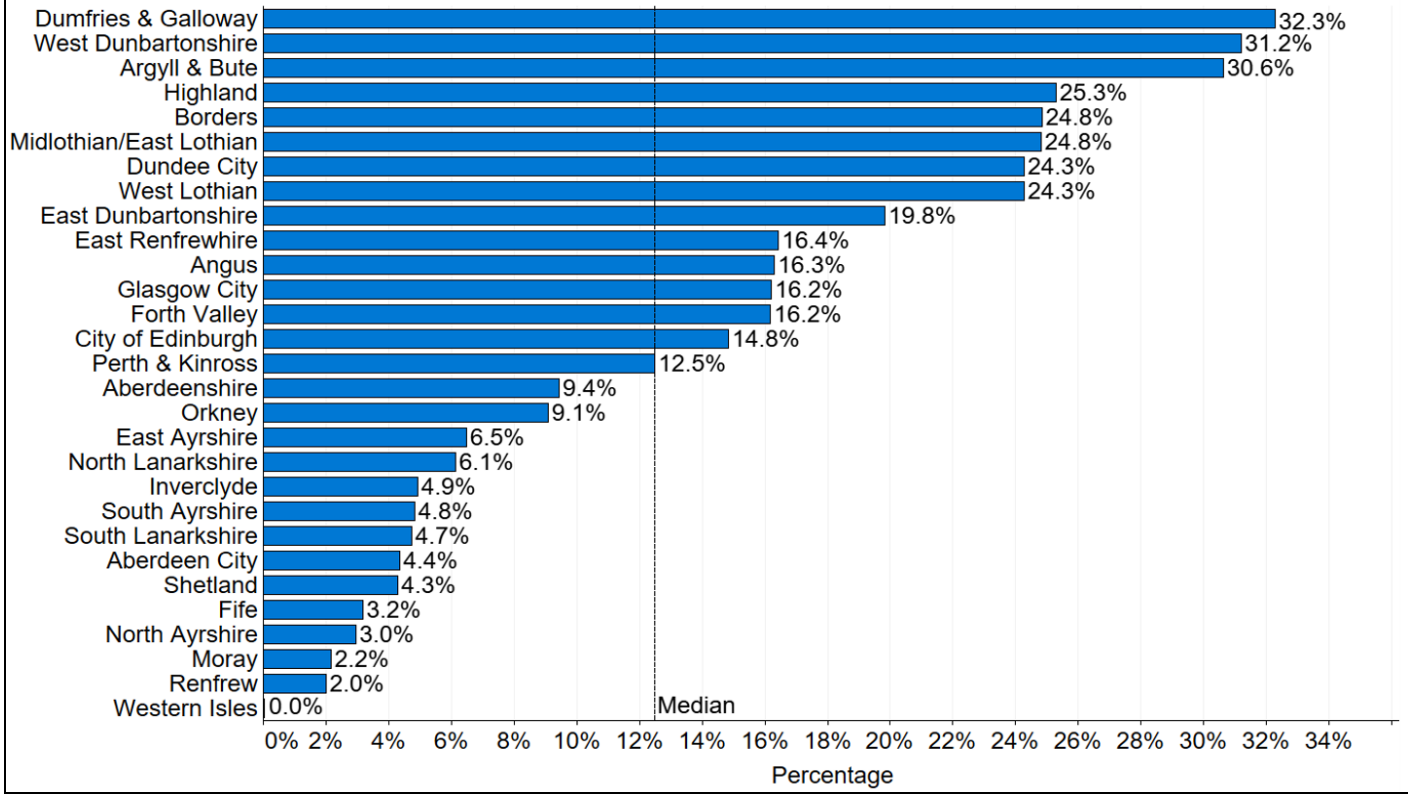
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Comments/Analysis
9. Number (rate per 1,000 18+ population) of emergency admissions where reason for admission was due to drug use				379 (3.13)	356 (2.94)	287 (2.37)	260 (2.15)	256 (2.11)	Downward trend.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Comments/Analysis
10. Number (rate per 1,000 18+ population) of emergency admissions where reason for admission was due to alcohol use				497 (4.1)	466 (3.85)	456 (3.76)	438 (3.61)	422 (3.48)	Downward trend.
11. Naloxone Spend in Dundee				£67,417	£64,098	£70,622	£80,675	£77,134	In addition, we received £29,770 from Scottish government to supply police across Tayside with naloxone. Rolling annual data only available from Q4 21/22. Prior to this quarter data is available. Not included in this paper to avoid confusion although available on request.
12. Naloxone – Resupply Used				195	353	388	398	410	Naloxone kits supplied in Dundee (report from Tayside Take Home Naloxone Programme PHS submissions). The total number of resupply of naloxone kits Q1-Q4 22/23 was 410. This is an increase of 215 kits from the previous Q1-Q4 21/22 (please note data missing for Q1 21/22 due to change in recording). PHS shows that the reach of the naloxone programme nationally is 67.5%. In Tayside in 22/23 our reach is

									estimated to be 96.1% (21/22 reach was 93.9%) Rolling annual data only available from Q4 21/22. Prior to this quarter data is available. Not included in this paper to avoid confusion although available on request.
13. Total number of Naloxone Kits Issued (actual quarters – not annual rolling)				1,569	1,944	1,715	1,602	1,320	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. Rolling annual data only available from Q4 21/22. Prior to this quarter data is available. Not included in this paper to avoid confusion although available on request.
Indicator	**Rolling 21/22 Q1**	**Rolling 21/22 Q2**	**Rolling 21/22 Q3**	**Rolling 21/22 Q4**	**Rolling 22/23 Q1**	**Rolling 22/23 Q2**	**Rolling 22/23 Q3**	**Rolling 22/23 Q4**	**Comments/Analysis**
14. Total Spend on prescriptions generated by Dundee Drug and Alcohol Recovery Service (DDARS(and Dundee Drug Treatment Service (DDT)				£616,692	£589,455	£531,573	£492,637	£426,306	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. *March 22/23 data was not available at time of collating the report

% of caseload prescribed long-acting injectable buprenorphine by ADP area 2023



28 of the 29 ADP areas reported individuals currently on their MAT opioid substitution therapy caseload with a prescription for long-acting injectable buprenorphine. The percentage of the current caseload per ADP currently prescribed long-acting injectable buprenorphine varies from 0% to 32.3%, with a median of 12.5% across Scotland. Opioid substitution therapy prescribing by gender shows a very similar picture. For males prescribed opioid substitution therapy, methadone accounted for 69% (n = 10,292) and females 72% (n = 5,264). For males prescribed opioid substitution therapy, oral buprenorphine accounted for 18% (n = 2,658) and females 16% (n = 1,138). For both males and females prescribed opioid substitution therapy, long-acting injectable buprenorphine accounted for 13% (n = 1,920 for males and n = 916 for females).

MAT Standards

It is intended that the Medication Assisted Treatment standards measurements will be incorporated into this report in the longer term. However, at this stage in MAT standards development only initial baseline data has been gathered and this has highlighted a number of areas to be developed for future collection. The ADP are actively supporting the MIST team within Scottish Government in the development and design of these indicators and the template will be update once these have been fully agreed.

ITEM No …11……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 27 SEPTEMBER 2023**

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

REPORT BY: **CLINICAL DIRECTOR**

REPORT NO: **PAC30-2023**

1.0 PURPOSE OF REPORT

1.1 This is presented to the Committee for:

- **Assurance**

This report relates to:

- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person-centred

This report is being brought to the Committee to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL(1998)75. The Performance and Audit Committee is being asked to provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is to 31 May 2023.

2.0 RECOMMENDATIONS

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

2.1 Note the Exception Report for the Dundee Health & Social Care Partnership Clinical, Care & Professional Governance Group as detailed from Section 4.

2.2 This report is being presented for:

- **Assurance**

As Lead Officer for Dundee Health & Social Care Partnership (DHSCP) I would suggest that the level of assurance provided is: Reasonable; due to the following factors:

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

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

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Background

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

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

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

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

5.0 ASSESSMENT

5.1 Clinical and Care Risk Management

a.1 Increasing patient demand in excess of resources – DDARS

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				*Please include data from previous **four** reporting periods*															
				4/8/22			1/12/22			6/4/23			3/8/23						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
233	5	3	15	5	5	25	5	5	25	5	5	25	5	5	25	3	4	12	→

L = Likelihood C = Consequence RER = Risk Exposure Rating

Insufficient number of DDARS staff with prescribing competencies

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				*Please include data from previous **four** reporting periods*															
				4/8/22			1/12/22			6/4/23			3/8/23						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
612	5	5	25	4	4	16	4	4	16	4	4	16	4	4	16	3	4	12	→

L = Likelihood C = Consequence RER = Risk Exposure Rating

Lack of resource to deliver the benzodiazepine dependence pathway compliant with guidelines

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				*Please include data from previous **four** reporting periods*															
				4/8/22			1/12/22			6/4/23			3/8/23						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
1129	5	4	20	4	4	16	4	4	16	4	4	16	4	4	16	3	4	12	→

L = Likelihood C = Consequence RER = Risk Exposure Rating

Negative media reporting increasing reputational, clinical and safeguarding risk

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				*Please include data from previous **four** reporting periods*															
				4/8/22			1/12/22			6/4/23			3/8/23						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
683	5	5	25	3	4	12	5	5	25	5	5	25	5	5	25	4	5	20	→

L = Likelihood C = Consequence RER = Risk Exposure Rating

a.2 The top four risks sit with the Dundee Drug and Alcohol Recovery Service (DDARS). There are ongoing service pressures due to staff turnover that affect all of the key risks identified.

a.3 One of these risks continues to show a current risk score in excess of the inherent risk score. This is primarily due to ongoing challenges relating to recruitment and retention into the DDARS service combined with the increased referral rates throughout and beyond the pandemic.

A senior service manager role has now been appointed to enhance the local leadership for this team and provide support to the two managers currently in post. Nursing staffing is showing an improving picture for recruitment and retention at the time of writing this report. This will be closely monitored as this has been highly variable over the past 18 months. The current position for medical staffing is one consultant in post, one locum consultant and there are two vacant posts.

This has impacted on the ability to provide mental health assessments, increased pressure related to the requirements for same day prescribing, along with reduced availability for support for nursing staff, urgent and batch prescription signing, mentorship for non medical prescribers and advanced nurse practitioners and support and supervision for medical

trainees, GPs with special interest and the specialty doctor. This also has an impact on the work to achieve the Medication Assisted Treatment Standards (MATS) which are currently reported monthly to the Scottish Government.

There are now seven specialist nurses employed with prescribing competencies, with seven trainees in the service, three undergoing the study pathway and four recently-employed staff due to commence studies.

a.4 The benzodiazepine dependence pathway is currently being considered via a National Taskforce who are considering the possible models of practice. Dundee HSCP have presented a financial plan for the use of underspend monies allocated to the Alcohol and Drug Partnership. If agreed £50,000 is earmarked for the development of local pathways, which will build on the recommendations of the recent Tayside research on Benzodiazepine use.

Workforce Risks

b.1 There are a number of risks (15) pertaining to workforce availability across a wide spectrum of professions, including nurses, medical staff, allied health professions and social care staff. The vast majority of teams are affected to some degree, often with mitigations impacting on those teams who are able to recruit staff. Work continues to enhance recruitment and retention, with international recruits now being widely employed. Staff wellbeing remains a focus for the HSCP.

New and Emerging Risks

b.2 New Risk 1346 – Proposed Contract for Supply, Oversight and Governance of Blood Glucose Monitors for use in Community Setting

A new contract is required to ensure supply, oversight and governance for essential equipment in line with new regulations. Discussions are ongoing to ensure this is implemented. Failure to ensure implementation poses a clinical risk with the potential for increased admissions through secondary care.

b.3 New Risk 1342 – Changed Criteria for In-patient Admission (Learning Disability)

As a result of a particular interpretation of the Mental Health (Care & Treatment)(Scotland) Act (2005) in relation to in-patient admission, there is a risk that people with a learning disability will remain in the community to their detriment and creating a risk of harm to other people. This apparent change of practice has not been discussed or planned for in a whole system way, although colleagues are currently in communication to meet and implement further discussion. This matter is being pursued by the Clinical Lead for MH & LD and Integrated Manager (SW) seeking a meeting with the Clinical Lead, Consultant Psychiatrist and General Manager for in-patient LD. In-patient colleagues have asked this be delayed until the Clinical Lead returns from a period of absence. Advice has also been sought from the Mental Welfare Commission to ensure the Act is being used appropriately.

b.4 Cornhill In-Patient Unit Nursing Workforce Sustainability
We reported in April 2023 of an emerging risk relating to nursing workforce availability. At this time we reported the appointment of a new senior charge nurse who was having a very positive impact on the unit. This has continued and the regular contingency meetings have now been stood down.

Sadly information was provided to the media who ran a story regarding ongoing challenges within this unit. While there is an improving position within this unit we are looking into the statements made via an external (to Dundee HSCP) investigator and will implement an action plan based on these findings.

Emerging Risks Reported Through Exception Report in June 2023

b.5 Psychiatry of Old Age (POA)

Due to workforce availability and the changing clinical presentation of this patient group, there has been a reduction of four beds within the POA Service based at Kingsway Care Centre. This links to risk 1050.

The mitigations instigated have allowed the team to continue to provide safe and effective care. Staff availability remains a challenge across a complex environment. This risk will continue to be closely monitored and the bed base reviewed in September 2023. The team will be monitoring effects on clinically challenging behaviour, falls, staffing and sickness absence levels as well as patient and carer satisfaction.

The reduction in bed base has already created a better patient environment, whilst, to date, has not caused additional community pressures.
Recruitment is projecting an improved picture with 6 Newly Graduated Practitioners choosing to work in Kingsway Care Centre. Their start date is officially September, however staff can work at Band 4 level until this point. This leaves the team with an overall vacancy position of 2 qualified Band 5 Registered Mental Health Nurses.

The service is also attempting to source bank staff block booking in the interim to provide continuity. There are daily discussions regarding staffing levels and patient acuity, and action taken as required mitigating any emerging risks.

b.6 Stroke and Neurological Rehabilitation Wards

There is an emerging risk in relation to the delivery of safe, high quality patient care as the nursing establishment is currently faced with significant vacancies (14.5wte) from an establishment of 54.0wte. This is further compounded by sickness absence rates across the wards of 12.1% with 3.0wte staff currently on maternity leave.

June has seen a positive change with the recruitment of six staff (one charge nurse, two registered nurses and three healthcare assistants). Bank and agency staff continue to be utilised to ensure safe staffing levels, although it is anticipated this will reduce as the staffing compliment continues to increase with three newly-graduated practitioners planned to commence work later this year.

b.7 Primary Care (PC) Sustainability Risk – Strategic Risk 353

This risk recognises that a failure to maintain sustainable Primary Care Services in localities and across Tayside will result in a failure to meet both the National Clinical Strategy and the existing Tayside Primary Care Strategy. This would result in patients being unable to access Primary Care Services across the geographical location and a failure to provide continuity of service.

The PC sustainability risk level remains at 25 across Tayside.

This is not only a Tayside issue but is seen across the UK. There are a number of complex factors which underpin the risk, including recruitment and retention of GPs in particular.

The impact of this risk is the same within Dundee as the rest of Tayside. There remain a high number of practices with vacancies for GPs. We have had information shared from practices for the first time which will allow this to be monitored as part of the sustainability survey. The ownership or lease of premises is also a critical barrier for potential new GPs and there has been limited progress regionally and nationally for this. However this is gaining some momentum.

Local actions and controls have been, and continue to be, developed and reviewed. However the increasing demand for GP appointments post the COVID-19 pandemic is such that any improvement or shift of clinical workload has been offset by that demand. Dundee is therefore in a position of having had two practices close in the last 12 months and numerous practices have had periods with closed lists and being unable to accept new registrations.

The workstreams linked to the Primary Care Improvement Plan are mostly fully recruited except for the pharmacy team which has ongoing challenges, despite innovative approaches to increasing skill mix. There is the potential to further develop these teams but there is no

resource to do so. Dundee has a Premises Strategy agreed for general practice and is working on a plan to progress this. However there has been no progress regionally with leases. It is anticipated that the work for both of these will dovetail in the coming months to progress this.

Work to develop an increasing advanced practice workforce in primary care has had positive foundations built with the regional work and resource is being sought to progress this clinically at a local level.

Resource has been identified locally to support the GP career start programme which is key to supporting some practices remain stable, but longer term funding is still not in place.

The local development and further integration of urgent care teams will support care delivery and potentially reduce GP workload. Again this could be expanded if sufficient resource was available.

b.8 Treated/Archived Risks

Treated/Archived Risks are those that have all planned/proposed control in place, and the risk has been mitigated to the lowest possible level.

There have been three risks treated/archived with the time period.

b.9 Closed Risks

Closed Risks are risks that have been replaced or superseded and are therefore no longer required to be managed.

There have been two risks closed within the time period.

5.2 Clinical & Care Governance Arrangements

c.1 The arrangements for clinical, care and professional governance (CCPG) in the Dundee HSCP are outlined in Appendix 1: Dundee HSCP Governance Structure.

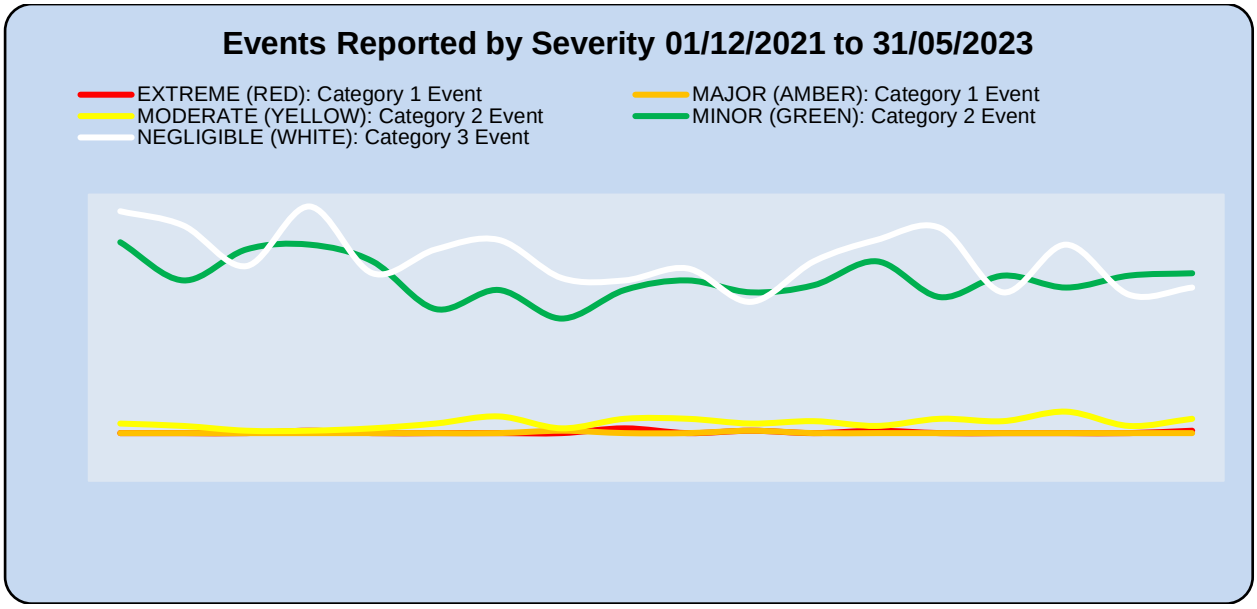
During this reporting period exception reports were presented to the CCPG Group from the following services:

- Nutrition and Dietetics
- Acute and Urgent Care
- Care Homes
- Community Services
- Drug and Alcohol Recovery Service
- Inpatient and Day Care
- Health Inequalities
- Mental Health and Learning Disabilities
- Psychological Therapies
- Psychiatry of Old Age
- Primary Care

The annual report for the work of the Clinical, Care and Professional Governance Group is attached at Appendix 2, highlighting the business of the group for the financial year 2022-2023.

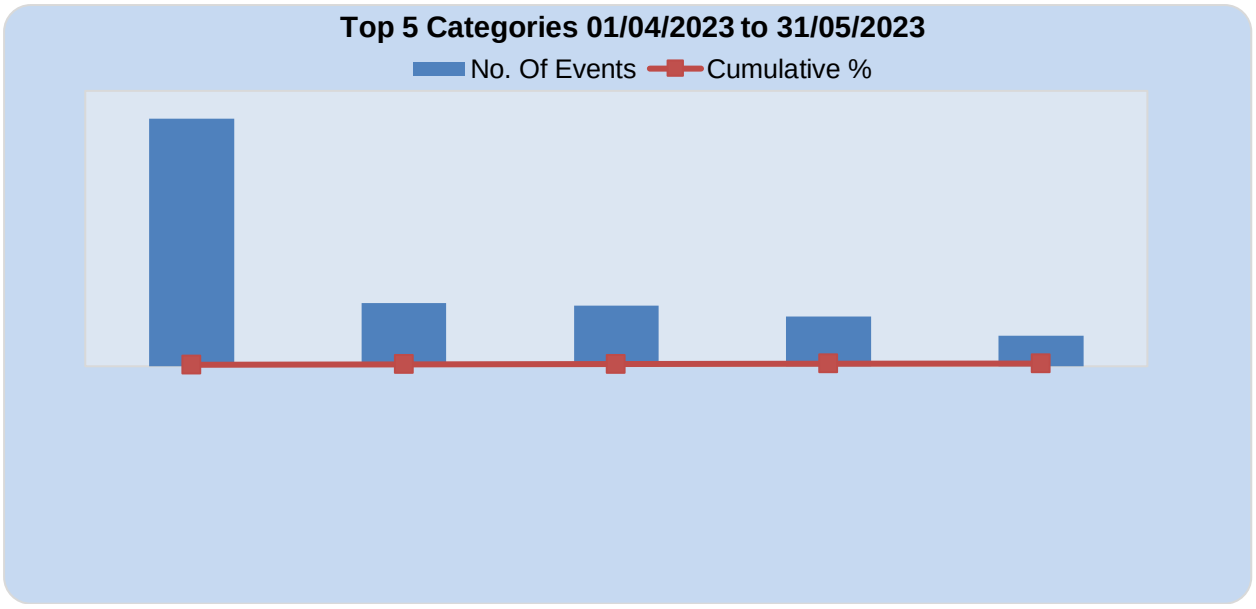
5.3 Adverse Event Management

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



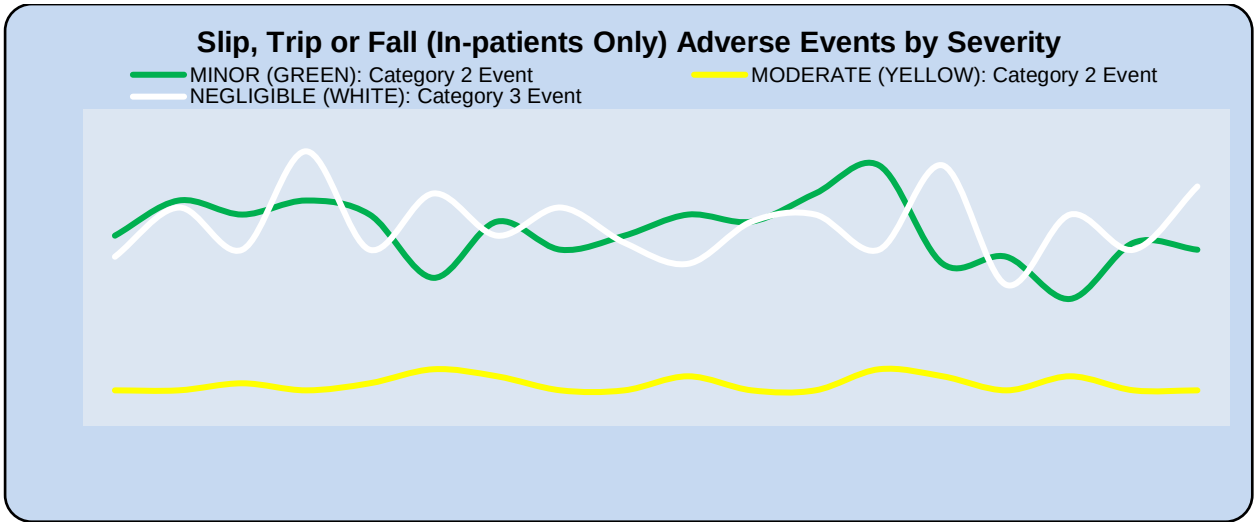
The ratio of events with harm to events with no harm is 1 to 3.8. This shows a slight decrease in position from the previous report.

d.2 The following graph shows the Top 5 categories reported between 01/04/2023 and 31/05/2023. These categories account for 164 of the 262 events (63%) reported within the time period.

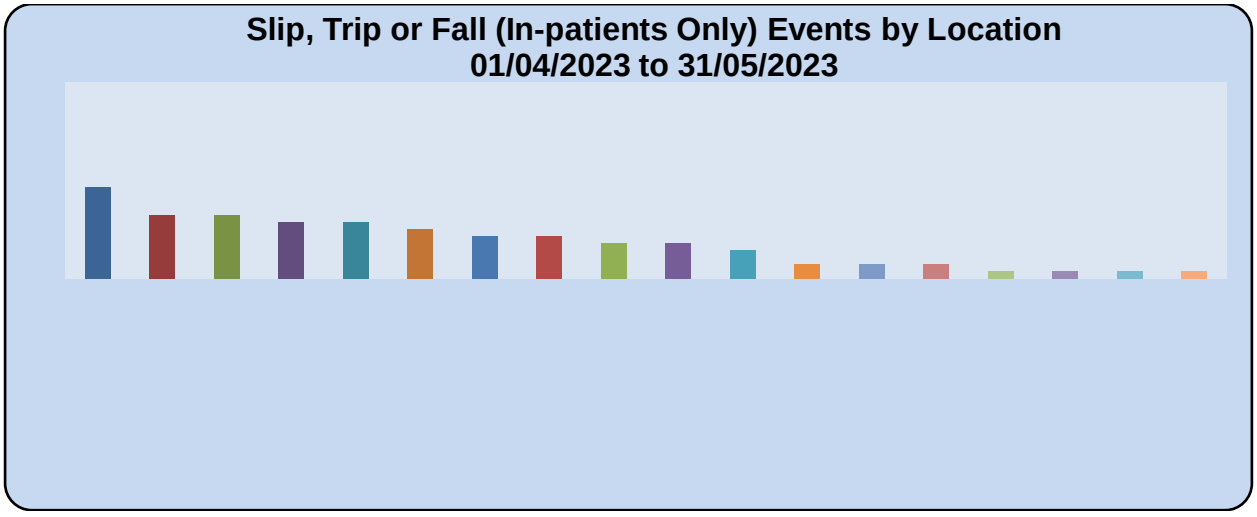


Slips, Trips and Falls

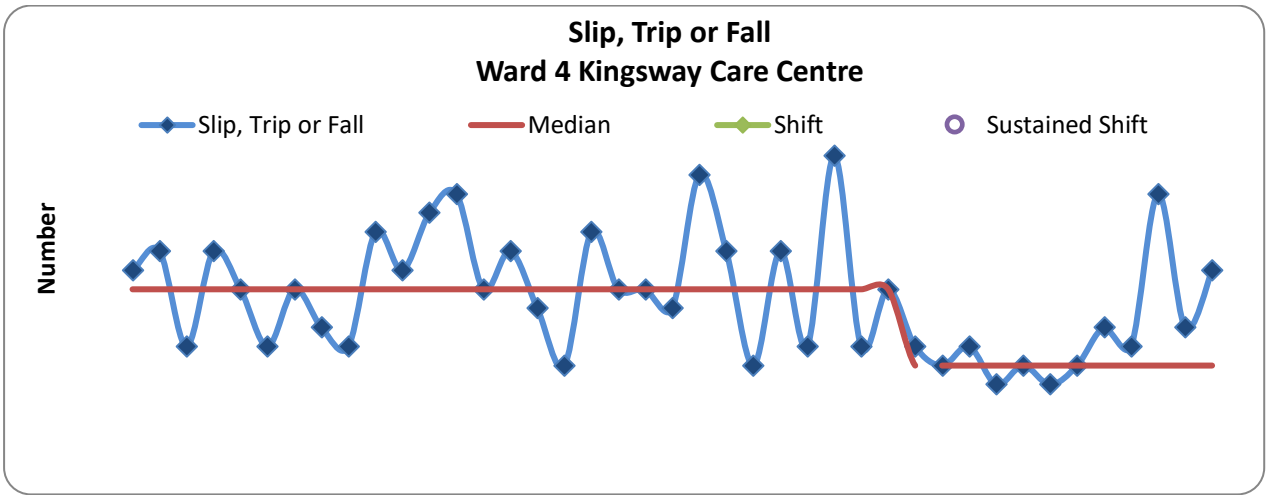
d.3 There were 90 events reported between 01/04/2023 and 31/05/2023. The following table shows slips, trips and falls by severity over the past 18 months:



d.4 The following table shows the number of slips, trips and falls (In-patients only) by location, with the highest number of falls being across Medicine for the Elderly, Psychiatry of Old Age and Palliative Care Services.



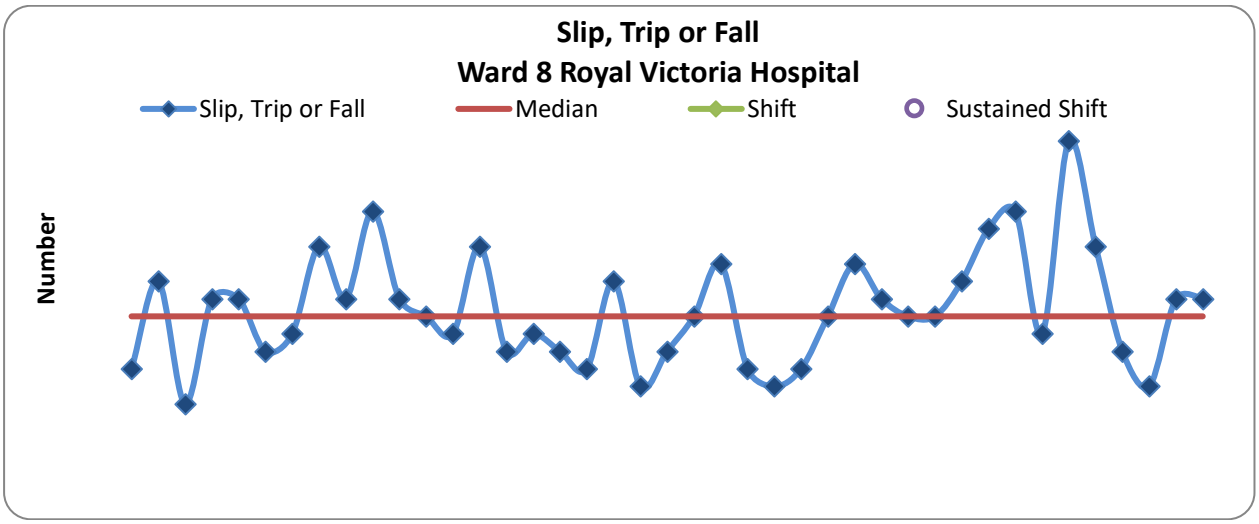
d.5 Local falls management groups continue to review local data and service improvement plans. The following graphs show a sample of graphs from wards within the Dundee HSCP. All graphs show data is stable with random variation.



Ward 4 Kingsway Care Centre has shown a reduction in the median number of falls. The use of technology has been identified as a contributory factor in this, with the team exploring the

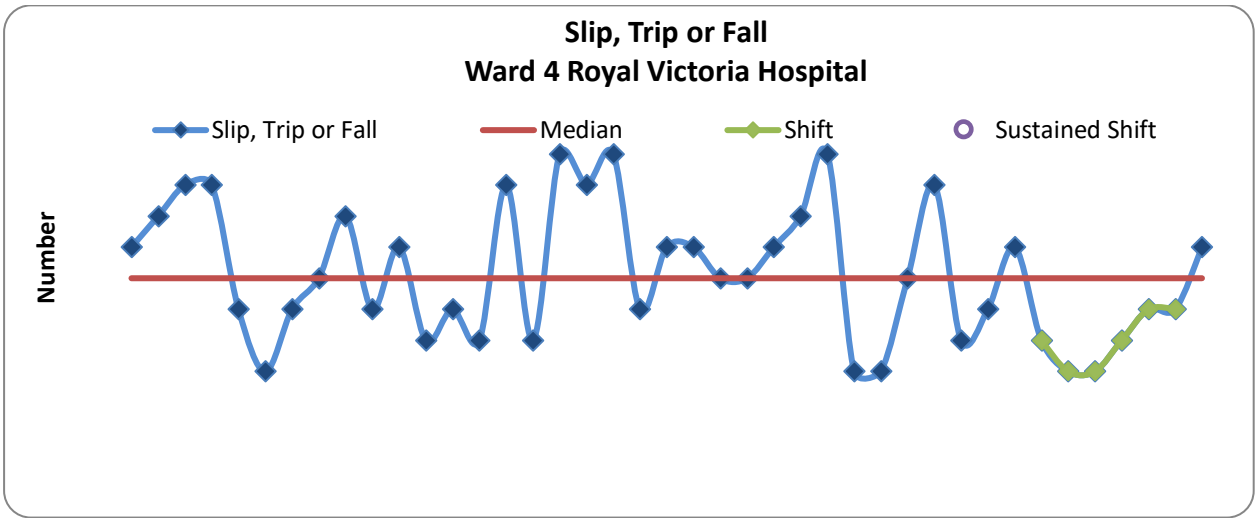
use of both bed sensors and floor sensors to ensure early identification of patients at risk of falling.

d.6



Ward 8 data has shown through review that increased numbers of falls is related to a small number of patients who present with a number of falls, often combined with clinical challenging behaviour.

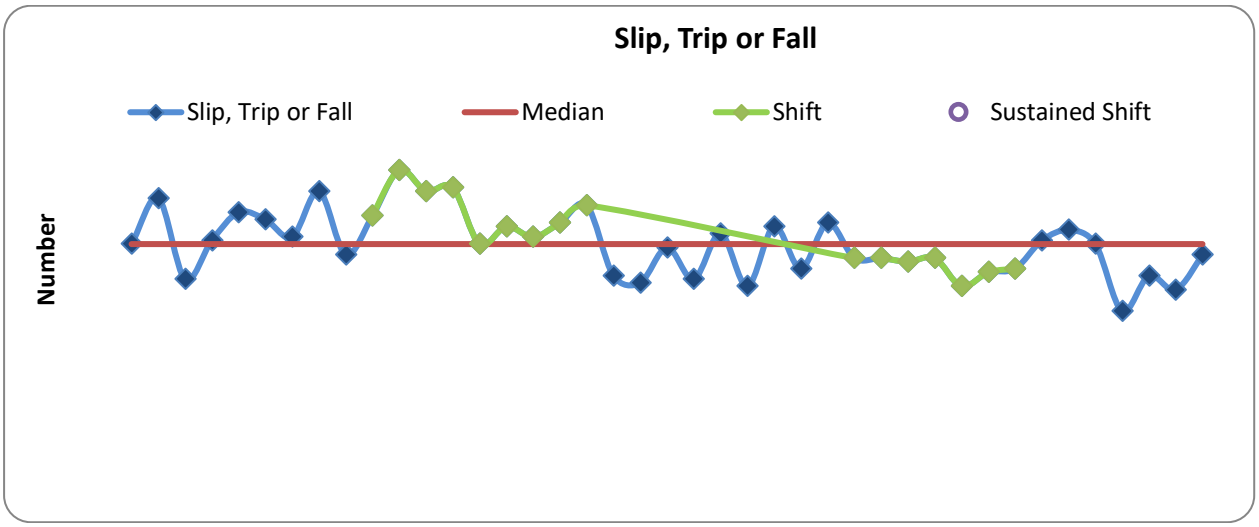
d.7



Ward 4, Royal Victoria Hospital is showing a shift has commenced but is not yet sustained. Review of data identifies one patient is responsible for a number of falls in May 2023 – the falls care plans have been reviewed and updated to support this patient.

There has been significant work across all wards in Royal Victoria Hospital exploring education for health care assistants with a particular focus on promoting a falls safe environment, a focus on rehabilitation ethos, learning from the Care About Physical Activity programmes of work and a broader post-falls safety huddle to ensure learning is shared as widely as possible.

d.8



This graph shows a shift with an increase in falls through 2020-2021 and then a shift with a reduction in falls through 2022.

Clinical Challenging Behaviour

d.9 There were 23 events reported between 01/04/2023 and 31/05/2023. Of these events, 11 were in Ward 4, Kingsway Care Centre. A number of other wards across Psychiatry of Old Age and Medicine for the Elderly reported low numbers (<5) over this reporting period.

Staff report increasing clinical complexities in this patient group who are also becoming younger and stronger posing increased challenges for staff supporting them. There has been an increase in staff harm. The bed base across two wards in Kingsway Care Centre has been reduced to support staff as outlined in the risk section of this paper.

Medication Adverse Events

d.10 There were 22 events reported between 01/04/2023 and 31/05/2023. Within this there were 13 separate subcategories reported across ten different clinical teams. There are no clear themes or patterns identified within teams or across the HSCP. The majority of these events occur in the patients' homes (10) with the most commonly occurring subcategory being missed dose (6). Each adverse event is followed up within the team to identify learning and any required improvements with those involved undertaking reflection. The Community Nursing Service have developed Standard Operating Procedures for enhanced use of their workbooks and delegation processes to support staff in ensuring all visit requirements are better captured and planned and implemented.

Violence and Aggression

d.11 There were 18 events reported in this reporting period with the numbers of violence and aggression incidents reducing as reporting continues to be more accurate between violence and aggression and clinical challenging behaviour. No service area reported more than five violence and aggression incidents in this period with the 18 events covering nine different service areas across six subcategories, including physical, verbal and sexual behaviour by patients and/or others.

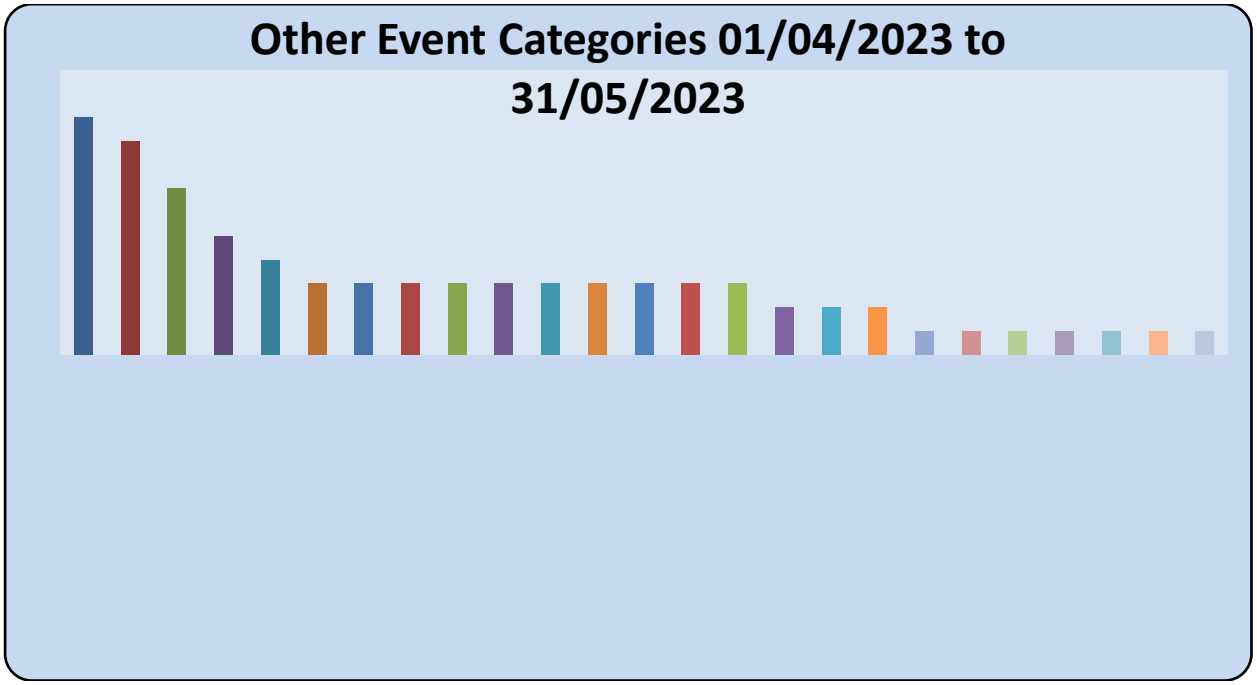
Care Delivery

d.12 There were 11 adverse events reported in this reporting period. Within this there were four subcategories of events across nine teams. The majority of these events related to poor discharge planning (5 events) and implementation across a range of services. On all occasions there was collaboration between discharging and receiving teams to review the adverse event.

Some of these events reflect care being delivered below the standard expected. On each occasion the staff have reflected on practice undertaken and training has been provided where required.

Other Event Categories

d.13 There were 78 events reported outwith the top five events reported. These are listed in the chart below.



There have been a growing number of adverse events reported regarding vulnerable adults. Teams reporting these have established links to the Protecting People Team and local authority Adult Support and Protection teams for guidance and advice.

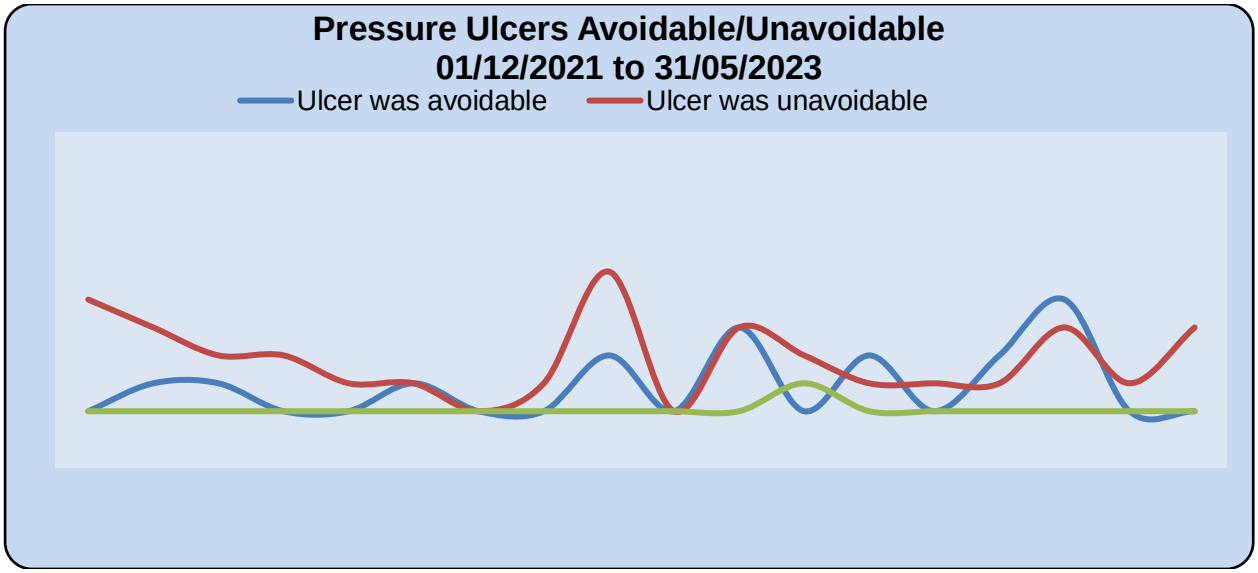
Significant Adverse Event Reviews

d.14 There are currently two Significant Adverse Event Reviews (SAERs) commissioned in the Dundee HSCP. Both are currently awaiting confirmation of a Review team.

A SAER undertaken with regard to medical records management, largely pertaining to records within Mental Health & Learning Disability services is now complete. The actions arising from this, including Duty of Candour reporting, are in progress.

Pressure Ulcers

d.15 There have been four pressure ulcer events reported between 01/04/2023 and 31/05/2023. The number of pressure ulcers reported over the past 18 months is shown in the following graph, by those that were determined as avoidable and those that were determined as unavoidable.



All pressure ulcers reported during this reporting period were unavoidable. Teams liaise with the tissue viability service for support as required.

Feedback

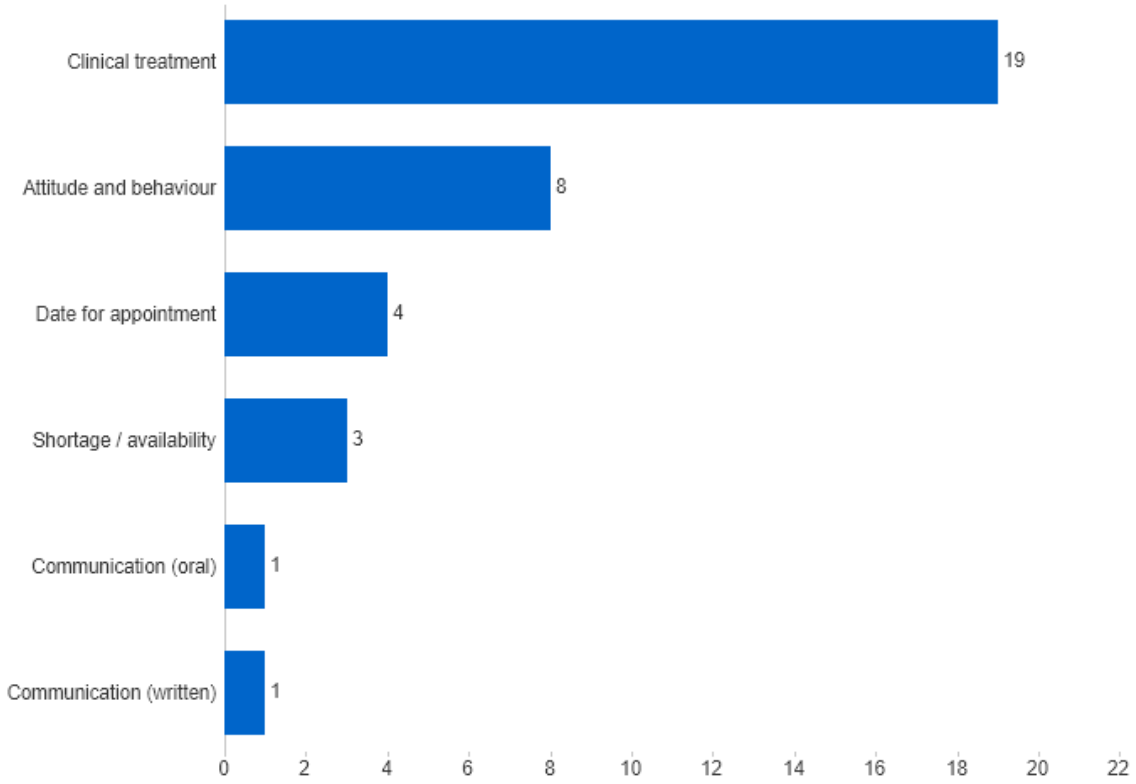
e.1 The table below shows the number of complaints by service area and how long they have been open:

No. of Open Cases - 12							
Clinical Care Group/Department	**Days_Band**	0-5 Days	6-10 Days	11-15 Days	16-20 Days	>20 Days	**Total**
Mental Health (Dundee)		2	2	-	1	1	**6**
CBIR		-	1	-	1	-	**2**
Specialist Palliative Care		-	-	-	1	-	**1**
Community Nursing (Dundee HSCP)		1	-	-	-	-	**1**
Occupational Therapy (Dundee HSCP)		-	-	1	-	-	**1**
Total		**3**	**3**	**1**	**3**	**1**	**11**

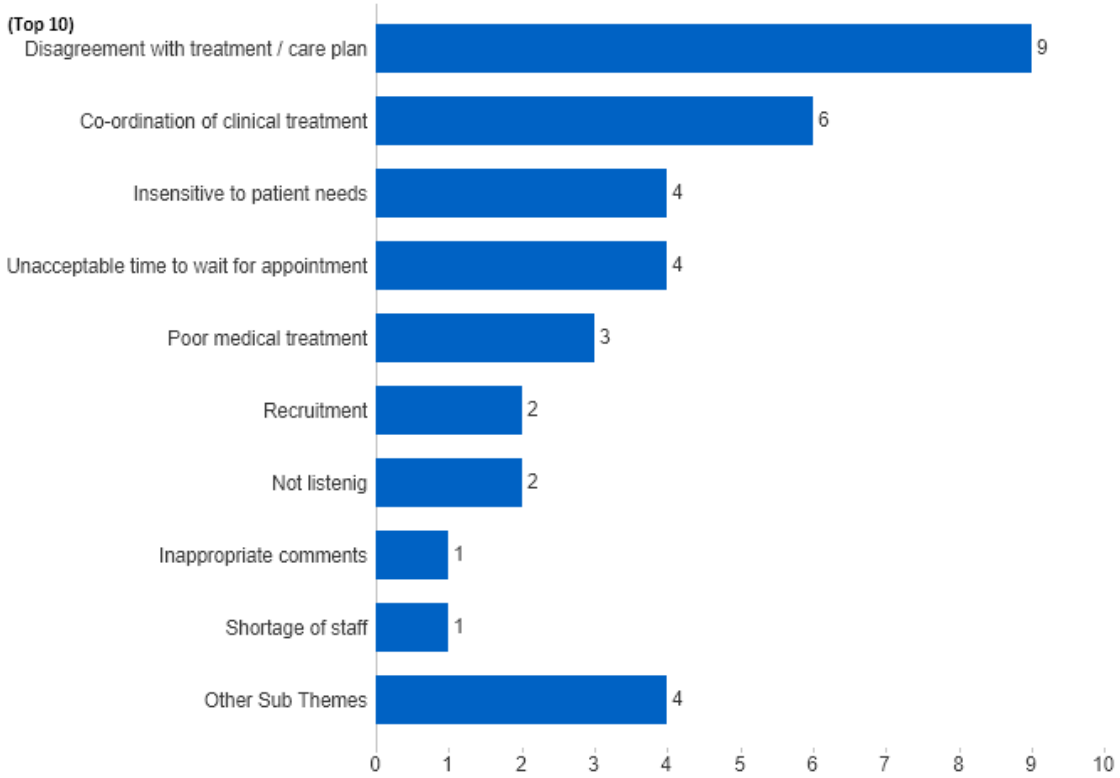
The total number of open complaints has increased this period from seven to 11, however only one complaint has a timescale above 20 days compared with four in the last report, including two over 40 days and one over 60 days. Work will continue in collaboration with the complaints and feedback team to further improve performance.

Key Themes

e.2 The key themes and sub themes for complaints are shown in the charts below.



Sub Themes



e.3 Every complaint is reviewed to understand what did happen, what should have happened and, where a difference exists, what measures can be taken to reduce the likelihood of a similar incident occurring again.

All teams are asked to report on their complaints through the CCPG Group and Forum to ensure the sharing of learning across the Health and Social Care Partnership.

e.4 Ward 5 recently received three complaints. Investigation and analysis of the findings identified these key themes; communication was unclear, documentation incomplete, inconsistent recording of patient measurements and lack of continuity of care with some patients.

The ward have undertaken work to enhance communication within the multi-disciplinary team via review of the keyworker system. They have reviewed handover paperwork and now record handovers and board huddles daily which is demonstrating enhanced communication with the ward environment.

They have also led work in relation to discharge planning for adults with incapacity leading to education sessions for staff to support pathways.

The team have developed improved connections with specialist nursing teams including diabetes, to help guide and support when patients have more complex presentations.

Ward routines have been revised, encouraging patients to socialise in the ward dining room, particularly at meals times. Recruitment for an activities co-ordinator is in progress.

Scottish Public Services Ombudsman Reports

e.5 There have been no SPSO reports for Dundee HSCP since the last assurance report.

External Reports & Inspections

e.6 There have been no external reports or inspections for Dundee HSCP since the last assurance report.

Mental Health

Mental Health Key Performance Indicators

f.1 The suite of mental health measures for Dundee is intended to provide assurance and allow for scrutiny of mental health services delegated to Dundee IJB. Report PAC25-2023 contains the suite of indicators to Quarter 1 2023/24 and associated analysis. The indicators have been developed in tandem with a suite of substance use measures being developed for the purpose of presenting information regarding performance within NHS Tayside and Dundee City Council functions. The suite of indicators is dynamic and can be improved and enhanced. Collaborative work with both Perth & Kinross and Angus HSCPs is ongoing to determine the final position for mental health key performance indicators.

Psychological Therapies

f.2 Psychological Therapies (PT) sits within a Clinical, Care and Professional Governance Group which encompasses PT, the Multidisciplinary Adult Psychotherapy Service (MAPS) and Veterans 1st Point (V1P).

There is a Referral To Treatment Standard for the delivery of psychological therapies that 90% of patients will be seen and commence treatment within 18 weeks of referral. The following represents the recent performance for PT. Note there is a time lag in the publication of statistics that have been fully validated by Public Health Scotland. The following table describes the percentage of people who waited the specified length of time for their first appointment in the given month.

Wait bracket	January 2023	February 2023	March 2023	Scottish average for March 2023
0-18 weeks	79.5%	72.1%	73.6%	79.3%
19-35 weeks	19.8%	25.5%	23.8%	12.8%
36-52 weeks	0.5%	1.1%	2.1%	4.9%
Over 53 weeks	0.2%	1.3%	0.5%	2.9%
Total Number of referrals	767	792	974	
Referrals per 1000 population	1.8	1.9	2.3	2.8

f.3 The length of waits for 90% of people to be seen for these same three months were: January – 24 weeks; February – 26 weeks; March – 24 weeks.

Whilst this indicates that most people who wait over 18 weeks are not far beyond this, the aggregated figures do not usefully convey a number of areas of particular concern:

1. Clinical Neuropsychology
2. Clinical Psychology within Community Mental Health Teams
3. Clinical Health Psychology

1. Clinical Neuropsychology accounts for a significant proportion of the long waits within PT, with local data for May 2023 indicating that 381 people had waited over 18 weeks, but with half of this sample having waited over one year and the longest waits at two years. The issues are resultant of a significantly high vacancy factor, with only 1.4 wte people currently in post to deal with the 'general' waiting list (7.8 wte vacancies). There is a particular complexity with Clinical Neuropsychology in there not being the same potential for using skill mix as other specialities; a further qualification (that is, beyond a Degree in Psychology and Doctorate Qualification in Clinical Psychology) being required before one is recognised as a Clinical Neuropsychologist.

There are four strands of work ongoing to deal with the above. Firstly, the Older Adult speciality (which does not have waiting times issues) has cross-over competencies in dealing with issues such as stroke and dementia. Cases suitable to be seen by clinicians within that speciality are being transferred across. This approach was generated from a 'spotlight' session within the Leadership Management Team. Secondly, a part-time clinician within the Major Trauma Service (which does not have waiting times issues) is increasing their time to provide a session specifically to see the longest waiters. Thirdly, through engaging with a Locum Agency, offers have been made to two Clinical Neuropsychologists (that is, with the additional qualification) to offer remote working. Fourthly, colleagues in NHS Grampian and Highland who lead Clinical Neuropsychology services have agreed to act as 'critical friends' in an extended form of the above spotlight session. This is to determine whether the breadth of referrals accepted by Tayside Clinical Neuropsychology is different from other areas.

2. Clinical Psychology within CMHTs is reported separately across the three geographical localities, with Dundee and Perth & Kinross with the most significant waits, both in terms of numbers and length of time waiting (122 and 58 over 18 weeks at end April). Both have a slowly reducing trend despite there being vacancies in each locality. Measures used include additional weekend clinics and offering staff opportunity to try working within CMHTs. It is important to note that the clinical work undertaken in CMHT is very different from that within Adult PT services (APTS) and the skill mix possibilities differ.

3. Clinical Health Psychology is a cross-Tayside service but which has a number of component parts including services to Bariatric Surgery, Exceptional Aesthetic Referrals, Adult Weight Management and the 'general' service. Referrals come from acute services, General Practice and other psychology services. The waiting times for this service are currently perversely affected by the cessation of elective surgery during COVID-19, meaning that, for example, the service is running with waits that look like 3 years but where there is no clinical purpose in assessing people until surgery is a realistic possibility. The main issue within Clinical Health Psychology is a high vacancy rate but also a unique situation where two newly-recruited staff members entered longer-term sickness absence before fully beginning work.

f.4 The core issue for all PT services across Scotland is the limited availability of a suitable workforce. Since 2006 there has been a 243% increase in the PT workforce with a 264% increase within Tayside. However, the expansion of services (including available finance) has outstripped the rate at which a new workforce is trained. This is despite the development of a 'new' workforce called Clinical Associates in Applied Psychology (Masters level qualification completed in one year rather than three year Doctorate training). A modernised recruitment strategy is in place with energetic attempts to secure new staff in advance of qualification. A flexible use of budget across specialities ensures that posts can be configured to maximise the 'attractiveness' of posts and a Strategic Commissioning Group for PT has been established to ensure a transparent use of resources, particularly for new developments. Equal attention has been focused on retention. Staff engage in high levels of (non-mandatory)

CPD, a regular Trainee Wellbeing Forum has been established, an 8b Development Forum established and post-COVID full (in-person) Departmental CPD begins next month.
Relationships have been established with a recognised Locum organisation with remote working staff now in place within APTS, CMHT, Learning Disability and Clinical Health Psychology.

f.5 Community Mental Health Team (CMHT) Activity:

The following series of graphs relate to the demand, activity and waiting lists across the East and West Community Mental Health Teams. This data demonstrates that the demand on CMHT services has increased from pre-COVID levels and appears to be remaining at those increased levels.

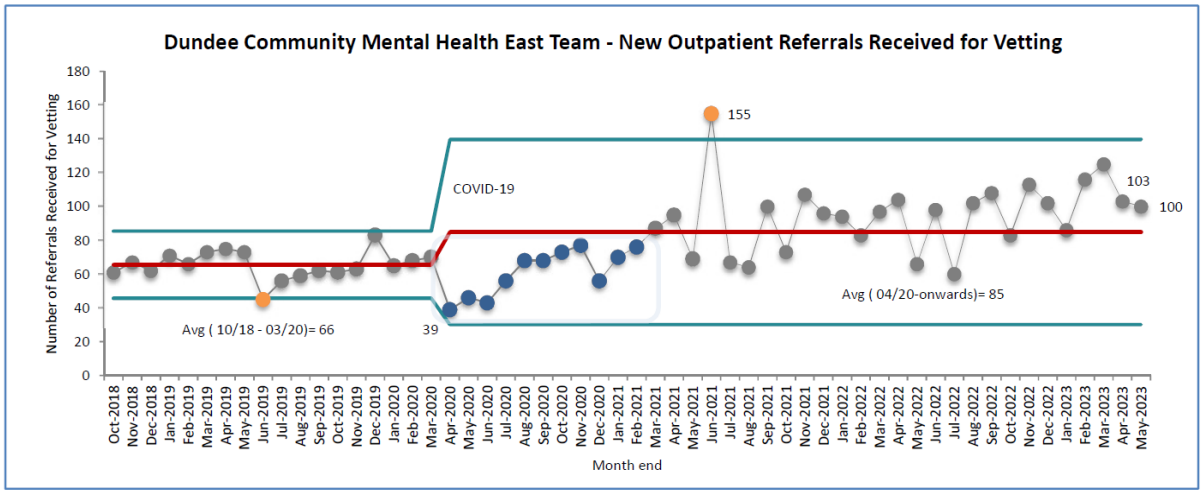
CMHTs remain entirely dependent on Locum Consultant staffing and the differences between East and West Teams are largely resultant from a difference in stability across that staff group, as well as a historic difference in baseline staffing levels (for medics).

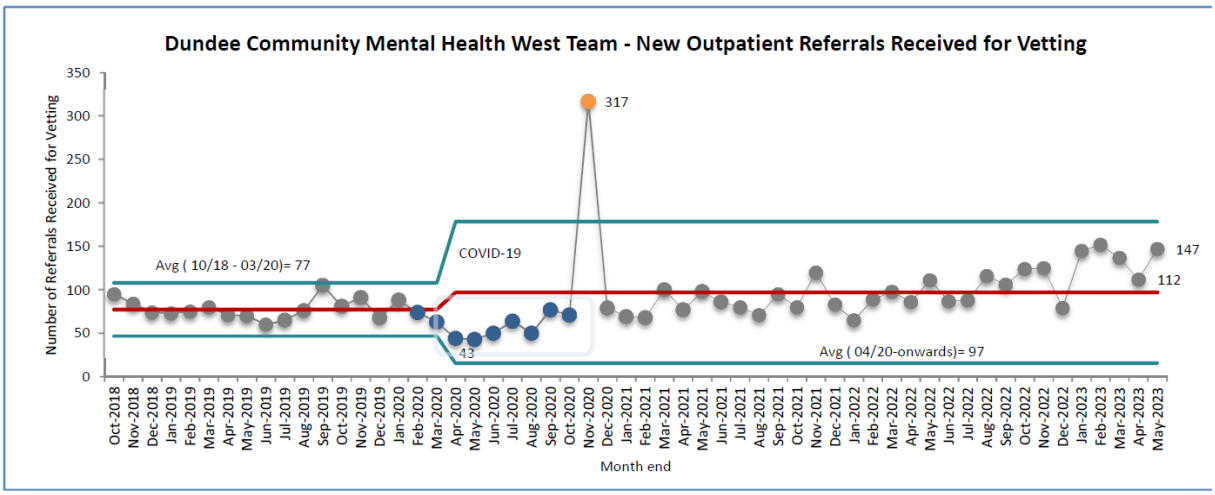
During this reporting period, the CMHTs have been in contingency with East providing medical cover across the City for an agreed eight week period.

A shift in Advanced Nurse Practitioner time – to provide extra clinics each week in CMHT West – has been enacted with a specific focus on improving throughput and ensuring that medical staff are able to maximise the number of new patients being seen.

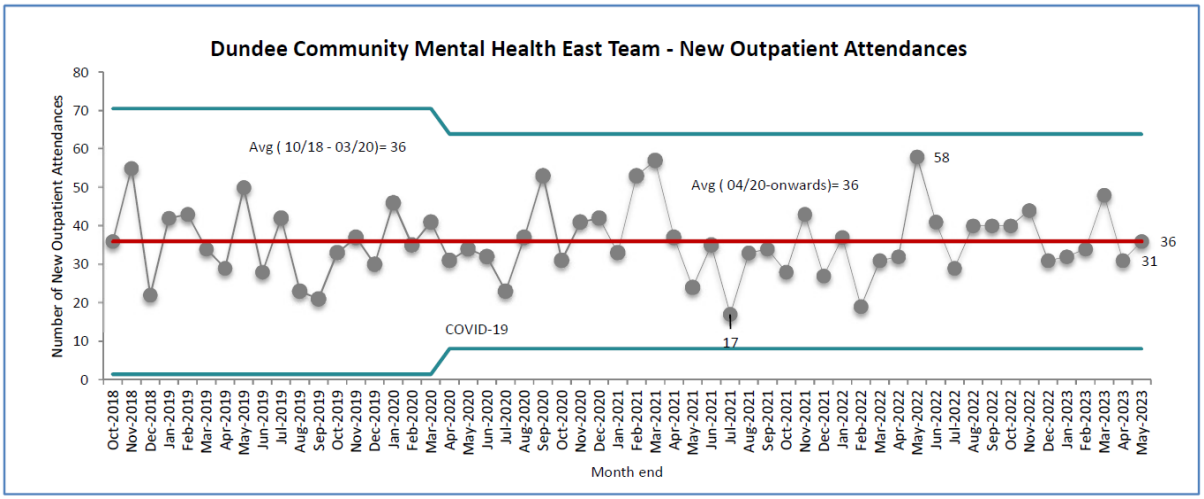
There continues to be energetic effort in achieving a similar level of Consultant input between the two areas as the data from East points to a reasonable match between demand and capacity where three Consultants are in place.

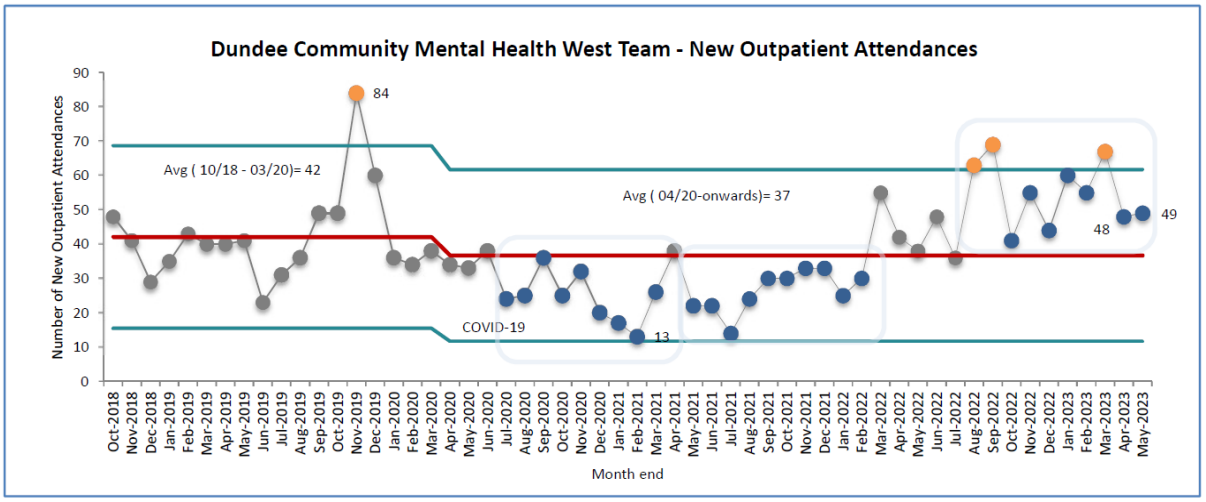
f.6 Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:



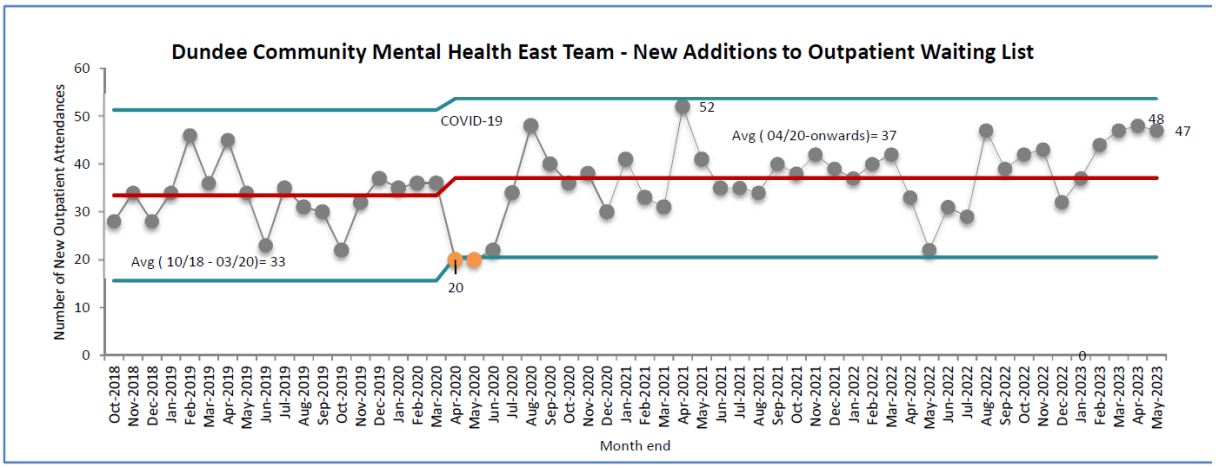


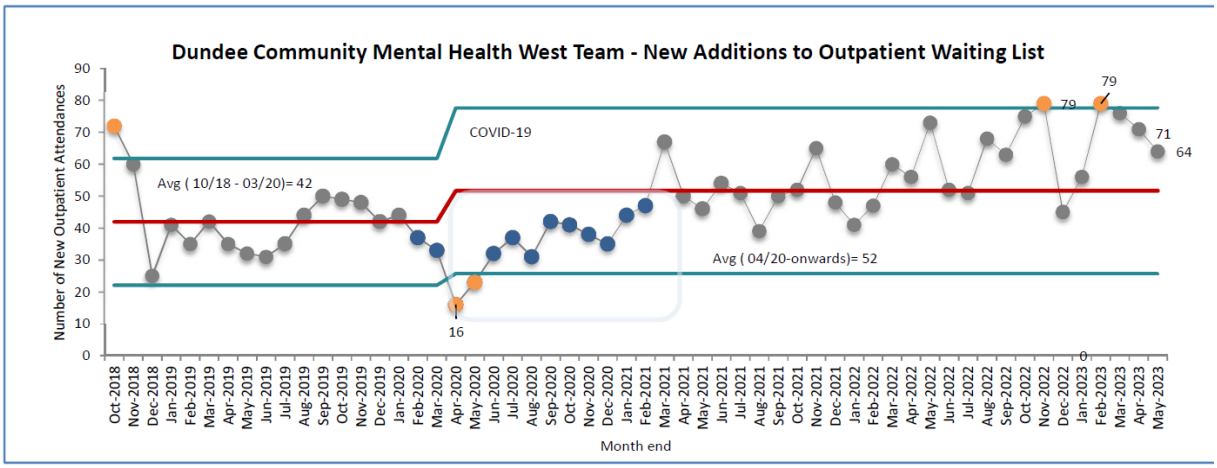
f.7 Volume of new outpatient attendances, excluding did not attends, grouped by attendance month:



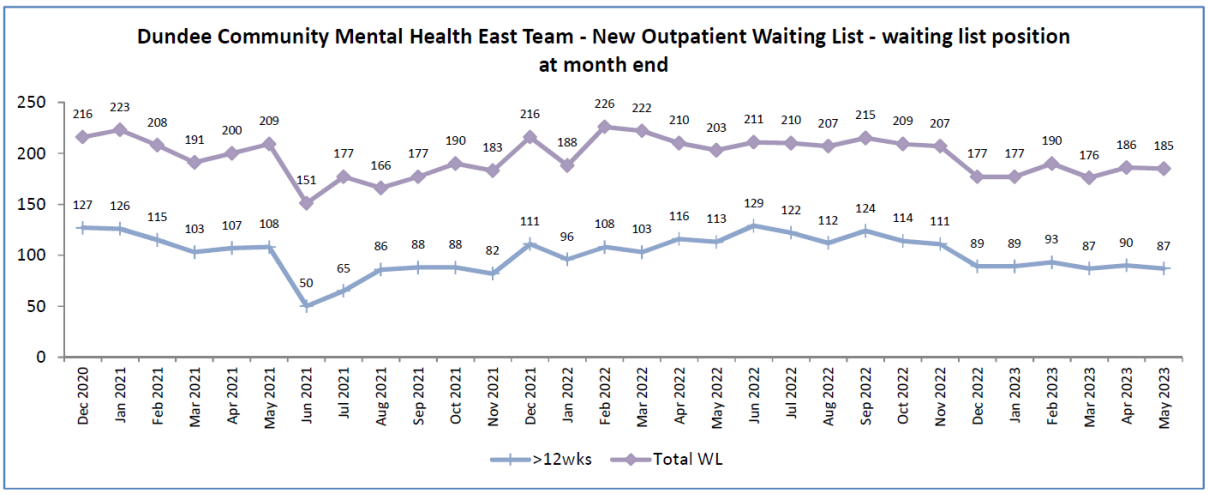


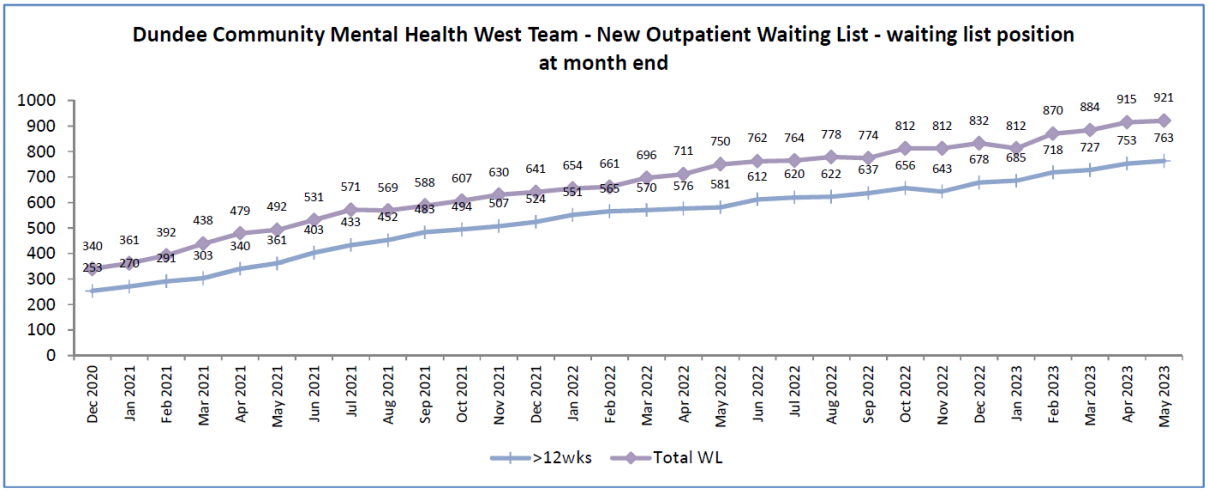
f.8 Volume of referrals added to the waiting list for a new appointment, grouped by referral month:





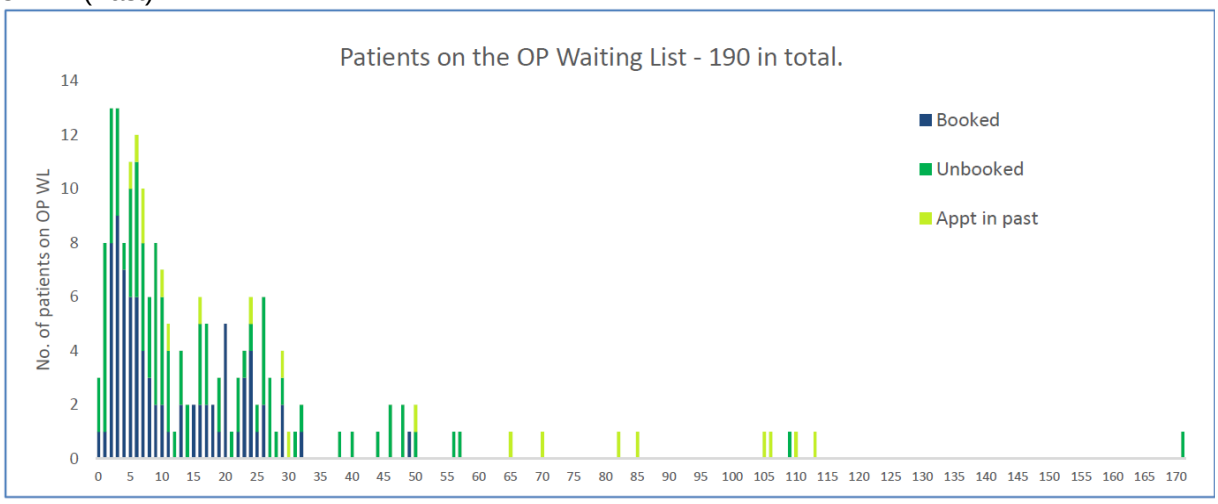
f.9 Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:



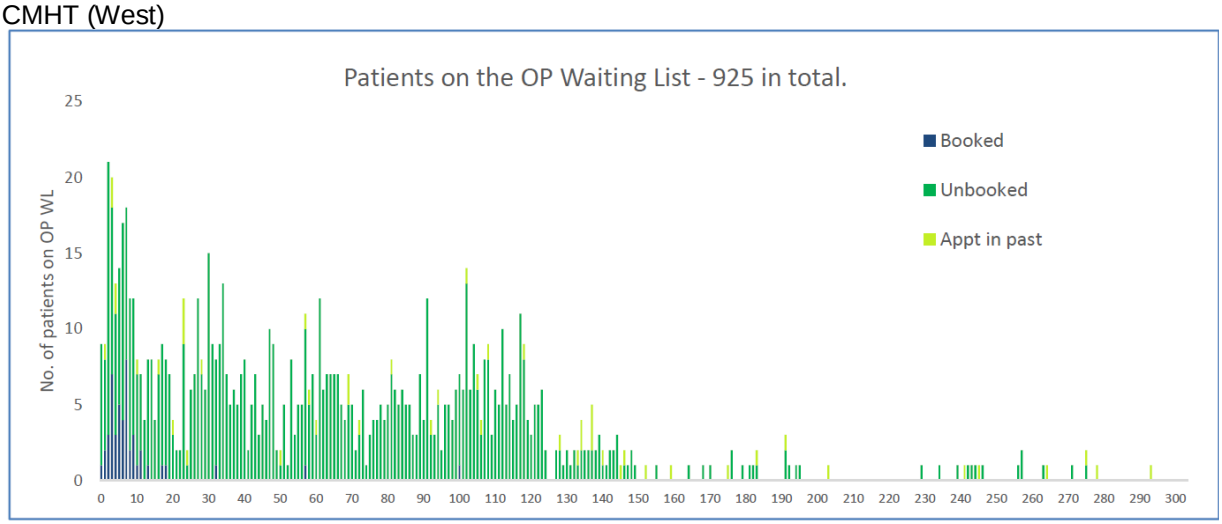

Dundee Community Mental Health West Team - New Outpatient Waiting List - waiting list position at month end
1000
900
800
700
600
500
400
300
200
100
0
Dec 2020
Jan 2021
Feb 2021
Mar 2021
Apr 2021
May 2021
Jun 2021
Jul 2021
Aug 2021
Sep 2021
Oct 2021
Nov 2021
Dec 2021
Jan 2022
Feb 2022
Mar 2022
Apr 2022
May 2022
Jun 2022
Jul 2022
Aug 2022
Sep 2022
Oct 2022
Nov 2022
Dec 2022
Jan 2023
Feb 2023
Mar 2023
Apr 2023
May 2023
340 361 392 438 479 492 531 571 569 588 607 630 641 654 661 696 711 750 762 764 778 774 812 812 832 812 870 884 915 921
253 270 291 303 340 361 403 433 452 483 494 507 524 551 565 570 576 581 612 620 622 637 656 643 678 685 718 727 753 763
>12wks
Total WL

f.10 Snapshot waiting list distribution by weeks waiting at a point in time (05/06/2023) – Waiting List Type – True WL

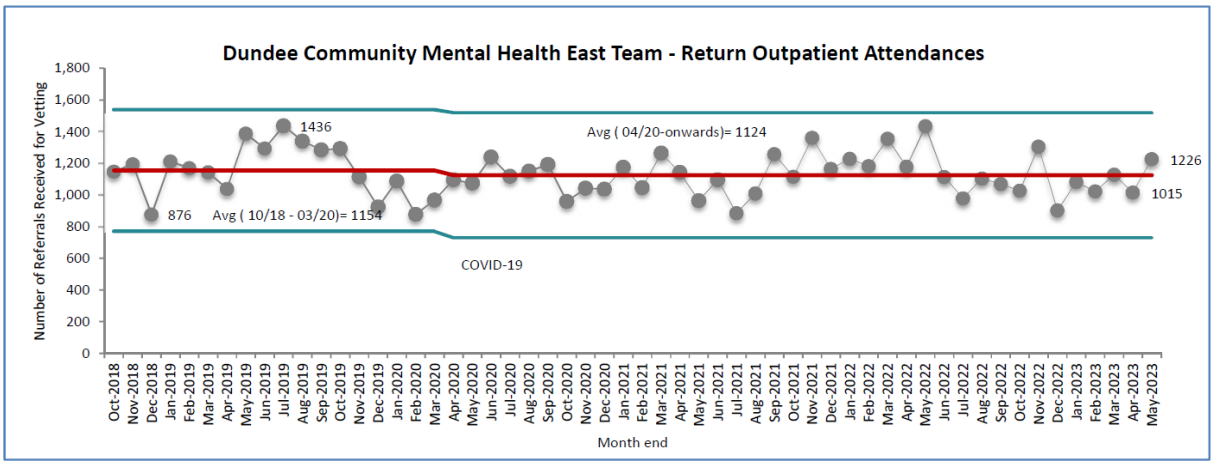
CMHT (East)

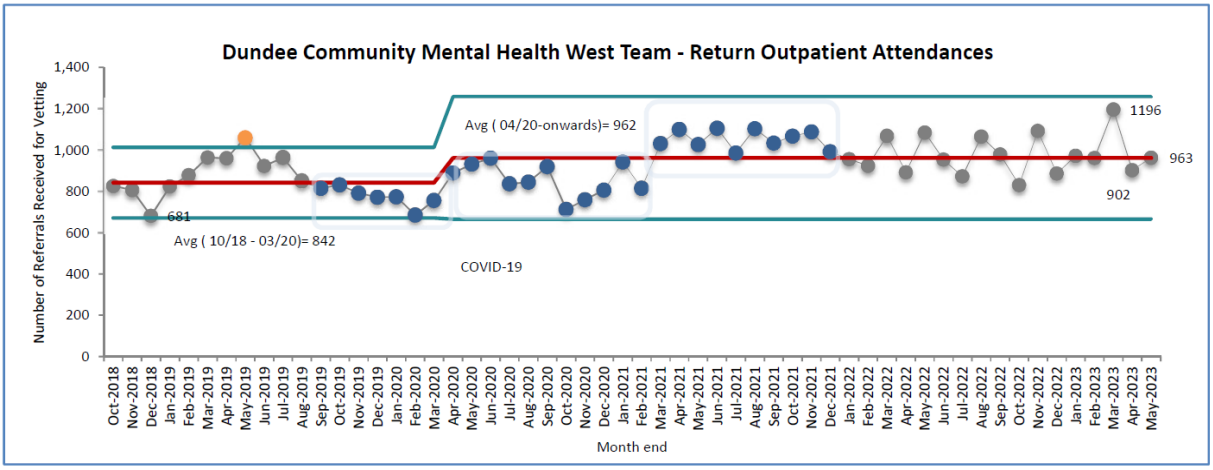


CMHT (West)



f.11 Volume of return outpatient attendances, excluding did not attends, grouped by attendance month:





g.1 Drug-related Deaths

The 2022 report is not yet published, and analysis is not yet complete. At this time Dundee is showing a reduction in the number of drug related deaths, compared with previous years, however until figures are finalised, this cannot be confirmed.

g.2 Medication Assisted Treatment Standards (MATS)

The 2023 national benchmarking report has now been produced. The period assessed to generate information for the benchmarking report was from January to March 2023, and coincided with the time when Constitution House was closed as a result of flooding, impacting on the ability to deliver the full range of days for drop-in access. Despite this, the service has shown significant improvement across MATS 1-5 which was the focus for the first year of change. Dundee HSCP received the following assessed grades:

MAT 1 – amber
MAT 2 – provisional green
MAT 3 – provisional green
MAT 4 – provisional green
MAT 5 – provisional green
MAT 6 – provisional amber
MAT 7 – amber
MAT 8 – amber
MAT 9 – provisional amber
MAT 10 – amber

6.0 POLICY IMPLICATIONS

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

7.0 RISK ASSESSMENT

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

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS

9.1 None

Dr David Shaw DATE: 30 August 2023
Clinical Director

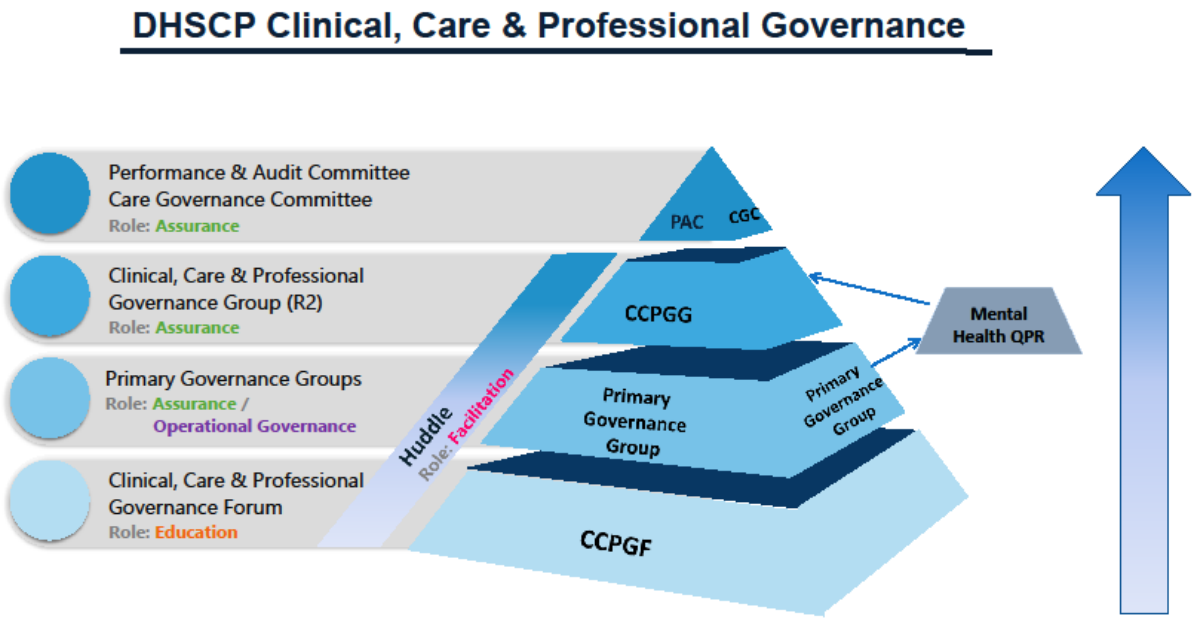
Diane McCulloch
Chief Social Work Officer / Head of Health and Community Care

Matthew Kendall
Allied Health Professions Lead

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

Dundee HSCP Governance Structure

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



Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group is responsible for directing, collating and monitoring governance arrangements and ensuring that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within Dundee Health and Social Care Partnership. It is chaired by the Clinical Director, and membership, as referenced in the terms of reference, extends to Head of Health and Community Care Services, Associate Nurse Director, Associate Medical Director, Associate Locality Managers, Lead Allied Health Professional, Lead Nurse, Lead Pharmacist, Clinical Governance Lead, Senior Officer – Business Planning and Information Governance, NHS Business Support Representative.

Management structures across Dundee HSCP have been redesigned over the past three months and the members of the CCPG Group will be updated to reflect this and the Primary Governance Group Structure which sits beneath the CCPG Group.

At each CCPG Group meeting each Primary Governance Group will present an exception report highlighting key areas of concern across the six domains listed in GIRFE. They will also reference exceptional pieces of work undertaken, current challenges and future potential issues identified through triangulation of data reviewed through Primary Governance Group meetings.

Each Primary Governance Group will produce an annual report in line with the reporting programme.

A range of additional reports are also reviewed at the CCPG Group, which includes DHSCP Analysis Report (Adverse events and Risks), Complaints, Infection Prevention and Control and Inspection Reports.

Further assurance is sought with a range of reports/discussions relating to topics such as professional registration, GDPR, SPSO, contemporaneous issues for example Dundee Drugs Commission review and Trust and Respect Report.

Primary Governance Groups (PGG)

There are currently nine PGGs:

- In Patient Services (MfE, POA, CBIR, Palliative)
- Adult Community Services
- Acute and Urgent Care
- Mental Health
- Learning Disabilities
- Psychological Therapies
- Health Inequalities
- Nutrition and Dietetics
- Dundee Drugs and Alcohol Recovery Services

Each Primary Governance Group will meet monthly and the remit of the Primary Governance Group is to:

- Provide assurance to the Clinical, Care and Professional Governance Group on the systems and processes for clinical, care and professional governance activities.
- Develop, prioritise, implement, monitor and review the annual work plan for clinical, care and professional governance activities.
- To create the learning environment and conditions within Services by dedicating time to allow staff to share learning, tools and other resources and encourage the dissemination of good practice.
- Ensure that clinical and care leadership underpins Service assurance processes and that clinical and care leaders are supported to share tools and resources to spread good practice.
- Encourage an integrated approach to quality improvement across Services.
- Ensure appropriate actions in relation to clinical, care and professional governance and quality activities are taken in response to internal reports and external reports from bodies such as NHS Healthcare Improvement Scotland, Care Inspectorate, Audit Scotland, Mental Welfare Commission and Scottish Public Services Ombudsman.

- Ensuring that there is a robust reporting and assurance mechanism for services which are hosted within the partnership but do not solely operate within Dundee Health and Social Care Partnership.
- Undertake the management, escalation or cascading of issues/risks/concerns as appropriate.
- Collate, review and analyse core and service specific datasets to inform exception report to the CCPGG, reflecting the six domains described in the Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework.
- The exception report should include, but is not limited to:

    - Emergent issues of concern identified
    - Adverse Events:
        - Recurring themes, Major and Extreme Incidents
        - Incidents that trigger Statutory Duty Of Candour
    - All Red Adverse Events
    - Adverse Event Reviews, Significant Case Reviews
    - Complaints
    - Risks
    - Inspection Reports and Outcomes
    - Changes to standards, legislation and guidelines
    - Outcomes of care
    - Adherence to standards
    - Sharing of learning

A representative from each PGG will represent the group at the Dundee HSCP CCPG Group and present and talk to the exception report and, where required, the annual report. The representative will act as a conduit between the PGG and CCPGG ensuring effective communication between groups.

Due to the recent redesign of the management structure, there have been changes in the organisation of the PGGs. The Governance team, alongside the professional leads in the HSCP are working closely with the new chairs of these PGGs to support development of these groups.

<u>Governance Huddle</u>

There is a weekly governance huddle attended by the professional leads and the governance team. A high level review of all adverse events is undertaken with the intention of identifying themes or patterns and triangulating knowledge of service pressures, governance scorecards and service data to identify services who may be struggling, who require support to manage adverse events or who may display a change in their current performance in relation to managing adverse events. This allows for early support to be provided to teams from both a governance and managerial perspective to undertake early management of developing potential risks.

The huddle is open to managers to attend to gain an enhanced overview of the governance arrangements across the HSCP. Managers can also attend to discuss specific aspects of clinical, care and professional governance as required.

The huddle will also undertake work to review risk management, complaints process and quality and any other governance-related theme as required.

Clinical, Care and Professional Governance Forum

The forum is used as an education forum for managers and lead governance staff across the HSCP. The format allows for review of scorecard data, encouraging discussion around works of excellence and challenging areas, with managers peer-reviewing one another and sharing learning across a range of themes.

Each forum will also have a dedicated educational element to improve knowledge and understanding of governance systems and processes across the HSCP. Subjects to date have included: Qlikview, Risk Management System, Datix system report building and scorecard development.

REPORT TO: **DUNDEE INTEGRATION JOINT BOARD**

REPORT ON: **ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP 2022-2023**

REPORT BY: **CLINICAL DIRECTOR**

REPORT NO: **DIJB32-2023**

1.0 PURPOSE OF REPORT

This annual report is to provide assurance to the Dundee IJB regarding matters of Clinical, Care and Professional Governance. In addition, the report provides information on the business of the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group ("the Group", DHSCP CCPG Group), and to outline the ongoing planned developments to enhance the effectiveness of the group.

2.0 RECOMMENDATIONS

It is recommended that the Dundee Integration Joint Board:

2.1 Notes the content of this report.

2.2 Notes the work undertaken by the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group from April 2022–March 2023 to seek assurance regarding matters of Clinical, Care and Professional Governance.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Objectives and Responsibilities

4.1.1 Review and enquiry about risks being managed across the Dundee Health & Social Care Partnership (Dundee HSCP) and action progressed to mitigate risk.

4.1.2 Review and enquiry to demonstrate there are systems to embed clinical, care and professional governance at all levels from frontline staff to the IJB and to drive a culture of continuous improvement.

4.1.3 Sharing and learning from best practice and innovative ways of working in relation to clinical, care and professional governance across Dundee HSCP.

4.2 Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group

4.2.1 The Business considered by the DHSCP CCPG Group during 2022-2023 has addressed the function and remit of the Group; profiling national policy and local application of policy and guidance that affects practice. Key themes considered are outlined below:

- Service Area Reports/Updates
- The Risk Register
- Feedback
- Adverse Events
- Outcome of Inspection Reports
- Updates on Clinical Governance and Risk Management Local Adverse Event Reviews / Significant Adverse Event Reviews / Significant Case Reviews
- Exception reports relevant to the Clinical, Care and Professional Governance with reference to the 6 domains outlined in the Getting it Right for Everyone Framework, from each service.
- Processes for the introduction of new clinical, care and professional policies and procedures

4.2.2 Clinical, Care and Professional Governance Assurance Reports following each CCPG Group meeting have been timeously submitted to the Dundee HSCP Executive Management Team and to the NHS Tayside Care Governance Committee and to the Dundee Performance and Audit Committee for review and discussion and agreement on assurance levels provided.

4.2.3 The Group planned to meet on five occasions during the period 1 April 2022 to 31 March 2023 on the following dates:

- 18 May 2022
- 27 July 2022
- 28 September 2022
- 23 November 2022
- 8 February 2023

4.2.3.1 Providing operational support and a forum for learning, the Clinical, Care and Professional Governance Forum met on the following dates:

- 21 April 2022
- 23 June 2022
- 25 August 2022
- 27 October 2022
- 15 December 2022
- 23 February 2023 – Cancelled

Primary Governance Groups and Service Level Governance Groups provide reports into the Clinical, Care and Professional Governance Group and Forum. The service level reports tabled at the Forum encourage supportive discussion to enhance the reports provided to the CCPG Group.

Assurance reports are provided to a range of committees and/or boards with information taken from the range of governance groups mentioned above in line with the reporting timeframes set by each committee/board. The primary areas for this reporting are via:

- NHS Tayside Care Governance Committee
- Dundee Health and Social Care Partnership Performance and Audit Committee
- Dundee Integration Joint Board.

These assurance reports were produced in:

- April 2022
- August 2022
- October 2022
- December 2022
- February 2023
- April 2023

4.2.3.2 Strategic Risks

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

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

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

The strategic risks aligned with clinical, care and professional governance include: Staff Resource, Dundee Drug and Alcohol Recovery Service, Primary Care, Mental Health Services with a number of other risks demonstrating significant crossover with the clinical, care and professional governance agenda, for example: National Care Service, Restrictions on Public Sector Funding, Cost of Living Crisis and the Impact of COVID-19.

Significant work has been undertaken seeking to mitigate each of these risks. The fundamental challenges in seeking to recruit and retain our workforce continue to impact on a number of our risks and while these pressures continue there are successes, in some areas, with recruitment to leadership posts, key clinical posts and the development of new models of service delivery.

Work will continue through Workforce Planning Leads to further develop and implement our recruitment and retention strategies.

Primary Care

Practice sustainability remains a key risk in Dundee practices with ongoing concerns regarding termination of contracts and practice notifying of their intention to do so through 2023. A significant number of practices have had closed lists in this year which creates pressures on nearby practices. Recruitment and retention of GPs and the wider team to support primary care remains challenging and is impacting on service delivery and care. The NHS Tayside risk for the sustainability of primary care remains at 25. An internal audit review of the risk has highlighted a number of actions to be progressed at both local and regional level.

Dundee Drug and Alcohol Recovery Service

The concerns for 2022-2023 were foremost focused on working to put systems in place to meet the initial 5 (out of 10) Medically Assisted Treatment (MAT) Standards. This was a transformational change process against the backdrop of high levels of demand, a flood in our main base and the need to change so many things so quickly. This has paid off in terms of the creation of new processes that focus on patient-centred care informed by those with lived experience.

The Key priorities for 2023-24 will include working on all 10 MAT Standards and working to move the DDARS service out of Constitution House which will have to be achieved over

several phases to ensure the teams move into accommodation that is fit for purpose to allow DDARS and our partners to provide trauma-informed patient-centred care.

Increased senior leadership within this team will allow for an enhanced focus on improvement work across the service.

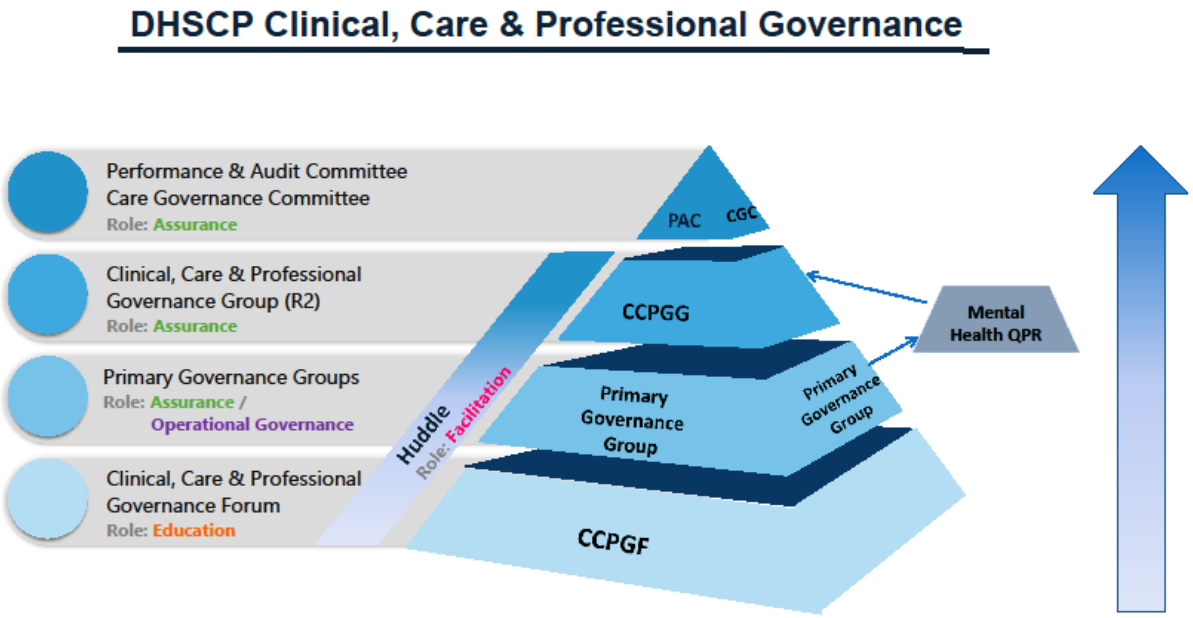
Mental Health

The overarching concerns within mental health and learning disability services during 2022-23 related to; the provision of adequate levels of staffing due recruitment challenges, with the most significant risk relating to the limited availability of psychiatry resources, and the recommendations arising from the Independent Inquiry into Mental Health Services in Tayside.

During 2023-24 priority focus will be given to new models of support to support mental health and wellbeing in a more timely manner. This will include the opening of a community wellbeing centre, continued focus to extend mental health and wellbeing support within in primary care and continued collaborative work through the Tayside Mental Health and Learning Disabilities Whole System Change Programme.

4.2.3.3 Dundee HSCP Governance Structure

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



4.2.3.4 DHSCP CCPG Group

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

Associate Locality Managers, Lead Allied Health Professional, Lead Nurse, Lead Pharmacist, Clinical Governance Lead, Senior Officer – Business Planning and Information Governance, NHS Business Support Representative and Third Sector representative.

Management structures across DHSCP have been redesigned during this reporting period, and continue to be reviewed, and the members of the CCPG Group will be updated to reflect this and the Primary Governance Group structure which sits beneath the CCPG Group.

At each CCPG Group meeting each Primary Governance Group will present an exception report highlighting key areas of concern across the six domains listed in the Getting it Right for Everyone (GIRFE) Governance Framework. They will also reference exceptional pieces of work undertaken, current challenges and future potential issues identified through triangulation of data reviewed through Primary Governance Group meetings.

Each Primary Governance Group will produce an annual report in line with the reporting programme developed through the CCPG Group.

A range of additional reports are also reviewed at the CCPG Group, which includes DHSCP Analysis Report (Adverse Events and Risks), Complaints, Infection Prevention and Control and Inspection Reports.

Further assurance is sought with a range of reports/discussions relating to topics such as professional registration, GDPR, SPSO and contemporary issues, for example Dundee Drugs Commission Review and Trust and Respect Report.

4.2.3.5 Primary Governance Groups (PGG)

There are currently 11 PGGs:

- In Patient Services and Day Care Services
- Community Services
- Acute and Urgent Care
- Mental Health
- Learning Disabilities
- Older People's Mental Health
- Care Homes
- Psychological Therapies
- Health Inequalities
- Nutrition and Dietetics
- Dundee Drugs and Alcohol Recovery Services

Each Primary Governance Group will meet monthly and the remit of the Primary Governance Group is to:

- Provide assurance to the Clinical, Care and Professional Governance Group on the systems and processes for clinical, care and professional governance activities.
- Develop, prioritise, implement, monitor and review the annual work plan for clinical, care and professional governance activities.
- To create the learning environment and conditions within services by dedicating time to allow staff to share learning, tools and other resources and encourage the dissemination of good practice.
- Ensure that clinical and care leadership underpins service assurance processes and that clinical and care leaders are supported to share tools and resources to spread good practice.
- Encourage an integrated approach to quality improvement across services.
- Ensure appropriate actions in relation to clinical, care and professional governance and quality activities are taken in response to internal reports and external reports from bodies such as NHS Healthcare Improvement Scotland, the Care Inspectorate, Audit Scotland, Mental Welfare Commission and Scottish Public Services Ombudsman.

- Ensuring that there is a robust reporting and assurance mechanism for the services which are hosted within the partnership but do not solely operate within Dundee HSCP.
- Undertake the management, escalation or cascading of issues/risks/concerns as appropriate.
- Collate, review and analyse core and service-specific datasets to inform exception reports to the CCPGG, reflecting the 6 domains described in the Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework.
- The exception report should include, but is not limited to:

    - Emerging issues of concern
    - Adverse Events
    - Recurring themes, Major and Extreme Incidents
    - Incidents that trigger Statutory Duty Of Candour
    - All Red Adverse Events
    - Adverse Event Reviews, Significant Case Reviews
    - Complaints/Feedback
    - Risks
    - Inspection Reports and Outcomes
    - Changes to standards, legislation and guidelines
    - Outcomes of care
    - Adherence to standards
    - Sharing of learning

A representative from each PGG will represent the group at the Dundee HSCP CCPG Group and present and talk to the exception report. The representative will act as a conduit between the PGG and CCPGG ensuring effective communication between groups.

Due to the recent redesign of the management structure, there have been changes in the organisation of the PGGs. The Governance team, alongside the professional leads in the HSCP are working closely with the new Chairs of these PGGs to support development of these groups.

4.2.3.6 Governance Huddle

There is a weekly governance huddle attended by the professional leads and the governance team. A high level review of all adverse events is undertaken with the intention of identifying themes or patterns and triangulating knowledge of service pressures, governance scorecards and service data to identify services who may be struggling, who require support to manage adverse events or who may display a change in their current performance in relation to managing adverse events. This allows for early support to be provided to teams from both a governance and managerial perspective to undertake early management of developing potential risks.

The huddle is open to managers to attend to gain an enhanced overview of the governance arrangements across the Dundee HSCP. Managers can also attend to discuss specific aspects of clinical, care and professional governance as required.

The huddle will also undertake work to review risk management, complaints process and quality and any other governance-related theme as required.

4.2.3.7 Clinical, Care and Professional Governance Forum

The forum is used as an education forum for managers and lead governance staff across the Dundee HSCP. The format allows for review of scorecard data, encouraging discussion around works of excellence and challenging areas, with managers peer-reviewing one another and sharing learning across a range of themes.

Each forum will also have a dedicated educational element to improve knowledge and understanding of governance systems and processes across the HSCP. Subjects this

reporting period have included: Qlikview, Risk Management System, Datix system report building and scorecard development.

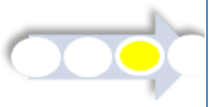
4.2.3.8 Summary Assurance Statement

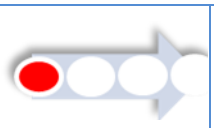
The year April 2022 to March 2023 continued to be one of the most challenging across the health and social care system, due to the remobilisation post-COVID-19 pandemic and the changing demands of the population. The response from staff has been incredible and high quality services have continued to be delivered safely and effectively. There have, of course, been challenges and the infrastructure that has been built, and continues to evolve, has supported the HSCP and its staff to manage and mitigate risk in a proactive and productive manner.

Learning, and the sharing of learning, remains a key focus within the HSCP, and while this has developed well over the year, it remains an area where further improvements will be made. This is instrumental in supporting the HSCP move towards substantial levels of assurance: "A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited, where Controls are applied continuously or with only minor lapses".

The current "reasonable" levels of assurance demonstrate that a generally sound system of governance, risk management and control is in place. Some issues do persist (timeous management and administration of risks, complaints and adverse event; ongoing workforce availability) and there is evidence of some non-compliance (attendance at governance groups, provision of governance reports at all groups, although it should be noted this has improved significantly over the course of this reporting period) and there is identified scope for improvement across a range of services and governance domains. Despite all of the challenges faced this year, all of the above have shown an improving picture, with the HSCP being in a strong position to move towards substantial assurance through 2023-2024.

All assurance reports presented to the Care Governance Committee, the Performance and Audit Committee and the Integration Joint Board have provided reasonable assurance.

Level of Assurance		System Adequacy	Controls
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.

No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.

4.2.4 During the financial year ending 31 March 2023 membership of the Group comprised:

Clinical Director (Chair)
Head of Health and Community Care Services (Vice-chair)
Head of Health and Community Care Services
Community Nurse Director
Associate Medical Director
Associate Locality Managers
Mental Health and Learning Disability Manager
Clinical Lead, Psychology Services
Allied Health Professional Lead (DHSCP)
Lead Nurse (DHSCP)
Clinical Governance Lead (DHSCP)
Senior Officer – Business Planning and Information Governance (DHSCP)

4.3 Schedule of Business Considered During the Period 1 April 2022 to 31 March 2023

4.3.1 18 May 2022

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted Mental Health Service Report
- Noted Psychology Service Report
- Noted Frailty / Older People's Service Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Report
- Noted Community Report
- Noted Health Inequalities Report
- Noted In Patient and Day Care Report
- Noted Primary Care Report

Focussed discussion on Dundee Drug and Alcohol Service staffing risks – nursing staff.

COVID-19 – Updates provided on current challenges relating to COVID-19. Focus primarily on remobilisation plans with a request for these to be reflected in exception reports at future meetings including impact of deconditioning and delays in care.

Staff wellbeing was discussed in relation to catering facilities on the Royal Victoria Site which had been absent since the start of the pandemic.

NHS Tayside Business Board Critical Report was shared for the group's awareness and use.

Report provided on the adverse event management policy that has been reviewed via the clinical policy governance group. The useful appendices to support governance activity were brought to members' attention, especially with reference to supporting adverse event reviews.

Infection Prevention and Control Committee Report presented. Group maturing well with broadening representation. Focus on comprehensive reporting across all HSCP services. Current level of assurance provided is moderate.

Verbal updates provided on feedback from Care Governance Committee and the Performance and Audit Committee including: good overview of governance is provided; request for information regarding Medication Assisted Treatment Standards; complaints performance in particular around overdue complaints in the mental health service; delays in biochemistry results post-mortem and the good links to national work to address, commended on the deep dive work undertaken in relation to adverse events in the District Nurse Service.

Mental Health Risks were discussed in relation to the development of 8 new risks for Mental Health services across Tayside to support whole system working and governance.

Clinical, Care and Professional Governance Annual Report was presented for members to comment on prior to submission.

Information Governance: Allied Health Professions documentation rationalisation process presented to the group. Excellent progress being made with work reporting into the Clinical Policy Governance Group.

Dundee HSCP Workforce Plan presented to the group.

New framework for Newly Qualified Practitioners in social care presented to the group for awareness and to engage with staff for support to implement.

Paper presented on Newly Graduated Practitioners in Nursing and the new processes to be implemented.

Dundee HSCP Analysis report presented highlighting areas for improvement including consistent reporting of adverse events (types and severity), overdue adverse events and timely management of the risk register.

Complaints Report presented:

- Increasing number of complaints
- Absence of key staff leading to increased delays responding to complaints.

Presentation on Care Opinion provided by Dundee Enhanced Community Service.

Fair Work in Social Care report presented to the group.

Verbal report provided on the work of the Drugs Commission.

Verbal report provided on the Listen, Learn, Change paper noting governance arrangements, leadership, scrutiny and key themes.

4.3.2 27 July 2022

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted Mental Health Service Report
- Noted Psychology Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Service Report
- Noted Community Services Report
- Noted In-Patient and Day Care Service Report
- Noted Primary Care Report
- Noted Health Inequalities Report
- Noted Acute and Urgent Care Report
- Noted Care Home Report

COVID-19 – Exceptions and emerging risks noted. Significant staffing issues have been noted with increasing absences a common theme alongside staff exhaustion.

Presentation provided on Ukrainian Refugees and the services put in place to support their relocation in Dundee. Noted significant impact this is having across a range of services. Situation remains very fluid but noted good resilience planning in place.

Primary Care reported on current pressures across a number of GP practices reflecting closure of one practice and the closure of lists for other practices.

Discussions commenced on the Getting it Right for Everyone Framework and how this might support reporting for hosted services. Work will progress through the GIRFE Group.

Report received on the Docman system and risk of missing information. Mitigation in place and being led both regionally and nationally.

Clinical, Care and Professional Governance Forum Report presented.

Infection and Prevention Control Group Minute provided for information.

Dundee Drugs Commission Report and initial response has been tabled to be heard at the Dundee IJB.

Dundee HSCP Analysis report presented with a focus on risk management and pending risks. The excellent data provided in relation to adverse events was noted with the number of overdue unverified events showing an improving picture.

Complaints report noted. Future reports to include compliments and report to be renamed feedback report.

Care Home Forum membership and leadership discussed to further strengthen engagement and oversight across Care Homes.

4.3.3 28 September 2022

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted mental Health Service Report
- Noted Psychology Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Service Report
- Noted Community Services Report
- Noted In-Patient and Day Care Service Report
- Noted Primary Care Report
- Noted Health Inequalities Report
- Noted Acute and Urgent Care Report
- Noted Care Home Report

Presentation provided on the Promotion of Equality and Social Justice. Comprehensive discussion ensued on how to build support through communities and seek to help those with the greatest needs using inequalities informed practice.

Care Governance Committee updated provided outlining new reporting timetable for the HSCP.

Getting It Right for Everyone update provided on the work progressing regards the sharing of information across the HSCPs for hosted services.

Verbal report provided on the Drugs Commission progress with a number of short life working groups developing to lead the various workstreams.

Verbal update provided on the work related to Trust and Respect Report.

Verbal report provided regarding the Primary Care Improvement Plan and the Scottish Government review of funding for this work. The impact and associated risks were highlighted.

Risk Management processes within the HSCP were discussed with the intention of reviewing the current meeting structures to afford greater levels of support to service leads in managing risks.

A number of services continue to report significant risk in relation to recruitment and the unavailability of workforce across a range of professions and grades.

Professional leads reported on work progressing regarding workforce planning and development of processes to support the Health and Care (Staffing) Act.

Dundee HSCP Workforce Plan presented to the group.

Care Home Inspection Report Noted.

Feedback report presented with members asked to note very positive comments included in most recent report and to encourage staff to continue to report this.

Dundee HSCP Analysis report presented.

4.3.4 23 November 2022

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted Mental Health Service Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Service Report
- Noted Palliative Care Report
- Noted Psychiatry of Old Age In Patient and Community Services Report
- Noted Psychology Report
- Noted Health Inequalities Report
- Noted Community Services Report
- Noted Urgent and Acute Care Report
- Noted In Patient and Day Care Report
- Noted Primary Care Verbal Report

Public Health report presented outlining the impact of deprivation on health and the connections between deprivation, despair, drug statistics and suicides and mental health in impoverished areas.

GIRFE Update – Ongoing discussions regarding Lead Agency (Hosted) reports with some sharing of reports now in place.

Updates from Performance and Audit Committee and Care Governance Committee reports demonstrating reasonable levels of assurance being provided with good quality reports continuing to be provided.

Drugs Commission Report presented outlining focus of work now towards Medication Assisted Treatment Standards and local implementation.

Trust and Respect Report update outlined final submission to the Independent Oversight and Assurance Group is due in December.

Primary Care Improvement Plan update provided demonstrated good progress being made although also highlighting a number of gaps in some areas due to staff availability.

Risk Management report noted with overview provided on a number of new risks and confirmation of the formation of a new risk management group to commence in early 2023.

Professional updates highlighted work related to packages of care and delayed discharges supporting patient flow. International recruitment was being progressed across a number of professions. Standards of proficiency were being published for community nursing staff in 2023. Significant workforce planning activity across newly-qualified social work staff ongoing.

Inspection Grading Report presented highlighting excellent collaboration between HSCP and Care Home team with proactive management of arising issues.

Dundee HSCP Analysis Report Presented for adverse events and risks with new tab included reflecting the work from the governance huddle regards incomplete adverse events.

Safe Staffing Update provided outlining work being undertaken across professions.

Infection Prevention and Control Report noted.

4.3.5 08 February 2023

Clinical, Care and Professional Governance Exception Reporting

- Community Services Report noted.
- Care Homes Report noted
- Mental Health and Learning Disability Reports noted.
- Psychology Report noted.
- Drug and Alcohol Recovery Service Report Noted.
- Nutrition and Dietetics Report noted.
- Health Inequalities Report noted.
- Acute and Urgent Care Report noted.
- In Patient and Day Care Report noted.
- Older People's Mental Health Report Noted
- Care Home Report noted.
- Primary Care verbal report noted.

Getting it Right for Everyone Update – Key piece of work is progressing relating to key performance indicators for mental health. New appointments to chair of the CGC noted.

Focussed discussion held regarding the development of a Tayside-Wide Mental Health Clinical, Care and Professional Governance Group which is being led within GIRFE.

Governance huddle shared the newly developed newsletter which aims to share simple, key messages to staff to support governance activity.

Drugs Commission Report update shared.

Trust and Respect Report presented. Agreement made for future updates to be provided within exception reports.

Primary Care Improvement Plan Update Report noted.

Emerging risk presented in relation to Palliative Care Services outlining level of risk and mitigations in place. Exception report to be provided to Care Governance Committee to inform them of emerging status.

Verbal update provided on first Risk Management meeting held in January 2023. Agreement reached to support continuation of Risk Management meeting.

Allied Health Professions Professional Update: Significant ongoing work with national teams supporting the safer staffing agenda. Group updated regarding the work for some AHP staff to now complete fit notes in place of medical staff and the governance processes around this.

Nursing Professional Update: Group updated regarding the work for nursing staff to now complete fit notes in place of medical staff and the governance processes around this. Update provided in relation to transforming nursing strategy.

Social Work Professional Update: National Social Work Agency Group has been established to consider implications of the National Care Service on social work. The SSSC Codes of Practice have been reviewed.

Commissioned Services Grading and Update Report Noted. It was recognised the exception reports that covered commissioned services provided excellent triangulation of the exceptions identified and resultant actions.

Care Home Inspection report noted.

Feedback Report noted with positive performance in relation to meeting standards for complaints.

Dundee HSCP Analysis Report Presented.

Equality and Social Justice Report presented with a key focus on cost of living crisis, access to appropriate support, local decision-making structures.

4.4 Assurance Statement

4.4.1 As Chair of the Dundee HSCP Clinical, Care and Professional Governance Group during the financial year 2022-2023, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings has supported the fulfilment of the Group's objectives and responsibilities.

4.4.2 I would like to offer my thanks to the commitment and dedication of fellow members of the Group. Significant work goes into the preparation of the written reports and I am grateful to all those who have attended and contributed to each of the meetings.

5.0 POLICY IMPLICATIONS

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

6.0 CONSULTATIONS

The Chief Finance Officer, Heads of Service – Health & Community Care, Clinical Director, Allied Health Professions Lead and the Lead Nurse were consulted in the preparation of this report.

7.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act

2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	✓
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

8.0 BACKGROUND PAPERS

None.

Vicky Irons
Chief Officer

DATE: 6.6.2023

Diane McCulloch
Head of Health & Community Care

Jenny Hill
Head of Health & Community Care

Krista Reynolds
Lead Nurse

David Shaw
Clinical Director

Matthew Kendall
Allied Health Professions Lead

ITEM No …12……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 27 SEPTEMBER 2023**

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

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC37-2023**

1.0 PURPOSE OF REPORT

1.1 This paper provides the Performance and Audit Committee (PAC) with an update on progress against previous internal audit plans as well as work relating to 2023/24.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 Performance & Audit Committee (PAC):

2.1 Notes the progress of outstanding internal audit reviews and progress against the 2023/24 internal audit plan.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Public Sector Internal Audit Standards (PSIAS) require that the Chief Internal Auditor (CIA) reports periodically to the Audit Committee (the PAC in the case of Dundee City IJB) on activity and performance relative to the approved annual plan. We have previously set out that audit work is planned so as to allow the Chief Internal Auditor to provide the necessary assurances prior to the signing of the accounts.

4.2 Internal Audit D05/22 Viability of External Providers has now been issued in final (See Report PAC32-2023 on this agenda). Whilst not yet finalised, fieldwork on D06/23 Operational Planning is substantially complete. In addition, as previously reported to this Committee, work has already been undertaken on non-discretional elements of the 2023/24 Internal Audit Plan. Progress on plans is set out in Appendix 1.

4.3 Working with our partners in Dundee City Council, we are committed to ensuring that internal audit assignments are reported to the target Performance & Audit Committee. The full 2023/24 Internal Audit Plan is presented to this Committee for approval at a separate agenda item. The plan sets out how we intend to shift the timing of audit work within the annual cycle and make more efficient use of the available time and ensure timely assurance reporting to the Committee.

4.4 Following a suggestion at the September 2021 PAC (Article VIII of the minute of meeting of this Committee of 29th September 2021 refers) the progress of each audit has been risk assessed and a RAG rating added showing an assessment of progress using the following definitions:

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

4.5 An update on the progress of all the IJB's Internal Audits is shown in Appendix 1. Resources to deliver these audits are provided by NHS Tayside and Dundee City Council Internal Audit Services.

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

NHS Tayside reports:

Report	Opinion	Key findings
T06&07/24 NHS Tayside Annual Internal Audit Report 2022//23	N/A	The Chief Internal Auditor concluded that: • The Board has adequate and effective internal controls in place. • The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role. The following key themes were highlighted within the report: • Governance arrangements including risk management were considered robust. • The importance of overall Strategy to achieve long term sustainability and the update to all strategies to reflect changing demands. • Strong performance against the Scottish average for national targets such as cancer waiting times. • The pressures on long-term financial sustainability have increased even further and faster than anticipated. The three year financial plan overtly states that financial sustainability needs to be at the core of any decisions made.

		• The NHS Tayside Medium Term Financial Plan 2023/24 to 2025/26 projects a financial challenge of £87.2 million in 2023-24. Traditional approaches to making efficiencies were producing declining savings, and new solutions will be required to ensure that services are sustainable. NHS Tayside will need to ensure that is has the capacity and capability required to identify, develop and implement these solutions whilst maintaining business as usual. • NHS Scotland as a whole is predicting significant requirements for brokerage by 2025-2026. NHS Tayside's cumulative 3 year financial gap, at a total of £182m, is significant in this context and there is a risk that not all required brokerage may be available when needed. NHS Tayside should prepare contingency plans accordingly. • It is essential that workforce planning effectively supports the achievement of the Board's operational, financial and strategic objectives. • Assurance reporting continued to improve. • Mental Health and Drugs and Alcohol Recovery are considered to be Strategic risks for the IJBs, not for the Health Board. A Drugs & Alcohol strategic risk is in place for Dundee IJB, but the Perth & Kinross IJB Strategic risk on Whole system Mental Health remains under development. Given the significance of these risks, this potential gap in assurance reporting to the Care Governance Committee should be addressed as soon as possible. • Key recommendations to provide clarity on the affordability of the Digital Strategy and risk mitigation, and identify the impact of any elements which will not be delivered, have not been implemented to date as agreed. The summary report was presented to the NHS Tayside Audit and Risk Committee in June 2023 and can be accessed at page 30 in the following link: https://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&dDocName=PROD_368305&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1 The full report, with management responses, was finalised in July 2023 and will be presented to the NHS Tayside Audit and Risk Committee on 14 September 2023.

Dundee City Council reports:

Report	Opinion	Key findings
DCC 2022/23 Internal Audit Annual report	N/A	It is my opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the Council's framework of governance, risk management and control for the year to 31 March 2023. The full report can be accessed at page 201 in the following link: https://www.dundeecity.gov.uk/reports/agendas/scr280623(sup).pdf
Fire Risk Assessments	The principal conclusion drawn from this review is that whilst there is basically a sound system of control there are some areas where it is	The main areas commented upon in the report are as follows: • The content of the City Development FRA spreadsheet should be verified in order to ensure it is accurate and that all relevant properties are included or archived as required. A formal process for notifying the Fire Safety Officer when properties require to be removed from or added to the FRA spreadsheet should be put in place. In addition, all current FRA's should be uploaded into the GVA system as soon as possible. In order to ensure there is appropriate programming, completion and monitoring of actions in relation to properties which currently fall under the responsibility of the Housing Division as part of Neighbourhood Services, operational responsibility for FRA's should be assigned to

	viewed improvements can be made.	a specific appropriately trained individual / team. To facilitate this, consideration could be given to combining the fire safety functions and resources of City Development and the Housing Division of Neighbourhood Services under a Corporate function, such as the Corporate Health and Safety Team. This arrangement will require the appointment of a Corporate officer to assume responsibility for the role of Duty Holder for the entire Council property portfolio. The audit findings and recommendations were formally reported to the Executive Director of City Development, the Executive Director of Corporate Services and the Executive Director of Neighbourhood Services and appropriate action agreed to address the matters raised.

Other Tayside IJB reports:

For this meeting, there are no other reports finalised by other Tayside IJBs, that require reporting to the PAC.

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 a status update and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

Date: 01/09/2023

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
Outstanding								
D05-22	Viability of External Providers	Review the controls established to manage Strategic Risk HSCP00d1. A review of the IJB's approach to continually assess the viability of its contracted social care providers as essential partners in delivering health and social care services and the priorities set out in the IJB's Strategic and Commissioning Plan. The review will consider the steps taken to engage with providers around the IJB's strategic direction and how the IJB provides ongoing support to them, including the process invoked should there be concerns over financial or operational sustainability.	Complete  See separate agenda item	✓	✓	✓	✓	Reasonable Assurance
2022/23								
D01-23	Audit Planning	Agreeing audit universe and preparation of strategic plan	Complete 	✓	✓	✓	✓	**N/A**
D02-23	Audit Management	Liaison with management and attendance at Audit Committee	Complete 	✓	✓	✓	✓	**N/A**

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
D03-23	Annual Internal Audit Report (2021/22)	CIA's annual assurance statement to the IJB and review of governance self-assessment	Complete 	✓	✓	✓	✓	**N/A**
D04-23	Governance & Assurance	Ongoing advice in relation to governance and assurance arrangements to support the response to the Dundee Drugs Commission	Complete 	✓	✓	✓	✓	Additional work was performed as part of fieldwork for annual report and has informed the annual report
D05-23	Workforce	Related risk: Staff Resource Scope: coherent, co-ordinated, adequate and effective approach to managing significant workforce risks. Strategic & operational responses across the totality of the workforce, including contracted services and 3rd sector	N/A	Risk assessed, discussed with the Chief Finance Officer and referenced in 2023/24 Internal audit plan paper as D06/24 (see agenda item XXX)				
D06-23	Operational planning	Related risk: All Planning and monitoring implementation of actions to deliver strategic priorities, including those arising from remobilisation and service plans *Completion of this audit was delayed due to competing priorities on audit staff time	~~February 2023~~ November 2023* 	✓	✓	✓		

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
2023/24								
D01-24	Audit Planning	Audit Risk Assessment & Operational Planning.	Complete  See separate agenda item	✓	✓	✓	✓	**N/A**
D02-24	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at Audit Committee.	Ongoing/ May 2024 	✓	✓			
D03-24	Annual Internal Audit Report (2022/23)	CIA annual assurance statement to the IJB and fieldwork to support this.	June 2023 (IJB) 	✓	✓	✓	✓	**N/A**
D04-24	Governance & Assurance	Additional work supporting improvements in AFU/GAP * See GAP agenda item	~~September 2023~~	✓	✓	✓		

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
			November 2023* 					
D05-24	Internal Control Evaluation	Holistic assessment of the internal control environment in preparation for production of 2023/24 Annual Report. Follow-up of previous agreed governance actions including Internal Audit recommendations.	May 2024 					
D06-24	Workforce	Related risk: Staff Resource Scope: coherent, co-ordinated, adequate and effective approach to managing significant workforce risks. Strategic & operational responses across the totality of the workforce, including contracted services and 3rd sector	February 2024 					

ITEM No …13……..

REPORT TO: **PERFORMANCE AND AUDIT COMMITTEE – 27 SEPTEMBER 2023**

REPORT ON: **INTERNAL AUDIT PLAN 2023/24**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC31-2023**

1.0 PURPOSE OF REPORT

1.1 The purpose of this paper is to seek approval of the Annual Internal Audit Plan for Dundee City Integration Joint Board (IJB) for 2023/24, to present the Internal Audit Charter, and to agree the appointment of the Chief Internal Auditor.

2.0 RECOMMENDATIONS

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

- Agree to the continuation of Fife, Tayside and Forth Valley Audit and Management Services (FTF) as the IJB's lead internal auditors and therefore continuing the role of Chief Internal Auditor.
- Approves the 2023/24 Internal Audit Annual Plan as set out in Appendix 1 to this report.
- Notes there are no changes to the Internal Audit Charter as set out in section 4.2 of this report

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Scottish Government issued Finance Guidance for Integration Joint Boards (IJB) via the Integrated Resources Advisory Group (IRAG). That guidance states: '*It is the responsibility of the Integration Joint Board to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This will include determining who will provide the internal audit service for the Integration Joint Board and nominating a Chief Internal Auditor.'* Following a meeting of Dundee IJB in May 2016, FTF were appointed as the IJB's Internal Audit Service. It is proposed to continue these arrangements with both Dundee City Council Internal Audit services and FTF continuing to provide resources under the terms of the joint working arrangements already in place. The Chief Internal Auditor role would continue to be provided by FTF. The previous Chief Internal Auditor retired on 31 August 2023 and Jocelyn Lyall has been appointed from 1 August 2023 to allow for a handover period.

4.2 At its meeting in September 2020, the Performance and Audit Committee agreed that future changes to the Internal Audit Charter would be approved as part of the Integration Joint Board's Annual Internal Audit Plan. No updates to the Charter are required at this point, as the underlying guidance has not changed.

4.3 Public Sector Internal Audit Standards set out the need to establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation's goals. The audit plan is designed to provide the Chief Internal Auditor with sufficient evidence to form an opinion on the adequacy and effectiveness of internal controls. 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 Internal Audit Plan describes how the available resources will be utilised during the year.

4.4 Resources to deliver the plan will be provided by NHS Tayside and Dundee City Council Internal Audit services and have been included in the 2023/24 Internal Audit Plans of both parties. Overall 40 days have been allocated. Internal Audit would highlight that the plan is predicated on the basis that operational controls over services are maintained and assured through the partners. An Internal Audit Joint Working Protocol has been agreed, as has a Protocol for sharing Internal Audit outputs, and relevant audits will continue to be shared under the Output Sharing Protocol which will provide additional assurance to the IJB.

4.5 Internal Audit have reviewed the extant strategic risks of the organisation, several of which have been the subject of previous audit coverage. Discussions between management and Internal Audit have taken place to ensure the substantive audit assignments in 2023/24 add maximum value.

4.6 It is proposed that in 2023/24, for the first time, an Internal Control Evaluation (ICE) will be undertaken in January 2024 (final report to be presented to the PAC in May 2024). The scope of the ICE will be a holistic overview of governance within Dundee IJB to provide assurance that there is a sound system of internal control that supports the achievement of the IJB's objectives. Completion of this work earlier in the audit cycle will allow detailed consideration of the control environment and will provide early warning of any significant issues that may affect the Governance Statement, allowing management to take any required remedial action before year-end. It also means that year end work to produce the annual internal audit report providing the Chief Internal Auditor's opinion will be more efficient, building on the detailed ICE work and reducing demands on management time during the annual accounts process. Annual Report work will focus on year-end assurances and confirmation that previously agreed actions have been implemented.

4.7 Together, the ICE and the Internal Audit Annual Report 2023/24 will provide assurance on the overall systems of internal control, incorporating the findings of any full reviews undertaken during the year. The allocation of days for completing the 2023/24 annual report is traditionally included in the plan for the following year i.e. 2024/25. It is anticipated that, building on the work undertaken in the ICE, in future years the Annual Report allocation will be 5 days, freeing up more audit days for the ICE and other substantive audits.

4.8 Audit work is planned to allow the Chief Internal Auditor to provide the necessary assurances prior to the signing of the accounts and we are committed to ensuring that internal audit assignments are reported to the target Performance & Audit Committee date as noted in the proposed plan below.

4.9 We have experienced delays in progressing audits during 2022/23 and we have reported this in previous reports the PAC and kept the Chief Finance Officer informed. There is one remaining review from last year to be delivered and as part of our risk based planning for 2023/24, we have discussed and agreed with the Chief Finance Officer that this area still merits an audit review with the review (D06/24) now included in the 2023/24 Annual Internal Audit Plan, subject to PAC approval of the overall plan.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it relates to the development of an annual audit plan which aligns with the organisation's risks.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

DATE: 1st September 2023

The proposed plan is set out below:

Ref	Audit	Indicative Scope	Days	Target Audit Committee
D01-24	Audit Planning	Audit Risk Assessment & Operational Planning.	2	September 2023
D02-24	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at Audit Committee.	4	Ongoing
D03-24	Annual Internal Audit Report (2022/23)	Chief Internal Auditors annual assurance statement to the IJB and fieldwork to support this.	10	June 2023
D04-24	Governance & Assurance	Additional work supporting improvements in AFU/Governance Action Plan	4	September 2023
D05-24	Internal Control Evaluation	Holistic assessment of the internal control environment in preparation for production of 2023/24 Annual Report. Follow-up of previous agreed governance actions including Internal Audit recommendations.	10	May 2024
D06-24	Workforce	Related risk: Staff Resource Scope: coherent, co-ordinated, adequate and effective approach to managing significant workforce risks. Strategic & operational responses across the totality of the workforce, including contracted services and 3rd sector	10	February 2024

ITEM No …14……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 27 SEPTEMBER 2023**

REPORT ON: **DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT REPORT – VIABILITY OF EXTERNAL PROVIDERS**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC32-2023**

1.0 PURPOSE OF REPORT

1.1 This paper presents the findings of the Internal Audit Review of arrangements in place to monitor the financial viability and operational sustainability of external care providers.

2.0 RECOMMENDATIONS

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

2.1 Notes the content and recommendations of the Internal Audit Report on Viability of External Providers as set out in Appendix 1 to this report.

2.2 Instructs the Chief Finance Officer to implement the recommendations of the report and provide an update on progress to next meeting of the PAC.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Dundee Health and Social Care Partnership (DHSCP) is reliant on a significant number of external care providers to deliver health and social care services on their behalf through contractual frameworks. These services are wide ranging and are a feature across services provided to all client groups (e.g. Older People. Mental Health. Learning Disability, Physical Disability, Substance Use etc).

4.2 The risk of external care providers becoming financially and/or operationally unsustainable is recognised and reflected in the Integration Joint Board's Strategic Risk Register. The purpose of the Internal Audit Review was to review the arrangements in place to contractually monitor care providers and to assess their adequacy.

4.3 The audit opinion from the review is that reasonable assurance can be placed on the arrangements in place. This means that there is a generally sound system of governance, risk management and control in place with some issues, non-compliance or scope for improvement identified which may put at risk the achievement of objectives in the area audited.

4.4 The review identified some areas requiring improvement under financial monitoring, quarterly monitoring reports and contracts with care providers and these have been agreed with management and actions identified to address these.

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 a status update and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

Date: 01/09/23

FTF Internal Audit Service

Viability of External Providers

Report No. D05/22

Issued To: D Berry, Chief Finance Officer
V Irons, Chief Officer

C Wyllie, Chief Internal Auditor
D Vernon, Acting Senior Manager Internal Audit and distribution to Dundee City Staff

K Sharp, Service Manager (Strategic Planning, Health Improvement & Commissioning)
L Menzies, Senior Contracts Officer

Performance and Audit Committee
External Audit

Contents

Draft Report Issued	24 August 2022
Management Responses Received	26 June 2023
Performance & Audit Committee	27 September 2023
Final Report Issued	**12 July 2023**

CONTEXT AND SCOPE

1. Dundee Health and Social Care Partnership's (DHSCP) Risk Register includes Risk HSCP00d1 – Viability of external providers. The risk outlines the possibility of external providers becoming financially and/or operationally unsustainable which could ultimately lead to collapse. DHSCP relies on the use of external suppliers to meet the needs of service users, so were the risk to materialise, it would create pressure on internal services and adversely impact the provision and / or quality of services to end users.

2. Demands on Health and Social Care services have risen significantly across Scotland in recent years due to the demographic of the ageing population, and the increased strain placed on services because of the Covid-19 pandemic. Given its reliance on third party providers, there is heightened risk that should they become unviable, either financially or operationally, the DHSCP will be unable to fulfil their statutory duties to provide health and social care services to those requiring the services. There is a risk that the standard of care provided by third parties does not meet the standards the DHSCP is required to provide.

3. In addition to the immediate risk of being unable to fulfil service user requirements there is also a longer-term strategic risk that the continued use of external service providers may become unsustainable for the DHSCP. Total costs of using external service providers (excluding contracts with care homes) to meet demand totalled £37.1 million in 2020-21 and are projected to be £42.1 million and £44.3 million in 2021-22 and 2022-23 respectively. Projected costs for use of care home and respite services are estimated to be a further £30.6 million in 2021-22. There are also known issues in recruitment and leadership, exacerbated by the pandemic, which could lead to difficulties in sustaining a quality service.

4. To manage the associated risks with this spend and provision of service it is important that the Council and DHSCP have a robust control framework for managing and monitoring third party service providers. This includes frequent and continued communications with third party service providers, ensuring the quality of care is maintained when services are outsourced, ensuring service providers are, and are likely to remain, financially and operationally viable to provide the services required, and ensuring service level agreements are adhered to by all parties. This includes adherence to payment terms.

5. It is acknowledged that during the Covid-19 pandemic, care providers were subject to additional demands in relation to service provision, scrutiny, support and financial governance, the latter around the introduction of a system of financial sustainability payments by the Scottish Government and administered through Health and Social Care Partnerships. This resulted in a temporary change in the normal contract and financial monitoring processes usually applied, including a light touch approach to some elements as providers and Health and Social Care Partnership resources became stretched.

6. Our audit reviewed the arrangements in place to monitor the financial viability and operational sustainability of external service providers and manage the ongoing relationship between DHSCP and the provider.

AUDIT OPINION

7. The Audit Opinion of the level of assurance is as follows:

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

A description of all definitions of assurance and assessment of risks are given in Section 3 of this report.

8. The main areas commented upon in the report are as follows:

Financial Monitoring:

- The Monitoring and Review Protocol does not include clear thresholds to assess financial sustainability and a defined escalation process if the financial viability of a provider is at risk.

Quarterly Monitoring Reports:

- There are inconsistencies across care providers and in the detail captured in quarterly monitoring reports used by DHSCP to assess the quality of care provided. Some of the reporting templates used do not contain a section for detailing quality assurance activities undertaken. A standard template should be introduced for monitoring all providers, and guidance provided regarding the quality of information to be included in these templates. This will also facilitate like for like comparisons between providers to be undertaken. Returns should be regularly reviewed to ensure consistency of approach.

Contracts with Care Providers

- None of the contracts with care providers reviewed were signed by both parties prior to the commencement of the contract and four were only signed in the final months of the contract. There is a risk that the contract is not valid or legally enforceable should any issues arise if it is not signed. It is recommended that all contracts with care providers are signed by both parties as soon as possible after the contracting period starts if there is a change to the financial elements of the contract, or no later than the date which the contract commences where any other changes are made. Internal monitoring should be introduced to ensure this is the case.

ACTION

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

ACKNOWLEDGEMENT

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

Barry Hudson BAcc CA
Regional Audit Manager

Action Point Reference 1

Finding:

Financial Monitoring of Care Providers (Monthly Monitoring and Annual Accounts)

Financial Monitoring of Care Providers is carried out in two ways. Care Providers submit regular financial monitoring statements, using a standard template on a quarterly basis as part of the contract monitoring process. The financial monitoring statements are reviewed and discussed at contract monitoring meetings with the Care Providers. In addition, Care Providers also submit copies of audited annual accounts. These are reviewed to evaluate and assess the Care Providers financial position. Sample testing of 10 external care providers identified that for 5 of the providers, there was no evidence of receipt of annual accounts for the last two years and therefore no evidence of formal monitoring of the accounts.

For the same sample, there was evidence of regular submission of quarterly returns for financial monitoring for 2022/23 with the exception of one provider, (British Red Cross Society), although in this case there was financial reconciliation spreadsheets provided which support evidence of financial monitoring.

The Monitoring and Review Protocol which sets out the requirements for financial monitoring, including responsibilities, does not include defined thresholds at which point concerns of financial viability arising from the review of the annual accounts or the quarterly financial monitoring should be escalated within DHSCP or directly with the Care Provider. There is also no documented approach for escalating concerns about a provider's financial position. This could result in DHSCP not taking appropriate action if a provider appears to be at risk of becoming financially unsustainable. Internal Audit were advised that should there be any concerns around financial viability, the Chief Finance Officer is advised who will arrange discussions with senior management in the Care Provider to resolve the situation.

Audit Recommendation:

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.

Assessment of Risk:

Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.**

Management Response/Action:	
Agreed: The financial monitoring process will be strengthened through the redirection of financial management support from within existing HSCP Finance Team resources to focus on supporting contractual monitoring arrangements. **Routes to reporting to relevant committee for assurance or escalation of risks to be confirmed following review. Options include reporting alongside Clinical Care and Professional Governance assurances to the Performance and Audit Committee or through the annual Care Inspectorate Gradings Report as a separate section on financial viability concerns.**	
Action by:	**Date of expected completion:**
Chief Finance Officer	**31 December 2023**

Action Point Reference 2

Finding:

Quarterly Monitoring Return

Care quality inspections are carried out by the Care Inspectorate which undertakes periodic announced and unannounced visits of providers to assess the quality of care provided to service users. Providers are given a score out of five based on the Care Inspectorate's inspection and as the results are made publicly available DHSCP can take assurance over the quality of care being provided. The outcome of these inspections is reported to the Integration Joint Board through its Performance and Audit Committee.

However, in line with the Monitoring and Review Protocol, each contract for services contains elements that the care provider must report against in quarterly returns to DHSCP. These include qualitative and quantitative metrics such as performance, quality, staffing levels and financial information.

Sample testing of ten care providers identified that there is not a consistent template for quality monitoring returns used by all providers. Four of the ten suppliers use monitoring reports which do not contain a section for the care provider to detail the additional quality assurance activities that they undertake. Furthermore, one of the ten providers sampled had a return which did contain a section to record quality assurance activities, however it was left blank by the care provider. As these monitoring activities are designed to provide assurance that the care provider maintains a quality focus and appropriate standards in the periods between Care Inspectorate reports, there is a risk that a decline in the quality of care may not be identified by DHSCP.

Audit Recommendation:

It is recommended that a single standardised template is developed and implemented for quarterly monitoring to ensure an agreed minimum level of quality monitoring is undertaken in respect of performance, quality, staffing levels and financial information. The template should also contain a further section which can be tailored to include any metrics specific to the provider to enable tailored monitoring as needed, above the minimum expected monitoring activities.

To assist in suitably embedding the new template across all care providers, a Senior Officer within DHSCP should undertake a sample inspection each quarter to assess the quality of monitoring reports. Any monitoring reports identified which lack sufficient documentation of the quality assessment should be escalated and discussed with the Contracts Officer to ensure appropriate action is taken in conjunction with the provider.

When providers are subject to external review (e.g. through the Care Inspectorate), these findings should be triangulated with previous internal quality assessments to review whether pertinent issues were picked up, and therefore if the quality of the internal assurances is sufficiently robust or requires further improvement.

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

Management Response/Action:	
Agreed: Given the range of services contracted out to care providers not one size template fits all in terms of service outcomes and performance. The qualitative aspects of service monitoring are derived from a range of areas including the Care Inspectorate, service user consultation and care planning. Therefore, the template itself is not considered in isolation. **Each contract has an allocated lead officer who is a senior officer within the HSCP. They are responsible for monitoring the quality of services and taking action if the service is not delivering what they are contracted to do. Any risks would be escalated to the Clinical Care and Professional Governance Group of the HSCP which reports into the IJB's Performance and Audit Committee, therefore there is low risk of a decline in care not being identified.** **The Contracts team will however review the current templates in use and consider how various aspects of the templates can be standardised for future. A process of peer review will be developed to assess the quality of monitoring reports.**	
Action by:	**Date of expected completion:**
Chief Finance Officer	**Work to full implementation for 30 April 2024**

Action Point Reference 3

Finding:

Contracts with Care Providers

Sample testing of ten care provider contracts identified that none of the contracts had been signed by both parties at the beginning of the contract period. All contracts were signed at least four months after the beginning of the contracted period. In four cases, it was identified that the contract had been signed only within two months of the contract end date and for one care provider the contract was signed by the provider but not by DHSCP. As e-signatures are used, we can conclude that the absence of timely and signed contracts was not as a result of practicalities throughout the COVID-19 pandemic.

Where contracts are not signed by both parties there is a risk that the contract is not valid or legally enforceable should any issues arise.

The majority of social care contracts are by their very nature rolling contracts to minimise the disruption to the care of service users. Therefore, for the majority of contracts in place, the change in annual contracts is largely around the financial elements of the contract as the service specification and contract terms will usually be consistent from year to year

Audit Recommendation:

It is recommended that all contracts with care providers are signed by both parties as soon as possible after the contracting period starts if there is a change to the financial elements of the contract, or no later than the date which the contract commences where any other changes are made. To enable internal monitoring of this, the contracts register should be reviewed regularly to ensure contracts approaching renewal are suitably prepared and they can be signed in sufficient time for the new contract commencing.

Assessment of Risk:

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

Management Response/Action:

Agreed: Note that the provider and the contractor know what is expected from the contractual arrangement each year. Given the IJB is unable to set its annual budget until the end of March each year as it is dependent on the local authority and NHS Tayside to set their budgets, it is impossible for these contractual agreements to be put in place by the 1st April each year. This situation has recently been exacerbated by an additional declaration having to be signed by care providers to confirm they will pay the Scottish Living Wage to their adult social care staff for that contract period. Contracts are issued as timeously as they can during April and contracts officers follow up on any outstanding unsigned contracts in their portfolios.

Action by:	Date of expected completion:
Chief Finance Officer	**30 April 2024**

Section 3 Definition of Assurance and Recommendation Priorities

Definition of Assurance

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

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

Section 3 Definition of Assurance and Recommendation Priorities

Assessment of Risk

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

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

ITEM No …15……..

REPORT TO: **PERFORMANCE AND AUDIT COMMITTEE – 27 SEPTEMBER 2023**

REPORT ON: **QUARTERLY COMPLAINTS PERFORMANCE – 1st QUARTER 2023/24**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC34-2023**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to summarise the complaints performance for the Health and Social Care Partnership (HSCP) in the first quarter of 2023/24. The complaints include complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

2.0 RECOMMENDATIONS

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

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

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

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 (SPSO) Model Complaint Handling Procedure. Both NHS Tayside Complaint Procedure and the Dundee Health and Social Care Partnerships Social Work Complaint Handling Procedures have been assessed as complying with the model complaint handling procedure by the SPSO.

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

4.3 The information regarding complaints to complete the complaints monitoring report is received by the IJB from Dundee City Council and NHS Tayside. However, for quarter 1, NHS Tayside did not provide the most up to date information for open complaints which has resulted in an incomplete report for health complaints. NHS Tayside has committed to provide access to this information for future reporting

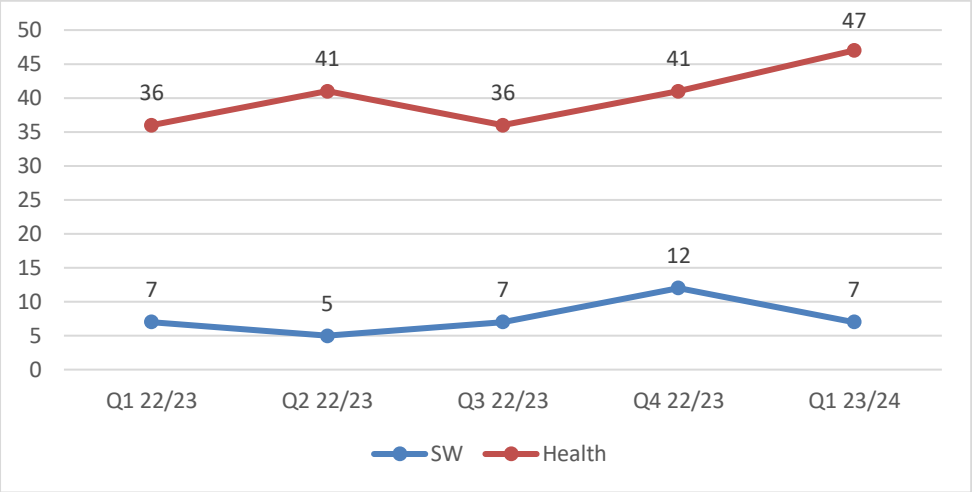
4.4 While the first graph advises the volume of complaints received during the period, this report is based upon complaints closed within the period. SPSO categories are included as appendix 1 at the end of the report. Please note that not all figures will add up to 100% due to missing data or different recordings.

5.0 Complaints Received

5.1 In the fourth quarter of 2022/23 a total of 7 complaints were received about social work or social care services.

5.2 Health received 47 complaints for Q1 within in the Dundee Health and Social Care Partnership.

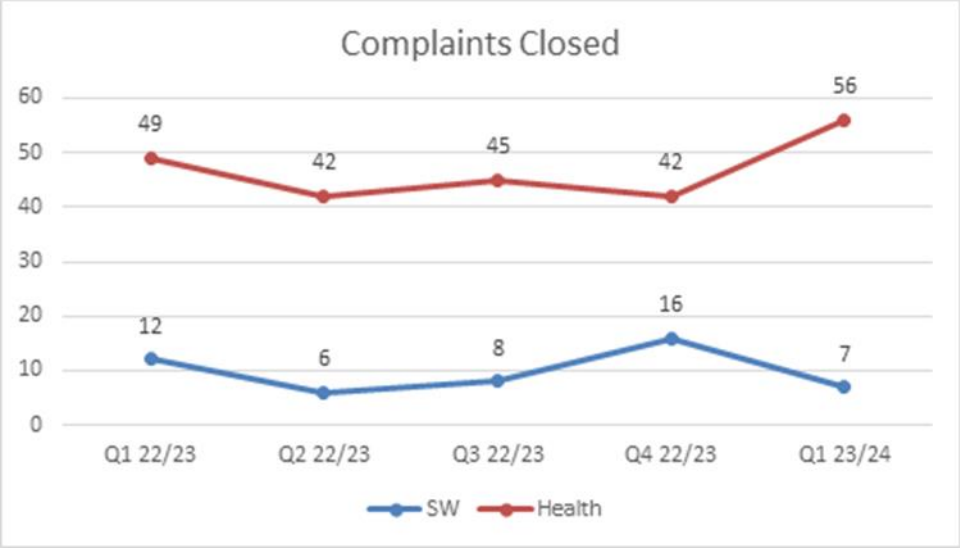
5.3 **Number of complaints received quarterly**



Graph 1 Numbers of Complaints received Quarterly

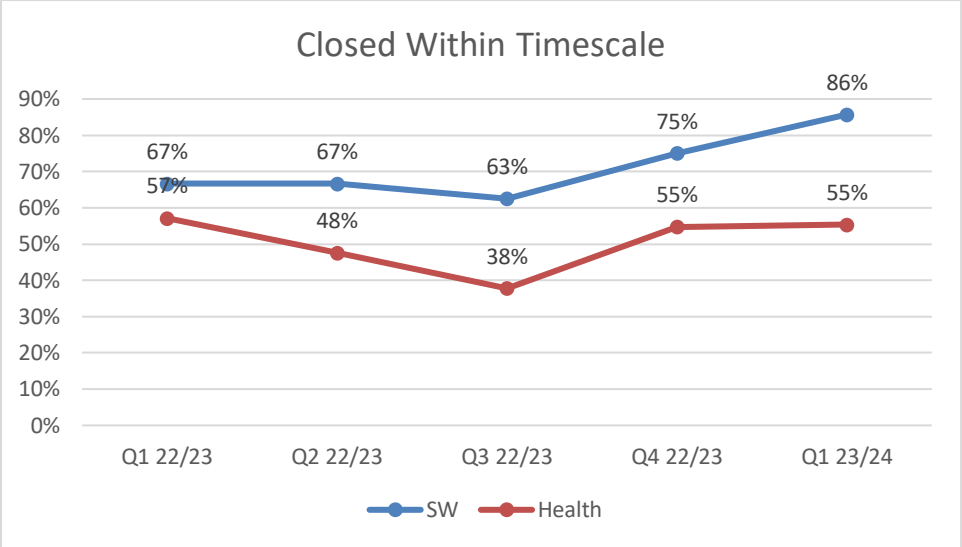
5.4 The graph shows that Social Work and Social Care Services have seen a slight decrease in complaints received where Health complaints have increased for the second quarter running.

6.0 **Complaints Closed & Resolved Within Timescales**



Graph 2 Numbers of Complaints Closed Quarterly

6.1 During quarter one 7 Social Work complaints and 56 Health complaints were closed.



Graph 3 % of Complaints closed within Timescales Quarterly

6.2 Out of the closed complaints 86% of social work complaints were closed within timescale, which is the highest this year. Health complaints were closed within timescales for 55% of the time which is a sustained improvement from the previous quarter too, following a dip in late 2022.

7.0 Social Work complaints by reason for concern

7.1 Complaint themes continue to be monitored for trends and looking at the table below, we can see that for the 4th quarter running Delays have been the most frustrating element for complainants making complaints.

Table

Reasons for concern	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q1 2023/24
Attitude, behaviour or treatment by a member of staff	0	2	2	2	1
Delay in responding to enquiries and requests	9	4	2	5	3
Dissatisfaction with our policy	1	0	1	3	1
Failure to provide a service	0	0	1	2	2
Failure to follow the proper administrative process	0	0	0	1	0
Failure to meet our service standards	2	0	2	3	0

1 Social Work Complaints per Category

7.2 The numbers of social work complaints received this quarter continue to be small relative to the number of services delivered on a daily basis.

8.0 Health complaints by reason for concern

8.1 The table below shows the breakdown of health complaint reasons captured by the NHS Tayside Complaint and Feedback team when the complaint is originally received.

Complaints by Reason	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q1 2023/24
Disagreement with treatment / care plan	6	1	8		10

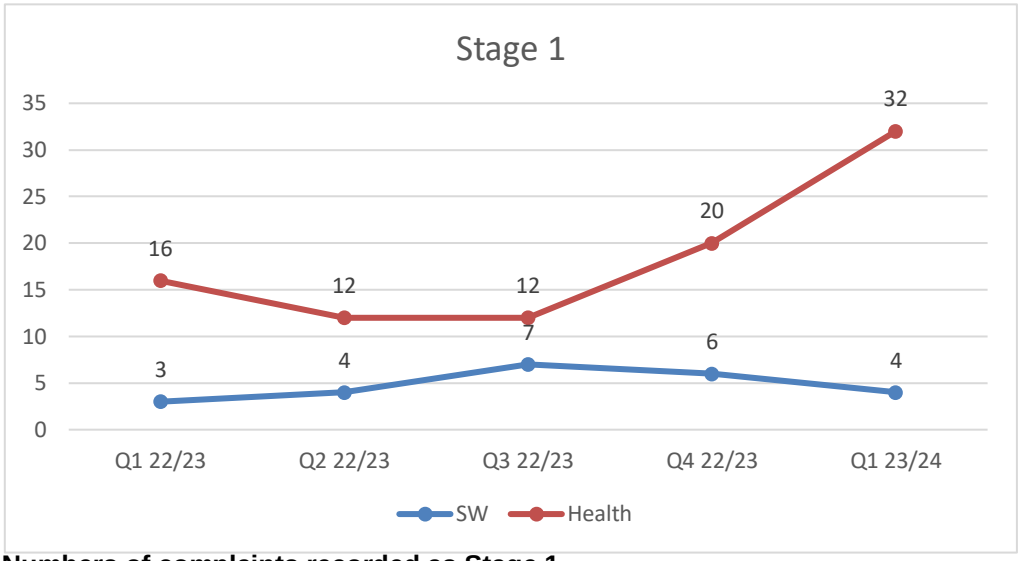
Lack of continuity	1	1	0		0
Wrong treatment given	0	0	0		1
Letter Wording	1	0	0		0
Problems with medication	3	1	1		0
Unacceptable time to wait for appointment	8	3	4		5
Lack of support	6	1	2		0
Shortage of staff	3	0	0		1
Patient not being verbally told things	1	0	1		0
Not listening	0	1	0		0
Staff attitude	0	0	0		1
Email	1	0	0		0
Telephone	1	0	1		0
Error with prescription	1	0	0		0
Poor medical treatment	1	1	1		0
Poor aftercare	0	1	0		0
Staff not trained properly	0	1	0		0
Waiting too long for results	0	1	1		0
Waiting for referral	0	1	0		0
Abruptness	1	1	1		1
Co-ordination of clinical treatment	0	3	0		5
Patient has been sent no communication	0	1	0		0
Inappropriate comments	0	1	0		1
Insensitive to patient needs	0	2	0		2
Inefficient	0	1	1		0
Recruitment	0	0	0		2
Conduct	1	1	0		0
No information has been sent to complainant	0	0	0		1
Treatment to patient (not clinical treatment)	0	0	0		1
Disabled parking	0	0	1		0
Poor nursing care	0	0	2		0
Missing			16		24
Other	0	0	2		1
Formal	0	0	1		0
Face to face	0	0	1		0
Cancellation of appointment	0	0	1		0
Total	**35**	**23**	**45**	**0**	**56**

Table 2 Health Complaints per Category

8.2 There is a large distribution of reasons for health complaints. However the three largest complaint reasons are Disagreement with treatment / care plan; Unacceptable time to wait for appointment; and Co-ordination of clinical treatment.

8.3 No data was provided Q4 for Health complaints.

9.0 Complaints Stages

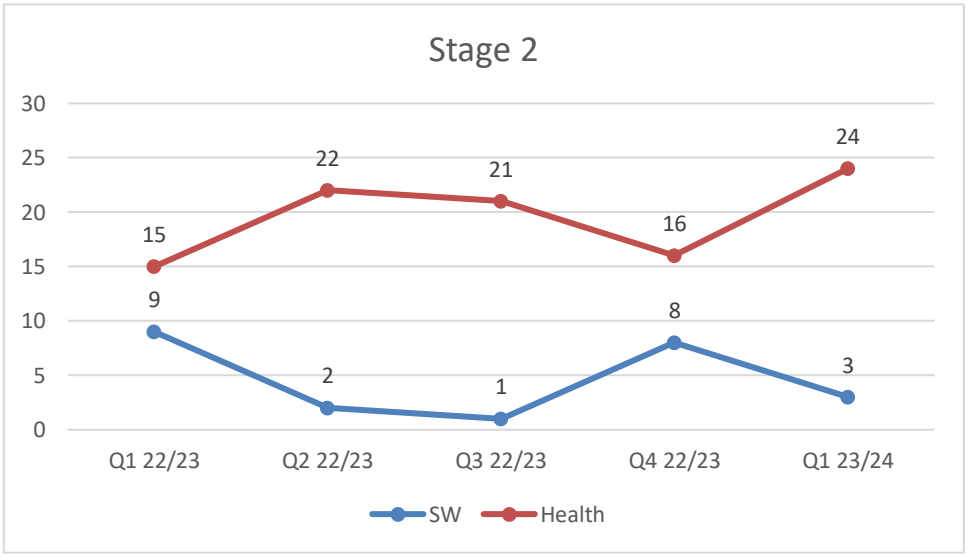


Graph 4

Numbers of complaints recorded as Stage 1

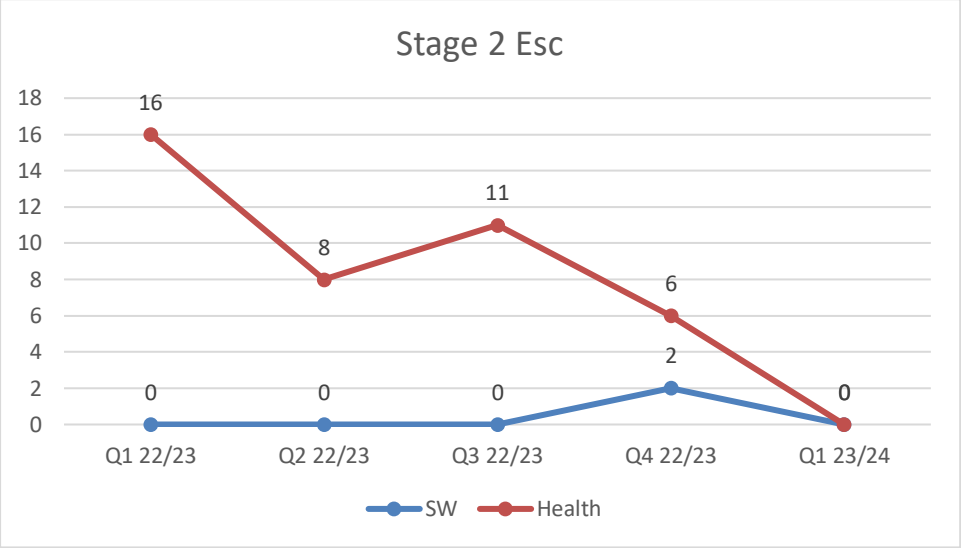
9.1 Stage 1 complaints are completed within 5 days or given a maximum extension of a further 10 days.

9.2 Numbers fluctuate within Social Work between quarters.



Graph 5 Numbers of Complaints recorded as Stage 2

9.3 Stage 2 complaints are completed within 20 working days and can be extended also. Social Work stage 2 complaints have seen a substantial decrease this quarter.



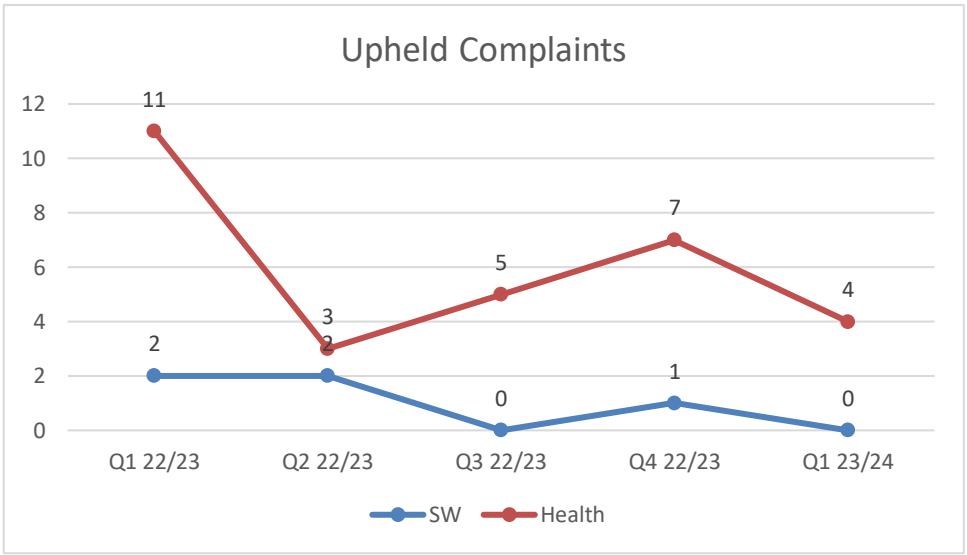
Graph 6 Numbers of Complaints escalated from Stage 1 to Stage 2

9.4 Stage 2 escalated complaints are those which are escalated from stage 1 to stage 2 after being logged and possibly responded to.

10.0 Complaint Outcomes

10.1 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.

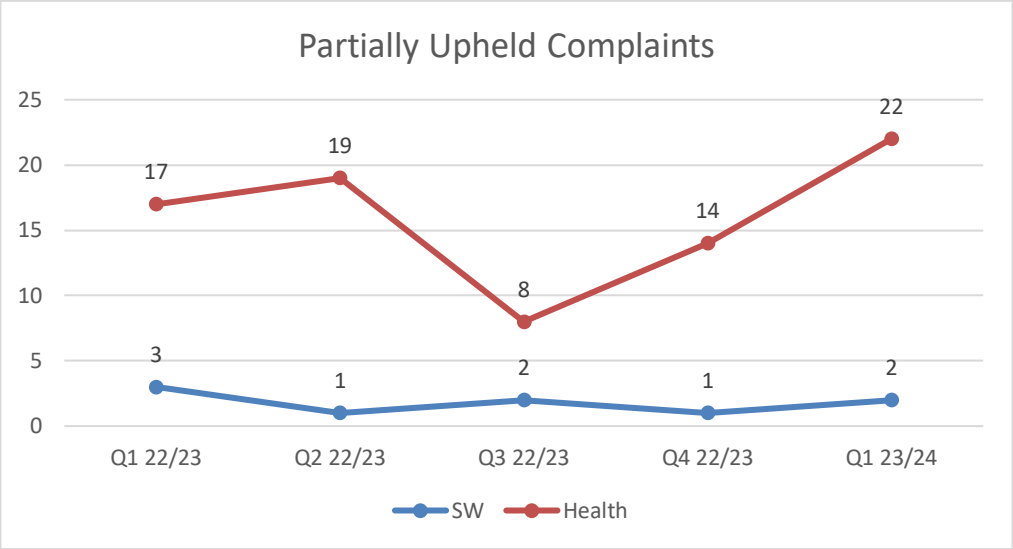
10.2 These planned service improvements can range from process improvements or re-design to team briefings regarding staff attitude and behaviour.



Graph 7 Numbers of upheld Complaints

10.3 Social Work upheld complaints have remained fairly steady.

10.4 The number of Health complaints have decreased this quarter.



Graph 8 Numbers of Partially Upheld Complaints

10.4 Partially Upheld complaints have increased slightly this quarter for both Social Work and Health.

11.0 Planned Service Improvements

11.1 There were two partially upheld or upheld complaints which have all identified a cause and have service improvements planned to address these. By putting these planned service improvements in place, we look to minimises complaints of the same nature being received. This is similar for the full year with Social Work complaints but Health complaints vary vastly.

12 .0 Open Complaints

	Total Open	20 days or less	21-39 days	40-99 days	100 days +	180 days +	Average Days
SW	6	3	3	0	0	0	21
Health	-	-	-	-	-	-	-

Table 3 Open complaints by length of time open

12.1 The most up to date information for open complaints has not yet been provided by NHS Tayside.

13.0 Compliments

13.1 Compliments are received by teams across Dundee Health and Social Care Partnership. Two examples are listed below:

13.2 **April 2023**: Just wanted to say how much I have appreciated all your help over the last two years, from when I first appeared in the plaster room after my first op in Edinburgh to now. 6 operations later and finally there.

13.3 **June 2023**: As you know I didn't want to have anything to do with the social, but everyone has been so lovely from you to (worker) to the men that came to fit the frame around the toilet.

14.0 IJB Complaints

No complaints about the Integration Joint Board have been received.

15.0 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.

16.0 RISK ASSESSMENT

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

17.0 CONSULTATIONS

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

18.0 BACKGROUND PAPERS

None

Dave Berry
Chief Finance Officer

DATE: 05 September 2023

APPENDIX 1

SPSO Categories

	Social Work 2023/24				Health 2023/24			
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
1a: the total number of complaints received per 1,000 population	0.06				0.39			
1b: the total number of complaints closed per 1,000 population	0.06				0.46			
2a: the number of complaints closed at stage 1 as % all complaints closed	57%				57%			
2b: the number of complaints closed at stage 2 as % all complaints closed	43%				43%			
2c: the number of complaints closed after escalation as % all complaints closed	0%				0%			
3a: the number of complaints upheld at stage 1 as % of all complaints closed in full at stage 1	0%				13%			
3b: the number of complaints not upheld at stage 1 as % of all complaints closed in full at stage 1	75%				31%			
3c: the number of complaints partially upheld at stage 1 as % of all complaints closed in full at stage 1	25%				47%			
3d: the number of complaints upheld at stage 2 as % of all complaints closed in full at stage 2	0%				0%			
3e: the number of complaints not upheld at stage 2 as % of all complaints closed in full at stage 2	67%				75%			
3f: the number of complaints partially upheld at stage 2 as % of all complaints closed in full at stage 2	33%				20%			
3g: the number of escalated complaints upheld at stage 2 as % of all escalated complaints closed in full at stage 2	0%				0%			
3h: the number of escalated complaints not upheld at stage 2 as % of all escalated complaints closed in full at stage 2	0%				0%			
3i: the number of escalated complaints partially upheld at stage 2 as % of all escalated complaints closed in full at stage 2	0%				100%			
4a: the average time in working days for a full response to complaints at stage 1	7				9			
4b: the average time in working days for a full response to complaints at stage 2	18				11			
4c: the average time in working days for a full respond to complaints after escalation	0				13			
5a: the number of complaints closed at stage 1 within 5 working days as % of total number of stage 1 complaints	25%				59%			
5b: the number of complaints closed at stage 2 within 20	33%				57%			

working days as % of total number of stage 2 complaints								
5c: the number of complaints closed after escalation within 20 working days as % of total number of escalated complaints	0%				67%			
6a: number of complaints closed at stage 1 where extension was authorised as % of all complaints at stage 1	50%				0%			
6b: number of complaints closed at stage 2 where extension was authorised as % of all complaints at stage 2	67%				0%			
6c: number of complaints closed after escalated where extension was authorised as % of all complaints escalated	0%				0%			

**Please note all categories add up to 100% due to missing data, the use of resolved outcomes and other categories to close complaints.

ITEM No …16……..…..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 27 SEPTEMBER 2023**

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

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC35-2023**

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATIONS

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

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

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

2.3 Note the recent work and future work on Risk Appetite as set out in Section 7 of this report.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

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

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

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

5.0 STRATEGIC RISK REGISTER UPDATE

5.1 The three highest scoring risks on the Strategic Risk Register have not changed since the last update provided to the PAC in May 2023. These are: Staff Resource - Clinical; the National Care Service; Restrictions on Public Sector Funding, Staff Resource – Planned Performance Management and Primary Care.

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

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

5.4 Work has been underway by members of the Clinical Care and Professional Governance forum to ensure that the escalation of operation risks to strategic risks is given adequate scrutiny during all relevant meetings.

6 RISKS

6.1 There has not been any movement of risk levels since the last Strategic Risk Register update.

6.2 Two new risks are being worked on to be entered on the Strategic Risk Register, these are around Property Safety Management Issues and Information Governance.

6.3 The Property Issues Management risk was identified at the Clinical Care and Professional Governance Risk meeting. It reflects the process of resolving property safety issues through NHS property management arrangements.

6.4 The Information Governance risk relates to capacity challenges within the DHSCP to appropriately process complex Subject Access Requests given an increase in demand for such requests.

6.5 These risks will be entered on the Strategic Risk Register and presented to the Clinical Care and Professional Governance Risk meeting and Senior Managers for feedback.

7.0 RISK APPETITE DEVELOPMENT

7.1 Following on from the Risk Appetite Sessions with Integration Joint Board members in August 2023, a further feedback questionnaire is being developed to identify risk categories and appropriate risk appetite and target scores. This will be issued to members shortly and will better inform risk-based decision making for the IJB in the future.

7.2 Following that, the inherent risks will be revisited to take into account external events which have meant that current scores are higher than previous inherent scores. In addition, target risk scores will be revisited following feedback from Risk Appetite sessions.

8.0 POLICY IMPLICATIONS

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

9.0 RISK ASSESSMENT

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

10.0 CONSULTATIONS

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

11.0 BACKGROUND PAPERS

11.1 None.

Dave Berry
Chief Finance Officer

DATE: 13 September 2023

Clare Lewis-Robertson
Senior Officer, Strategy and Performance

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP – STRATEGIC RISK PROFILE AUGUST 2023

Description	Lead Director/Owner	Current Assessment			Status	Date Last Reviewed
		L	C	Exp		
Staff Resource The volume of staff resource required to develop effective integrated arrangements while continuing to undertake existing roles / responsibilities / workload of key individuals may impact on organisational priorities, operational delivery to support delivery of effective integrated services. The DCC recruitment restriction and internal DHSCP vacancy management process is restricting recruitment to posts. **Latest update** CCPG reports presented to PAC in May 23 highlights continued staffing pressures across wide range of teams across DHSCP including Nursing and OTs, and Social Care workforce. Mitigating factors include rolling ads across Job train, exploring international recruitment, development of new models of care, service redesign and workforce plan.	Dundee HSCP Chief Officer	**5**	**5**	**25**	→	25/08/2023
National Care Service The recent legislation published on the establishment of the National Care Service sets out plans to introduce Local Care Boards with the abolition of Integration Joint Boards **Latest update** The National Care Service risk continues to pose a risk to the IJB's future existence and its ability to carry out the Strategic Plan. Political changes and expected delays in the implementation of the NCS also mean that partner bodies may be reluctant to investment in HSCP projects due to uncertainty.	Dundee HSCP Chief Officer	**5**	**5**	**25**	→	25/08/2023
Primary Care Continued challenges around the sustained primary care services, arising from recruitment, inadequate infrastructure including IT and location, and inadequate funding to fully implement the Primary Care improvement plan. **Latest update**	Dundee HSCP Chief Officer	**4**	**5**	**20**	→	25/08/2023

The closure of the Invergowrie Medical Practice has meant that the Primary Care Risk remains high. Challenges continue to present within Primary Care services, including the recent closure of Ryehill Medical Practice. Progress around development of Primary Care Improvement Plan has been impacted by the Scottish Government's changed stance on funding for 2022/23 by restricting overall funding available.						
Staff resource is insufficient to address planned performance management improvements in addition to core reporting requirements and business critical work. As identified by Audit Scotland Annual Report 2016/17 - Performance Management Improvements Update (PAC14-2018) **Latest Update** Pressures still remain, however restructure and enhancement to service planned for over coming months. This risk was highlighted further in recent IJB reports around the the development of the IJB Strategic and Commissioning Plan	Dundee HSCP Chief Officer	**5**	**4**	**20**	→	25/08/2023

Restrictions on Public Sector Funding Continuing restrictions on public sector funding will impact on Local Authority and NHS budget settlements in the medium term impacting on the ability to provide sufficient funding required to support services delivered by the IJB. This could lead to the IJB failing to meet its aims within anticipated timescales as set out in its Strategic and Commissioning Plan. **Latest Update** Scot Gov medium term financial strategy published in May 2023, this highlights a significant gap in Scottish funding over the next 4 financial years. Mitigating factors - include the development of the IJB's financial 5 year framework and transfomation programme alongside strategic investment of IJB's reserves.	Dundee HSCP Chief Finance Officer	**5**	**4**	**20**	→	25/08/2023
Unable to maintain IJB Spend IJB is unable to maintain spend within allocated resources which could lead to being unable to deliver on the Strategic & Commissioning Plan. **Latest update** IJB's financial performance in 2022/23 resulted in an operational underspend of approx 7.5 million. This surplus will support the IJB's reserves position in 2023/4. Mitigating factor - transformation programme, IJB agreed savings for 23/24.	Dundee HSCP Chief Finance Officer	**4**	**4**	**16**	→	25/08/2023
Lack of Capital Investment in Community Facilities (including Primary Care) Restrictions in access to capital funding from the statutory partner bodies and Scottish Government to invest in existing and potential new developments to enhance community based health and social care services. This could potentially be exacerbated by the transitional period until the establishment of a National Care Service due to the uncertainty of funding and ownership of assets by the local authority and Health Board. Latest update Restrictions in access to capital funding from the statutory partner bodies and Scottish Government to invest in existing and potential new	Dundee HSCP Chief Officer and Chief Finance Officer	**4**	**4**	**16**	→	25/08/2023

developments to enhance community based health and social care services. Scottish Government's medium term financial strategy published in May 23 highlights severe restrictions in availability of capital funding for Scottish Government This could potentially be exacerbated by the transitional period until the establishment of a National Care Service due to the uncertainty of funding and ownership of assets by the local authority and Health Board.						
Dundee Drug and Alcohol Recovery Service Several risks for the Drug and Alcohol Recovery Service (formerly Integrated Substance Misuse Service) escalated from the Operational Risk Register. These include: • Insufficient numbers of staff in integrated substance misuse service with prescribing competencies. • Increasing Patient demand in excess of resources • Current funding insufficient to undertake the service redesign of the integrated substance misuse service • COVID-19 Maintaining Safe Substance Misuse Service • Nursing Workforce **Latest Update** There has been a reduction in risk that is evidenced by the progress made in Dundee on the MAT standards .Feedback from the Mat standards implementation team (MIST) Dundee (in fact Tayside) was on monthly reporting to support early steps of progress against the background of a need to reduce risk and improve A vital role in the progress is also feedback we have had from the people that use our services. This dialogue with those who have lived experience and those who care for them is at an early stage, but this will be a primary driving force throughout all the work we are doing to improve and reduce risk of harm from drug and/or alcohol use There continue to be improvements that are required due to the level of drug death being higher than anyone would hope or expect. Figures show there has been some reduction but it's too early to confirm that has been due to steps we have taken so far. It is hoped that by sustaining the progress on MAT standards 1-5 and now starting major work on	Dundee HSCP Chief Officer	**4**	**4**	**16**	→	25/08/2023

Standards 6-10 we will continue to see progress and a downward trend of risk and drug deaths.						
Cost of Living Crisis .Cost of living and inflation will impact on both service users and staff , in addition to the economic consequences on availability of financial resources. This is likely to have a significant impact on population health and the challenge this will present to the IJB in delivering its strategic priorities. Latest update The increased cost of living and inflation will impact on service users and staff , in addition to the economic consequences on availability of financial resources. This is likely to have a significant impact on population health Actions reflected in the HSCP's delivery plan to implement the priorities in the IJB's strategic plan will take cognisance of this impact.	Dundee HSCP Chief Officer and Chief Finance Officer	**4**	**4**	**16**	→	25/08/2023
Viability of External Providers Financial instability / potential collapse of key providers leading to difficulty in ensuring short / medium term service provision. * Inability to source essential services * Financial expectations of third sector cannot be met * Increased cost of service provision * Additional burden on internal services * Quality of service reduces Latest update IJB's revenue budgety23/24 acknowledged the impact of pay pressures and inflation resulting in increases to payments to providers. Acknowledge National Care Home contract is at risk due to care home sustainability concerns , this will be addressed by national and local negotiations as required.	Dundee HSCP Chief Officer	**4**	**4**	**16**	→	25/08/2023
Mental Health Services There are system wide risks in the Mental Health Service. These include workforce and demand issues. Latest update	Dundee HSCP Chief Officer	**4**	**4**	**16**	→	25/08/2023

Tayside Mental Health Strategy continues to make progress, developments such as the Community Wellbeing Centre will enhance community supports for people with mental health issues.						
Capacity of Leadership Team Capacity of management team Latest update Leadership team continue to be impacted by workload pressures of the wider workforce recruitment challenges. This is likely to be exacerbated as preparations for the intro of the NCS develop over the coming period. The implementation of the new Leadership structure on a permanent basis will consolidate and provide clarity to roles.	Dundee HSCP Chief Officer	**3**	**4**	**12**	→	25/08/2023
Data Quality Data Quality of information on Mosaic case recording system is not accurate leading to difficulties in providing statutory government returns and accurate billing for billable services delivered. Latest Update Strategy and Performance research team are working with operational staff to improve data quality.	Senior Manager	**4**	**3**	**12**	→	25/08/2023
Impact of Covid 19 Coronavirus related pressure on resources (financial / workforce) will have a 'tail', resulting in ongoing medium / longer term pressure on the HSCP and by association on the council/ NHST and patients, service users and carers Latest update DHSCP continue to experience difficulties in delivering services due to significantly higher rates of sickness absence due to long term covid or other related covid illnesses. In addition some services which were paused due to Covid have still not been able to be resumed .	Dundee HSCP Chief Officer	**3**	**4**	**12**	→	25/08/2023
Increased Bureaucracy Governance mechanisms between the IJB and partners could lead to increased bureaucracy in order to satisfy the assurance arrangements required to be put in place. Latest update Potential for additional bureaucracy through Scot Gov Covid enquiry and National Care Service development.	Dundee HSCP Chief Officer	**3**	**3**	**9**	→	25/08/2023

Employment Terms Differing employment terms could expose the partnership to equality claims and impact on staff morale. Latest Update Management continue to have an overview of where issues arise within integrated teams with differing employment terms, and continue to assess and review within integrated teams.	Dundee HSCP Chief Officer	**3**	**3**	**9**	→	25/08/2023
Category One Responder Additional responsibilities associated with Category 1 responder status are not supported by additional resources from Scottish Government and existing resources are not sufficient to meet statutory duties. Latest Update The Category One Responder Action Plan was presented to and approved by the IJB on the 26th October 2022.	Dundee HSCP Chief Officer	**2**	**4**	**8**	→	25/08/2023
Governance Arrangements being Established fail to Discharge Duties Clinical, Care & Professional Governance arrangements being established fail to discharge the duties required. The IJB's Governance arrangements were assessed as weak/unsatisfactory. Latest update Reports from CCPG to the PAC consistently provide a level of reasonable assurance of good and sound governance. leading to a reduction in the likelihood fo this risk occuring.. This risk will be revisited when we receive the Internal and External Audit governance report conclusions.	Dundee HSCP Chief Officer	**2**	**4**	**8**	→	25/08/2023

Archived

None archived since last report							

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

ITEM No …18……..

PAC38-2023

PERFORMANCE AND AUDIT COMMITTEE – ATTENDANCES - JANUARY 2023 TO DECEMBER 2023

COMMITTEE MEMBERS - (* - DENOTES VOTING MEMBER – APPOINTED FROM INTEGRATION JOINT BOARD)					
Organisation	**Member**	**Meeting Dates 2023**			
		1/2	24/5	27/9	22/11
Dundee City Council (Elected Member)	Ken Lynn **	✓	✓		
Dundee City Council (Elected Member)	Dorothy McHugh *	✓	✓		
NHS Tayside (Non Executive Member)	Anne Buchanan *	✓	✓		
NHS Tayside (Non Executive Member)	Sam Riddell *	✓	✓		
NHS Tayside (Non Executive Member)	Donald McPherson				
Chief Officer	Vicky Irons	✓	✓		
Chief Finance Officer	Dave Berry	✓	✓		
NHS Tayside (Registered Medical Practitioner – not providing primary medical services)	James Cotton	A	A		
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	A	✓		
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	A	A		
Carers' Representative	Martyn Sloan	✓	✓		
Chief Internal Auditor ***	Tony Gaskin	✓	A/S		
Chief Internal Auditor ***	Jocelyn Lyall				

✓ Attended

A Submitted apologies

A/S Submitted apologies and was substituted

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

* Denotes Voting Members

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

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

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

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

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

^ This meeting was not required to be held.