

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

City Chambers
DUNDEE
DD1 3BY

20th November, 2018

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

Dear Sir or Madam

PERFORMANCE AND AUDIT COMMITTEE

I would like to invite you to attend a meeting of the above Committee which is to be held in Committee Room 1, 14 City Square on Tuesday, 27th November, 2018 at 2 pm.

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

DAVID W LYNCH
Chief Officer

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

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

3 PERFORMANCE AND AUDIT COMMITTEE – MEMBERSHIP AND CHAIRPERSON

Reference is made to Article V of the minute of meeting of the Integration Joint Board held on 30th October, 2018, wherein the membership of the Performance and Audit Committee was agreed and appointment was made to the position of Chairperson of the Committee.

The Committee is asked to note that the membership of the Performance and Audit Committee has been agreed as follows; Councillor Ken Lynn, Bailie Helen Wright, Jenny Alexander, Dr Norman Pratt, Jane Martin, Dr Cesar Rodriguez and Raymond Marshall, and that Councillor Ken Lynn has been appointed to the position of Chairperson of the Committee.

4 MINUTE OF PREVIOUS MEETING - Page 1

The minute of previous meeting of the Committee held on 25th September, 2018 is attached for approval.

5 DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX DELAYS - Page 7

(Report No PAC59-2018 by the Chief Officer, copy attached).

6 PSYCHOLOGICAL THERAPIES WAITING TIMES - Page 15

(Report No PAC61-2018 by the Chief Finance Officer, copy attached).

7 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT - Page 19

(Report No PAC60-2018 by the Chief Finance Officer, copy attached).

8 MEETING OF PERFORMANCE AND AUDIT COMMITTEE 2018 – ATTENDANCES – PAC62-2018 - Page 23

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

9 PROGRAMME OF MEETINGS – PERFORMANCE AND AUDIT COMMITTEE – 2019

The Performance and Audit Committee is asked to agree that the programme of meetings of the Performance and Audit Committee over 2019 be as follows:-

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

10 DATE OF NEXT MEETING

The next meeting of the Committee will be held in Committee Room 1, 14 City Square on Tuesday 12th February, 2019 at 2.00pm.

At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 25th September, 2018.

Present:-

<u>Members</u>	<u>Role</u>
Doug CROSS (<i>Chairperson</i>)	Nominated by Health Board (Non Executive Member)
Roisin SMITH	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Dave BERRY	Chief Finance Officer
David LYNCH	Chief Officer

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

Bruce CROSBIE	Audit Scotland
Matthew KENDALL	Dundee Health and Social Care Partnership
Jocelyn LYALL	Internal Audit
Diane McCULLOCH	Dundee Health and Social Care Partnership
Anne Marie MACHAN	Audit Scotland
Kathryn SHARP	Dundee Health and Social Care Partnership
Judith TRIEBS	Internal Audit

Doug CROSS, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Jane MARTIN	Chief Social Work Officer
Cesar RODRIGUEZ	Registered Medical Practitioner (not providing primary medical services)

II DECLARATION OF INTEREST

No declarations of interest were made.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of the Committee held on 31st July, 2018 was submitted and approved.

IV DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – QUARTER 1 2018/19

There was submitted Report No PAC50-2018 by the Chief Finance Officer updating the Committee on Quarter 1 performance against the National Health and Wellbeing Indicators and Measuring Performance under Integration interim targets.

The Committee agreed:-

- (i) to note the content of the report;
- (ii) to note the performance of Dundee Health and Social Care Partnership against Measuring Performance Under Integration interim targets as outlined in section 5 and Appendix 1 of the report; and
- (iii) to note the performance of Dundee Health and Social Care Partnership against the National Health and Wellbeing Indicators as outlined in section 6 and Appendix 2 of the report.

V DISCHARGE MANAGEMENT PERFORMANCE UPDATE, INCLUDING CODE 9 ANALYSIS

There was submitted Report No PAC51-2018 by the Chief Finance Officer updating the Committee on discharge management performance in Dundee.

The Committee agreed:-

- (i) to note the current position in relation to discharge management performance as outlined in section 5-2 of the report and Appendix 1 (sections 2-2 and 2-3);
- (ii) to note the current position in relation to complex delays as outlined in section 5-3 of the report and Appendix 1 (section 2-4);
- (iii) to note the improved actions planned to respond to areas of pressure identified as outlined in sections 5-2 and 5-4 of the report; and
- (iv) to instruct the Chief Finance Officer to present a further analysis and robust action plan in relation to complex care delays to the Performance and Audit Committee to be held on 27th November, 2018.

The Committee further agreed to instruct the Chief Finance Officer to provide a further breakdown of the figures which would be tracked over the year and incorporated into the regular Performance Report.

The Chair expressed his thanks to everyone involved in the performance of discharge management.

VI AUDIT SCOTLAND ANNUAL REPORT AND DUNDEE INTEGRATION JOINT BOARD AUDITED ACCOUNTS 2017/18

There was submitted Report No PAC52-2018 by the Chief Finance Officer presenting the Integration Joint Board's Draft Audited Annual Statement of Accounts for the year to 31st March, 2018, for approval and asking the Committee to note the draft external auditor's report in relation to these accounts and to approve the response to this report.

Bailie Helen Wright moved that the Audit Scotland Annual Report and Dundee Integration Joint Board Audited Accounts (which was issued on the afternoon of Monday, 24th September, 2018) be deferred to a further meeting of the Performance and Audit Committee, the date for which would be fixed by the Clerk in consultation with the Chief Officer and Chief Finance Officer, in order to allow members sufficient opportunity to consider the terms of the report.

There being no seconder, the Amendment proposed by Bailie Wright fell and was not voted upon.

The Committee then agreed:-

- (i) to note the content of the Audit Scotland cover letter, which was attached as Appendix 1, and the draft external auditor's report, which was attached as Appendix 2, including the completed action plan outlined on pages 23-28 of the report, and in particular that Audit Scotland had indicated they would issue an unqualified audit opinion on the IJB's 2017/18 Annual Accounts;
- (ii) to endorse the report as the IJB's formal response to the external auditor's report;
- (iii) to instruct the Chief Finance Officer to provide an update on progress of the action plan noted in Appendix 1 of the external auditor's report by January, 2019;
- (iv) to approve the Audited Annual Accounts, which were attached as Appendix 3 to the report, for signature and instruct the Chief Finance Officer to return these to the external auditor; and
- (v) to instruct the Chief Finance Officer to arrange for the above Annual Accounts to be published on the Dundee Health and Social Care Partnership website by no later than 31st October, 2018.

Bailie Wright asked for her dissent to be recorded given the date and time of the issuing of the report.

VII CLINICAL CARE AND PROFESSIONAL GOVERNANCE GROUP CHAIR'S ASSURANCE REPORT

There was submitted Report No PAC53-2018 by the Clinical Director, Dundee Health and Social Care Partnership providing the Committee with an update on the business of the most recent Clinical, Care and Professional Governance (CCPG) Group and advising that update reports would be submitted following each Clinical, Care and Professional Governance meeting to provide assurance of the governance systems and processes within the Dundee Health and Social Care Partnership.

The Committee noted the content of the assurance report and instructed the Clinical Director to consider how the Performance and Audit Committee could receive assurance from NHS Tayside's Clinical Quality Forum.

VIII ANNUAL COMPLAINTS PERFORMANCE

There was submitted Report No PAC54-2018 by the Chief Finance Officer providing the Committee with an analysis of complaints received by the Dundee Health and Social Care Partnership over financial year 2017/18. This included complaints handled by 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 analysis of 2017/18 Social Work complaint performance as set out in section 5 of the report; and
- (ii) to note the analysis of 2017/18 NHS complaint performance as set out in section 6 of the report.

IX RISK MANAGEMENT INTERNAL AUDIT REPORT

There was submitted Report No PAC36-2018 by the Chief Finance Officer advising the Committee of the outcome of the Internal Audit assessment of the Risk Maturity of the Integration Joint Board.

The Committee agreed:

- (i) to note the content of the Internal Audit Assessment of the IJB's Risk Maturity as set out in Appendix 1 of the report; and
- (ii) to remit to the Chief Finance Officer to provide an action plan to respond to the issues raised within the report at the Performance and Audit Committee to be held on 27th November, 2018.

X MENTAL WELFARE COMMISSION REPORT – THEMED VISIT TO PEOPLE WITH DEMENTIA IN COMMUNITY HOSPITALS

There was submitted Report No PAC46-2018 by the Chief Finance Officer advising the Committee of the outcome of the recent Mental Welfare Commission Report 'Themed Visit to People with Dementia in Community Hospitals'.

The Committee agreed:

- (i) to note the content of the Mental Welfare Commission's report which was attached as Appendix 1;
- (ii) to note the good practice identified within Royal Victoria Hospital in relation to provision of activities contained within the report, as described in section 4-4 of this report;
- (iii) to note the actions in relation to the report recommendations with regards to Royal Victoria Hospital, as described in sections 4-5 and 4-6 of the report and in Appendix 2 which was attached to the report.

XI DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC56-2018 by the Chief Finance Officer providing the Committee with a progress update in relation to the current Internal Audit Plan.

The Committee agreed to note the progress of the current Internal Audit Plan as outlined in the report.

XII DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT REPORT – 2017/18 ACTION PLAN

There was submitted Report No PAC57-2018 by the Chief Finance Officer considering a proposed action plan to respond to the recommendations of the Annual Internal Audit Report 2017/18.

The Committee agreed:

- (i) to note and approve the proposed action plan as outlined in Appendix 1 of the report; and
- (ii) to remit the Chief Finance Officer to provide a progress report to the Performance and Audit Committee prior to 31st March, 2019.

XIII MEETING OF THE PERFORMANCE AND AUDIT COMMITTEE 2018 – ATTENDANCES

There was submitted Agenda Note PAC58-2018 providing a copy of the attendance return for meetings of the Performance and Audit Committee held to date over 2018.

The Committee noted the position as outlined.

XIV DATE OF NEXT MEETING

The Committee noted that the next meeting would be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 27th November, 2018 at 2:00 pm.

XV CHAIRPERSON OF PERFORMANCE AND AUDIT COMMITTEE

The Chief Finance Officer reported that Doug Cross' term of office as Chairperson of the Performance and Audit Committee had come to an end and thanked him for his leadership and stewardship since the Performance and Audit Committee started.

Doug CROSS, Chairperson.



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 27 NOVEMBER 2018

REPORT ON: DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX DELAYS

REPORT BY: CHIEF OFFICER

REPORT NO: PAC59-2018

1.0 PURPOSE OF REPORT

1.1 To provide an update to the Performance and Audit Committee on Discharge Management performance in Dundee in relation to complex delays.

2.0 RECOMMENDATIONS

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

2.1 Notes the current position in relation to complex delays for the 75+ age group as outlined in section 5.2 Table 1, and the 18-74 age group as outlined in section 5.3 Table 3.

2.2 Notes the improvement actions planned to respond to areas of pressure for the 18-74 age group as outlined in section 6.

2.3 Notes the improvements as defined in Section 7.

3.0 FINANCIAL IMPLICATIONS

3.1 Improvement actions described within this report are funded within current resource allocated to the Health and Social Care Partnership.

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 (Information Services Division 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 their 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;
- National Indicator 22: Percentage of people who are discharged from hospital within 72 hours of being ready.

4.1.3 Within Dundee a Home and Hospital Transitions Group, chaired by the Head of Health and Community Care, oversees performance and improvement actions in relation to Discharge Management. The Group aims to ensure that citizens of Dundee are supported at home, but when people do have to go to hospital they are only there as long as they need to be.

- 4.1.4 On a weekly basis, an update is provided to the Chief Officer, the Chief Operating Officer and key Home and Hospital Transitions Group members on delay position. This information is used to maintain an ongoing focus on enabling patients to be discharged from hospital when they are ready as well as to inform improvements.

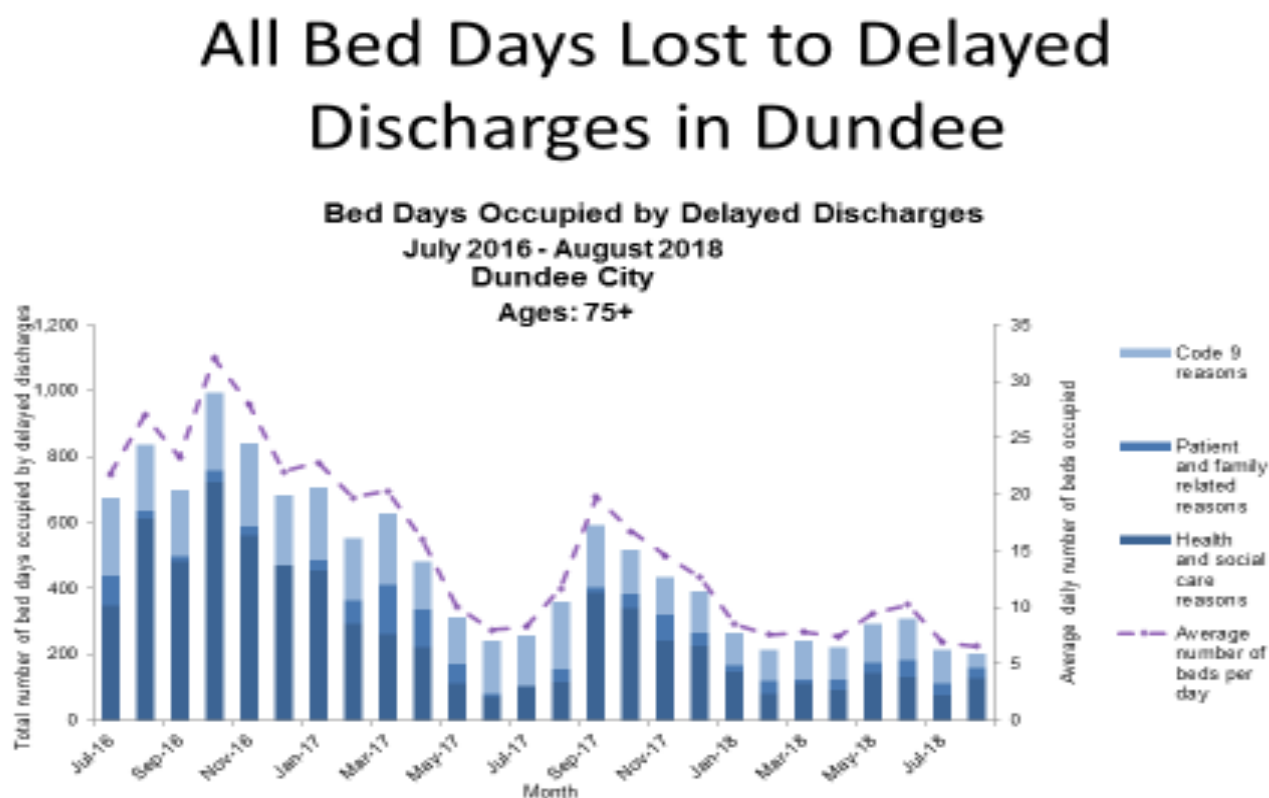
5.0 CURRENT PERFORMANCE IN RELATION TO COMPLEX DELAYS

5.1 Complex Delays Current Situation

- 5.2 Complex delays can be split into 2 main age groupings, and specific approaches to improvement have been adopted for each.

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

Table 1 - All Bed days Lost to Delayed Discharges in Dundee:



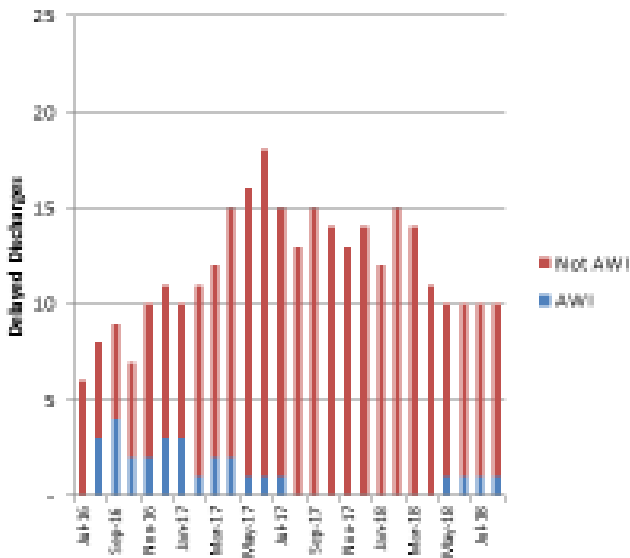
This highlights the improvement in performance which has taken place in relation to code 9 complex delays for the 75+ group. In part, this can be attributed to the 'Discharge to Assess' model which promotes discharge prior to major assessment decisions being made. The aim of this is to reduce the numbers of patients moving to care home from hospital, and therefore reduces the demand for guardianship applications under the Adults with Incapacity legislation.

In addition, there has been investment in an additional Mental Health Officer post established within the Integrated Discharge Hub specifically focussed on increasing clinicians' awareness of and confidence in the legislation, as well as driving the Adults with Incapacity process when necessary to reduce the bed days lost for each individual. Table 2 highlights improved performance in relation to adults aged 75+ who are delayed as a result of Adults with Incapacity actions.

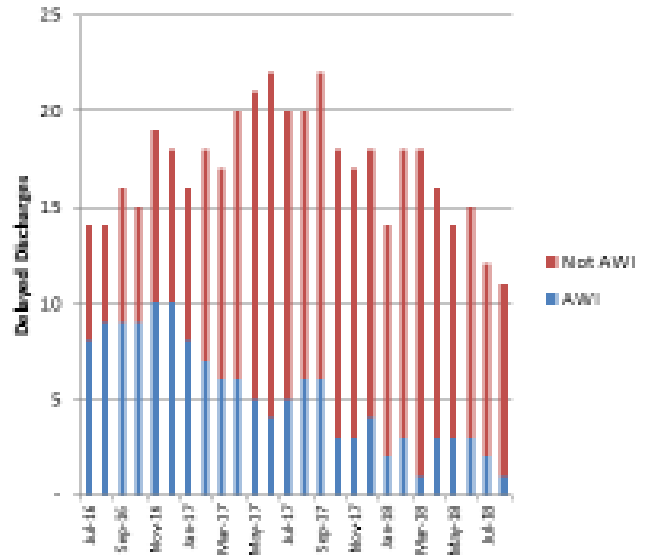
Table 2 - Number of Complex Delayed Discharges Split by Reason for Delay:

Number of Complex Delayed Discharges Split by Reason for Delay

Number of Complex Delayed Discharges for People Aged 18-74 in Dundee



Number of Complex Delayed Discharges for People Aged 18+ in Dundee



5.3 Table 3 below outlines the position for the 18-74 age group. This demonstrates that while there has been a slight improvement in complex delays for the 18-74 age group, there is still significant work to be done. A further breakdown of the information outlines in Table 4 that the improvements have tended to be within general psychiatry. See table below:

Table 3 - All Bed Days Lost to Delayed Discharges in Dundee:

All Bed Days Lost to Delayed Discharges in Dundee

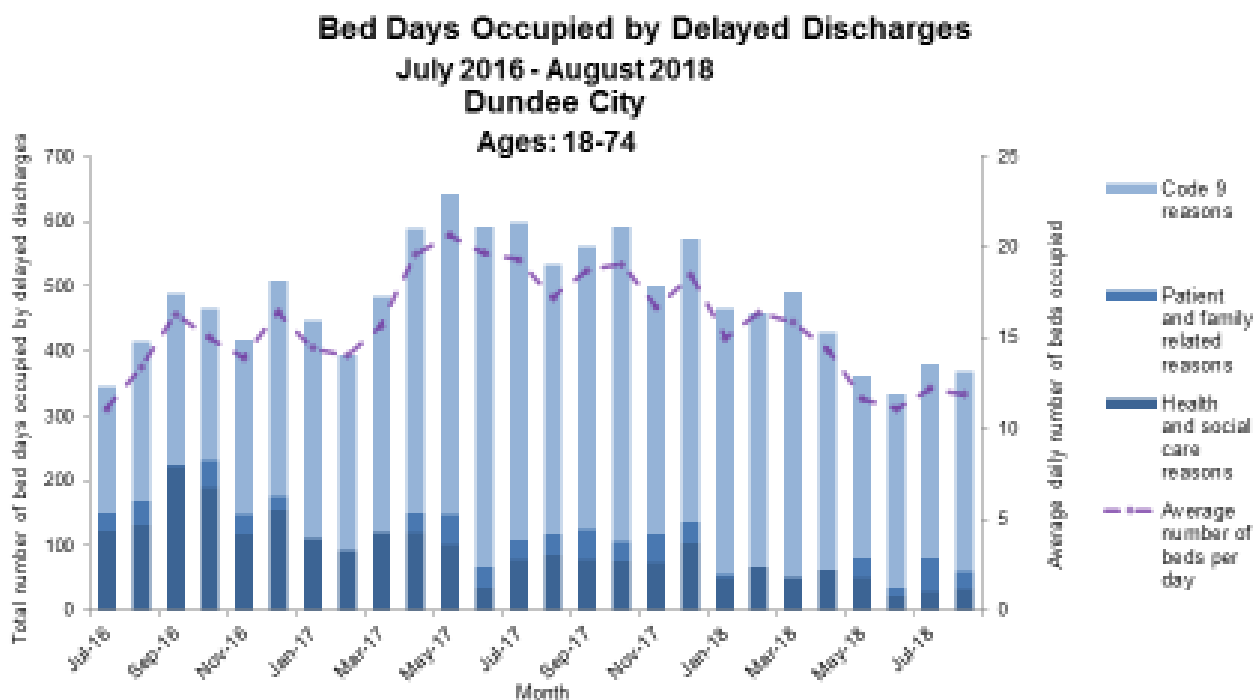
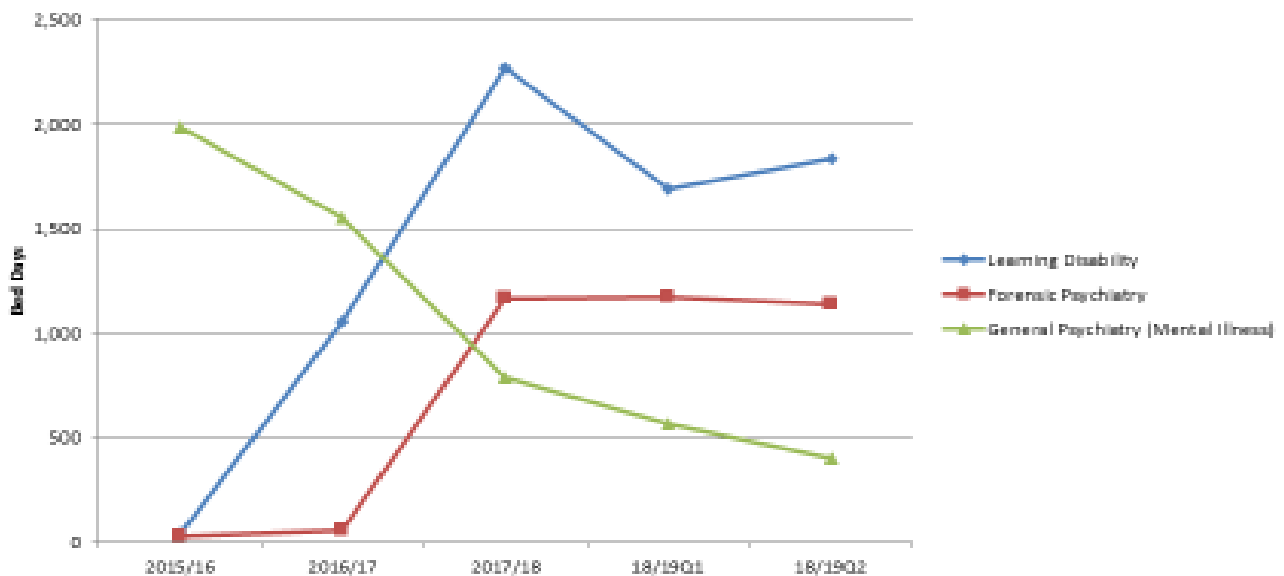


Table 4 - Bed Days Lost Complex to Complex Delayed Discharges (Code 9) by Specialty:

Bed Days Lost Complex Delayed Discharges (Code 9) by Specialty

Bed Days Lost to 18-74 Complex Delayed Discharges seen by Dundee Services split by Top 3 Specialties



6.0 IMPROVEMENT MEASURES IDENTIFIED FOR COMPLEX DELAYS IN 18-74 GROUP

6.1 There are a number of targeted improvement actions underway aimed at finding sustainable solutions which support people aged 18 - 74 who have a complexity of needs to be discharged when they are ready.

Key improvement measures are:

- Continued joint working with Neighbourhood Services to ensure the needs of this group are reflected within the Strategic Housing Investment Programme;
- Commissioning plans incorporate the housing support and care needs of this group;
- Representatives from the Integrated Discharge Hub will attend discharge planning sessions to promote established processes/guidance from the acute hospital. This will support the establishment of the Planned Date of Discharge model by end March 2019;
- Existing links with Children's Services are strengthened to ensure accurate projected planning of services and accommodation. Earlier intervention by adult Learning Disability services to ensure expertise in planning and managing support are utilised effectively and efficiently;
- Development of appropriate 'step down' or interim accommodation and support as part of the discharge pathway;

- Development of 'distress support' services which will deliver 24/7 mental health support in a community setting. Target for completion of these improvements is end 2019;
- Existing psychiatric liaison service at NHS Tayside Emergency Department will be expanded by end 2018;
- Plans are in development for a review of crisis support service.

7.0 SUMMARY

- 7.1 We have made progress in Dundee in relation to enabling people to be discharged when they are ready but we also recognise that further work is needed to support patients who have a complexity of needs.
- 7.2 We have made a commitment to increasing the number of people who have a complexity of needs who are discharged when they are ready and with that a number of improvement actions and investment has been secured to support realisation of this commitment. The strategic commissioning plan sets out an aim to develop sufficient community accommodation and support services to ensure that no patients are delayed in hospital in the future.
- 7.3 Whilst we sit currently second bottom of our family group for the national Delayed Discharge indicator, this reflects an unusual period for our Learning Disability population where there has been an usually high level of complex needs at a time when capacity in the specialist care home sector has been limited. This was not a predictable position.
- 7.4 Work has been ongoing in conjunction with Architectural Services to develop a specialist model of accommodation and support for people with complex needs. Negotiation with the Scottish Government is ongoing in relation to the suitability of this as a model.
- 7.5 Whilst all individuals who are currently delayed for complex reasons have a discharge plan, there are 5 patients for whom the Strategic Housing Investment Plan will deliver on accommodation by end February 2019. This will significantly reduce our beds days lost position.

8.0 POLICY IMPLICATIONS

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

9.0 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)	<ul style="list-style-type: none"> - Weekly review of all delays. - Action plan and monitoring at the Home and Hospital Transition Group. - 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.

10.0 CONSULTATIONS

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

11.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer

DATE: 29 October 2018

Lynne Morman
Integrated Manager



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 27 NOVEMBER 2018

REPORT ON: PSYCHOLOGICAL THERAPIES WAITING TIMES

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC61-2018

1.0 PURPOSE OF REPORT

To brief the Performance and Audit Committee on progress being made towards meeting Health Improvement, Efficiency, Access and Treatment (HEAT) targets within the hosted Psychological Therapies Service (PTS).

2.0 RECOMMENDATIONS

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

- 2.1 Notes the progress being made towards meeting the HEAT targets as outlined in 4.9, 4.10, 4.11, 4.12, 4.13 and 4.16 of the report.
- 2.2 Notes the actions that continue to be taken to address current breaches as outlined in 4.13, 4.14, 4.15, 4.16, 4.17 and 4.18 of the report.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 The current Psychological Therapies National Standard is that 90 per cent of patients should commence treatment within 18 weeks from the point of referral. At December 2015, the NHS Tayside Psychological Therapies Service saw over 96% of patients within this time frame. (ISD Psychological Therapies Waiting Times in Scotland: Quarter Ending December 2015). At June 2018, 67.1% of patients were reported as having been seen within 18 weeks (ISD Psychological Therapies Waiting Times in Scotland: Quarter ending June 2018). It should however be noted that a data cleansing process is underway due to the inclusion of data from other services which currently misrepresents overall performance within the Psychological Therapies Service. Once data cleansing is complete the percentage of patients reported through ISD as having been seen within 18 weeks will increase.
- 4.2 Report PAC 33-2018 Psychological Therapies Waiting Times was submitted to PAC in May 2018 outlining the position in relation to waiting times across all specialties within the Psychological Therapies Service.
- 4.3 A number of specialties were reported to not be meeting the HEAT target and the reasons for the decreasing performance over time were outlined in respective 'clusters'.
- 4.4 The reasons for some specialties not meeting the targets included changes to the service delivery model within 'Clinical Psychology to General Adult Psychiatry' Services across Tayside, delays in recruitment, a high level of maternity leave and the absence of a staffing model that would support flexible and timeous cover arrangements.

- 4.5 As a short term measure, the PTS implemented a series of time-limited actions across all specialties including increasing the number of clinics offered by each clinician, cessation of all but mandatory continuing professional development activities, withdrawal of all teaching and training activities that do not directly enhance the delivery of psychological therapies to support that enhanced clinical activity. It was recognised that these measures would have only limited impact and that some were not sustainable if a safe, effective and professional service was to be maintained. It should be noted that these short term measures ceased to be applied from 1 September 2018.
- 4.6 Recommendations were made to, and agreed by, PAC in relation to longer term, sustainable actions required to meet HEAT targets.
- 4.7 The actions required to meet the HEAT targets into the future included the introduction of a staffing model that incorporates the availability of planned cover, a review of the current model within 'Clinical Psychology to General Adult Psychiatry' services across Tayside and a more detailed modelling of future demand and introduction of a revised financial framework for the Clinical Neuropsychology Service.
- 4.8 The PTS receives a large, and increasing, number of referrals each year. During the month of September 2018, 664 new referrals in total were received. During the same month, 501 new appointments were offered.
- 4.9 The number of people who have waited more than 18 weeks for a service (at end of September 2018) is 671. This is a moderate improvement since the end of April 2018 when 707 people had been waiting longer than 18 weeks.
- 4.10 The overall number of people waiting for a service has reduced by approximately 230 since the end of April 2018.
- 4.11 The short term measures outlined at 4.5 have contributed to improved performance within some specialty areas, including Clinical Health and Perth Adult Psychological Therapies Service. The diligence of specialty leads and respective clinicians across all specialties is recognised and noted.
- 4.12 Eight specialty areas are currently not meeting HEAT targets. 3 of these specialty areas have 4 or less breaches. The five other specialty areas are:
- Perth City Community Mental Health Team (CMHT) (Psychology)
 - Neuropsychology
 - Dundee Adult Psychological Therapies Services
 - Dundee Clinical Psychology to General Adult Psychiatry Service
 - Angus Adult Psychological Therapies Service
- 4.13 The number of people waiting longer than 18 weeks for a service within Perth City CMHT reduced from 91 to 39 between the end of April and September 2018. Although the short term measures taken by the service have contributed to this decrease, it is recognised that an increasing referral rate, capacity and demand challenges and the current model of delivery within Community Mental Health Services will continue to pose challenges. The future staffing establishment within this specialty will require to be considered as part of a Tayside wide review of future models of service delivery within community mental health services. This is a matter that will be progressed within the Mental Health/Learning Disability Service Redesign Transformation Board.
- 4.14 The Neuropsychology service continues to work with significant demand/capacity challenges, compounded by additional maternity leave absences at present. The referral rate for the service has risen by 350% since 2010, with referrals rising from 251 in the year 2009/10 to 962 in 2016/17. The service has a current establishment of 6 full time equivalent posts dedicated to the general Neuropsychology waiting list, comprised of general medical, surgical and psychiatric inpatients and outpatients across the region. As a result of maternity leave, the service has a current deficit of 2 full time equivalent. As a result, from July 2018 the available establishment attending to the waiting list will be 4 full time equivalent, instead of 6 full time equivalent, representing a significant reduction in capacity for the forthcoming year.

The future required staffing establishment within this specialty has been considered and a proposal made. This proposal will be examined within a broader strategic financial planning process currently underway within the PTS. Meantime, a temporary 23 month post has been appointed to, with the applicant due to take up employment in January 2019.

- 4.15 The number of people waiting longer than 18 weeks for a service from the Dundee Adult Psychological Therapies Service has increased between the end of April and the end of September this year. Whilst it is anticipated that the picture at end of September is unlikely to improve over the next few months, an opportunity is being taken to recruit in a more anticipatory way, and in a manner that will increase our likelihood of attracting the cohort of graduates who will come on stream in January 2019. Five clinical associates in applied psychology posts were successfully recruited in mid-November. Three of the posts will be introduced in Dundee and two will fill vacancies in Angus.
- 4.16 The number of people waiting over 18 weeks for a service from the Clinical Psychology to General Adult Psychiatry service in Dundee decreased from 77 to 43 between the end of April and the end of September 2018. As noted in 4.13, a review of the current service delivery model with community mental health services will be required and will be a requisite to determining appropriate staffing levels within this specialty into the future.
- 4.17 The number of people waiting longer than 18 weeks for a service within Angus Adult Psychological Therapies Service was 52 at the end of September 2018, there had been no people waiting at the end of April 2018. This temporary breach can be attributed to 2.0 full time equivalent vacancies which are in the process of being recruited to.
- 4.18 Future planned staffing cover arrangements continue to be considered as part of an overall strategic financial planning process underway in the Psychological Therapies Service. This is a complex process, not least given the range and scope of specialties, all with their respective challenges. Some of this planning requires to be undertaken in collaboration with partners across Tayside given current hosting arrangements.
- 4.19 In conclusion, the Psychological Therapies Service continues to face challenges in meeting HEAT targets. Some improvement has been evidenced between the end of April and the end of September in some specialties. An increase in waiting times has been evident in a small proportion of specialties during the same period. Actions continue to be taken to address the challenges faced.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	Patient safety. People with identified mental health needs are experiencing delays in accessing appropriate care and treatment. Within Clinical Neuropsychology, delays in diagnostic assessment may result in failure to treat patients appropriately at an early stage resulting in worse clinical outcomes.
Risk Category	Governance
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk Scoring 16
Mitigating Actions (including timescales and resources)	Alternative means of providing planned cover across the Service being considered, and in some areas more detailed capacity/demand analysis being undertaken to support future workforce needs. Within Clinical Neuro-Psychology resources needs have been determined and will be considered within the broader PTS financial framework.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6
Approval recommendation	Given the moderate level of planned risk, the risk is deemed to be manageable.

7.0 CONSULTATIONS

The Director and Deputy Director of the Psychological Therapies Service, the Chief Officer and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

Arlene Mitchell
Locality Manager

Dave Berry
Chief Finance Officer

DATE: 7 November 2018

ITEM No ...7.....



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 27 NOVEMBER 2018

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

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC60-2018

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATIONS

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

- 2.1 Notes the substantial completion of the 2017/18 Internal Audit Plan as well as commencement of delivery of the 2018/19 plan as outlined in Appendix 1 of this report.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 Dundee Integration Joint Board's current Internal Audit Plan incorporates outstanding reviews from the 2017/18 plan as approved by the Performance and Audit Committee (PAC) at its meeting held on 28 November 2017 (PAC37-2017) and the planned internal audit activity as part of the 2018/19 Internal Audit Plan as approved by the PAC at its meeting of 31 July 2018 (PAC48-2018).
- 4.2 In relation to the substantive reviews as part of the 2017/18 plan, the last outstanding element relates to the review of Transformation and Redesign which has now reached draft report stage. The findings of this review will now be reported back to the Performance and Audit Committee at its meeting in February 2019. Work related to the 2018/19 Internal Audit Plan is ongoing and this is included in the progress reported below.
- 4.3 As per Audit Scotland's recommendation and subsequent agreed action following the Dundee IJB External Audit Annual Report 2016/17, presented to the September 2017 Performance and Audit Committee (PAC21-2017), progress of the Internal Audit Plan is now a standing item on Performance and Audit Committee agendas.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

Date: 5 November 2018

Appendix 1

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

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

ITEM No ...8.....

PAC62-2018

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

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

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

✓ Attended

A Submitted apologies

A/S Submitted apologies and was substituted

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

* Denotes Voting Members

** Denotes Office Bearer. Periods of appointment are on fixed terms in accordance with legislation. At meeting of the Integration Joint Board held on 25th October, 2016, Doug Cross was appointed as Chair (the Chair of the Committee cannot also be the Chair of the Integration Joint Board).

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

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

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

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