

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

Assistant to Clerk:
Willie Waddell
Committee Services Officer
Dundee City Council

City Chambers
DUNDEE
DD1 3BY

22nd May, 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, 29th May, 2018 at 2 pm.

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

Yours faithfully

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 MINUTE OF PREVIOUS MEETING (page no 1)

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

4 OUTCOME OF CARE INSPECTORATE INSPECTION – TURRIFF HOUSE (page no. 7)

(Report No PAC25-2018 by the Chief Finance Officer, copy attached).

5 ANNUAL RISK MANAGEMENT OVERVIEW (page no. 23)

(Report No PAC28-2018 by the Chief Finance Officer, copy attached).

6 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP – ACTION PLAN IN RESPONSE TO THE SERVICES FOR OLDER PEOPLE (EDINBURGH) INSPECTION REPORT (page no. 69)

(Report No PAC29-2018 by the Chief Finance Officer, copy attached).

7 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – QUARTER 4 (page no. 79)

(Report No PAC30-2018 by the Chief Finance Officer, copy attached).

8 UNSCHEDULED CARE (page no. 111)

(a) Presentation by Lynsey Webster, Senior Officer and Diane McCulloch, Head of Service.

(b) Report No PAC31-2018 by the Chief Finance Officer, copy attached.

9 FALLS PERFORMANCE (page no. 177)

(Report No PAC32-2018 by the Chief Social Work Officer, copy attached).

10 PSYCHOLOGICAL THERAPIES WAITING TIMES (page no. 215)

(Report No PAC33-2018 by the Chief Finance Officer, copy attached).

11 DRUG AND ALCOHOL TREATMENT WAITING TIMES (page no 221)

(Report No PAC41-2018 by the Chief Finance Officer, copy attached).

12 DISCHARGE MANAGEMENT PERFORMANCE UPDATE (INCLUDING CODE 9 ANALYSIS) (page no. 233)

(Report No PAC34-2018 by the Chief Finance Officer, copy attached).

13 NHS TAYSIDE – INTERIM EVALUATION OF INTERNAL CONTROL FRAMEWORK 2017/18 (page no. 243)

(Report No PAC40-2018 by the Chief Finance Officer, copy attached).

**14 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT
(page no. 283)**

(Report No PAC38-2018 by the Chief Finance Officer, copy attached).

**15 AUDIT SCOTLAND ANNUAL REPORT 2016/17 – PROGRESS ON ACTION PLAN (page
no. 287)**

(Report No PAC11-2018 by the Chief Finance Officer, attached).

16 DATE OF NEXT MEETING

The next meeting of the Committee will be held in Committee Room 1, 14 City Square, Dundee on Tuesday 31st July, 2018 at 2 pm.

PERFORMANCE AND AUDIT COMMITTEE
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Elected Member	Bailie Helen Wright *
Non Executive Member	Judith Golden *
Chief Officer	David W Lynch
Chief Finance Officer	Dave Berry
Registered medical practitioner employed by the Health Board and not providing primary medical services	Cesar Rodriguez
Chief Social Work Officer	Jane Martin
Chief Internal Auditor	Tony Gaskin
Staff Partnership Representative	Raymond Marshall

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Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership	Arlene Hay
Dundee Health and Social Care Partnership	Diane McCulloch
NHS Tayside (Communications rep)	Jane Duncan
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
NHS (PA to Tony Gaskin)	Carolyn Martin
Audit Scotland (Senior Audit Manager)	Bruce Crosbie

ITEM No ...3.....

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

Present:-

Members**Role**

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)
David W LYNCH	Chief Officer
Dave BERRY	Chief Finance Officer
Jane MARTIN	Chief Social Work Officer

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

Diane McCULLOCH	Dundee Health and Social Care Partnership
Lynsey WEBSTER	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership
Arlene HAY	Dundee Health and Social Care Partnership
Tony GASKIN	Chief Internal Auditor
Bruce CROSBIE	Audit Scotland
Colin McCASHEY	Independent Convenor, Adult Support and Protection Committee

Doug CROSS, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence was/were submitted on behalf of:-

Raymond Marshall	Staff partnership representative
Judith GOLDEN	Nominated by Health Board (Non-Executive Member)
Cesar RODRIGUEZ	Registered Medical Practitioner (not providing primary medical services)

II DECLARATIONS OF INTEREST

No declarations of interest were made.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of this Committee held on 13th February, 2018 was submitted and approved.

IV ADULT SUPPORT AND PROTECTION COMMITTEE – INDEPENDENT CONVENOR’S ANNUAL REPORT

There was submitted Report No PAC13-2018 by the Chief Finance Officer presenting the Independent Convenor of the Adult Support and Protection Committee’s Annual Report for the period April 2016 to

March 2017 which included a summary of the work undertaken and the priorities recommended for the following year.

Colin McCashey, Independent Convenor, Dundee Adult Support and Protection Committee gave a verbal presentation in supplement to the content of the report.

The Committee agreed:-

- (i) to note the contents of the Independent Convenor's Report which was attached to the report as an Appendix;
- (ii) to note the progress that had been made in developing an effective partnership response to Adult Support and Protection issues in the city;
- (iii) to note the progress achieved in response to the Independent Convenor's recommendations for 2016 to 2018 as outlined in Section 4.5 of the report; and
- (iv) to record their thanks to Colin McCashey for the work he had undertaken in his capacity as Independent Convenor of Dundee Adult Support and Protection Committee.

V OUTCOME OF CARE INSPECTORATE INSPECTION – MACKINNON CENTRE RESPITE PROVISION

There was submitted Report No PAC19-2018 by the Chief Finance Officer advising of the outcome of the recent Care Inspectorate inspection of Mackinnon Centre Respite Service for people with physical disability.

The Committee agreed:-

- (i) to note the content of the report and the content of the inspection report which was attached to the report as Appendix 1;
- (ii) to note the Excellent grades awarded to the service, the strengths of the service, and the very positive comments made by service users and carers as detailed in paragraph 4.5 of the report;
- (iii) to note that quality of environment was not assessed on this occasion and that quality of staffing was assessed which achieved a Grade 6 Excellent; and
- (iv) to record their appreciation for the contribution and diligence of staff within the Partnership with responsibility for the service referred to in the report towards achieving the positive report from the inspection carried out by the Care Inspectorate.

VI OUTCOME OF CARE INSPECTORATE INSPECTION – HOMECARE (ENABLEMENT AND SUPPORT CITYWIDE AND COMMUNITY MENTAL HEALTH OLDER PEOPLE TEAM)

There was submitted Report No PAC20-2018 by the Chief Finance Officer advising of the outcome of the recent Care Inspectorate inspection of the Homecare – Enablement and Support Citywide and Community Mental Health Older People Team.

The Committee agreed:-

- (i) to note the content of the report and the content of the inspection report which was attached to the report as Appendix 1;
- (ii) to note that the service received one recommendation for Homecare – Enablement and Support Citywide and Community Mental Health Older People Team as detailed

at paragraph 4.8 of the report and the action plan which was submitted to address this which was attached to the report as Appendix 2;

- (iii) to note the grades awarded to the services, the strengths of the services, and the very positive comments made by service users and carers as described in paragraph 4.7 of the report; and
- (iv) to record their appreciation for the contribution and diligence of staff within the Partnership with responsibility for the service referred to in the report towards achieving the positive report from the inspection carried out by the Care Inspectorate.

VII OUTCOME OF CARE INSPECTORATE INSPECTION – WHITE TOP CARE HOME SERVICE

There was submitted Report No PAC21-2018 by the Chief Finance Officer advising of the outcome of the recent Care Inspectorate inspection of White Top Centre (Respite).

The Committee agreed:-

- (i) to note the content of the report and the content of the inspection report which was attached to the report as Appendix 1;
- (ii) to note the one recommendation from the inspection report as outlined in paragraph 4.8 of the report and the action plan which was submitted to address this which was attached to the report as Appendix 2; and
- (iii) to note the grades awarded to the service, the strengths of the service, and the extremely positive comments made by carers; and
- (iv) to record their appreciation for the contribution and diligence of staff within the Partnership with responsibility for the service referred to in the report towards achieving the positive report from the inspection carried out by the Care Inspectorate.

VIII CORE TAYSIDE SUITE OF PERFORMANCE INDICATORS

Reference was made to Article IX of the minute of meeting of the Integration Joint Board held on 23rd February, 2016, wherein the Committee agreed to the proposals being developed to establish an Outcomes and Performance Framework.

There was submitted Report No PAC15-2018 by the Chief Finance Officer informing of progress towards developing an agreed set of indicators across the Angus, Dundee and Perth and Kinross Health and Social Care Partnerships for the purposes of benchmarking and supporting performance improvement.

The Committee agreed:-

- (i) to note the contents of the report and planned actions to complete and implement the suite of performance indicators as outlined in Sections 4.4 to 4.6 of the report; and
- (ii) to note the draft suite of performance indicators contained within Appendix 1 of the report.

IX LOCAL GOVERNMENT BENCHMARKING FRAMEWORK

There was submitted Report No PAC17-2018 by the Chief Finance Officer informing of the performance of Dundee Health and Social Care Partnership towards the social care indicators in the Local Government Benchmarking Framework, for the financial year 2016/2017.

The Committee agreed:-

- (i) to note the performance detailed in the report and in Appendix 1 of the report;
- (ii) to approve the proposed targets for future rank set out in Table 1, Appendix 1 of the report and described in Section 4.7 of the report and to instruct the Chief Finance Officer to advise Dundee City Council of these revised targets accordingly;
- (iii) to note that Local Government Benchmarking Framework performance information would be published on the Dundee City Council website; and
- (iv) to note that the indicator for net residential cost per week for older people 65+ in Appendix 1 of the report provided a proposed Integration Joint Board framework figure of 5 out of 8.

X AUDIT SCOTLAND ANNUAL REPORT 2016/17 – PERFORMANCE MANAGEMENT IMPROVEMENTS UPDATE

Reference was made to Article IV of the minute of meeting of this Committee held on 12th September 2017, wherein the Committee agreed the External Audit Report and Action Plan.

There was submitted Report No PAC14-2018 by the Chief Finance Officer providing an update regarding steps taken to address risks identified within the Audit Scotland Annual Report 2016/17 in relation to performance management improvements.

The Committee agreed:-

- (i) to note the contents of the report;
- (ii) to note the progress made in addressing outstanding improvements and tasks in relation to performance management and planned future actions as outlined in Appendix 1 of the report; and
- (iii) to acknowledge the level of risk associated with staff resource for performance management improvements and mitigating actions as described at Section 6 of the report and instructed the Chief Finance Officer to record this as a separate and specific risk within the high level risk register.

XI HEALTH AND SOCIAL CARE STANDARDS

There was submitted Report No PAC16-2018 by the Chief Finance Officer informing of the new Health and Social Care Standards, which would inform future models of external scrutiny of Health and Social Care Services.

The Committee agreed:-

- (i) to note the content of the new Health and Social Care Standards as outlined in Sections 4.3 and 4.4 and Appendix 1 of the report;
- (ii) to note the planned approach to incorporating the content of the new standards into the scrutiny of Health and Social Care Service as outlined in Sections 4.5 to 4.8 of the report; and
- (iii) that a report be submitted to a future meeting on the work undertaken by the Clinical Care and Professional Governance Group.

XII AUDIT SCOTLAND - ANNUAL AUDIT PLAN 2017/2018

There was submitted Report No PAC23-2018 by the Chief Finance Officer on the proposed Dundee Integration Joint Board Annual Audit Plan 2017/18 as submitted by the Integration Joint Board's appointed External Auditor (Audit Scotland).

The Committee agreed:-

- (i) to note the content of the report; and
- (ii) to approve the proposed Audit Plan for 2017/18 as submitted by Audit Scotland which was attached to the report as Appendix 1.

XIII DUNDEE INTEGRATION JOINT BOARD WORKFORCE INTERNAL AUDIT REVIEW

There was submitted Report No PAC8-2018 by the Chief Finance Officer on the findings of the Workforce Internal Audit Review and the management response and associated action plan.

The Committee agreed:-

- (i) to note the content of the report and the findings of the Workforce Internal Audit Review, which was attached to the report as Appendix 1;
- (ii) to note the management response to the review and associated action plan as noted in Appendix 1 of the report and to instruct the Chief Officer to progress the action plan accordingly;
- (iii) that the conclusion of the Service Level Agreement be prioritised and that a report on this matter be brought forward prior to August 2018 providing information on the level of agreement reached in principle to facilitate the finalisation of the document and to further comment from the Committee on content; and
- (iv) to note that August 2018 was the deadline for the finalised Service Level Agreement.

XIV DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

Reference was made to Article VII of the minute of meeting of this Committee held on 28th November, 2017, wherein the Committee agreed the Internal Audit Plan 2017/2018.

There was submitted Report No PAC22-2018 by the Chief Finance Officer providing 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.

XV DATE OF NEXT MEETING

The Committee noted that the next meeting of the Committee would be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 29th May, 2018 at 2.00 pm.

Doug CROSS, Chairperson.

ITEM No ...4.....



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 29 MAY 2018

REPORT ON: OUTCOME OF CARE INSPECTORATE INSPECTION – TURRIFF HOUSE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC25-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Performance & Audit Committee of the outcome of the recent Care Inspectorate inspection of Turriff House older people's care home

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report and the content of the inspection report (attached as Appendix 1).
- 2.2 Notes the one recommendation as detailed in paragraph 4.6 of this report and the submitted action plan to address this (attached as Appendix 2).
- 2.3 Notes the grades awarded to the service, the strengths of the service, and the positive comments made by service users and carers.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Turriff House

Turriff House was inspected by the Care Inspectorate on 7th March 2018. The Care Inspectorate inspection report is attached as Appendix 1. The service was inspected on two quality themes:

Theme	Grade
Quality of care and support	5 (very good)
Quality of management and leadership	5 (very good)

Previous inspections	Themes inspected	Grade
01/03/17	Quality of care and support Quality of management and leadership	5 (very good) 5 (very good)
17/02/16	All 4 quality themes inspected	3 x 5 (very good) 1 x 4 (good)
19/09/14	All 4 quality themes inspected	4 x 4 (good)

- 4.2 Turriff House is a care home for older people. The care home is full and cares for 32 residents, the vast majority of whom have a diagnosis of dementia. The home is divided into four suites of eight bedrooms with en-suite shower rooms as well as separate sitting and dining areas. There is also a central, communal hall area, which is used for activities and events.

- 4.3 The Inspector reported that 'People could expect to receive care that was appropriate to their needs and respected their wishes. Care plans were person-centred and provided clear direction to staff about people's care needs and what they could do for themselves. This meant that staff could provide the correct level of support, whilst taking account of people's personal interests and preferences.'
- 4.4 The Inspector also noted that 'People were encouraged to make suggestions for improving the service. Regular meetings took place with people using the service, and staff members, where views were expressed about matters such as mealtime menus, activities programmes and development of the home's environment. The suggestions of people's families and carers were also sought through drop-in meetings and questionnaires. Such involvement helps to keep a focus on improvements that matter to the people using the service.'
- 4.5 Relatives and service users' comments included:
- "Staff do so much to help me, in every way",
- "The home is clean"
- "The food is good".
- 4.6 There was one recommendation in the report:
- 'In order to promote an effective and consistent approach in dealing with stress and distress (due to anxiety and pain), relevant care plans should provide more direction to staff on how to manage people's experience in this area.'
- 4.7 This issue related to the recording of information in care plans. All care plans have guidance recorded for staff but the inspector considered there needed to be more detail. The manager has made some immediate changes and is to arrange further training for the staff team on prevention of stress / distress, pain management and how to reflect this in more detail in the care plans.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

This report has not been subject to a risk assessment as it relates to the publication of Care Inspectorate information and therefore does not require a policy decision.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 16 April 2018

Angie Smith
Resource Manager
Health & Social Care Partnership

APPENDIX 1



Turriff House Care Home Service

4 Rannoch Road
Dundee
DD3 8RB

Telephone: 01382 436420

Type of inspection: Unannounced
Inspection completed on: 7 March 2018

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Care service number:
CS2003000479

About the service

Turriff House is a care home service, which is provided by Dundee City Council. The home is registered to provide care for 32 older people. Nursing care is not provided.

The care home is purpose-built and is divided into four units, each accommodating eight people. Each unit has eight bedrooms with en-suite shower rooms as well as separate sitting and dining areas. All units are on ground floor level and have access to secure gardens. People are able to move freely between the units and garden areas. There is also a central, communal hall area, which is used for activities and events.

The service was previously registered with the Care Commission and became registered with the Care Inspectorate on 1 April 2011.

What people told us

We spoke with 11 people using the service and gathered views from one Care Standards Questionnaire (CSQ). In addition, we spoke with two relatives/carers during the inspection and gathered comments from another four relatives using CSQs.

Overall, the comments we received were very positive and most people strongly agreed that they were happy with the standard of care they received. Staff were generally seen as being helpful and kind, despite being busy at times. Some people felt that they could have more to do, although many people identified that there was regular input from an enthusiastic activities coordinator.

We heard that "staff do so much to help me, in every way", that the "home is clean" and that the "food is good". There was little in the way of negative comments about the care provided or the home's environment.

Self assessment

The service had not been asked to submit a self-assessment prior to this inspection taking place. We were advised of the service's plans to improve the quality of care provision and how these would be taken forward.

Advice was given to the service manager about possible formats for setting out the service's improvement plan.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	not assessed
Quality of staffing	not assessed
Quality of management and leadership	5 - Very Good

What the service does well

People were cared for by staff who were familiar with their care and support needs. Staff were warm and friendly in their approach to people using the service, as well as their visitors, which helped ensure that people felt valued and respected.

People could expect to receive care that was appropriate to their needs and respected their wishes. Care plans were person-centred and provided clear direction to staff about people's care needs and what they could do for themselves. This meant that staff could provide the correct level of support, whilst taking account of people's personal interests and preferences.

There were regular formal reviews of care needs, which involved people using the service and their representatives. This helped ensure that care plans were adapted to meet changing needs and took account of people's views about their care. People, however, could have been more involved in completing their care-related risk assessments and "routine" reviews of care. The service stated that they would make improvements in this area - this will be reviewed at the next inspection.

Mealtimes were a pleasant and sociable experience. People were able to make food choices at the time of serving and alternatives were available on request. Assistance with eating and drinking was given, where needed, and meals were served at a relaxed pace. People using the service were involved in periodic reviews of the menus and the quality of food was described as good.

People should be able to take part in regular activities, in order to promote their physical and psychological wellbeing. Activities programmes were arranged by an enthusiastic activities organiser, who aimed to ensure that people had regular access to activities that suited their needs and abilities. People clearly appreciated the opportunities made available for them to participate in these programmes.

People using the service could be sure that their health needs were adequately supported. This was provided through regular access to services such as: GPs, District Nurses, the Dementia Liaison Team and Speech and Language Therapy.

People were encouraged to make suggestions for improving the service. Regular meetings took place with people using the service, and staff members, where views were expressed about matters such as mealtime menus, activities programmes and development of the home's environment. The suggestions of people's families and carers were also sought through drop-in meetings and questionnaires. Such involvement helps to keep a focus on improvements that matter to the people using the service.

People could be confident that the service had processes in place to ensure that their care records were up to date and that policies and procedures were operating correctly. We found that the service had well developed audit processes to cover areas such as: care planning, medicines administration, accidents and incidents, falls and general risk assessments. This helped to ensure that people received consistent, good quality care.

What the service could do better

Whilst the needs of people with dementia, and other cognitive impairments, was considered in the design of the building and garden areas, improvements could be made to signage to help people find their way around the building. This may encourage people to use communal areas and visit other parts of the home without the need for staff assistance.

Some care plans could have provided more direction in how to manage people's stress and distress, as well as the assessment of pain for those who had difficulty in communicating. This would help promote an effective and consistent approach by staff and reduce the degree of distress, which may be experienced by people who are anxious or in pain. This was identified in the last inspection report and is an area which needs to be developed (see Recommendation 1).

Whilst we found strong elements of good practice in staff supervision, the delivery of this was not consistent. Gaps were identified in the frequency of supervision meetings, which meant that all staff did not have regular access to formal support, through which their care practice and training and development needs could be discussed. The service agreed that this was an area that needed attention and made a commitment to hold regular supervision meetings for staff with their line managers. This will be examined at the next inspection.

People should expect that staff are up to date in their knowledge and skills, and that they receive care which reflects current good practice. This was supported by staff having access to a wide range of training and development opportunities. However, the use of individual training plans was not consistent, and the service did not have an overall training and development plan for its staff. This would make it more difficult to identify gaps in training needs. The service identified that these matters would be addressed - this will be reviewed at the next inspection.

Although clear efforts were being made to promote activities and physical exercise, it was evident that care staff could find this challenging to deliver at times - especially in the mornings, when people required a high degree of personal care and support. We heard that the service was reviewing the deployment of staff, which may help them spend more time with people. This will be reviewed at the next inspection.

Whilst people were encouraged to provide ideas for making the service better, the way in which these were analysed and used to inform an improvement plan for the service could be further developed. Advice was given to the service about setting up a service improvement plan, which would focus on achieving better outcomes for people using the service.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. In order to promote an effective and consistent approach in dealing with stress and distress (due to anxiety and pain), relevant care plans should provide more direction to staff on how to manage people's experience in this area. This will be examined at the next inspection of the service.

National Care Standards - Care Homes for Older People: Standard 6 - Support arrangements

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings	
1 Mar 2017	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	5 - Very good
17 Feb 2016	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	4 - Good
19 Sep 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
24 Feb 2014	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	5 - Very good
6 Aug 2013	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	5 - Very good
11 Feb 2013	Unannounced	Care and support	Not assessed
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	5 - Very good
6 Aug 2012	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
14 Feb 2012	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good

Date	Type	Gradings	
		Management and leadership	4 - Good
18 Nov 2011	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed 3 - Adequate 2 - Weak
26 Oct 2010	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed 5 - Very good Not assessed Not assessed
17 Jun 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good Not assessed Not assessed
25 Feb 2010	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
9 Sep 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
7 Jan 2009	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
20 May 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

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eForms Document

Inspection Documents **Action Plan**

Turriff House

CS2003000479

General Information

General Information about the Inspection

Inspected by: David Gilling

Type of Inspection: Unannounced

Inspection Completed on (date): 07 March 2018

Additional Information: What you enter in the text area below will be shown to the provider when the Action Plan is released. You will need to select Yes from the drop-down that is below the text area when you have finished entering your notes.

Do not select YES until you are ready for the document to be released to the provider - you cannot reverse this decision once you have clicked on "Save & Exit"

Information to provider

Release this form to the service provider? Yes / **No**

Requirements

Details of the following entries are included in the Appendix at the end of this document along with blank forms for adding new entries.

Quality Theme**Quality Statement****Requirement Number**

Please enter responses for each of the requirements listed below

Recommendations

Details of the following entries are included in the Appendix at the end of this document along with blank forms for adding new entries.

Quality Theme	Quality Statement	Recommendation Number
Care And Support	1	1

Please enter responses for each of the recommendations listed below

1 record

Quality Theme	Care and support
Quality Statement/Theme No	1
Recommendation Number	1

In order to promote an effective and consistent approach in dealing with stress and distress (due to anxiety and pain), relevant care plans should provide more direction to staff on how to manage people's experience in this area. This will be examined at the next inspection of the service.

National Care Standards - Care Homes for Older People: Standard 6 - Support arrangements

Action Planned:

As a Senior Team / Manager we are going to identify those Residents who would fit into this category for anxiety & pain. Once identified we will work closely with the relevant key workers and suite workers to identify the process taken at these times and if appropriate incorporate this into their Personal Plans. Where the key worker and suite workers are unable to identify the process we will try different methods until one is suitable and effective.

We will seek support from other professionals to deliver training with regards to dealing with stressed and distressed residents and pain management if accessible. This will likely be through the community liason (peripatetic) Team. With regards to recording this in the Personal Plans as a Senior Team we will deliver workshops to staff explaining how to do this in order to achieve consistency based on the care plans this is already in situ.

Timescale:

3-6 Months for all staff and then On-Going for new Staff. Personal Plans updated in same time frame.

Responsible Person:

Seniors & Manager

Submission Declaration

Declaration I confirm that by submitting this action plan I have the authority of the service provider to complete the action plan.

Name:

Chris Heberton

I am: (Select an option)

The manager of the service / The owner of the service



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 29 MAY 2018

REPORT ON: ANNUAL RISK MANAGEMENT OVERVIEW

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC28-2018

1.0 PURPOSE OF REPORT

To provide the Performance and Audit Committee with an annual overview of Dundee Health and Social Care Partnership's Risk Management Strategy.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of this report;

2.2 Notes the work being undertaken to formalise escalation protocols for specific risks to the Integration Joint Board and to partner bodies (section 4.4 of this report) and future developments around Locality Operational Risk Management Plans (section 4.3 of this report) and a Resilience Group (section 4.5 of this report).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Development of Risk Management Recording System

4.1.1 Dundee Health and Social Care Partnership's risk management recording format was based on the Integration Joint Boards' Risk Management Policy and Strategy which was agreed at the IJB at its meeting held on 27 April 2017 (report number DIJB22-2016) which is attached as appendix 1 and the Risk Matrix on Pentana (Performance Management system). Work is ongoing to ensure that the Health and Social Care Partnership's risk management recording format is compatible with Risk Management recording in Dundee City Council (Pentana) and NHS Tayside (Datix).

4.1.2 The main focus this year has been the development of the Operational Risk Register, in addition to the already established Strategic Risk Register. Guidance on risk reporting has been developed for authors of reports to the IJB and PAC. The recording of risks in reports enables IJB and Committee members to consider the extent of the risks associated with any decisions they are being asked to make, and to accept these risks or otherwise. These risks are then recorded in the Operational (Appendix 2) or Strategic risk register (Appendix 3) on Pentana. The Pentana system allows for assigned persons responsible for the risk to make regular updates. The visual matrix on Pentana enables risks to be more easily understood.

4.1.3 Updates from the Strategic Risk Register on Pentana were taken to the Performance and Audit Committee held on 13 February 2018 (report number PAC10-2018 – Dundee IJB High Level Risk Register).

4.2 Effectiveness

- 4.2.1 The Integration Joint Board's Internal Auditor will be validating the risk management work carried out to date, and reviewing and commenting on proposed future approaches as part of the 2017/18 Internal Audit Plan. They will provide a report on the effectiveness of the Partnership's Risk Management Strategy.

4.3 Future Developments in Risk Management.

- 4.3.1 Planned developments to Dundee Health and Social Care Partnership's Risk Management Strategy include the development of Key Performance Indicators to provide assurance on the operation of the Risk Management system throughout the year.
- 4.3.2 Updates from the Strategic and Operational Risk Registers will be presented to the Integration Joint Board following detailed scrutiny by the Performance and Audit Committee. The Risk Registers will be taken to the IJB Meeting to be held on 26 June 2018 to allow the Risk Registers to be reviewed in the context of the annual report.
- 4.3.3 It is planned to engage the Integration Joint Board in work around setting the IJB's risk appetite. This is the amount and type of risk that an organisation is willing to take in order to meet its strategic objectives. Tolerance of risks are approved by the IJB, however the Senior Management Team and Chief Officer review individual risks in more detail.
- 4.3.4 Work is ongoing to develop detailed Locality Operational Risk Management plans. This has been an ongoing process that has been influenced by the Strategic and Operational Risk Registers.

4.4 Escalation Protocols

- 4.4.1 It has been recognised that work needs to be carried out to formalise escalation protocols for specific high risks to the Integration Joint Board, and to partner bodies: Dundee City Council and NHS Tayside.
- 4.4.2 Conversely the IJB also needs assurance around escalation protocols from both partners around any risks that need to be notified, or should have been notified, to the Integration Joint Board.

4.5 Resilience Group

- 4.5.1 Work is underway to develop a Resilience Group for operational services which will bring together Emergency Planning, Business Continuity and Risk Management within the remit of one specific group. This will ensure that emergent issues will be captured across all areas. This will enable them to be prioritised and mitigating factors identified.

4.6 Financial Monitoring

- 4.6.1 Work will be undertaken to record the risks identified in the Financial Monitoring report on Pentana.

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

No risk assessment is necessary as this is an annual report.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 9 May 2018

Clare Lewis-Robertson
Senior Officer
Health & Social Care Partnership



Integration Joint Boards

Risk Management Policy and Strategy

CONTENTS

Policy – The Risk Management Approach and Vision	0
Strategy - Implementing the Policy	1
1. Introduction.....	1
2. Risk management process	1
3. Application of good risk management across the IJB activities	1
Risk Leadership and Accountability	3
4. Governance, roles and responsibilities	3
Resourcing Risk Management.....	4
5. Resourcing the risk management framework.....	4
6. Resourcing those responsible for managing specific risks	4
Training, Learning and Development.....	4
7. Risk management training and development opportunities	4
Monitoring Activity and Performance	5
8. Monitoring risk management activity	5
9. Monitoring risk management performance	5
Communicating Risk Management	5
10. Communicating, consulting on and reviewing the risk management framework.....	5
Appendix 1 Risk Matrix	
Appendix 2 Risk Framework	

Policy – The Risk Management Approach and Vision

- 1.1 The Integration Joint Boards (IJBs) are committed to a culture where the workforce is encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.
- 1.2 In doing so the aim is to provide safe and effective care and treatment for patients and clients, and a safe environment for everyone working within the IJBs and others who interact with the services delivered under their direction.
- 1.3 The IJBs believe that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of objectives, better clinical and financial outcomes, achievement of targets and fewer unexpected problems.
- 1.4 They purposefully seek to promote an environment that is risk 'aware' and strive to place risk management information at the heart of key decisions. This means that the IJBs can take an effective approach to managing risk in a way that both address significant challenges and enable positive outcomes.
- 1.5 The IJBs promote the pursuit of opportunities that will benefit the delivery of the Strategic Plan. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for patients, clients and the IJBs.
- 1.6 The IJBs will receive assurance reports (internal and external) not only on the adequacy but also the effectiveness of its risk management arrangements and will consequently value the contribution that risk management makes to their wider governance arrangements.
- 1.7 The IJBs, through the following risk management strategy, has established a Risk Management Framework, (which covers risk policy, procedure, process, systems, risk management roles and responsibilities).

Key benefits of effective risk management:

- appropriate, defensible, timeous and best value decisions are made;
- risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;
- high achievement of objectives and targets;
- high levels of morale and productivity;
- better use and prioritisation of resources;
- high levels of user experience/ satisfaction with a consequent reduction in adverse events, claims and/ or litigation; and
- a positive reputation established for the Integration Joint Boards.

Strategy - Implementing the Policy

1. Introduction

1.1 The primary objectives of this strategy will be to:

- promote awareness of risk and define responsibility for managing risk within the IJBs;
- establish communication and sharing of risk information through all areas of the IJBs
- initiate measures to reduce the IJBs exposure to risk and potential loss; and,
- establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.

1.2 This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether relating to the clinical and care environment, employee safety and wellbeing, business risk, opportunities or threats.

1.3 **Strategic risks** represent the potential for the IJBs to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within their Strategic Plans, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk.

1.4 **Operational risks** represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the IJBs activities. Parent bodies will retain responsibility for managing operational risks as operational or service risks which will be more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the IJB.

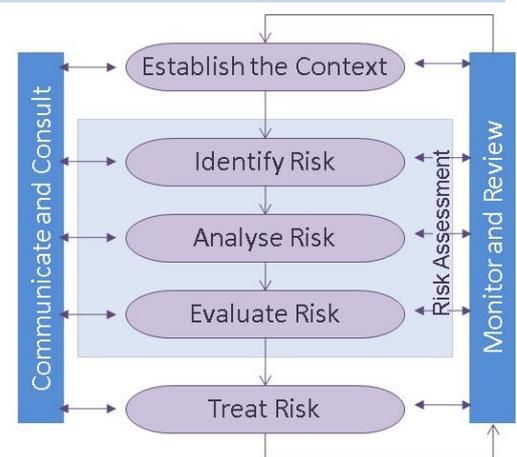
1.5 All risks will be analysed consistently with an evaluation of risk as being probability/likelihood x consequence/impact. Please refer to Appendix 1.

1.6 This document represents the risk management framework to be implemented across the Joint Boards and will contribute to their wider governance arrangements.

2. Risk management process

2.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects¹ It is proactive in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.

2.2 The IJBs embed risk management practice by consistent application of the risk management process shown in the diagram on the right, across all areas of service delivery and business activities.



3. Application of good risk management across the IJB activities

3.1 Standard procedures (3.1.1 – 3.1.9) will be implemented across all areas of activity that are under the direction of the IJBs in order to achieve consistent and effective implementation of good risk management.

¹ Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004

- 3.1.1 Full implementation of the risk management process. This means that risk management information should (wherever possible) be used to guide major decisions in the same way that cost and benefit analysis is used.
- 3.1.2 Identification of risk using standard methodologies, and involving subject experts who have knowledge and experience of the activity or process under consideration.
- 3.1.3 Appropriate ownership of risk: Specific risks will be owned by/assigned to and managed by those individual/s who are best placed to oversee the risk and manage the development of any new risk controls required by the Chief Officer of the relevant IJB in conjunction with the Chief Executive from Health.
- 3.1.4 Consistent application of the agreed risk matrix to analyse risk in terms of likelihood of occurrence and potential impact, taking into account the effectiveness of risk control measures in place. The risk matrix to be used is attached in Appendix 1.
- 3.1.5 Consistent response to risk that is proportionate to the level of risk. This means that risk may be terminated; transferred elsewhere (ie to another partner or third party); tolerated as it is; or, treated with cost effective measures to bring it to a level where it is acceptable or tolerable for the IJBs. In the case of opportunities, the IJB may 'take' an informed risk in terms of tolerating it if the opportunity is judged to be (1) worthwhile pursuing and (2) the IJB is confident in its ability to achieve the benefits and manage/ contain the associated risk.
- 3.1.6 Implementation and maintenance of risk registers as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources and ease of access to information for risk reporting.
- 3.1.7 Reporting of strategic risks and key operational risks to the IJB on a quarterly basis.
- 3.1.8 Operation of a procedure for movement of risks between strategic and operational risk registers that will be facilitated by the IJB.
- 3.1.9 Routine reporting of risk information within and across teams and a commitment to a 'lessons learned' culture that seeks to learn from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints and claims.

Risk Leadership and Accountability

4. Governance, roles and responsibilities

4.1 Integration Joint Boards

Members of the Integration Joint Boards are responsible for:

- oversight of the IJBs risk management arrangements;
- receipt, review and scrutiny of reports on strategic risks and any key operational risks that require to be brought to the IJBs attention; and,
- ensuring they are aware of any risks linked to recommendations from the Chief Officer concerning new priorities/ policies and the like (*A 'risk implications' section on relevant board papers could facilitate this*).

4.2 Chief Officer

The Chief Officers have overall accountability for the IJBs risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Chief Officers will keep the Chief Executives of the IJBs partner bodies (Council and Health) informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of their Strategic Plans or the reputation of the IJB.

4.3 Senior Management Team

Members of the Senior Management Team are responsible (either collectively, or by nominating a specific member of the team) for:

- supporting the Chief Officer in fulfilling their risk management responsibilities;
- arranging professional risk management support, guidance and training from partner bodies;
- receipt and review of regular risk reports on strategic, shared key operational risks and escalating any matters of concern to the IJB; and,
- ensuring that the standard procedures set out in section three of this strategy are actively promoted across their teams and within their areas of responsibility.

4.4 Individual Risk Owners/Risk Managers

It is the responsibility of each risk owner/manager to ensure that:

- risks assigned to them are analysed in keeping with the agreed risk matrix both for probability / likelihood and consequence / impact taking into account existing controls and the potential likelihood and consequences after treatment of the risk
- data on which risk evaluations are based are robust and reliable;
- risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise;
- the whole risk is reviewed not only in terms of likelihood and impact of occurrence, but takes account of any changes in context that may affect the risk;
- controls that are in place to manage the risk or which are proposed are proportionate to the context and level of risk and are effective in practice
- risks are recorded using the framework in Appendix 2.

4.5 All persons working under the direction of the IJB

Risk management should be integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas. This approach requires everyone to:

- understand the risks that relate to their roles and activities;
- understand how their actions relate to their own, their patient's, their services user's/ client's and public safety;
- understand their accountability for particular risks and how they can manage them;

- understand the importance of flagging up incidents and/ or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements; and,
- understand that good risk management is a key part of the IJB's culture.

4.6 Partner Bodies

It is the responsibility of relevant specialists from the partner bodies, (such as internal audit, external audit, risk managers and health and safety advisers) to attend meetings as necessary to consider the implications of risks and provide relevant advice. It is the responsibility of the partner bodies to ensure they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the IJB.

Resourcing Risk Management

5. Resourcing the risk management framework

- 5.1 Much of the work on developing and leading the ongoing implementation of the risk management framework for the Joint Boards will be resourced through the Senior Management Team's arrangements (referred to in 4.3).
- 5.2 Wherever possible the IJBs will ensure that any related risk management training and education costs will be kept to a minimum, with the majority of risk-related courses/ training being delivered through resources already available to the IJB (the partner body risk managers/ risk management specialists).

6. Resourcing those responsible for managing specific risks

- 6.1 Where risks impact on a specific partner body and new risk control measures require to be developed and funded, it is expected that this will be taken forward by the partner organisation, within current resource where possible.
- 6.2 Financial decisions in respect of the IJBs risk management arrangements will rest with the Chief Financial Officer.

Training, Learning and Development

7. Risk management training and development opportunities

- 7.1 To implement effectively this policy and strategy, it is essential for people to have the competence and capacity for managing risk and handling risk judgements with confidence, to focus on learning from events and past experience in relation to what has worked well or could have been managed better, and to focus on identifying malfunctioning 'systems' rather than people.
- 7.2 Training is important and is essential in embedding a positive risk management culture across all activities under the direction of the IJBs and in developing risk management maturity. The Senior Management Teams will regularly review risk management training and development needs and source the relevant training and development opportunities required (referred to in 4.3).

Monitoring Activity and Performance

8. Monitoring risk management activity

- 8.1 The IJBs operate in a dynamic and challenging environment. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made.
- 8.2 Monitoring will include review of the IJBs risk profile at Senior Management Team level on a quarterly basis when all strategic, operational and shared risks will be considered.
- 8.3 It is expected that partner bodies will use IJBs risk reports to keep their own organisations updated on the management of the risks, highlighting any IJBs risks that might impact on the partner organisation.

9. Monitoring risk management performance

- 9.1 Measuring, managing and monitoring risk management performance is key to the effective delivery of key objectives.
- 9.2 The performance data linked to the Strategic Plans will also inform the identification of new risks or highlight where existing risks require more attention.
- 9.3 Reviewing the IJBs risk management arrangements on a regular basis will also constitute a 'Plan/ Do/ Study/ Act' review cycle that will shape future risk management priorities and activities of the IJB, inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the IJB.

Communicating Risk Management

10 Communicating, consulting on and reviewing the risk management framework

- 10.1 Effective communication of risk management information across the IJBs is essential to developing a consistent and effective approach to risk management.
- 10.2 Copies of this policy and strategy will be widely circulated via the Senior Management Teams and will form the basis of any risk management training arranged by the IJBs.
- 10.3 The Policy and Strategy (version 1.0) was approved by the Integration Joint Boards at its meeting of [00/00/0000].
- 10.4 This policy and strategy will be reviewed annually by the Risk Managers from NHS Tayside and the Local Authorities to ensure that it reflects current standards and best practice in risk management and fully reflects the Integration Joint Boards business environment.

 Appendix 1 Risk Matrix

Impact/Consequences	Critical/Extreme (5)	5	10	15	20	25
	Major (4)	4	8	12	16	20
	Significant/Moderate (3)	3	6	9	12	15
	Marginal/Minor (2)	2	4	6	8	10
	Negligible (1)	1	2	3	4	5
		Very Low/Rare (1)	Low/ Unlikely (2)	Low to High/ Possible (3)	High/ Likely (4)	Very High/ Almost Certain (5)
Likelihood/Probability						

Appendix 2 Risk Framework

RISK FRAMEWORK

<p>Risk Description: Set out which events could impact on the achievement of the objective and their potential consequences</p> <p><i>This should be structured which separates cause, risk and effect e.g. "As a result of (1 – Existing Condition), (2 – Something Uncertain) may occur, which would lead to (3 – effect on objectives).</i></p>		<p>Risk Owner:</p>		
		<p>Risk Manager:</p>		
		<p>IJB: Insert the name of the Integration Joint Board to which this risk is reported into</p>		
<p>Objective: Identify which relevant objective this risk relates/links to.</p>		<p>Date last reviewed: Insert the date the risk was last reviewed and updated even if no changes are made</p>		
		<p>Date of next review: Insert the date when the risk is next due for review</p>		
<p>Risk Rating: (Likelihood x consequence):</p> <p>Current (risk grade at time of risk review): (IXC)</p> <p>Planned (anticipated risk grading after all mitigating actions have been implemented): (IXC)</p>		<p>Rationale for current score: <i>This should explain the nature of the risk in more detail but also set out why the score is currently as it is; wherever possibly using the descriptors from the risk management matrix</i></p> <p>Rationale for planned score: <i>This should set out why the planned score is both desirable and achievable.</i></p>		
<p>Current Controls (what are we currently doing about the risk?) <i>Ongoing actions designed to mitigate the risk that are already in place and working effectively:</i></p> <p><i>Whilst difficult to judge with precision, the key controls are those that mitigate the risk from its inherent level to its current level. If a control does not have that level of impact then it should be recorded on an operational risk (below) but not necessarily included here.</i></p>		<p>Mitigating actions (What more should we do?) <i>These are the future actions which will bring the risk down from its current to its planned level. If an action is not likely to have this impact, then it may not be necessary to include it so that attention can be focused on the most important controls.</i></p> <p><i>If the list of actions will not in themselves bring the risk down to the required level then this should be identified, with a clear statement of what future work will be done to identify the actions required. If conversely, there are no actions which will take the risk down to its planned level then the planned risk is unachievable and should be amended with explanation.</i></p>		<p>Responsible Person</p>

<p>Assurances (How do we know controls are in place and functioning as expected?) <i>Please provide details of Reports to Committee which provide information on how the key controls above are operating in practice or direct data on the status of the risk e.g. performance data. A review of the reports which do go to the Committee will identify assurances. However, there must be consideration of whether the reports as they are currently constituted actually provide direct assurance on the operation of the key controls and whether they are constructed in such a way as to ensure that this is highlighted. Where a control is being operated within a sub-group, it is not enough for minutes to be presented. The areas where assurance on key controls is being provided should be overt and unequivocal</i></p>	<p>Independent Assurances <i>Please provide details of independent scrutiny e.g. Internal and External Reports etc.</i></p>		
<p>Current performance (with these actions taken, how serious is the problem?) <i>Set out an assessment of how well the risk is currently being mitigated and controls being applied effectively. If possible, very high level performance and other data which outline current status and provide a judgement on whether this is in line with expectations would reinforce the conclusion.</i></p>	<p>Gaps in assurance (what additional assurances should we seek?)</p> <p>Additional Comments: <i>Any other information that might provide a useful insight or without which the picture presented by the risk framework is incomplete</i></p>		



Dundee Health and Social Care Partnership Operational Risk Register

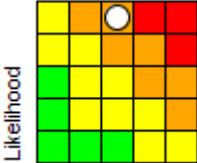
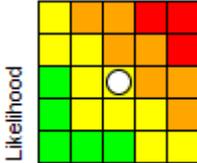
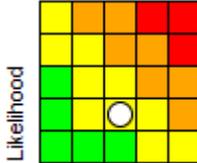
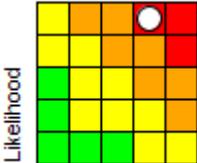
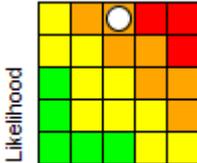
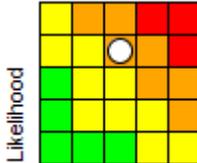
Report Type: Risks Report

Report Author: Clare Lewis-Robertson

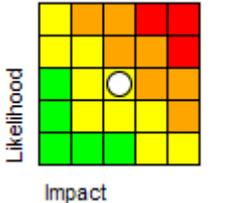
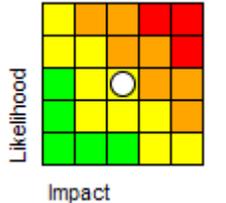
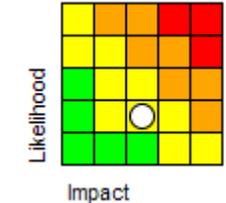
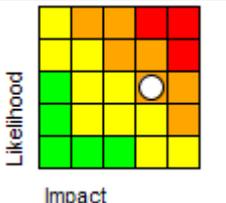
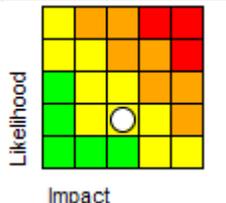
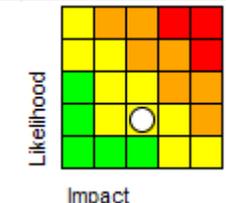
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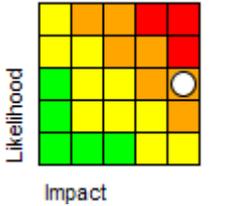
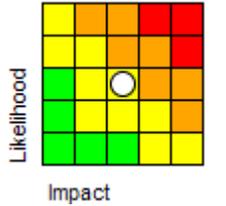
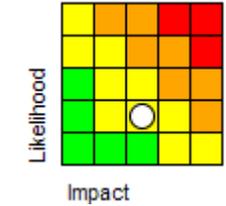
Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
Operational						
Proposed Model of care for older people will adversely affect over stretched Primary Care Services	Proposed Model of Care for Older People – Business Case (DIJB37-2017)		<ul style="list-style-type: none"> • Involvement of primary care in developing the model • Secondary care model developed • Discharge criteria developed • Close links with Enhanced Community Support model • Monitor impact by testing model 			Model is being developed in close consultation with Primary Care colleagues to avoid this. Improvement plan being developed for Primary care

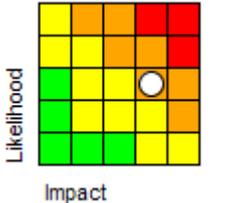
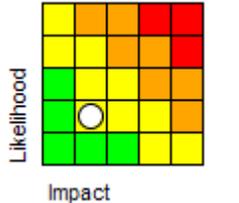
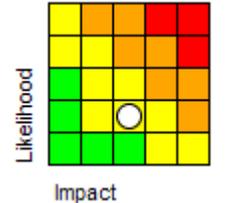
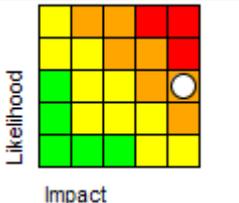
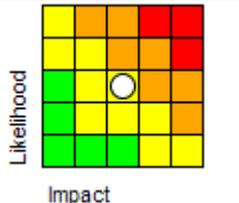
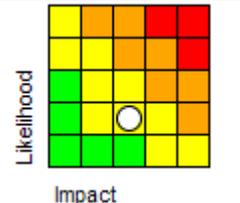
Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
<p>Joint Sensory Services Strategy – services are delivered by disparate organisations around their priorities and not the identified needs of the community as identified in the Strategic Needs Assessment resulting in duplication and disjointed services.</p>	<p>Joint Sensory Services Strategy & Commissioning Statement (DIJB52-2017)</p>		<p>The SPG and this strategic statement provide the structure and key stakeholders to mitigate this risk.</p>			<p>Given the low level of planned risk, the risk is deemed to be manageable.</p>
<p>Substance Misuse Strategic & Commissioning Plan may not be completed and agreed before 31 March 2018.</p>	<p>Substance Misuse Strategic & Commissioning Plan Update (DIJB55-2017)</p>		<p>Work is progressing well and there is full engagement in the development of the Plan.</p>			<p>Given the moderate level of planned risk, it is deemed to be acceptable.</p>
<p>General Practice & Primary Care – insufficient funding will be available to fund the health and social care</p>	<p>General Practice & Primary Care (DIJB51-2017)</p>		<p>There is continued engagement with all partners to develop the Primary Care Development Plan for Dundee.</p>			<p>Given the current stage of the Primary Care Development plan it is recommended that this risk is manageable and should therefore be accepted.</p>

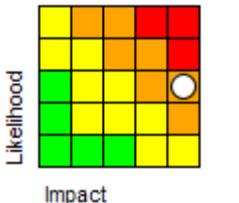
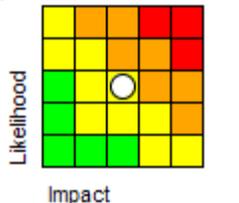
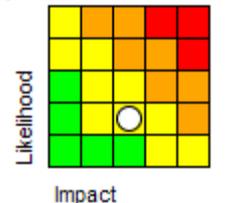
Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
community services infrastructure required to deliver the expectations of the new GMS contract.						
Winter Planning Arrangements – the plan is not achieved as described and there is an increase in the number of people delayed leading to boarding of patients and cancellation of elective operations.	Winter Planning Arrangements (DIJB58–2017)		<p>Local planning is in place to ensure the Dundee partnership will fulfil its requirements.</p> <p>The impact on the system will be monitored daily.</p> <p>Christmas/New Year plans will be completed.</p>			Given the moderate level of planned risk it is recommended that the level of risk is accepted.
Transformation Programme does not deliver the agreed range of service redesign investment and efficiency proposals necessary to deliver better outcomes for the citizens of Dundee within the available resources.	Transformation Programme Update Report (DIJB56–2017)		Transformation Delivery Group in place to govern, monitor and drive Transformation Programme.			Given the level of inherent risk is partly mitigated by the actions being undertaken and impacted by a range of factors it is recommended that the level of risk is accepted.

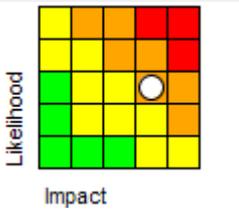
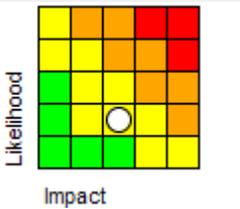
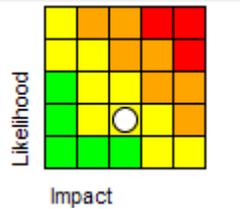
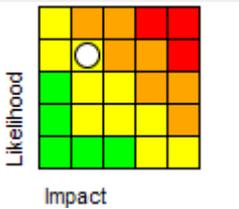
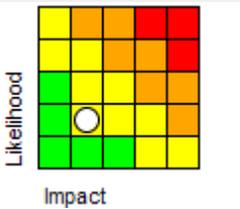
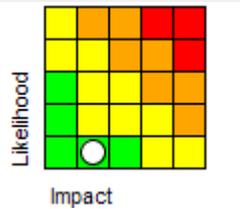
Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
The IJB will not be able to balance its resources and achieve its strategic objectives should the combination of the level of funding provided through the delegated budget and the impact of the IJB's Transformation Efficiency Programme be insufficient.	Scottish Government Draft Budget 2018/19 – Implications for Dundee IJB (DIJB1-2018)		<p>Developing a robust and deliverable Transformation Programme</p> <p>Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget.</p>			Despite the high level of risk, it is recommended that this should be accepted at this stage of the budget process with a reviewed position set out as the proposed budget is set out to the IJB in March 2018.
Review of Home Care Services – Potential reduction in available resources during the period of change. This would impact on hospital flow and community capacity to commence new packages of support.	Review of Home Care Services (DIJB2-2018)		<p>Maintain open communication across workforce, trade union representatives and service users.</p> <p>Communication and engagement plan prepared with clear timescales for action.</p> <p>Clarify and maximise available resources.</p> <p>Implement resilience plans as required.</p>			Recommendation to approve the risk.

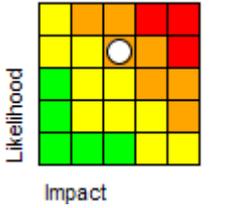
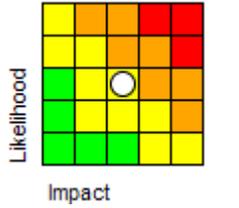
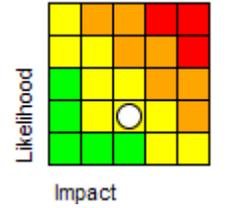
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<p>Home Care Review – Unable to secure an agreement to implement recommended change.</p>	<p>Review of Home Care Services (DIJB2–2018)</p>		<p>Maintain open communication across workforce, trade union representatives and service users. Communication and engagement plan prepared with clear timescales for action. Clarify and maximise available resources. Implement resilience plans as required.</p>			<p>Recommendation to approve the risk.</p>
<p>Integrated Care Fund – there is a financial risk that depending on the outcome of budget negotiations with Dundee City Council and NHS Tayside, there will be insufficient funding to support the committed expenditure.</p>	<p>Integrated Care Fund Recommendations (DIJB4–2018)</p>		<p>The proposals outlined in the report only commit the IJB to funding for a 3 month period in 2018/19 and the implications of any longer term commitments will be assessed by the IJB as part of its final budget setting process.</p>			<p>Given the moderate level of planned risk it is proposed that the IJB accepts the risks.</p>

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
<p>Performance Report – not meeting targets against national indicators could affect outcomes for individuals and their carers and not make the best use of resources.</p>	<p>Dundee Health & Social Care Partnership Performance Report (Quarter 3) – PAC4– 2018</p>		<ul style="list-style-type: none"> • Continue to develop a reporting framework which identifies performance against Measuring Performance under Integration targets. • Continue to report data quarterly to the PAC to highlight areas of poor performance. • Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as complex delayed discharges. <p>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</p>			<p>Given the moderate level of planned risk, this risk is deemed to be manageable.</p>

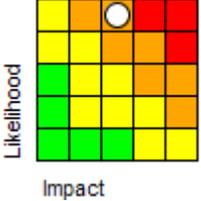
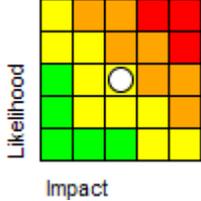
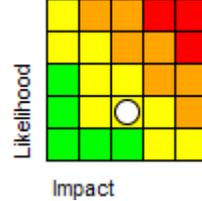
Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
<p>Proposed model of care for older people will adversely impact on out of hours services.</p>	<p>Proposed Model of Care for Older People – Business Case (DIJB37-2017)</p>		<ul style="list-style-type: none"> • Involvement of out of hours in developing the model • Development of a 8 a.m.–8 p.m. model • Clear lines of communication developed • Monitor impact by testing 			<p>Model has been tested and this has not happened will continue to monitor and will continue to work in collaboration with OOHs colleagues.</p>
<p>Mid Year Performance – not meeting targets against national indicators could affect outcomes for individuals and their carers and not make the best use of resources.</p>	<p>2017/18 Mid Year Performance Summary (PAC5-2018)</p>		<ul style="list-style-type: none"> • Continue to develop a reporting framework which identifies performance against Measuring Performance under Integration targets. • Continue to report data quarterly to the PAC to highlight areas of poor performance. • Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as complex delayed discharges. 			<p>Given the moderate level of planned risk, this risk is deemed to be manageable.</p>

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
			<ul style="list-style-type: none"> • 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. 			
<p>Measuring Performance Under Integration – not meeting targets against national indicators could affect outcomes for individuals and their carers and not make the best use of resources.</p>	<p>Measuring Performance Under Integration – 2018/19 Submission</p>		<ul style="list-style-type: none"> • Continue to develop a reporting framework which identifies performance against Measuring Performance under Integration targets. • Continue to report data quarterly to the PAC to highlight areas of poor performance. • Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as complex delayed discharges. • Continue to ensure that data informs 			<p>Given the moderate level of planned risk, this risk is deemed to be manageable.</p>

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
			<p>operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.</p>			
<p>We will not achieve our Strategic Priority to deliver Person Centred Care or meet our statutory duty.</p>	<p>Personalisation Programme (Self-Directed Support) – DIJB3–2018</p>		<ul style="list-style-type: none"> • Develop a robust and deliverable action plan which incorporates the actions required set out in the self-evaluation appendix 1. • Personalisation Board tasked with monitoring and evaluating progress of delivery plan 			<p>Given the moderate level of planned risk, this risk is deemed to be manageable.</p>
<p>Carers are not engaged effectively in the work of the Integration Joint Board</p>	<p>Expert, Equal & Valued – Involvement of Carers in the Work of Dundee Integration Joint Board (DIJB10–2018)</p>		<p>Strong evidence that Carer engagement is fully resourced Strong evidence that Carers Representative represents the views of local carers Evidence that engagement is meaningful and effective – some gaps identified</p>			<p>Given the low level of planned risk, the risk is deemed to be manageable.</p>

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
<p>Not meeting targets against national indicators could affect outcomes for individuals and their carers and not make the best use of resources.</p>	<p>Measuring Performance Under Integration – 2018/19 Submission (DIJB11–2018)</p>		<ul style="list-style-type: none"> • Continue to develop a reporting framework which identifies performance against Measuring Performance under Integration targets. • Continue to report data quarterly to the PAC to highlight areas of poor performance. • Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as complex delayed discharges. • Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data. 			<p>Given the moderate level of planned risk, this risk is deemed to be manageable.</p>

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
The IJB will not be able to balance its resources and achieve its strategic objectives should the combination of the level of funding provided through the delegated budget and the impact of the IJB's Transformation Efficiency Programme be insufficient.	Dundee Integration Joint Board 2018/19 Budget Progress Report (DIJB13-2018)		<p>Developing a robust and deliverable Transformation Programme</p> <p>Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget.</p>			
Performance Management Improvements – Staff resource is insufficient to address planned performance management improvements	Audit Scotland Annual Report 2016/17 – Performance Management Improvements Update (PAC14-2018)		<ul style="list-style-type: none"> • Head of Service, Finance and Strategic Planning currently considering identified resource issues. • Action plan agreed with internal auditor and will be implemented. • Workplan for existing staff resource is in place and regularly reviewed to ensure appropriate priority given to range of tasks. 			<p>Given the extreme level of planned risk it is recommended that the Performance and Audit Committee acknowledges the level of risk and mitigating actions, the impact of which will be continuously reviewed by officers. It is also recommended that capacity within the information function is added as a separate and specific risk within the high level risk register.</p>

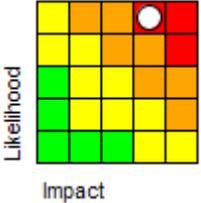
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			<ul style="list-style-type: none"> • Performance management improvement capacity is on the high level risk register as part of wider support services capacity. • Through the Tayside Analytical Network joint working with NHS Tayside Business Support Unit is continuing to develop and strengthen. • Internal Audit report on workforce issues has been completed and identified capacity as an issue. 			
<p>Local Government Benchmarking – not meeting targets against LGBF indicators could affect outcomes for individuals and their carers and not make the best use of resources.</p>	<p>Local Government Benchmarking Framework (PAC17-2018)</p>		<ul style="list-style-type: none"> • Continue to develop a reporting framework which identifies performance against LGBF targets. • Continue to report data annually to the PAC to highlight areas of poor performance. 			<p>Given the moderate level of planned risk, this risk is deemed to be manageable.</p>

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
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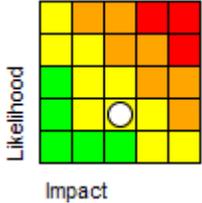
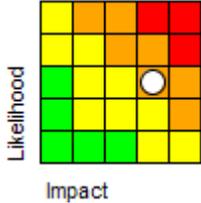
- Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as Self-Directed Support spend.
- Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.

Equalities Mainstreaming Progress Report – Services delegated to the Integration Joint Board do not meet the needs of people who share protected characteristics, leading to poorer outcomes and a widening inequality

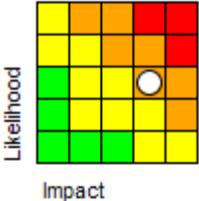
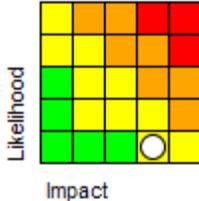
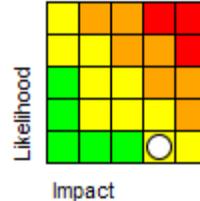
Equalities Mainstreaming Progress Report (DIJB15–2018)

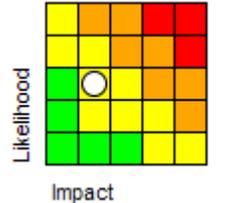
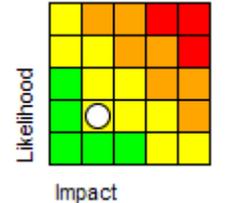
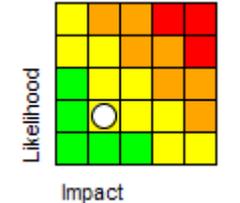
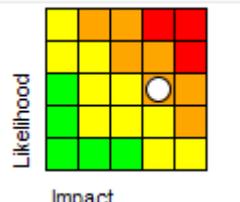
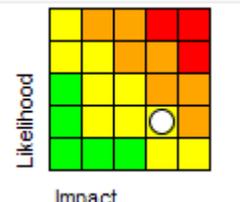
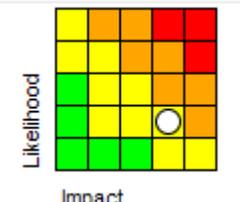


- Equality Outcomes agreed and published, mainstreaming update report in progress.
- A number of Strategic Planning Groups with a specific focus on the needs and rights of people who share protected characteristics are in place.
- Short-life working group to be established

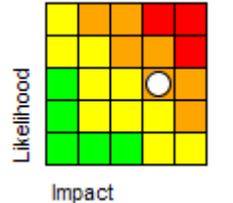
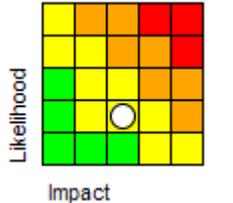
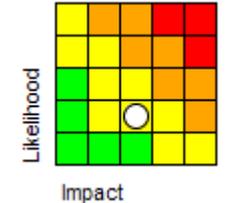
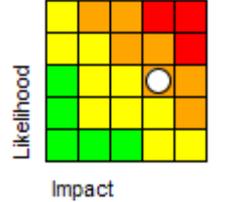
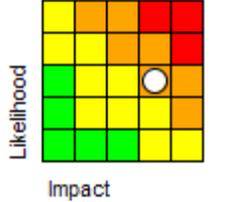
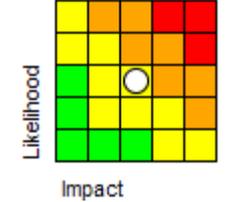


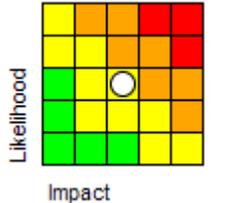
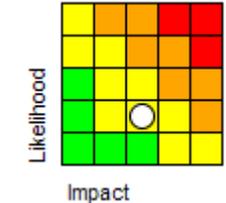
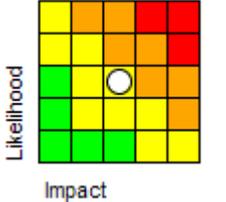
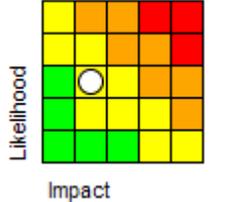
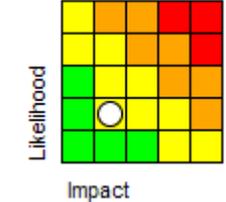
Given the moderate level of planned risk, this risk is deemed to be manageable.

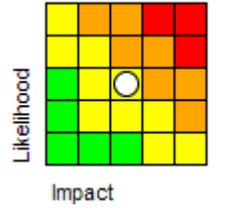
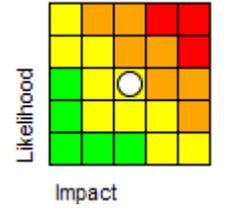
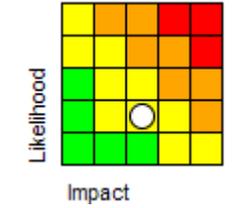
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gap.			to further support improved responses to people who share protected characteristics <ul style="list-style-type: none"> • Good links are in place with Dundee City Council and NHS Tayside Equalities structures. • Complaints mechanism available to people using services who may wish to report service responses falling below the desired standard. 			
Equalities Mainstreaming Progress Report – Failure to meet statutory duties under the Equality Act 2010, including statutory reporting requirements.	Equalities Mainstreaming Progress Report 2016–18 (DIJB15–2018)		<ul style="list-style-type: none"> • Update report has been produced and will be published by 1 April 2018. • Plans are in place to support revision of equality outcomes during 2018/19, this is two years in advance of the date required by regulations. • Reporting requirements will be incorporated into 			Given the moderate level of planned risk, this risk is deemed to be manageable.

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
			Strategy and Performance Service workplace.			
Merger of Dundee & Angus Community Equipment Loan Service	Dundee and Angus Community Equipment Loan Service		The merger of Dundee and Angus Community Equipment Loan Services provides an opportunity to improve outcomes for citizens of Dundee and Angus and improve efficiency of service delivery. A performance and budget report will be provided on a regular basis to demonstrate impact of the merger and an assurance that the service is delivered within resources available to Dundee and Angus Partnerships.			Given the risk mitigation actions in place, the IJB was recommended to accept the risk.
Transformation of Lochee Health Centre – Delay to the project completion and an increase in cost if a two phased	Transformation of Lochee Health Centre (DIJB16–2018)		Project Team to work with services to identify suitable alternative locations for service delivery during the construction period.			Given the importance and potential benefits of this development the risk should be accepted.

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
approach cannot be agreed for the project.						
Dundee Integration Joint Board Budget – will not be able to balance its resources and achieve its strategic objectives.	Dundee Integration Joint Board 2018/19 Budget (DIJB17-2018)		<ul style="list-style-type: none"> Developing a robust and deliverable Transformation Programme. Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget. 			Although the risk levels remain high, the range of interventions identified generally have a medium to low risk of delivery in 2018/19 therefore it is recommended that the risks be accepted. Risks around the Prescribing budget will be continually monitored and reported to the IJB throughout the year.
Adult Carers Eligibility Framework – non-compliance with statutory guidance	Adult Carers Eligibility Framework (DIJB22-2018)		<ul style="list-style-type: none"> The Eligibility Framework (including Criteria and risk categories) align with Statutory Guidance Carers Scotland Act requires Local Eligibility Criteria to be set in consultation with local carers and stakeholders Proposed Criteria were developed through Public Consultation 			Given the low level of planned risk it is recommended that the risk is accepted..

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
<p>Adult Carers Eligibility Framework – eligibility threshold not set at correct level to improve outcomes for carers.</p>	<p>Adult Carers Eligibility Framework (DIJB22–2018)</p>		<ul style="list-style-type: none"> • Carers who do not meet Eligibility Threshold will be supported under power to support (rather than the duty) • Will be reviewed within one year • Data gathering will be undertaken about Carers outcomes 			<p>Given the moderate level of planned risk it is recommended that the risk is accepted.</p>
<p>GDPR Preparations – Breaches of information happen after the implementation of GDPR and the Council and NHS Tayside incur significant financial fines.</p>	<p>Update on General Data Protection Regulations Preparations (DIJB18–2018)</p>		<p>NHS Tayside and Dundee City Council have plans to implement GDPR. As organisations they have significant experience in handling personal data which will help them to minimise data breaches. It is unknown how the Information Commissioner will use their power to apply increased fines.</p>			<p>The planned risk is high due to the potential fines that can be imposed by the Information Commissioner. However, due to the mitigating actions it is recommended that the IJB accept the risk.</p>

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
<p>GDPR Regulations – Preparations to comply with GDPR are not carried out efficiently or completed due to staffing levels.</p>	<p>Update on General Data Protection Regulations Preparations (DIJB18–2018)</p>		<p>Plans to map information and to carry out preventative actions are being undertaken. High risk areas have been identified and actions taken to ensure information is GDPR compliant.</p>			<p>Given the moderate level of planned risk, this risk is deemed to be manageable.</p>
<p>Duty of Candour Preparations – Preparations to comply with the Duty of Candour Regulations are not carried out efficiently or completed due to staffing levels.</p>	<p>Update on Duty of Candour Preparations (DIJB20–2018)</p>		<p>NHS Tayside preparations for the Duty of Candour regulations are well established. Council preparations are progressing, there is a clear plan in place and it is likely that this can be completed before the end of May 2018. It is likely that there will be far fewer Duty Of Candour events that will happen for council employees.</p>			<p>Given the low level of planned risk, this risk is deemed to be manageable.</p>

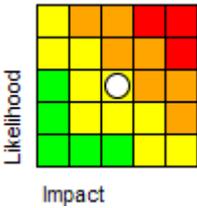
Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
Additional Funding May Be Required to Implement the Carers Strategic Plan and Carers (Scotland) Act 2016	A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee/Valuing, Supporting and Involving Carers: Dundee Carers Charter 2017-2020 (DIJB47-2017)		<p>A performance and budget report will be provided on a regular basis to demonstrate impact of the Plan and an assurance that the Plan is delivered within resources available.</p> <p>We will prioritise investment in projects and supports which enable our strategic outcomes, duties under the Carers (Scotland) Act 2016 and model of delivery to be realised and embedded in our redesign and development of integrated health and social care services. Each project will receive a financial risk assessment so that risks in relation to need for additional funding, sustainability and efficacy are considered and information decision</p>			Given the risk mitigation actions in place, the risk is deemed to be manageable at this time.

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
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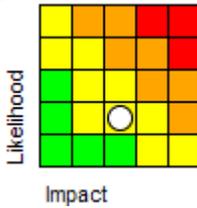
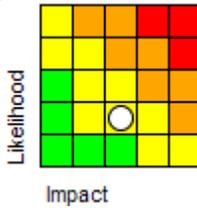
making.

By adopting this integrated and risk management based approach, it will support improved use of resources, identification of future financial pressure and mitigate risks associated with the implementation of the Strategic Plan and Carers (Scotland) Act.

Additional Funding May be Required to Implement the Housing Options and Homelessness Strategic Plan (2017-2020)

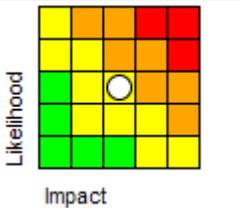
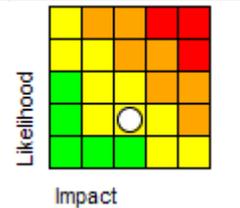
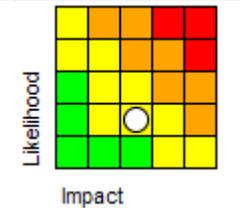


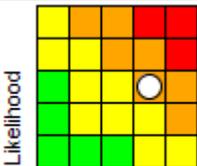
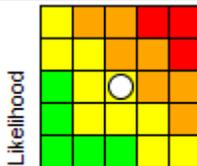
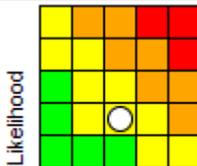
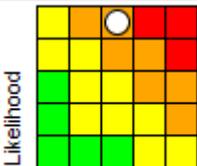
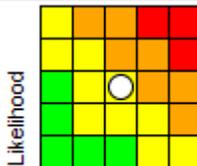
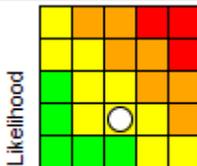
A performance and budget report will be provided on a regular basis to demonstrate impact of the Plan and an assurance that the Plan is delivered within the resources available to the Partnership and Neighbourhood Services.

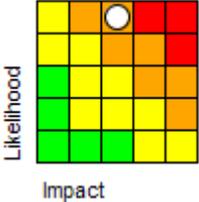
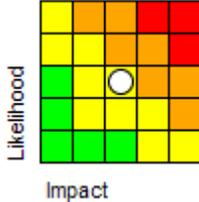
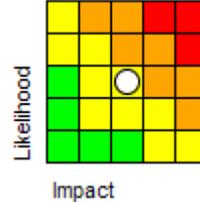


Given the risk mitigation actions in place, the risk is deemed to be manageable.

Each project will receive a financial risk assessment so that risks in relation to need for

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
			<p>additional funding, sustainability and efficacy are considered and inform decision making. It is anticipated that this approach will mitigate financial risk that additional funding is required in order to support the implementation of the Strategic Plan.</p>			
<p>Additional Funding May be Required to Implement the Dundee Smart Health and Care Strategy (2017-2020)</p>	<p>Dundee Smart Health & Care Strategy 2017-2020 (DIJB42-2017)</p>		<p>A performance and budget report will be provided on a regular basis to demonstrate impact of the Plan and an assurance that the Plan is delivered within resources available to the Partnership.</p>			<p>Given the risk mitigation actions in place, the risk is deemed to be manageable.</p>
			<p>Each project will receive a financial risk assessment so that risks in relation to need for additional funding and sustainability and efficacy are considered</p>			

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
			and inform decision making. It is anticipated that this approach will mitigate financial risk that additional funding is required in order to support implementation of the Strategic Plan.			
Absence of clear clinical, care and professional governance arrangements and monitoring can impact on the ability to provide safe services for both employees and service users/patients.	Clinical, Care & Professional Governance Report (DIJB41-2017)	 <p>Likelihood</p> <p>Impact</p>	<p>Established clinical, care & professional governance forums in place.</p> <p>Reporting arrangements agreed.</p>	 <p>Likelihood</p> <p>Impact</p>	 <p>Likelihood</p> <p>Impact</p>	Given the moderate level of planned risk, this risk is deemed to be manageable.
Not meeting targets against national indicators could affect; outcomes for individuals and their carers, spend associated with poor performance and the reputation.	Dundee Health & Social Care Partnership Performance Report – Quarter 2 (PAC32-2017)	 <p>Likelihood</p> <p>Impact</p>	<ul style="list-style-type: none"> • Continue to develop a reporting framework which identifies performance against national and local indicators. • Continue to report data quarterly to the PAC to highlight areas of 	 <p>Likelihood</p> <p>Impact</p>	 <p>Likelihood</p> <p>Impact</p>	Given the moderate level of planned risk, this risk is deemed to be manageable.

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
			<p>poor performance.</p> <ul style="list-style-type: none"> • 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. 			
<p>Discharge Management – unnecessary days in hospital increases the risk of adverse outcomes for individuals, drives up demand for institutional care and reduces the</p>	<p>Discharge Management Performance Update (Including Code 9 Analysis) – PAC39–2017</p>		<ul style="list-style-type: none"> • Weekly review of all delays. • Action plan and monitoring at the Home and Hospital Transition Group. • The Power of Attorney campaign is aimed to reduce the requirement for guardianship 			<p>The PAC is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.</p>

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
	level of investment for community support.		arrangements under Adults with Incapacity.			
Dundee Health and Social Care Partnership High Level Operational Risk Register						



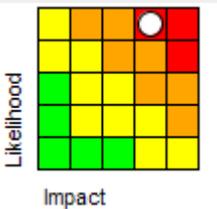
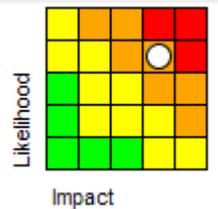
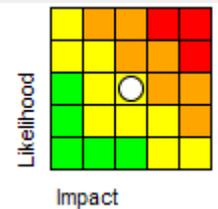
Dundee Health and Social Care Partnership Strategic Risk Register

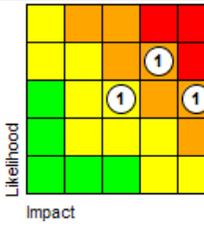
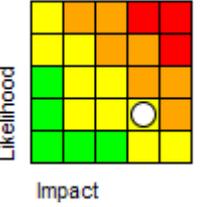
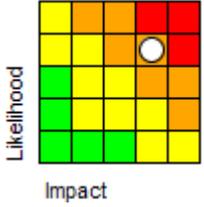
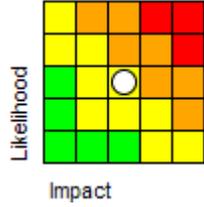
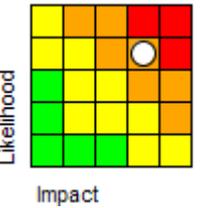
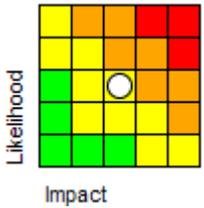
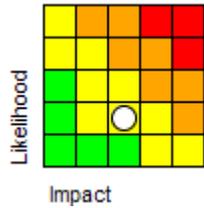
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Report Author: Clare Lewis-Robertson

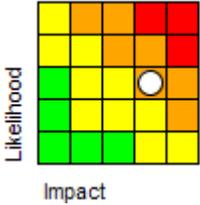
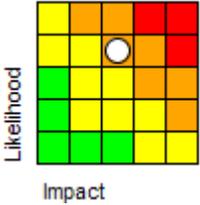
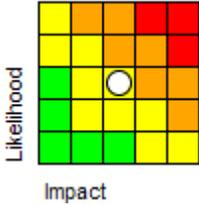
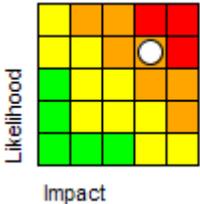
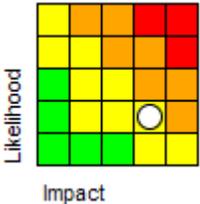
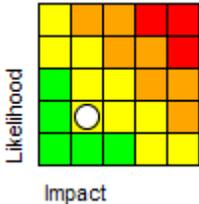
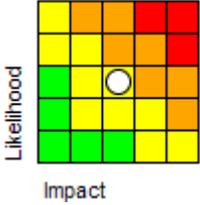
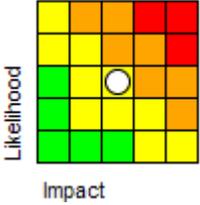
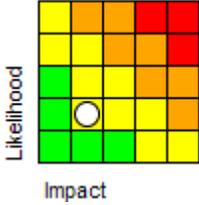
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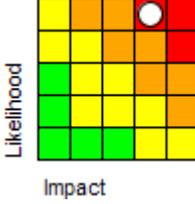
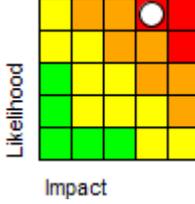
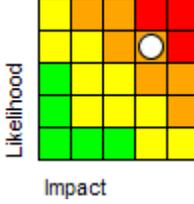
Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
Dundee Health and Social Care Partnership High Level Risk Register						
Financial						
Restrictions on Public Sector Funding	Continuing restrictions on public sector funding will impact on Local Authority and NHS budget settlements in the medium term impacting on the ability to provide sufficient funding required to support		Scottish Government's Finance Settlement highlights further investment in Health and Social Care Partnerships for 2017/18 although a number of pre-determined commitments are set against this such as the full year			Current mitigating actions being taken as detailed in transformation programme will significantly affect the IJB's financial position.

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
	<p>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.</p>		<p>effect of the delivery of the Living Wage for adult social care staff. The settlement sets out parameters for the scale of efficiency savings the Council and NHS can set against delegated budgets however, the detail of this is yet to be determined and therefore no adjustment has been made to the risk scoring. In addition a risk sharing agreement is in place with partner bodies for years 1 and 2.</p>			
<p>Unable to maintain IJB Spend</p>	<p>IJB is unable to maintain spend within allocated resources which could lead to being unable to deliver on the Strategic & Commissioning Plan.</p>		<p>As per latest Financial Monitoring report presented to the IJB, a net overspend is anticipated however, these mainly relate to areas highlighted in the Due Diligence process and are subject to the risk sharing arrangement with Dundee City Council and NHS Tayside. These do not at this stage impact on the partnership's ability to deliver on the Strategic and Commissioning Plan.</p>			<p>Current year spend continues to be within budget with the exception of the prescribing budget and impact of services hosted elsewhere. These areas will continue to be funded by NHS Tayside under the risk sharing arrangement.</p>

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
Workforce						
Staff Resource	<p>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 and operational delivery.</p>		<p>Recruitment of key posts including Locality Managers will see a further transition of services and the workforce into integrated services and thereby continuing to reduce this risk over time. Internal Audit to undertake a review of the level of corporate support.</p>			<p>Staffing pressures are being experienced across various sections within the DHSCP.</p> <p>Internal audit report acknowledges some evidence of lack of corporate support.</p>
Staff Perception of Integration	<p>Negative staff perception of integration due to historical experiences and lack of communication will lead to an adverse effect on engagement / buy-in to new partnership.</p>		<p>As with (3) above this risk is likely to continue to reduce over time as services become more integrated.</p>			<p>Staff perception of integration may be adversely affected due to workforce pressures.</p> <p>Tools such as Staff surveys and IMatters will assist in identifying what actions need to be taken to reduce this risk.</p>

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
Employment Terms	Differing employment terms could expose the partnership to equality claims and impact on staff morale.		Continue control measures as noted previously.			Separate terms and conditions remains an issue nationally however locally, all new recruitment is being carried out jointly with the option for many posts to choose which employer to work for.
Governance						
Stakeholders not included/consulted	Relevant stakeholders have not been included and adequately consulted with during the development and subsequent implementation of the Strategic & Commissioning Plan which may lead to adverse political and/or reputational impact.		Current version of Strategic and Commissioning Plan now published with low risk however, recommendation to continue on the risk register for future/updated versions of the plan.			Ongoing consultation activities with stakeholders are still ongoing and are carried out across the DHSCP.

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
Increased Bureaucracy	Revised governance mechanisms between the IJB and partners could lead to increased bureaucracy in order to satisfy the arrangements required to be put in place.		Continue control measures as noted previously – governance scenario workshops not yet in place.			There have been considerable statutory bureaucratic procedures to comply . These place increased workflow on specific areas of the DHSCP that prevent further transformational work from taking priority.
Governance arrangements being established fail to discharge duties	Clinical, Care & Professional Governance arrangements being established fail to discharge the duties required.		Continue control measures as noted previously – governance scenario workshops not yet in place.			Internal and external audit assessment of IJB Governance arrangements as part of the 2016/17 annual accounts process indicated that there are no major issues in relation to governance arrangements.
Uncertainty around future service delivery models	Uncertainty around future service delivery models may lead to resistance, delay or compromise resulting in any necessary developments or potential opportunities for improvement not being fulfilled.		Continue control measures as noted previously.			The IJB continues to form and develop the vision and strategic intentions around service change. This is communicated to its stakeholders. Recent events to demonstrate this include the Celebrating Success event held in November 2017. The publication of the Market Facilitation Strategy in 2017 also supported this.

Title	Description	Original Risk	Mitigating Actions	Current Risk	Target Risk	Latest Note
<p>Staff resource is insufficient to address planned performance management improvements in addition to core reporting requirements and business critical work.</p>	<p>Audit Scotland Annual Report 2016/17 – Performance Management Improvements Update (PAC14–2018)</p>					<p>Given the extreme level of planned risk it is recommended that the Performance and Audit Committee acknowledges the level of risk and mitigating actions, the impact of which will be continuously reviewed by officers.</p>



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 29 MAY 2018

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP – ACTION PLAN IN RESPONSE TO THE SERVICES FOR OLDER PEOPLE (EDINBURGH) INSPECTION REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC29-2018

1.0 PURPOSE OF REPORT

Report No PAC42-2017 advised the Performance and Audit Committee, at the meeting held on 28 November 2017, of the inspection of older people's services within Edinburgh Health and Social Care Partnership and the potential learning points for the Dundee Health and Social Care Partnership. The Performance and Audit Committee requested that an action plan, setting out improvements for Dundee, be prepared and presented to the Performance and Audit Committee by May 2018. This paper provides the Performance and Audit Committee with the proposed action plan.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report, the Dundee Health and Social Care improvement action plan as attached at Appendix 1 and the progress made to date.

3.0 FINANCIAL IMPLICATIONS

There are no financial implications as the changes will be managed with existing budgets.

4.0 MAIN TEXT

- 4.1 The Scottish Government has committed to a series of inspections across the partnerships within Scotland. The inspections will be carried out jointly by the Care Inspectorate and Healthcare Improvement Scotland. The focus of the current round of inspections relates to the provision of services for older people. The performance of the partnership is assessed using an inspection methodology, including a set of quality indicators. There are nine quality indicators:

- Key performance outcomes
- Getting help at the right time
- Impact on staff
- Impact on the community
- Delivery of key processes
- Policy development and plans to support improvement in service
- Management and support of staff
- Partnership working
- Leadership and direction that supports partnership
- Capacity for improvement.

4.2 The inspection process includes three phases:

Phase 1 – Planning and information gathering; which involves the collation and analysis of information by the inspection team, prior to the onsite inspection. This will provide the inspection team with information including both areas of strength and weakness.

Phase 2 – Scoping and scrutiny; this includes the analysis of staff surveys, an examination of randomly sampled case records (100 case files); case tracking (follow up with individuals) and a series of scrutiny focus groups.

Phase 3 – Reporting; the jointly published report includes the evaluation against the quality indicators, examples of good practice and any recommendations for improvement.

4.3 Report number PAC42-2017, presented to the Performance & Audit Committee at its meeting held on 28 November 2017, highlighted the key learning points from the inspection of older people services within Edinburgh Health and Social Care Partnership. This report identified key learning points for the Dundee partnership in relation to the nine quality indicators by assessing both the narrative and the recommendations against current practice within Dundee. While there were already a number of strengths, there were gaps in both policy developments, strategic planning approaches and practice. The assessment also indicated a requirement to strengthen current infrastructures in order to support the capacity for performance reporting and strategic planning. The report author was asked to further develop this assessment into an improvement action plan and this is attached at Appendix 1.

4.4 The action plan sets out the improvement actions against the nine equality indicators. In recognition that many of the actions currently sit within both leadership/development groups and governance groups, this information is also provided, as is both the proposed timescales for completion and where applicable, progress already made. The committee is asked to note the contents of the action plan.

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	That progress is not made within the timescales indicated.
Risk Category	Governance
Inherent Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9
Mitigating Actions (including timescales and resources)	The action plan has identified leads, timescales and reporting arrangements. Slippage in delivering on the improvements will be identified at an early stage.
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 Chief Officer and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE:19 May 2018

Diane McCulloch
Head of Health and Community Care

Dundee Health and Social Care Partnership – Action Plan in Response to the Services for Older People (Edinburgh) Inspection Report

Quality Indicator	Action	Lead Officer	Governance Group	Timescale	Position Statement
Key Performance Outcomes	Review and refresh the Self Directed Support (SDS) Implementation plan.	Avril Smith - Hope	Personalisation Board	October 2018	Initial SDS update presented to IJB on 27 February 2018. Action Plan still to be revised.
	Review of service allocation in line with the principles of SDS and personalisation and revise service criteria accordingly.	Avril Smith - Hope	Personalisation Board	March 2019	Will be included within the Hospital to Home Improvement Plan.
	Develop an action plan to address complex needs delays.	Diane McCulloch	Home and Hospital Transition Group PAC	June 2018	Will be included within the Hospital to Home Improvement Plan.
	Review, refresh and implementation of the communication and engagement strategy.	Allison Fannin	Communication and Engagement Group	March 2019	Work progressing.
Getting help at the right time	Develop a strategy for the sustainable provision of public information, including public facing mediums. This should include the following: <ul style="list-style-type: none"> • Maintenance plan for updating the Dundee Health & Social Care Partnership (DH&SCP) Website • Review of leaflets and service information • Public accessible information portal. • Implementation of the Carers Act information requirements. 	Allison Fannin Clare Lewis-Robertson	Communication and Engagement Group	March 2019	Option paper presented to the Personalisation Board regarding the replacement for My Life Portal.

Quality Indicator	Action	Lead Officer	Governance Group	Timescale	Position Statement
	Develop an anticipatory care plan policy for the DH&SCP.	Diane McCulloch Jenny Hill	Unscheduled Care Board	March 2019	Dedicated Anticipatory Care Plan worker in place.
	Development of a community palliative care programme for Dundee.	Beth Hamilton	Palliative & End of Life Care (PEOLC) Managed Care Network (MCN) IJB	March 2019	MCN established.
	Development of an enablement strategy.	Alexis Chappell Beth Hamilton	IJB	March 2019	Project team being developed.
	Develop a single point of contact for access to partnership services.	Diane McCulloch	Senior Leadership Team	Dec 2018	Initial discussions commenced.
	Review of advocacy procedures and access.	Arlene Mitchell	Operational Management Group	March 2019	Project plan to be developed.
Impact on staff	Agree a process for the development of integrated posts within the DH&SCP which includes: <ul style="list-style-type: none"> Identified posts Workforce governance Transition/change management process 	Diane McCulloch	DH&SCP Staffside/Trade Union Partnership Forum Operational HR Forum	Dec 2018	Initial Transition Group established to manage move towards Integrated Managers posts. Integrated managers' post agreed and graded

Quality Indicator	Action	Lead Officer	Governance Group	Timescale	Position Statement
	<ul style="list-style-type: none"> Review of support and supervision arrangements. 				Development event planned.
	<p>Review and refresh the current organisational, workforce development and learning plan to include:</p> <ul style="list-style-type: none"> Review of multidisciplinary training, development programmes and opportunities Agreed integrated mandatory programme set Integrated induction programme Introduction of practitioners' forums and multi-disciplinary networking events. 	<p>Diane McCulloch</p> <p>Dave Berry</p>	<p>DH&SCP Staffside/Trade Union Partnership Forum</p> <p>IJB</p>	March 2019	Integrated Induction piloted.
	Develop robust Integrated data sets and reporting arrangements for HR (absence, vacancy levels, overtime etc.)	<p>Gillian Milne</p> <p>Iain McEachan</p>	<p>PAC</p> <p>Clinical, Care & Professional Governance (R2) Group Group</p>	October 2018	Initial discussions commenced.
Impact on the community	Develop a DH&SCP volunteer strategy.	Diane McCulloch	IJB	Dec 2018	Initial scoping commenced.
	Review and progress DH&SCP equalities structure and equality outcomes, and enhance the use of EQIAs across the partnership to support decision making processes.	Kathryn Sharp	IJB	March 2019	Paper regarding HSCP equalities structure and responsibilities taken to IJB on 30 March 2018.

Quality Indicator	Action	Lead Officer	Governance Group	Timescale	Position Statement
Delivery of key processes	<p>Regularly report on operational service performance and practice data for scrutiny and remedial action as required. This should include:</p> <ul style="list-style-type: none"> • Waiting times information • Unmet need • Access times • Referral and assessment data • Case File audits. 	<p>Diane McCulloch</p> <p>Kathryn Sharp</p> <p>Dave Berry</p>	<p>PAC</p> <p>Operational Performance Group</p> <p>Integrated Strategic Planning Group (ISPG)</p>	Ongoing	Waiting times reports prepared for PAC on 29 May 2018.
	<p>Review Adult Support & Protection (ASP) procedures in line with recommendations from the ASP Inspection including:</p> <ul style="list-style-type: none"> • Review of receiving services (MASH/ESG) • Development of integrated ASP procedures; • Development of integrated training plan. 	<p>Diane McCulloch</p> <p>Jane Martin</p> <p>Kathryn Sharp</p>	<p>ASP Committee</p> <p>Chief Officers Group</p>	March 2019	Quality Improvement in place which will consider current policies and procedures.
Strategic planning and plans to improve services	<p>Revise the current strategic planning framework to demonstrate a move to locality strategic planning, through the development of locality financial and performance data and a focus on locality engagement.</p>	<p>Dave Berry</p> <p>Kathryn Sharp</p>	ISPG	March 2019	Planning event for ISPG to be held June 2018.
	<p>Review the current Strategic Planning and Commissioning infrastructure to further develop the availability of financial and performance/needs assessment information</p>	Dave Berry	Senior Leadership Team	Dec 2018	Initial scoping completed.

Quality Indicator	Action	Lead Officer	Governance Group	Timescale	Position Statement
	for both future planning requirements and the evaluation and reporting on the impact of strategic plan.				
	Develop a robust system of evaluation and monitoring for the investment and disinvestment of partnership resources which takes into account the partnerships transformation and delivery plans.	Dave Berry Diane McCulloch	Transformation Delivery Group	Dec 2018	Transformation Delivery Group – established and delivering clarity around transformation programme.
	Develop a DH&SCP change process which includes expectations regarding risk assessments, consultation and engagement and change management planning.	Dave Berry Diane McCulloch	Transformation Delivery Group	Dec 2018	Initial scoping parameters to be agreed.
	Develop a single risk register for the partnership which reflects service risks and major change programmes and standardise across systems/services.	Dave Berry	IJB	Dec 2018	High corporate register in place with further consideration for service risks to be agreed
	Development of an asset property management plan.	Diane McCulloch	IJB	June 2018	Initial paper being developed.
	Develop an integrated information strategy which includes IT/Digital information sharing at both public and staff levels.	Dave Berry	IT Development Board/IJB	March 2019	MOSAIC project plan near completion.
Leadership and direction	Promote a culture of visible leadership.	David Lynch	Senior Leadership Team	June 2018	Chief Officer currently has planned programme of visits in place.
	Build on and further develop the leadership development programme for staff which supports a move towards integrated	Diane McCulloch	Senior Leadership Team	October 2018	Development budget allocated through the Integrated Care Fund.

Quality Indicator	Action	Lead Officer	Governance Group	Timescale	Position Statement
	management structures and which promotes leadership at all levels.	Debbie Booth/ Marion Logan			
	Agree an annual programme of development events for IJB members.	David Lynch	IJB	Ongoing	To be further considered by IJB.

Diane McCulloch
09.05.2018



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 29 MAY 2018

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT (QUARTER 4)

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC30-2018

1.0 PURPOSE OF REPORT

The purpose of the report is to update the Performance and Audit Committee on Quarter 4 (Q4) performance against the National Health and Wellbeing Indicators and Measuring Performance Under Integration interim targets.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report.
- 2.2 Notes the performance of Dundee Health and Social Care Partnership against the Measuring Performance Under Integration interim targets as outlined in section 5 of this report and Appendix 1.
- 2.3 Notes the performance of Dundee Health and Social Care Partnership against the National Health and Wellbeing Indicators as outlined in section 6 of this report and Appendix 2.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND

- 4.1 The performance report in Appendix 1 assesses performance against targets set in the Measuring Performance Under Integration submission (Article XII of the minute of meeting of the Dundee IJB held on 27 February 2018 refers) for six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency, delayed discharges, balance of care and end of life.
- 4.2 The performance report in Appendix 2 sets out performance against the National Health and Wellbeing Indicators at quarter 4, 2017/18. 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 would be used to produce more timeous quarterly performance reports. NHS Tayside Business Unit provided data for emergency admissions, emergency bed days, readmissions and delayed discharges. Falls data is not available for Q4.
- 4.3 Data provided by NHS Tayside differs from data provided by National Services Scotland Information Services Division (NSS ISD); the main difference being that NHS Tayside uses 'board of treatment' and NSS uses 'board of residence'. Differences in data were investigated although the two data sources were not identical, NSS data accuracy remains within an acceptable tolerance and trends are reliable for service planning and performance improvement purposes.

- 4.4 It was agreed at the PAC held on 19 July 2017 (Article VIII of the minute of the meeting refers) that national benchmarking data would be presented one quarter in arrears due to the time lag associated with collating and validating national data. This means that the Q4 performance report includes Q3 benchmarking data provided by NSS ISD. Recent guidance from NSS ISD has meant that other Partnerships can no longer be identified when benchmarking, until data has been formally published. Other Partnerships are numbered 1-32, however partnerships in the same family group as Dundee have been highlighted.
- 4.5 The performance report in Appendix 2 sets out performance for Dundee and also shows performance in each of the eight Local Community Planning Partnerships (LCPP). LCPP level data continues to be used to compile profiles to support dialogue with stakeholders regarding needs in individual LCPPs.
- 4.6 The Q4 Performance Report covers local performance against National Indicators 1-23. Under these indicators there is a summary of current and planned improvement actions. Indicators 1-10 are reported from The Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially and the recently published results from the 2017/18 survey are included.
- 4.7 Data is currently not available for eight out of the 13 National Indicators. The Scottish Government and NSS ISD are currently working on the development of definitions and datasets to calculate these indicators nationally.

5.0 MEASURING PERFORMANCE UNDER INTEGRATION INTERIM TARGETS

- 5.1 National data is provided to all partnerships to assist with monitoring against targets, however this data includes all ages, which cannot be used to measure against the 18+ targets agreed in February 2018. Charts for aged 18+ have been provided by the NSS ISD LIST team showing rolling monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and age 75+ for delayed discharges.
- 5.2 In 2017/18 performance exceeded Measuring Performance Under Integration targets for emergency admissions (age 18+), emergency bed days (age 18+) and delayed discharges (age 75+). Targets were not met for accident and emergency attendances and the number of emergency admissions from accident and emergency. 2018/19 trajectories show that the number of accident and emergency attendances and the number of emergency admissions from accident and emergency will continue to rise.

6.0 QUARTER 4 PERFORMANCE 2017/18

- 6.1 Between the baseline year 2015/16 and 2017/18 Q4 there was an improvement in the rate of bed days lost to delayed discharges for people aged 75+ and the emergency bed day rate for people aged 18+.
- 6.2 Emergency bed day rates since 2015/16 have decreased by 9% for Dundee, which is an improvement. Every LCPP showed an improvement in Q4 compared with 2015/16 and the biggest improvements were seen in East End, Coldsides, West End and Maryfield, all of which showed a greater than 10% decrease in bed day rates.
- 6.3 The rate of bed days lost to delayed discharges for people aged 75+ has decreased by 59% in Dundee since 2015/16, which is an improvement. In Q4 there were decreases across all LCPP areas and the decrease in the rate ranged from 30% in The Ferry to 73% in Strathmartine.
- 6.4 Emergency admission rates have increased by 9% for Dundee since 2015/16 and there were increases in every LCPP. The lowest increase was in East End (2% increase) and the highest increase was in Lochee (17% increase).
- 6.5 The rate of readmissions has increased by 2.4% since 2015/16. The rate increased in four LCPPs (Lochee, The Ferry, Coldsides and West End) and decreased in four LCPPs (North East, Maryfield, East End and Strathmartine) The greatest decrease was in Maryfield (10% decrease) and the greatest increase was in Lochee (18% increase).

7.0 POLICY IMPLICATIONS

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

8.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against national indicators could affect outcomes for individuals and their carers and not make the best use of resources.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Continue to develop a reporting framework which identifies performance against national and local indicators. - Continue to report data quarterly to the PAC to highlight areas of poor performance. - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

9.0 CONSULTATIONS

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

10.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

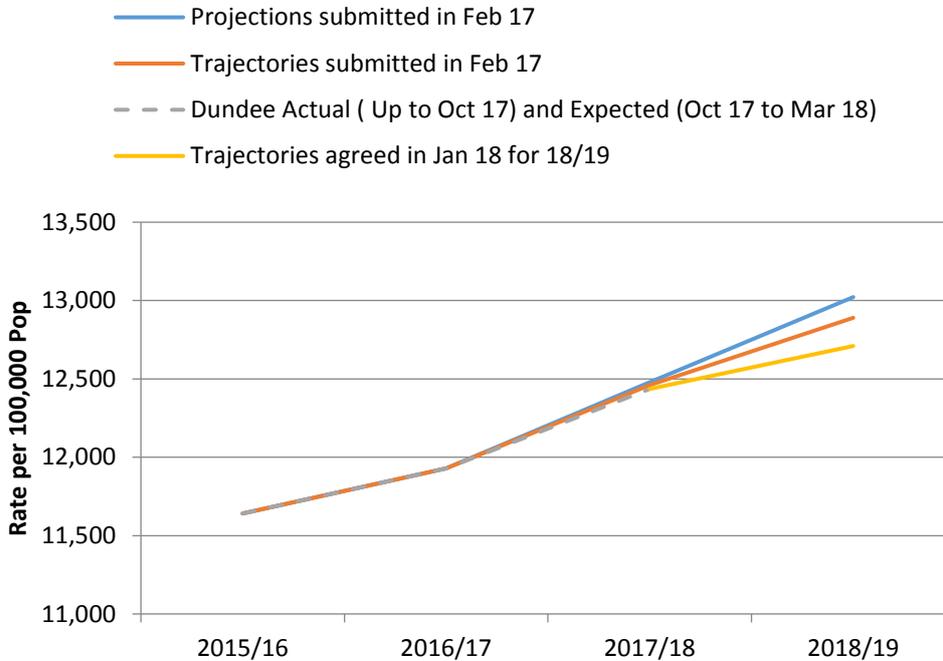
DATE: 7 May 2018

Lynsey Webster
Senior Officer

Appendix 1 - Measuring Performance under Integration Update

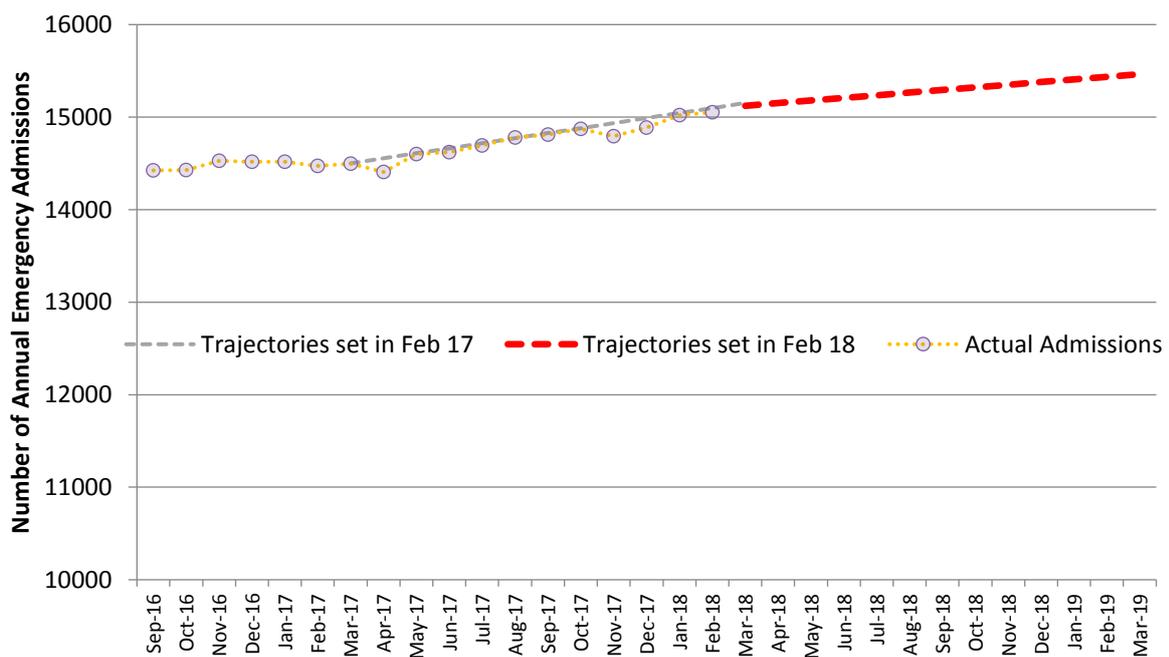
Service Delivery Area - Emergency Admissions

Chart 1: Emergency Admission Rate per 100,000 Population (18+)- Annual



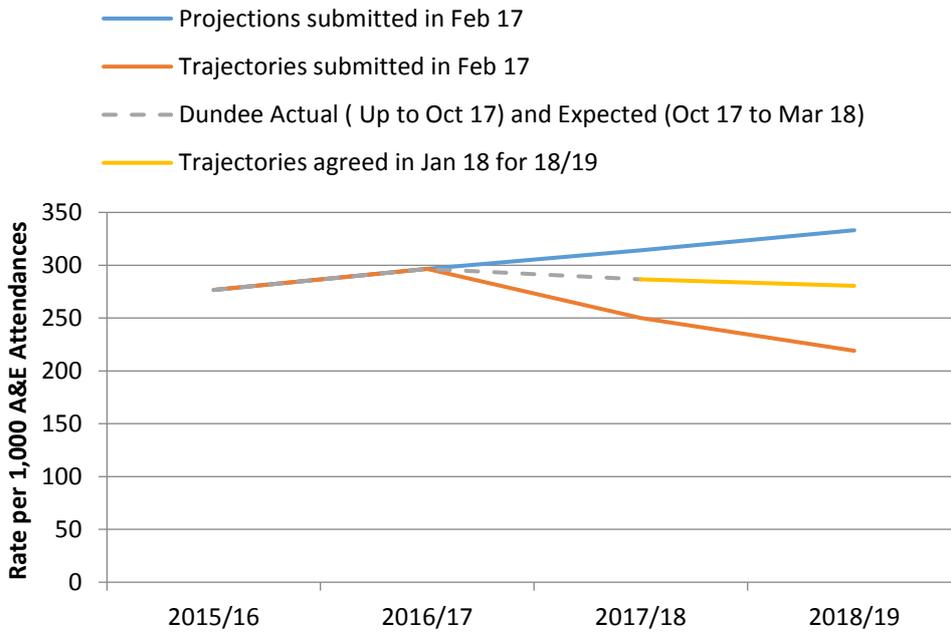
- Expected increase by 7.04% from 11,641 in 2015/16 to 12,461 in 2017/18
- The actual increase was 6.83% (12,436 emergency admissions per 100,000 population in 17/18)

Chart 2: Number of Emergency Admissions (18+)



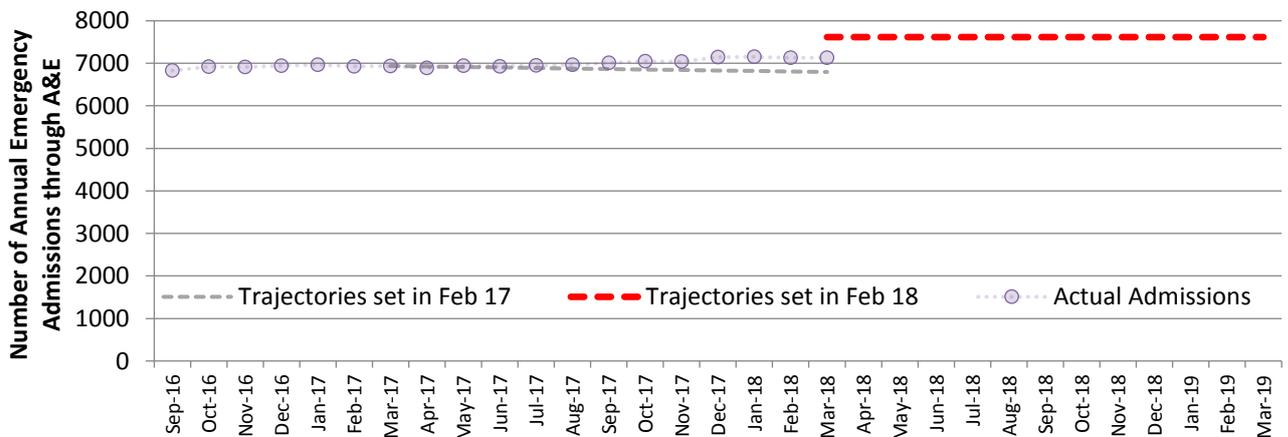
- Shows rolling annual data per month
- Actual performance each month between April 17 and March 18 was the same as or less than the trajectory set in February 2017. The trajectory from March 18 – March 19 shows that the number of emergency admissions will continue to rise.

Chart 3: Emergency Admissions as a Rate per 1,000 of All Accident and Emergency Attendances (18+)- Annual



- Expected increase in the number of emergency admissions from accident and emergency by 4.84% from 6,483 in 2015/16 to 6,797 in 2017/18.
- The actual increase was 17.48% (7,616 emergency admissions from A+E in 17/18).

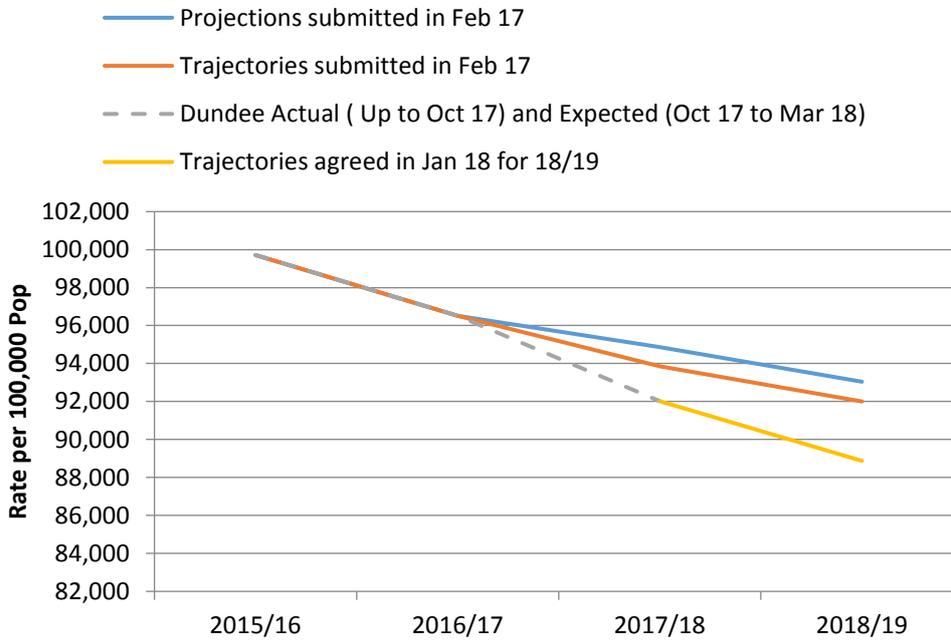
Chart 4: Number of emergency admissions from Accident and Emergency (18+)



- Actual performance was greater than the trajectory between August 2017 and March 2018. The trajectory from March 18 – March 19 shows that the number of emergency admissions from A+E will continue to rise.

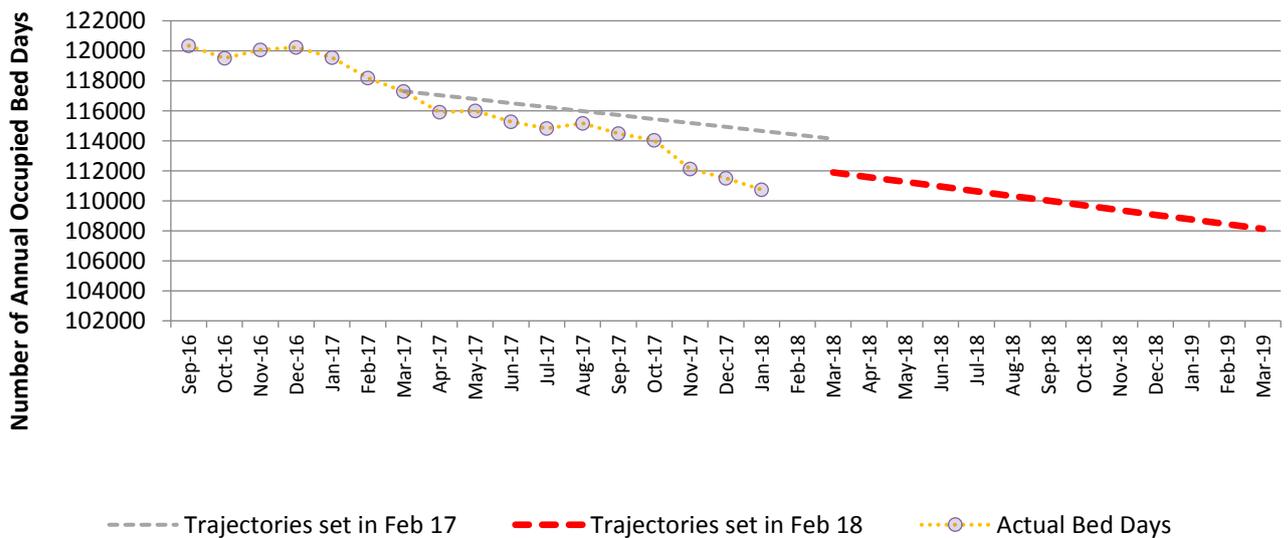
Service delivery area – Emergency Bed Days

Chart 5: Emergency Bed Day Rate per 100,000 Population (18+) – Annual



- Expected decrease by 5.87% from 99,712 in 2015/16 to 93,859 in 2017/18
- The actual decrease was 7.72% (92,018 emergency bed days per 100,000 population in 2017/18)

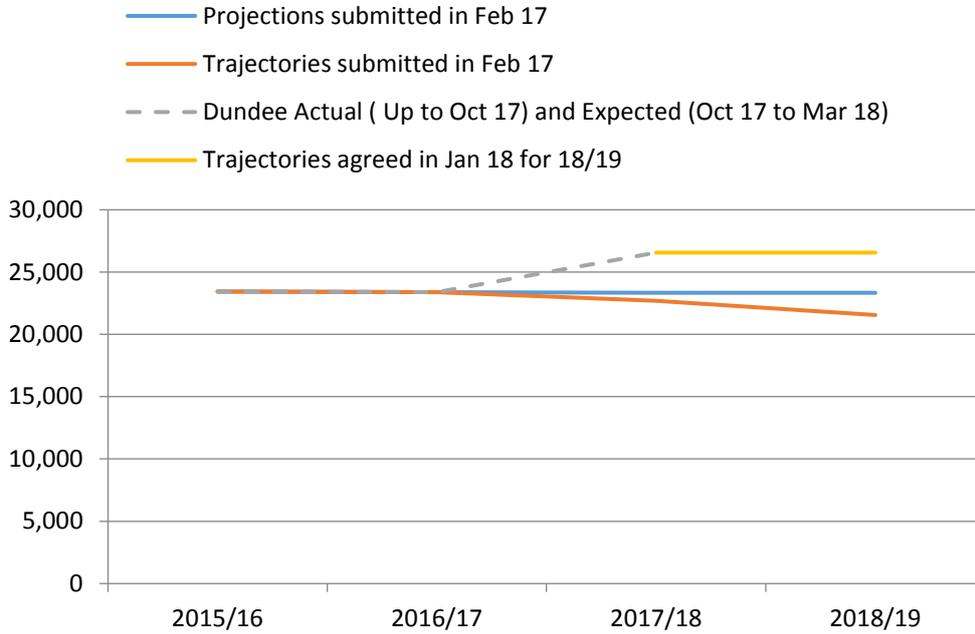
Chart 6: Emergency Bed Days (18+)



- Actual performance was less than the trajectory between April 17 and January 2018. The trajectory from March 18 to March 2019 shows a further reduction in bed days.

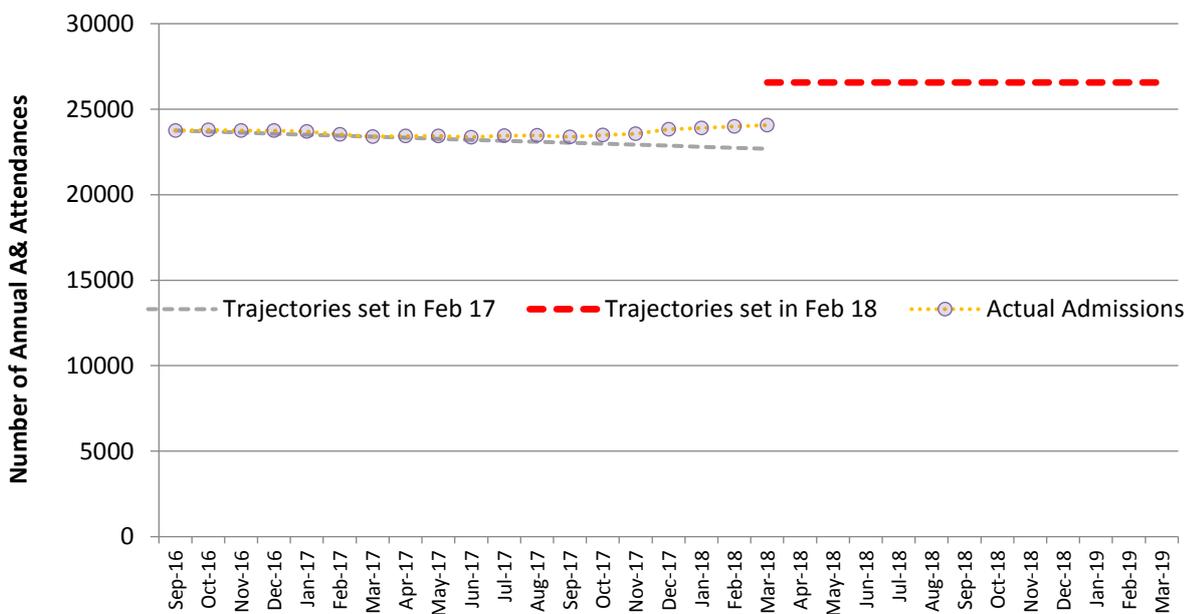
Service delivery area – Accident and Emergency

Chart 7: Accident and Emergency Attendances - Annual



- Expected decrease by 3.20% from 23,437 in 2015/16 to 22,686 in 2017/18
- The actual increase was 13.33% (26,562 accident and emergency attendances in 2017/18)

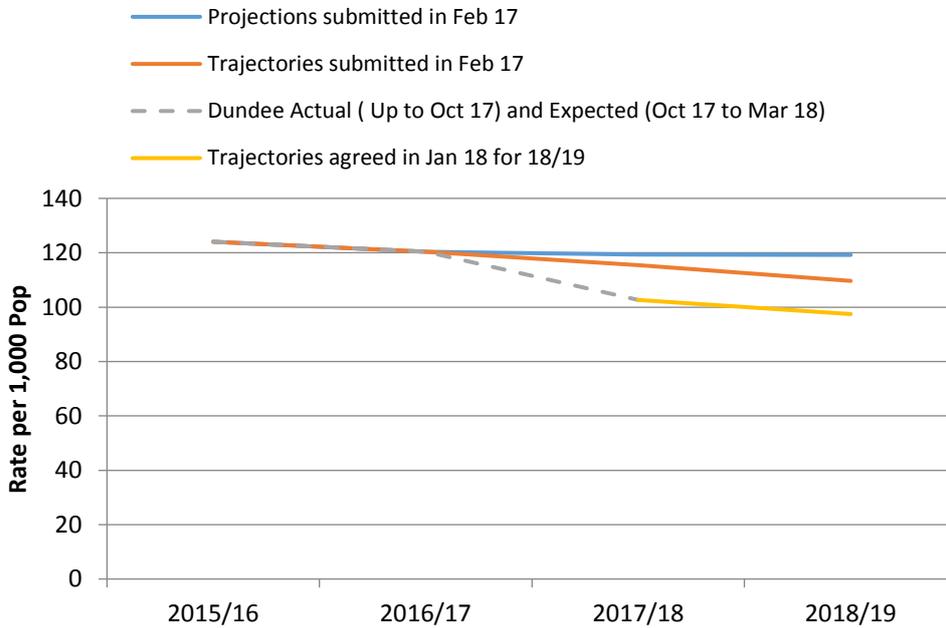
Chart 8: Accident and Emergency Attendances



- Actual performance was greater than the trajectory between June 2017 and March 2018. The trajectory from March 18 – March 19 shows that the number of accident and emergency attendances will continue to rise.

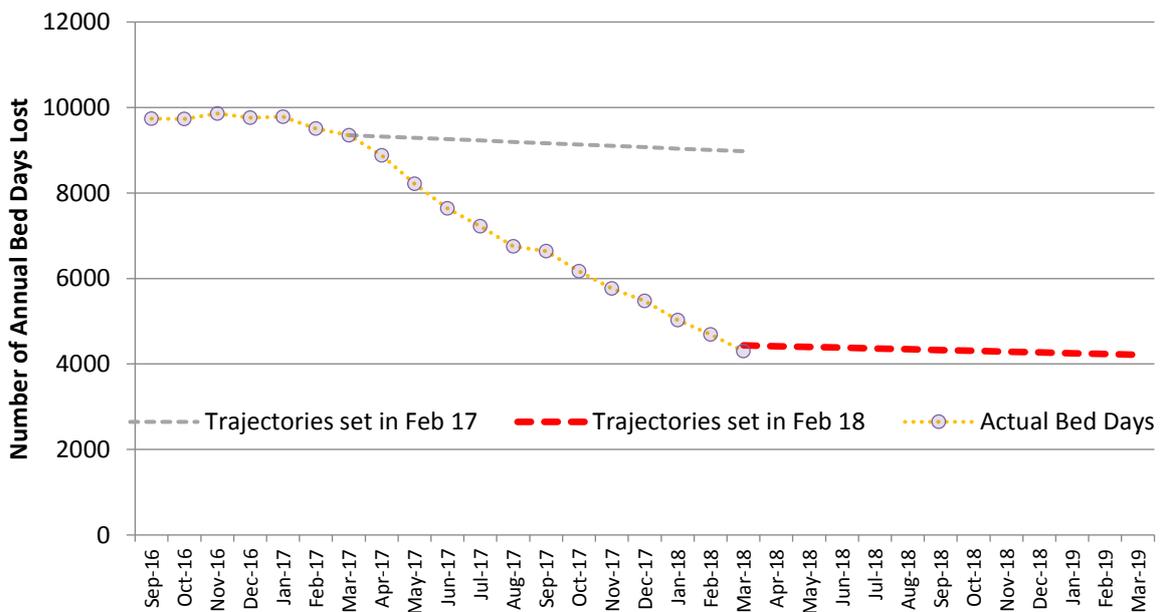
Service delivery area – Delayed Discharges

Chart 9: Rate of Bed Days Lost to Delayed Discharges (All Reasons) for Dundee 75+ - Annual



- Expected decrease by 6.70% from 15,050 in 2015/16 to 14,042 in 2017/18.
- Actual decrease of 17.08% (12,480 bed days lost in 2017/18).

Chart 10: Bed Days Lost Delayed Discharge (All reasons) 75+



- Actual performance was less than the trajectory between April 17 and March 2018. The trajectory from March 2018 to March 2019 shows a further reduction in bed days lost to delayed discharge.

Dundee LCPP Performance Report 2017/18 Q4

Executive Summary

- The quarter 4 performance report assesses performance against the National Health and Wellbeing Indicators. 9 of these indicators are reported biannually from the Health and Care Experience Survey conducted by the Scottish Government. 5 of these indicators are health and wellbeing performance indicators which are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost). It also provides a benchmarking analysis against other Partnerships, including Family Groups.
- In order for quarterly data to be compared with financial years rolling quarterly data is presented for each quarter. This means that data for quarter 4 shows the previous 12 months of data including the current quarter. Quarter 4 data includes data from 1 April 2017 to 31 March 2018.
- Q4 data regarding the 5 national health and wellbeing performance indicators was provided by the NHS Tayside Business Unit, except for data regarding falls admissions which was not available. Data provided by NHS Tayside differs from data provided by NSS ISD; the main difference being that NHS Tayside uses 'board of treatment' and NSS uses 'board of residence'. Differences in data were investigated although the two data sources are not identical, NSS data accuracy remains within an acceptable tolerance and trends are reliable for service planning and performance improvement purposes.
- This report should be assessed with regard to the demographic and socio economic context of Dundee; high rates of deprivation, an ageing population, frailty and age associated conditions being diagnosed earlier in life than in more affluent Partnerships and deprivation associated mental health illnesses and substance misuse problems which impact on concentrations of people in particular neighbourhoods across the city.
- LCPP level data continues to be used to compile profiles to support dialogue with stakeholders regarding needs in these areas.
- Between the baseline year 2015/16 and 2017/18 Q4 there was an improvement in the rate of bed days lost to delayed discharges for people aged 75+ and the emergency bed day rate for people aged 18+.
- Emergency bed day rates since 2015/16 have decreased by 9% for Dundee, which is an improvement. Every LCPP showed an improvement in Q4 compared with 2015/16 and the biggest improvements were seen in East End, Coldside, West End and Maryfield, all of which showed a greater than 10% decrease in bed day rates.
- The rate of bed days lost to delayed discharges for people aged 75+ has decreased by 59% in Dundee since 2015/16, which is an improvement. In Q4 there were decreases across all LCPP areas and the decrease in the rate ranged from 30% in The Ferry to 73% in Strathmartine.
- Emergency admission rates have increased by 9% for Dundee since 2015/16 and there were increases in every LCPP. The lowest increase was in East End (2% increase) and the highest increase was in Lochee (17% increase).
- The rate of readmissions has increased by 2.4% since 2015/16. The rate increased in four LCPPs (Lochee, The Ferry, West End and Coldside) and decreased in four LCPPs (North East, Maryfield, East End and Strathmartine) The biggest decrease was in Maryfield (10% decrease) and the greatest increase was in Lochee (18% increase).

Performance in Dundee's LCPPs

	Improved
	Stayed the same
	Declined

Table 1: Performance in 2017/18 Q4 (falls Q3 as Q4 not yet available) and comparison between performance in LCPPs and the Dundee average

Deprivation Scale 

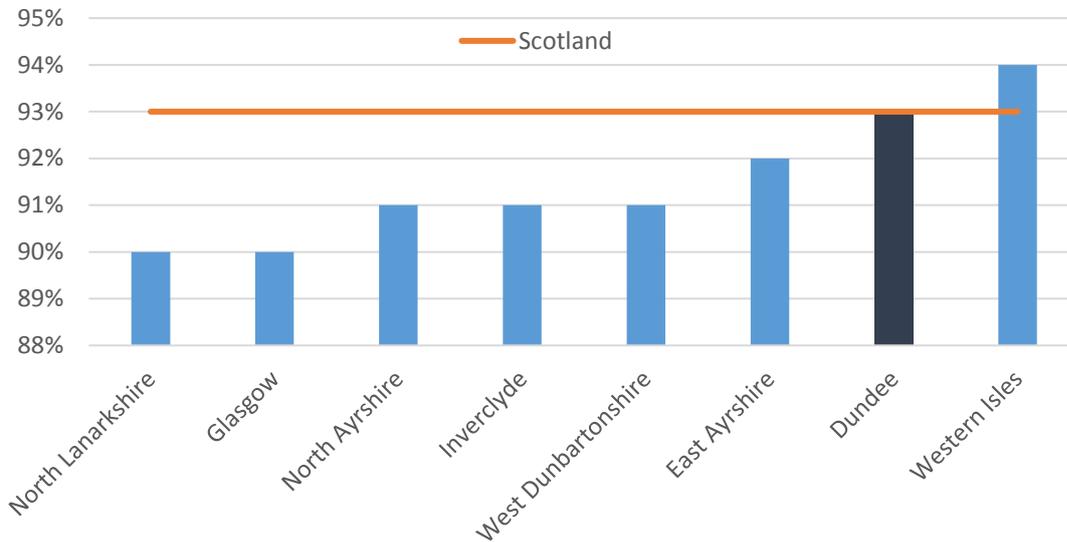
National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Admissions rate per 100,000 18+	12,994	16,130	16,139	14,840	12,818	13,454	10,467	9,058	12,426
Bed days rate per 100,000 18+	118,610	156,544	139,266	141,128	105,178	114,869	93,490	84,974	120,719
Readmissions rate per 1,000 All Ages	114	123	120	121	110	108	110	105	112
Falls rate per 1,000 18+ (Q3)	27.7	27.1	35.4	31.1	23.0	21.3	28.6	35.7	23.2
Delayed Discharge bed days lost rate per 1,000 75+	335.3	460.4	326.9	381.8	567.6	258.0	252.1	408.7	201.5

Table 2: % change in 2017/18 Q4 (falls Q3 as Q4 not yet available) against baseline year 2015/16

National Indicator	Dundee	Lochee	East End	Cold side	North East	Strathmartine	Maryfield	West End	The Ferry
Admissions rate per 100,000 18+	+8.9%	+17.2%	+2.0%	+8.2%	+10.2%	+2.8%	+5.6%	+13.2%	+12.7%
Bed days rate per 100,000 18+	-8.7%	-3.4%	-23.6	-13.4	-6.7	-7.3	-12.3	-13.4	-4.4
Readmissions rate per 1,000 All Ages	+2.4%	+18.4%	-2.8%	+5.6%	-0.2%	-7.0%	-9.6%	+2.0%	+13.7%
Falls rate per 1,000 18+ (Q3)	+10.9%	+2.1%	+29.3%	+4.1%	+12.1%	-15.3%	+23.2%	+29.4%	+14.5%
Delayed Discharge bed days lost rate per 1,000 75+	-59.1%	-41.2	-72.2%	-61.7%	-54.0%	-72.6%	-66.8%	-54.5%	-43.2%

National Health and Wellbeing Indicator 1 - Percentage of adults able to look after their health very well or quite well.

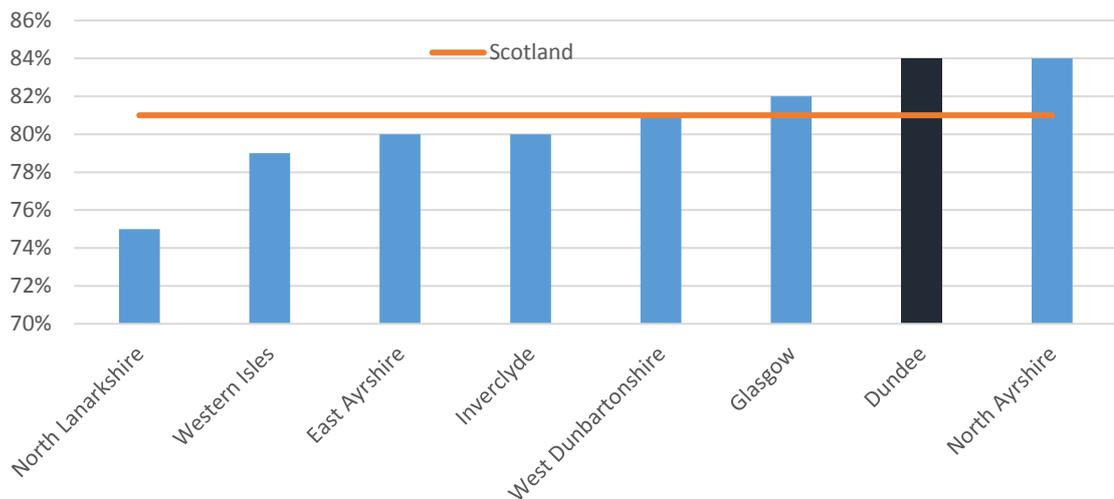
Chart 1



- 93% of respondents stated that they were able to look after their health very well or quite well.
- Results for Dundee are the same as the Scottish average and better than 6 of the other 7 family group partnerships.

National Health and Wellbeing Indicator 2 - Percentage of adults supported at home who agree that they are supported to live as independently as possible.

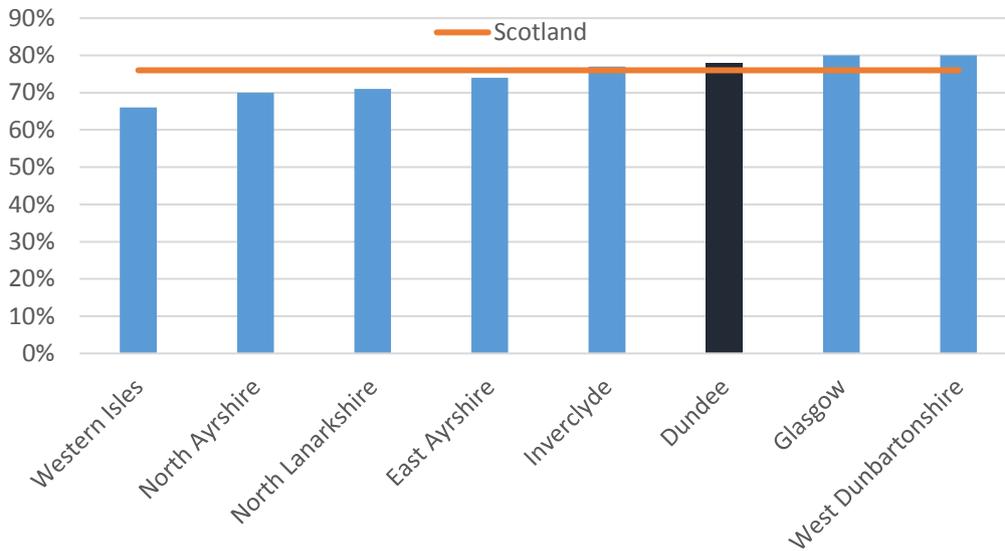
Chart 2



- 84% of respondents, who were supported at home, agreed that they were supported to live as independently as possible.
- Results for Dundee are 3% higher than the Scottish average of 81% and better than 6 of the other 7 family group partnerships.

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

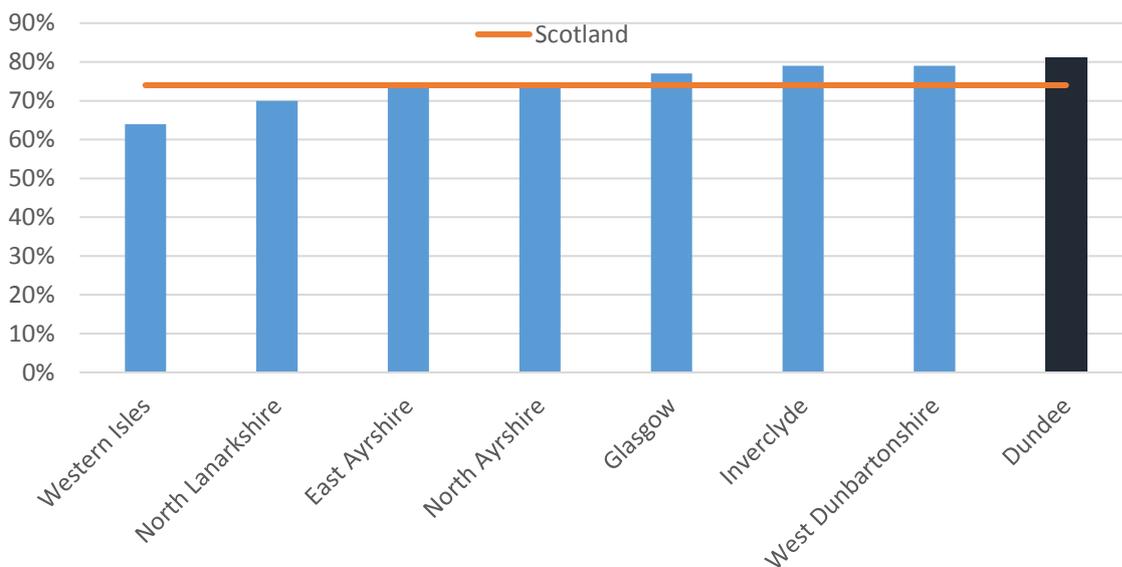
Chart 3



- 78% of adults supported at home agreed that they had a say in how their help, care or support was provided.
- Results for Dundee are 2% higher than the Scottish average and better than 5 of the other 7 family group partnerships

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

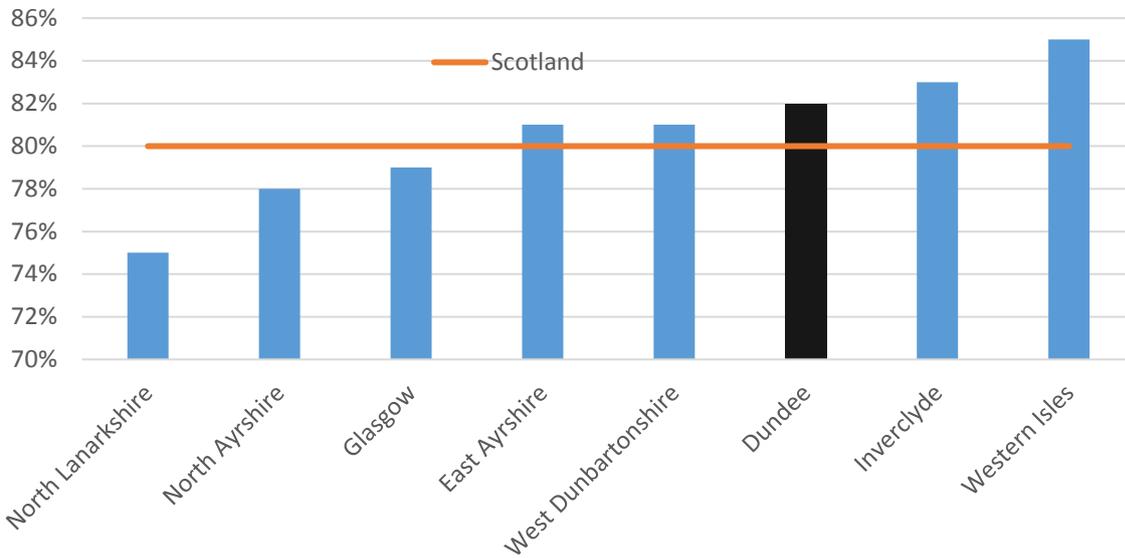
Chart 4



- 81% of adults supported at home agreed that their health and care services seemed to be well co-ordinated.
- Results for Dundee are 7% higher than the Scotland average of 74% and better than all 7 other family group partnerships.

National Health and Wellbeing Indicator 5 - Percentage of adults receiving any care or support who rate it as excellent or good

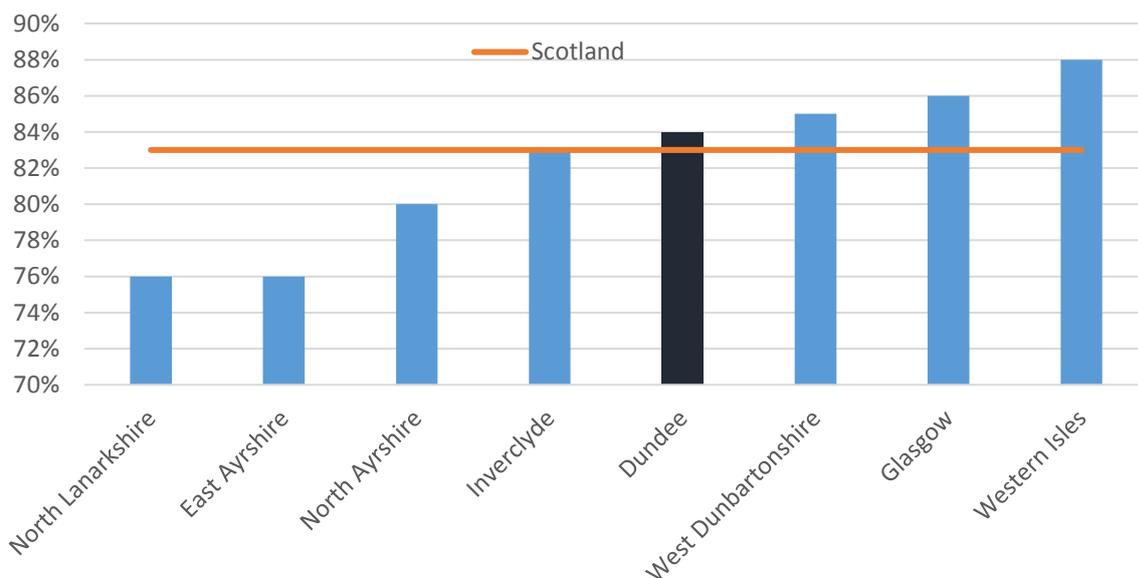
Chart 5



- 82% of adults receiving care or support rated their support as excellent or good.
- Results for Dundee are 2% higher than the Scottish average of 80% and better than 5 of the other 7 family group partnerships.

National Health and Wellbeing Indicator 6 - Percentage of people with positive experience of the care provided by their GP Practice

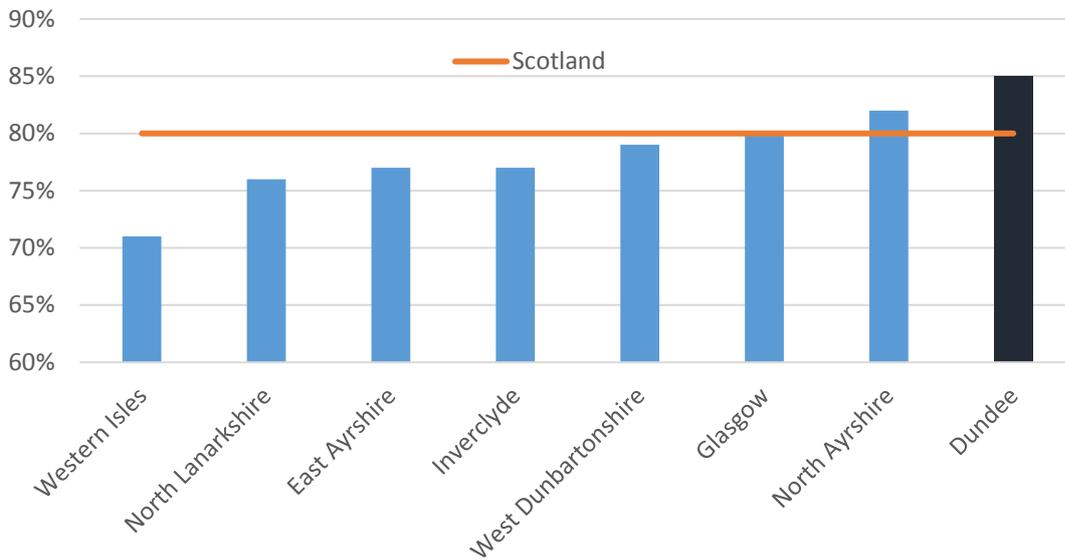
Chart 6



- 84% of respondents rated their experience of care, provided by their GP Practice as positive.
- Results for Dundee are 1% higher than the Scottish average of 83% and better than 4 of the other 7 family group partnerships.

National Health and Wellbeing Indicator 7 - Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.

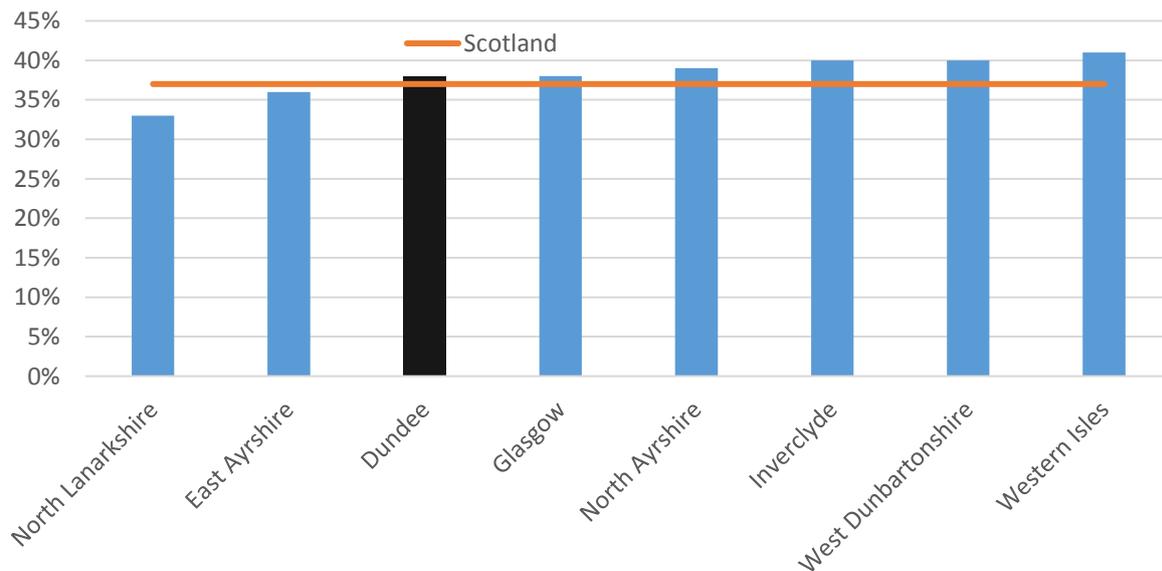
Chart 7



- 85% of adults supported at home agreed that their services and support had an impact on improving or maintaining their quality of life.
- Results for Dundee are 5% higher than the Scottish average of 80% and better than all other 7 family group partnerships.

National Health and Wellbeing Indicator 8 - Percentage of carers who feel supported to continue in their caring role

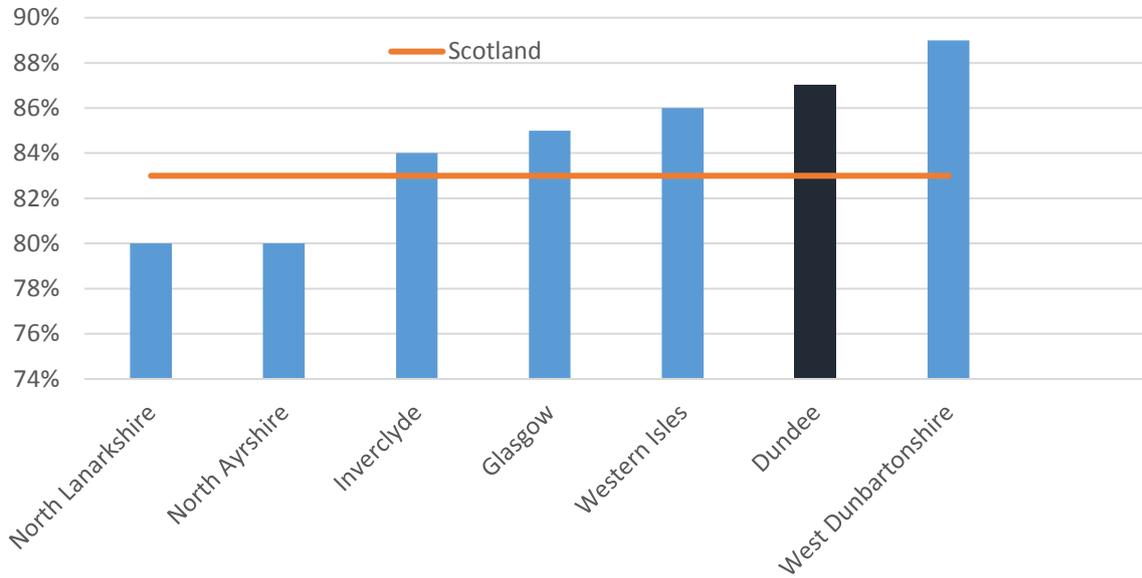
Chart 8



- 38% of carers felt supported to continue their caring role.
- Results for Dundee are 1% higher than the Scottish average of 37% and worse than 5 of the 7 family group partnerships.

National Health and Wellbeing Indicator 9 - Percentage of adults supported at home who agree they felt safe

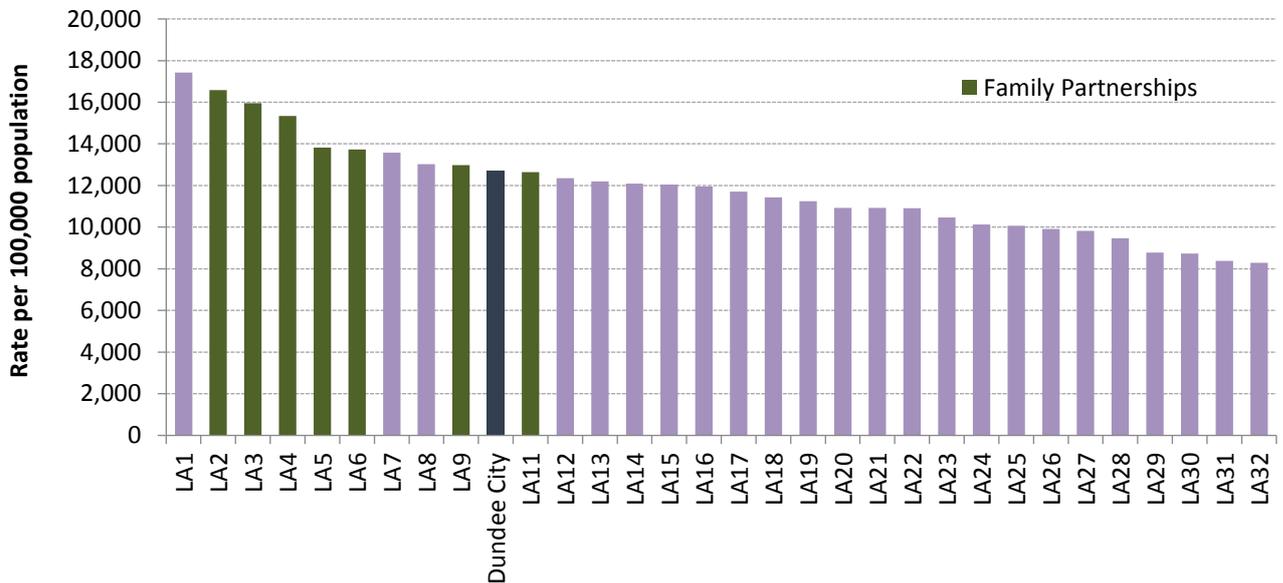
Chart 9



- 87% of adults supported at home agreed they felt safe.
- Results for Dundee are 4% higher than the Scottish average of 83% and better than 5 of the 7 family group partnerships.

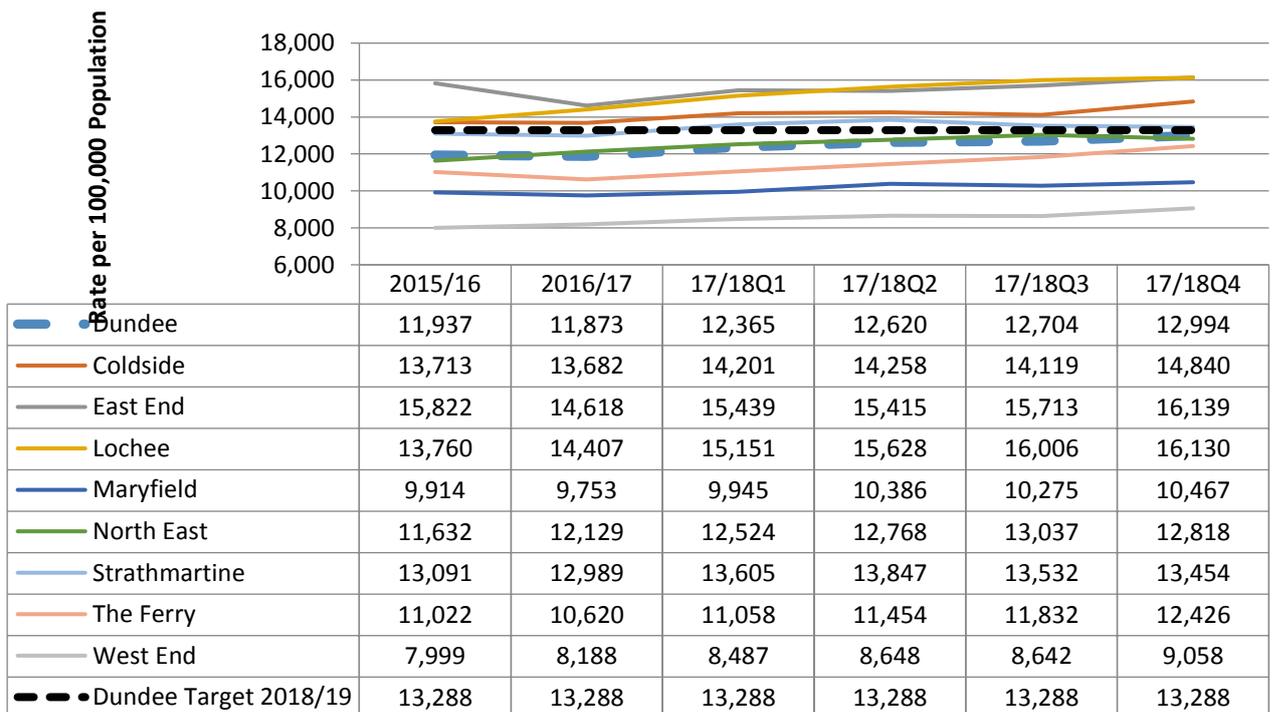
National Health and Wellbeing Indicator 12 – Emergency Admissions

Chart 10: Rate of Emergency Admissions for Adults 18+ per 100,000 population Q3 - Benchmarked



- Scottish rate data is not currently available as the data for some partnerships is incomplete. The rate of emergency admissions was higher in Dundee than the Scottish rate in both quarters 1 and 2.
- The Dundee rate increased from 12,583 in Q1 to 12,722 in Q3.
- Dundee dropped a rank in Q2, from 13th highest in Q1 to 12th highest in Q2, however increased to 10th highest in Q3.
- Dundee performed better than all but one family group Partnerships.

Chart 11: Rate of Emergency Admissions for Adults 18+ per 100,000 population Q4 by Locality and Financial Year



Q4 17/18 Analysis

- The rate for Dundee has generally been increasing from 11,937 per 100,000 in 2015/16 to 12,994 per 100,000 in 2017/08 Q4.
- West End had the lowest rate with 9,058 emergency admissions per 100,000 people in 2017/08 Q4, followed by Maryfield and The Ferry. The West End rate was approximately 75% less than the East End rate.
- In Q4 17/18 East End had the highest rate with a rate of 16,139.
- All 8 LCPPs have seen increases in their rates since the 2015/16 baseline year. The lowest increase was in East End (2% increase) and the highest increase was in Lochee (17% increase).
- The target for 2018/19 is 13,288, therefore based on rolling Q4 data, Dundee is on course to meet or exceed this target.
- During Q4 17/18, performance exceeded the 2018/19 target in 4 LCPPs – Maryfield, North East, The Ferry and West End.

What we have achieved to date:

A three tiered system of support exists in Dundee which ensures that services and supports are delivered at the point of need.

Highest Tier – Caring for people with frailty / complex needs at home

- Integration of care home teams.
- Commencement of Delphi process to look at pathway improvements.
- Start of Dundee Enhanced Community Support Acute (DECSA) pilot.
- Acute Frailty Team is now a 7 day service.
- Ongoing development of joint medicine for the elderly / psychiatry of old age work.
- The Care home Liaison team, which consists of a team of four nurses who are supported by medical colleagues has contributed to many positive outcomes for residents and families, including a reduction in hospital admissions. In this period the admission rate from care homes to Kingsway Care Centre dropped from 28 to seven. Colleagues who work in care homes have found many benefits from having a specific link nurse and prearranged times to visit each area. This provides a consistent and dependable service which allows planning. Further developments within the team include; collaborative training with care homes, peripatetic services and older people review officer and enhancing knowledge in the essentials in psychological care.
- Significant shifts in the balance of care have been achieved in Medicine for the Elderly and Psychiatry of Old Age services which has resulted in the closure of acute beds and the planned closure of an entire ward by the end of 2017. The multi-disciplinary team is working effectively and successes include; the development of an acute frailty team, the completion of Anticipatory Care Plans and recording on eKIS, and creating links between the Medicine for the Elderly and Psychiatry of Old Age Teams. The polypharmacy stream has reduced harm, waste and variation by allocating resources in both enablement and care home services. Housing with care has been further expanded with the development of 2 new sites. Day services have been remodelled which has increased the number of day opportunities in the community, opposed to within traditional day centres. The resource released from the reduction of acute beds has been reinvested in expanding the Enhanced Community Support (ECS) service. This included the testing of multidisciplinary assessment meetings at GP Practice level; and the further roll out of the model to additional practices across the 4 cluster areas. A locality nurse role has been established in each locality to co-ordinate assessments and reviews and support anticipatory care planning and carer assessments. This has directly reduced length of hospital stay and emergency admissions.

- Introduced medication reviews for people in care homes, and employed pharmacy technicians as part of the social care enablement teams.

Middle Tier – Rehabilitation

- Development of range of step down options.
- Development of assessment at home service.
- Development of a respite development worker post.
- Supported and rehabilitative transitions from the Centre for Brain Injury Rehabilitation into the community is being provided by the Mackinnon Centre. The project set out a number of key aims to be tested over a period of twelve/eighteen months. These are summarised below:
 - upskill the workforce at the Mackinnon Respite service
 - redesign the care pathway for those in patients receiving rehabilitation services through the acquired brain injury service at Royal Victoria Hospital
 - explore, through a test of change, whether the resource at the Mackinnon service could effectively support individuals in the latter stages of their rehabilitation pathway.
 - support earlier discharge from CBIR
 - increase in earlier access to CBIR from Ninewells.
- Creative Engagement, through the arts, is a developing non-medical therapeutic intervention option that can operate alongside existing treatments by addressing psychosocial benefits (mood, confidence, self-esteem...) associated with positive health and well being. Tayside Healthcare Arts Trust (THAT) has been at the forefront of its development locally across a wide range of Long Term Conditions (LTCs). Its nationally recognised work with stroke (ST/ART Project and ACES research) has earned recurring funding from NHS Tayside and partnership support from Dundee Contemporary Arts and others. THAT has for some years been demonstrating the applicability of this approach for other LTCs, particularly Dementia, COPD, Parkinson's and MS and continues to seek additional recurring funding to embed this work. Opportunities for further developments around other health inequality targets could be explored with innovative test of change work.
- Successful delivery of Post Diagnostic Support for people diagnosed with dementia across Dundee. Analysis of care plans identified excellent compliance with PDS monitoring – there was a 100% rate of referral and 98% of patients had either 1 or more pillars recorded as met.

Additionally 84% of people who responded to the survey were either satisfied or very satisfied.

Patient and carer feedback included the following comments:

“We would like to thank the service for making mum feel safe and comfortable”

“As a carer it's good to know there is somebody at the end of a phone “

“Information and help was very much appreciated”

“Service provided by my worker was excellent”

“Extremely professional but also down to earth”

Lowest Tier – Prevention

- Expansion of community companion project.
- The *Reshaping Care Capacity Building Programme* is led by Voluntary Gateway Dundee and aims to build the capacity of communities to ensure people are able to look after and improve their own health and wellbeing and live in good health for longer. The Reshaping Care Team work in local communities to build their capacity and implement a co-productive model in the planning and implementation of service that meet the needs of each community. Through the Reshaping Care Network we share information and improve connections between third sector organisations that provide health and social care services and supports in the City, Some areas of work include:

- Community Companion Project – aimed at adults living in Dundee who are either experiencing or have the potential to experience social isolation. Each service user is matched up to a community companion based on personality, hobbies and interests and general living experiences. Community companions visit people in their own homes, accompany them to social activities or shopping trips or even a visit to the local cafe.
 - Men’s Sheds – provide a place for men to gather and participate in a variety of activities whilst supporting each other in a relaxed environment. The team is supporting the development of Men’s Sheds in the East End, Lochee and Maryfield.
- Building on existing Equally Well training sessions (including positive sensitive practice and Mind Yer Heid Plus) the new Dundee Partnership Prevention framework includes a useful toolkit for staff to assess the extent to which they are using social prescribing as a route to improving service user outcomes and help them consider what more they could be doing to provide early interventions for those most at risk.
 - Developments within Keep Well to increase the partnership working, particularly with the Carers Centre, to support carers health needs are having a positive impact with an increasing number of people engaging with the Keep Well team. Similarly, although the number of people with a substance misuse issue engaged in Q1 decreased the closer link with Addaction is starting to increase those supported. The team continue to support health needs identified in the DD4 networks. Data and IT issues have led to a reduction in overall numbers but solutions are being sought to this. The increasing number of people being supported around a wide range of health and social issues by the associate practitioners is also having a positive impact, both for the individuals involved, and increasing referrals with the recognition by professionals as so the wider benefits of the teams input. The Health and Homeless Outreach Team (HHOT) have become integrated with the Keep Well team and other inequalities teams. The expertise in the team will enhance the skills of the wider team, and ensure we support health needs and prevention across vulnerable groups who often have a complex range of health and social issues impacting on their health and wellbeing.
 - Dundee Healthy Living Initiatives (DHLI) work with individuals living in deprived areas of the city to identify issues impacting on their health and supports communities to develop and implement interventions to address these. Examples of activities include accredited cooking skills and health issues in the community courses, volunteer led walking programme and community based health checks and relaxation sessions. In addition the DHLI supports local groups to become formally constituted and gain independent funding for activities.
 - The Listening Service “Do You Need To Talk?” was developed in 2012 in two sites in Dundee. In 2017 it received additional funding and is now available at over 18 sites in the City. The service is provided within local general practices, and uses an asset based approach, building individual resilience and supporting a sense of well being. A third of people using the listening service talk about bereavement issues, with others talking about relationships, stress, depression, ill health, fear/anxiety and a range of other issues.

“I came away with a feeling of optimism. I have since taken positive steps to make some changes in my life, which have improved my mental and emotional wellbeing.”

The approach is evidence based, and makes use of a National Training Program funded by Scottish Government.

What we plan to do:

Models of Support, Pathways of Care

- A range of stakeholders across NHS Tayside and the 3 Partnerships are involved in a Delphi process which will give a better understanding of pathways. This involves a survey which is completed by health and social care professionals to gather information regarding critical processes in a pathway. This will be used to improve outcomes for people and system efficiencies.

- Frail people who are acutely unwell may need at times to be in hospital. They are supported there by a highly effective Acute Frailty team. This includes in reach into a number of other in patient areas. Where people do need to go to hospital this is only for the length of time they need to be in hospital and they will be able to step down as quickly as possible using a range of supports and resources such as an Assessment at Home service and an Intermediate Care unit. This ensures that assessment is undertaken at home or in a homelike setting rather than an acute hospital. This is supported by a multidisciplinary Discharge Hub
- We have commissioned Red Cross domiciliary care provider to carry out a test of change which enables social care assessment to be completed in the person's own home with intensive round the clock social care support tailored to meet the person's changing needs on a daily basis. This has supported us to address National Indicators 19 and 22, by ensuring people are discharged more efficiently from a hospital setting, and has improved patient outcomes with a 26% reduction in care home placement. This test has contributed to the reduction in bed days lost for standard delays over 17/18.
- We recognise that one group with particularly complex needs are those who live in care homes and we are in the process of developing an integrated Care Home team. This builds on the work that has taken place over the past few years to support care homes.
- A primary care improvement plan to implement the new GP contract is in development. There are 6 priority areas – urgent care, mental health, musculoskeletal, community treatment centres, immunisation, pharmacy.
- Further development of discharge planning arrangements for adults with mental ill-health, physical disability, acquired brain injury, learning disabilities and autism is also being progressed. Following a review of the hosted acute liaison service for people with learning disabilities, a further nursing post is in the process of being recruited to. This will ensure smoother transitions to and from acute care, strengthen interfaces between community / acute services and provide support and awareness raising activity within the acute sector.
- An IJB report is being prepared for the June meeting which is focussing on models of care within psychiatry of old age, to allow people to remain in the community.
- There is an understanding of the '6 essential actions for unscheduled care' and the Unscheduled Care Board is focussing on developing 7 day services to reduce variation in weekend and out of hours working and also in providing care closer to home.
- There is now a Mental Health Officer post established within the Integrated Discharge Hub which supports improved decision making around the use of Adults with Incapacity and Section 13Z(A) of the Social Work (Scotland) Act. This has significantly reduced the episodes of Code 9 delays, as well as the bed days lost for each individual patient.

Person Centred Care and Support

- Data has identified that respiratory, gastro and general surgery are priority areas for the Unscheduled Care Board. Do date initiatives have worked well for older people but need to be rolled out to younger age groups.
- The COPD team continues to work closely with the population of Dundee and those that provide support to manage this condition across the spectrum of self management, primary and secondary care. A variety of initiatives support this including the COPD discharge service which provides support to patients following necessary hospital admission to prevent readmission. Also the use of health care support workers help individuals to self manage. This is all being further supported by the Managed Care Network which will include pathway development.
- A group has been convened to improve how anticipatory care information can be shared with the appropriate professionals and is available when required.

Building Capacity

- Work has commenced to train a range of people (including homecare workers and district nurses) to identify when people are deteriorating (including delirium).

- An asset based approach is being used in Dundee to support people to be healthier and independent for longer in their own community. This involves working in partnership to co-design services with the statutory, third and independent sectors and with individuals, families and communities. Key to the success of these models is the ability to work in localities, to identify people at an early stage of their journey where things do go wrong and provide comprehensive assessment, early intervention and anticipatory care. This is done through our Enhanced Community Support and Post Diagnostic Support teams. Where people do start to deteriorate, a range of services will be provided to allow them to maximise their recovery and independence in their own home. This includes a Dundee Enhanced Community Support Acute service.

Early Intervention / Prevention

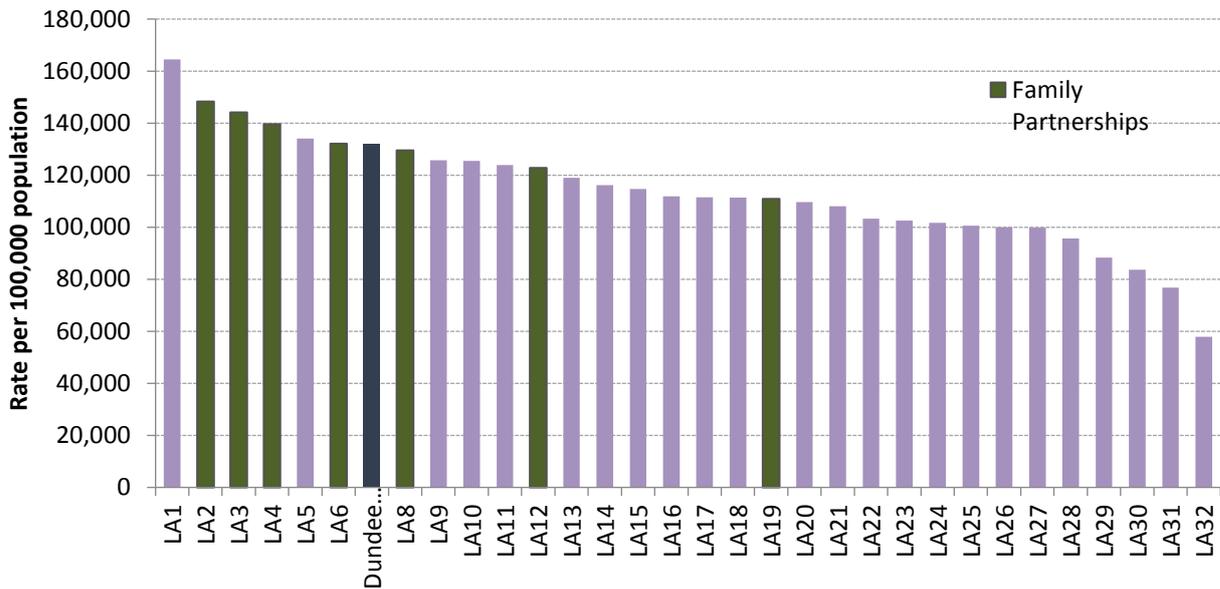
- We have implemented a Power of Attorney Campaign in partnership with Angus and Perth and Kinross Health and Social Care Partnerships, which will now take place annually. The campaign was supported by additional local awareness raising events in Dundee to help to promote Power of Attorney, reduce the need for guardianship and enable people to be discharged from hospital when they are well. Initial data gathering indicates an increase in Power of Attorneys and this will continue to be monitored over coming years.
- A number of priority areas have been agreed to reduce hospital admissions due to a fall. These include a focus on a preventative approach which will support active ageing, health improvement and self management to reduce the risk of falls.
- A partnership approach to supporting people experiencing distress is being taken to develop a range of supports. These include; a safe place (accommodation with the right support at right time), agreed pathway for timeous access to support, out of hours support and peer support.
- Increase the availability of high intensity, psychological interventions within Community Mental Health Teams (CMHT) whilst also decreasing the need for high intensity psychological interventions by enabling more mental health staff to provide appropriate low intensity psychology interventions and support at earlier stages of the patient journey.
- There has been a development around the creation and sharing of a palliative scorecard which allows an assessment of need to be identified and shared across both health and social care teams.

Localities and Engaging with Communities

- Building on the potential strengths of developing communities within the locality concept, we are looking at developing Care and Treatment Centres that will be based for communities to access within their own areas for a range of treatments. This will build on our successful model developed by the district nursing service for the treatment of leg ulcers and expanding on the number and type of treatments that will be available.
- Increase overall capacity within the Psychological Therapy service to:
 - Increase the availability of a range of specialist psychological therapies
 - Support the skill development of the wider workforce within Mental Health Services (cross sector) to ensure the best use of resources
- Plans are underway to enhance community mental health services. This will include quicker access to the right kind of support 24/7 through the development of stronger pathways between acute / community and primary services. The flexible use of available social care resources across a number of providers in the city has in recent years led to quicker response times, including where people are at risk of unnecessary hospital admission or where they require support on discharge.

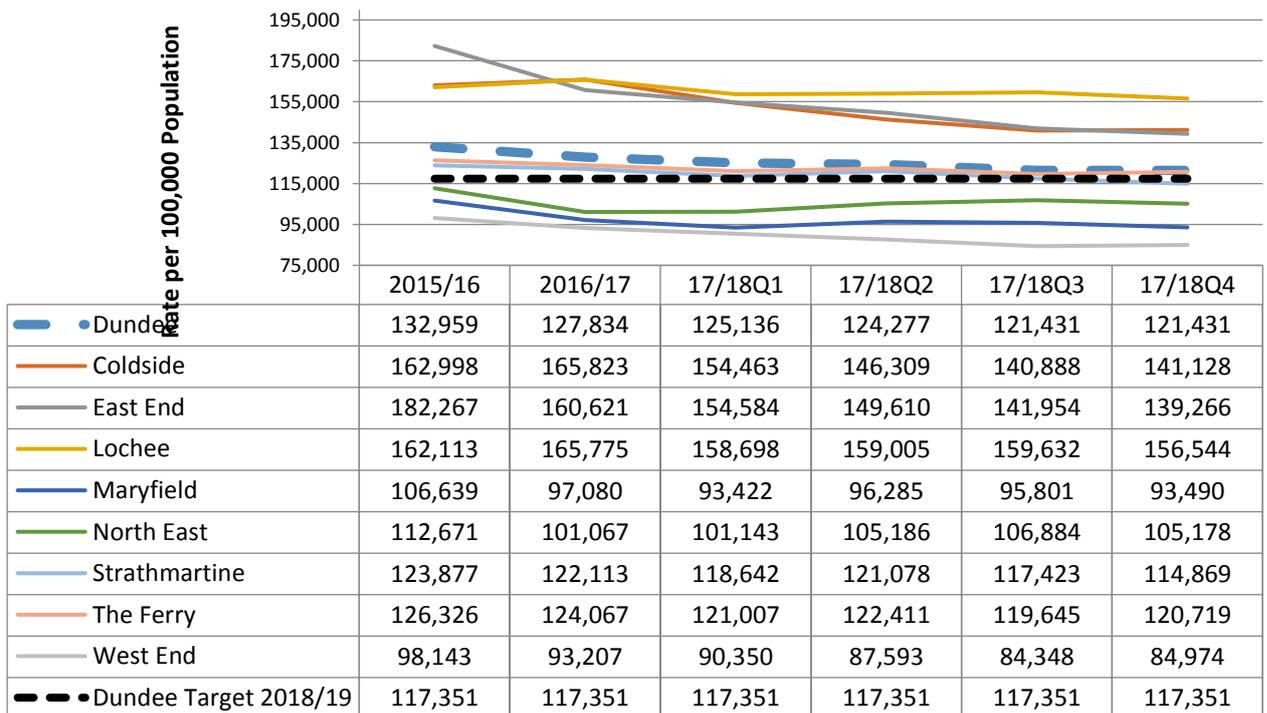
National Health and Wellbeing Indicator 13 – Emergency Bed Days

Chart 12: Rate of Emergency Bed Days for Adults 18+ Q3



- Scottish rate data is not currently available as the data for some partnerships is incomplete. The rate of emergency admissions in Dundee was higher than the Scottish rate in both quarters 1 and 2.
- The Dundee rate decreased from 138,206 in Q1 to 132,029 in Q3.
- Despite this decrease Dundee dropped two positions in Q2, from 8th highest in Q1 to 6th highest in Q2, however increased to 7th in Q3.
- Dundee performed better than 4 of the other 7 family group Partnerships.

Chart 13: Rate of Emergency Bed Days for Adults 18+ by Locality and Financial Year



Source: NHS Tayside BSU

Q4 17/18 Analysis

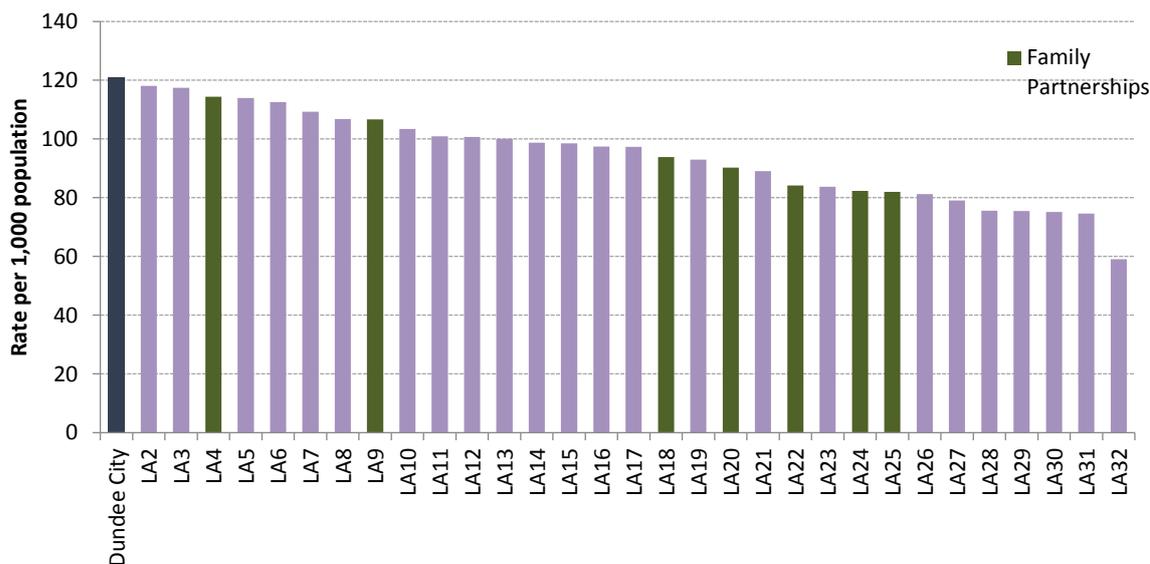
- The emergency bed day rate for people aged 18+ has reduced steadily since the 15/16 baseline year and was at a rate of 121,431 bed days per 100,000 emergency admissions in Q4 17/18.
- In Q4 17/18 Lochee had the highest bed day rate (156,544) and the West End has the lowest bed day rate (84,974). Five LCPPs have seen a decrease in the last quarter. There were increases in three LCPPs between Q3 17/18 and Q4 17/18 (Coldside, The Ferry and West End)
- The target for 2018/19 is 117,351, therefore based on rolling Q4 data, Dundee is not currently on course to meet or exceed this target.
- During Q4 17/18, performance exceeded the 2018/19 target in 4 LCPPs – Maryfield, North East, Strathmartine and West End.

What we have achieved to date:

- We intend to pilot Enhanced Community Support in Lochee.

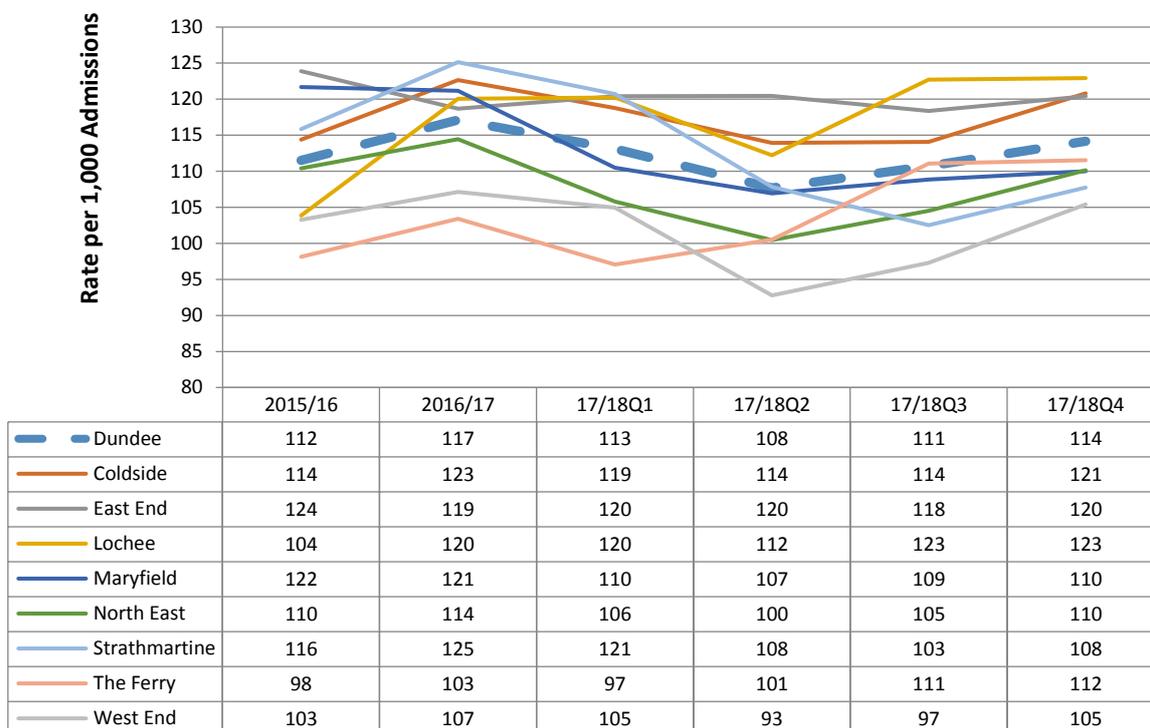
National Health and Wellbeing Indicator 14 – Readmissions

Chart 14 Readmission to hospital within 28 days of discharge per 1,000 admissions Q3 benchmarking



- Scottish rate data is not currently available as the data for some partnerships is incomplete. The rate of emergency bed days was higher in Dundee than the Scottish rate in both quarters 1 and 2 and is likely to also be higher in Q3.
- Dundee was the poorest performing partnership.
- The gap between Dundee and the 2nd poorest performing partnership closed slightly from 9 readmissions per 1,000 admissions in Q1 to 7 readmissions per 1,000 admissions in Q2 then to 3 readmissions per 1,000 in Q3.

Chart 15: Readmissions within 28 days of discharge as a rate per 1,000 admissions, all ages by LCPP



Source: NHS Tayside BSU

Q4 17/18 Analysis

- The rate of readmissions within 28 days has fluctuated since 2015/16 however at Q4 17/18 it was higher than the 15/16 baseline (112 in 15/16 and 114 in Q4 17/18)
- The highest readmission rate was in Lochee (123) and the lowest was West End (105).
- Over the last quarter the rate increased from 111 to 114 with rates increasing in all but 1 LCPP (Lochee), the rate in Lochee stayed the same between Q3 17/18 and Q4 17/18.
- Between the baseline year 15/16 and Q4 17/18 the rate decreased in 3 LCPPs (East End, Strathmartine, Maryfield), stayed the same in North East and increased in 4 LCPPs (Lochee by 15%, The Ferry by 12%, Coldside by 6% and West End by 2%).

What we have achieved to date:

This issue has been identified as a priority by the Tayside Unscheduled Care Board. Further work will be carried out during this financial year and this, added to local analysis, will lead to agreed improvement actions across Tayside.

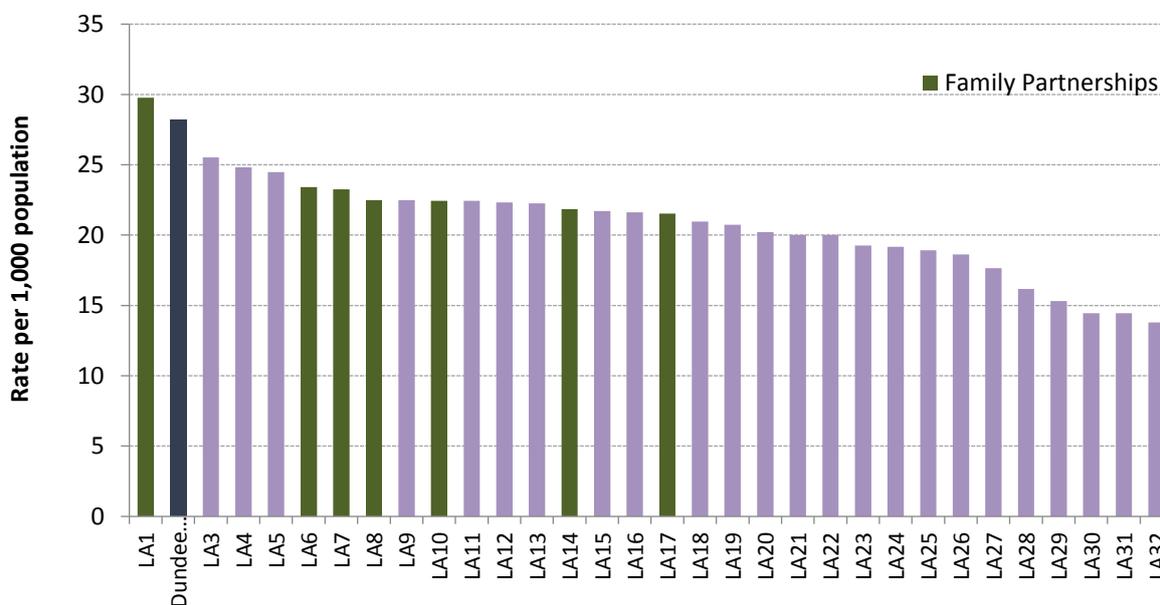
What we plan to do:

- Further analysis of reasons for readmission. We are about to do a Delphi process which will give a better understanding of pathways. This involves a survey which is completed by health and social care professionals to gather information regarding critical processes in a pathway. This is used to improve outcomes for people and also system efficiencies.
- Support more people to be assessed at home rather than in hospital by completing and evaluating the 'Moving Assessment into the Community' project for older people and resource the proposed change.
- Expand the 'Moving Assessment into the Community' project to specialist areas and test pathways.

- Further develop discharge planning arrangements for adults with mental ill-health, physical disability and acquired brain injury.

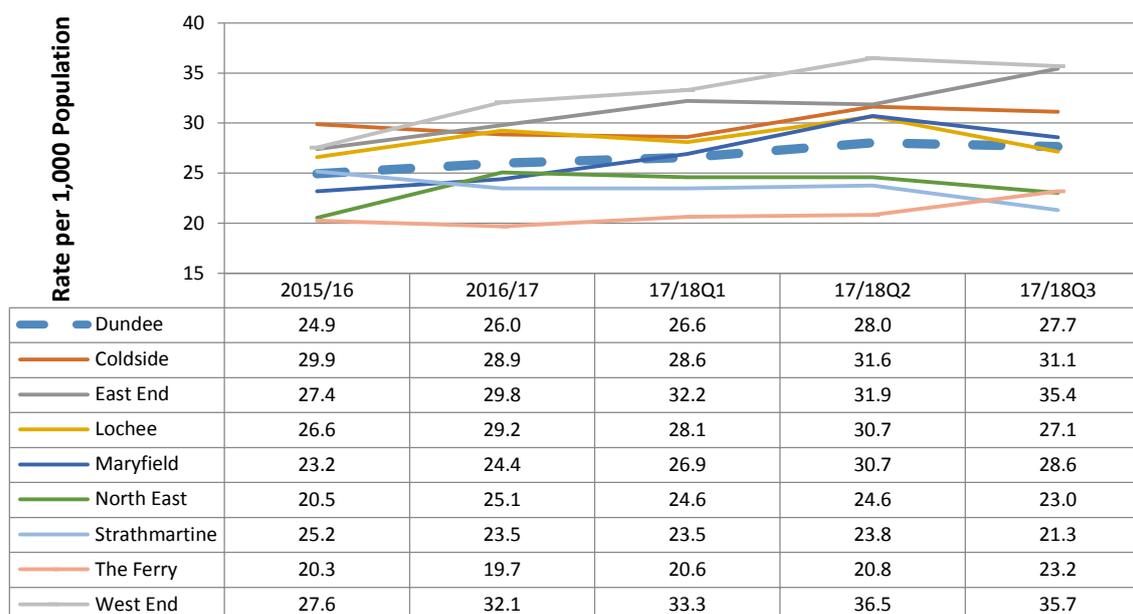
National Health and Wellbeing Indicator 14 – Falls

Chart 16: Falls rate per 1,000 population aged 65+ Q3 benchmarking



- Scottish rate data is not currently available as the data for some partnerships is incomplete. The rate of hospital admissions due to a fall in Dundee was higher than the Scottish rate in both quarters 1 and 2 and is likely to also be higher in Q3.
- At Q3 Dundee was the 2nd poorest performing partnership and poorer than 6 of the other 7 family group partnerships.
- The gap between Dundee and the 2nd poorest performing partnership closed slightly from 4 admissions per 1,000 admissions in Q1 to 2 admissions per 1,000 admissions in Q2 to 1 admission per 1,000 admissions in Q3.

Chart 17: Rate per 1,000 Population of Fall Admissions for People aged 65+ Q3 data as Q4 not available



Source: NSS ISD

Note: Due to incompleteness of 2017/18 Q2 data, the SMR01 data was extrapolated for the month of December 2017 using an ARIMA model. 2017/18 Q3 should be treated provisionally until such time that SMR01 returns from NHS Tayside are 99%- 100% complete. This level of completeness is expected 6-8 weeks after 31st December 2017.

Q3 17/18 Analysis

- West End had the highest rate of falls in Dundee with 35.7 falls related hospital admissions per 1,000 population. Strathmartine had the lowest rate with 21.3 falls related hospital admissions per 1,000 population.
- The rate of falls related hospital admissions decreased in six LCPPs between Q2 17/18 and Q3 17/18 (North East, Coldside, Lochee, Maryfield, Strathmartine and West End). The rate in two LCPPs increased between Q2 17/18 and Q3 17/18 (East End and The Ferry).
- Since the baseline year 2015/16 the rate has increased from 24.9 to 27.7. There have been increases in seven LCPPs (Lochee, East End, North East, Maryfield, Coldside, The Ferry and West End) and a decrease in Strathmartine (by 15%). The highest increases were in East End and West End (both 29% increases)

What we have achieved to date:

- Falls Classes
There are currently 6 fall prevention classes held each week in three locations – Mackinnon Centre, Kings Cross Hospital and Royal Victoria Hospital and these classes accept both self, carer and professional referrals. These classes are organised and run by the community rehabilitation and falls team. It is intended that the location of falls classes will be reviewed in line with locality plans and neighbourhood level data about falls. These classes are supported by physiotherapists and support workers and are aimed at people who have fallen or who have a fear of falling. The classes improve strength, balance, confidence and function. Education is also provided to participants on reducing the risk of falls in the future. The evidence base behind providing classes to prevent falling states that balance and strength must be challenged in order for improvements to be seen. For this reason there are 3 levels which are aimed at different levels of ability and frailty. There is also an Otago based maintenance class within the community, to prevent re-referrals and recurrent falls. The current waiting list is approximately 15 weeks from referral, however following an initial assessment people are offered advice and basic exercises to prevent falls while they await their place at the class.

- Education and falls prevention roadshows are being rolled out to established groups in the community in collaboration with other services within the Dundee Health and Social Care Partnership. In addition to this training has been provided to physiotherapy community staff, ambulance crews, social care response workers, medical students and care home staff.
- Support in Care Homes
The community rehabilitation team provided support to care home employees, particularly regarding the OTAGO Falls Programme. All care homes in Dundee that expressed interest in receiving support have been provided with training to employees. There was a high uptake in training in the care homes located in Broughty Ferry. The care homes are expected to roll out training and the quality of the approach to prevent falling in care homes is expected to vary. Further work is required to ensure a sustainable model is in place across Dundee Care Homes.
- Emergency Department (ED)
On a daily bases the falls team receives a list of people who attended the ED following a fall. The team contacts each person by telephone and then signposts to information and refers to services which can support underlying issues such as balance, substance misuse, polypharmacy and sensory impairment. The musculoskeletal and community rehabilitation physiotherapy teams provides support to people with dischargeable injuries, such as a shoulder rotator cuff tear, or stable fracture. In addition to a telephone call, people receive a pack in the post which includes a cover letter, falls prevention booklet, self / professional / carer referral form for the falls service and also the exercise classes. The pack also includes information about DIAL – OP service which signposts to all services and classes in Dundee. This includes a range of voluntary sector supports including a morning call service to check a person is safe and well.
- In Patients and Out Patients
On a daily basis (Monday to Friday) Physiotherapy Services identify from referred patients aged 65+ who have either fallen twice in the last 12 months or who are at risk of a fall. They undertake balance, gait and strength assessments to reduce the risk of future falls. Patients are provided with strength and balance exercises, a falls booklet and referred to either the community rehabilitation team or the falls service.
- Referral Pathway Redesign
GP referrals into Medicine for the Elderly services are now screened by the Falls Service instead of by medical teams. Patients are then signposted to the most appropriate clinic (physiotherapy, OT, nurse) or medical. This has reduced the time patients wait to be seen by the most appropriate person. Previously there was a waiting time of up to 16 weeks to access the medical clinic and then referred to the multidisciplinary team. This has been reduced to 4-6 weeks for the medical clinic and 1-2 weeks for the multidisciplinary team.
- Community Equipment Loan Service
Dundee and Angus Health and Social Care Partnerships launched a new shared community equipment loan service for people with disabilities living in Dundee and Angus. The new venture is based at the Dundee Independent Living and Community Equipment Centre in Dundee and provides, delivers, installs, repairs, maintains and recycles a range of equipment to help people of all ages living in Dundee to live independently. It also provides a technical advice service and carries out risk assessments with medical and care professionals, both in-store and in people's homes.
- Collaborative Working with Scottish Ambulance Service and Other Stakeholders
Services worked together to develop a pathway for use by the Scottish Ambulance Service and this has recently been implemented to help avoid the conveyance of service users that have fallen, but are uninjured, to hospital. This involves referring directly to the falls service and the first contact, out of hours and social care response teams. Work is currently being undertaken to further develop cross-sector working and promote the importance of all these services, recognising potential falls risk to the service user and referring for assessment as appropriate. An educational falls pack has been developed for service users. The Social Care Response Team is looking at IT systems to identify patients who have increased frequency of falling and refer to the Falls Service. Scottish Ambulance Service, the Social Care Response Team and patients can now refer directly to the Falls Service. This has improved the identification of people at risk of a fall.

What we plan to do:

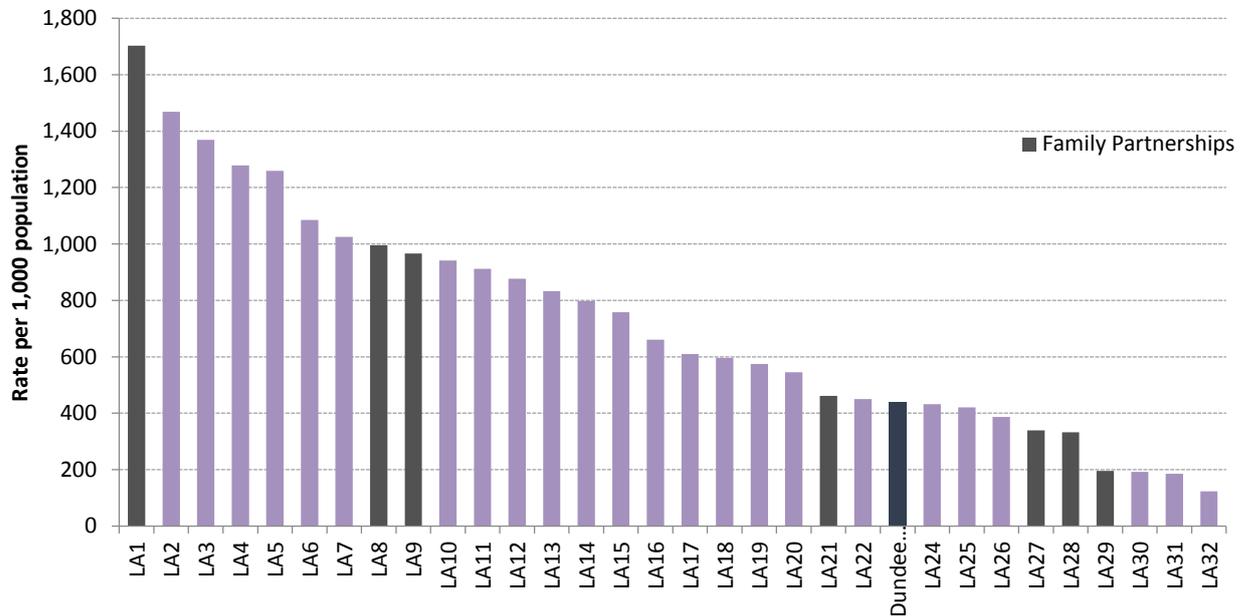
- The Tayside Falls Prevention and Management Framework 2018-2022 has recently been developed and is currently out for consultation. This provides the infrastructure to monitor progress in the community, hospital and care homes towards preventing the incidence of falls and reducing the negative effect of falling on people who fall and their carers. The Framework is organised under 4 stages
 Stage 1 – Supporting active ageing, health improvement and self management to reduce the risk of falls
 Stage 2 – Identifying individuals at risk of falls and / or fragility fractures.
 Stage 3 – Responding to an individual who has just fallen and requires immediate assistance.
 Stage 4 – Co-ordinated management including specialist assessments

This framework will be implement in Dundee and stage 1 will be prioritised.

- In addition to the Tayside Framework, there is recognition that more still needs to be achieved at a Dundee and locality level and the following actions have been prioritised:
 - recognising the need to work more efficiently within existing resources including the strengthening of links with community / voluntary groups and broader stakeholders.
 - discussions with Dundee College to start a project where students are trained in Otago and then with CRT support are able to implement it within care homes.
 - the implementation of a home based Otago project for patients who are unable to attend the class.

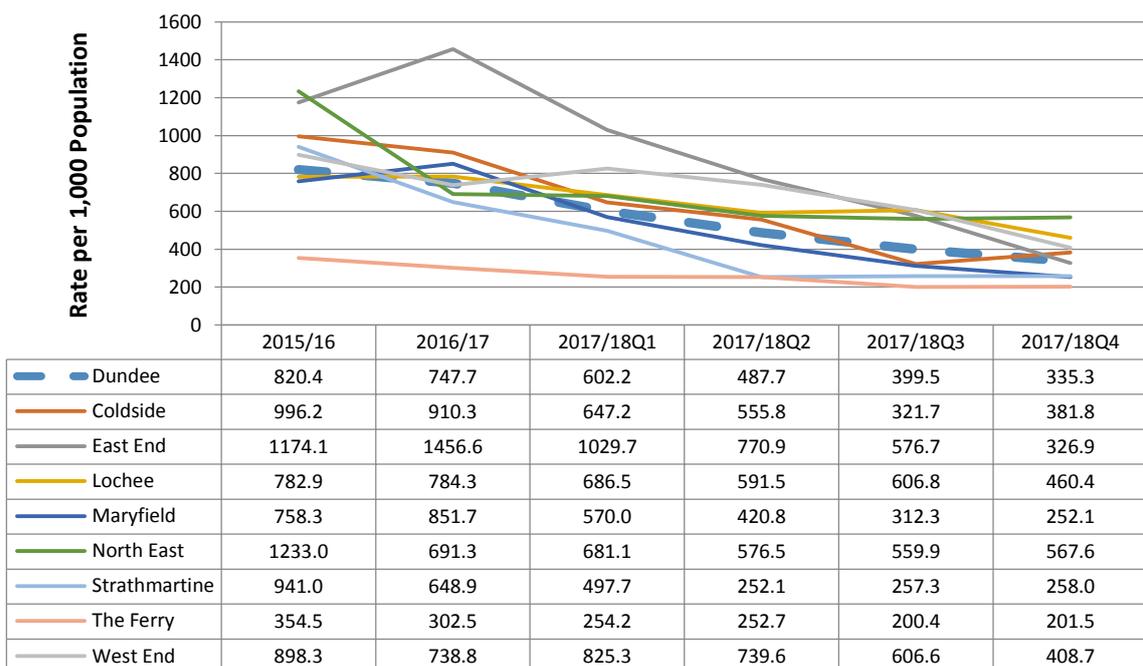
National Health and Wellbeing Indicator 19 – Bed Days Lost

Chart 18: Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population Q3 benchmarking



- Scottish rate data is not currently available as the data for some partnerships is incomplete. The rate of bed days lost due to a delayed discharge in Dundee was lower than the Scottish rate in both quarters 1 and 2 and is likely to also be lower in Q3.
- The Dundee rate decreased from 617 in Q1 to 536 in Q2 to 441 in Q3.
- Dundee performed better than 4 of the other 7 family group Partnerships.

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



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

Q4 17/18 Analysis

- The rate of bed days lost to delayed discharge for people aged 75+ dropped considerably in Q4 17/18.
- The rate is now the lowest it has been in over 3 years, having dropped from 820 in 15/16 to 335 in Q4 17/18
- The rate in 4 LCPP areas increased between Q3 17/18 and Q4 17/18. (Coldside, North East, Strathmartine and The Ferry)
- The East End was historically one of the poorest performing LCPP areas for this indicator although the Q4 figure shows a considerable improvement since the baseline year in 2015/16 from 1,174 in 15/16 to 327 in Q4 17/18. The rates in the North East and Lochee are more than double the rate in The Ferry which has the lowest rate of 202.

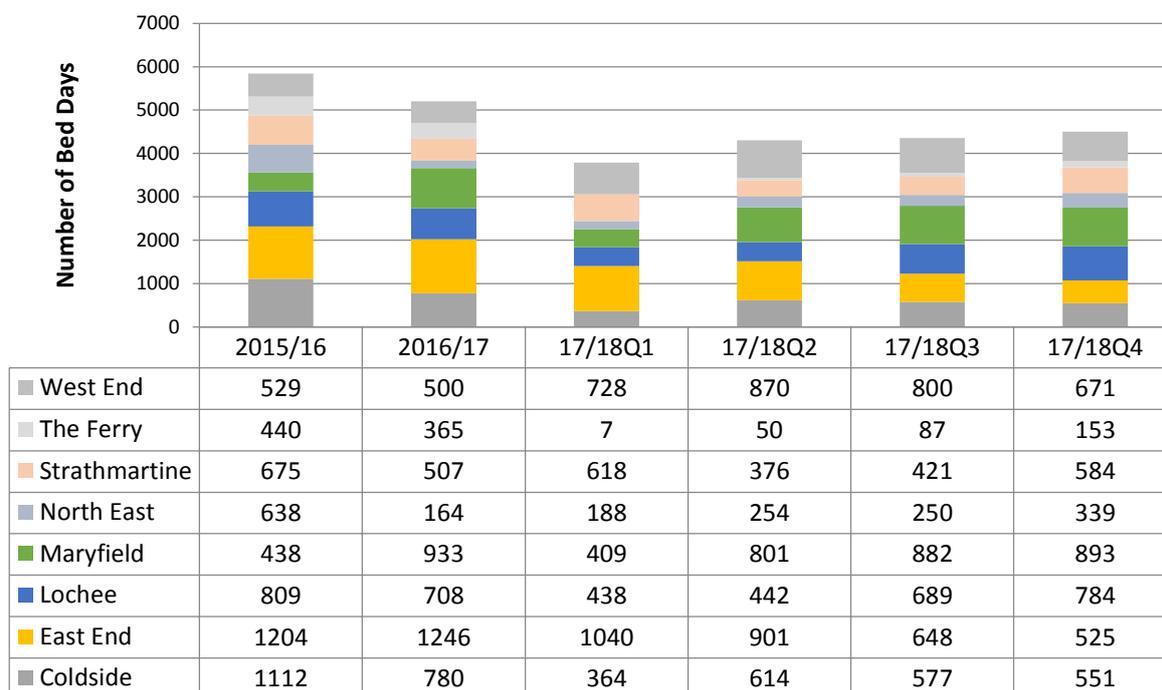
What we have achieved to date:

- There are currently two step down housing options which are working very well. An example of this is a 'Smart Flat' which uses a range of Technology Enabled Care to support people who are waiting for housing adaptations of a new home and who are delayed in hospital.
- The capacity within the Mental Health Officer team has been enhanced and Dundee City has joined a Power of Attorney Campaign to support the discharge of people who are delayed in hospital as a result of a legal issue around guardianships.
- Pathways from hospital have been reviewed and assessment services have been aligned to more locality based working.
- We have mainstreamed a number of Reshaping Care for Older People projects and fully embedded them into models of working. An example is the development of a community pharmacy technician within the enablement service. This post supports people to be discharged from hospital by dealing with medicine complications which would otherwise have caused delays.

What we plan to do:

- The Enhanced Community Support Service is working with people to identify increased support needs, particularly around requirements for care home placements at an earlier stage. It is anticipated that this proactive planning will have the positive effect of minimising the number of applications for care homes and also Power of Attorney which often happen as a crisis response when the person is in hospital.
- Extend the range of supports for adults transitioning from hospital back to the community.
- Review and refresh the Delayed Discharge Improvement Plan.
- Continue to focus on those service users delayed as a result of complex needs who result in the most bed days lost per individual.
- The development of a step down and assessment model for residential care is planned for the future.

Chart 20: Number of Bed Days Lost to Complex Delayed Discharges for People of all Ages in Dundee by Locality and Financial Year



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

Q4 17/18 analysis

- The number of bed days lost to a delayed discharges for complex reasons has decreased since 2015/16 from 5,845 to 4,500 in Q4 17/18.
- The number of bed days lost to delayed discharges for complex reasons increased in five of the eight LCPPs between Q3 17/18 and Q4 (Lochee, Mayfield, North East, Strathmartine and The Ferry). The number of bed days lost decreased in two LCPPS (Coldside, East End).



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 29 MAY 2018

REPORT ON: UNSCHEDULED CARE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC31-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to provide assurance to the PAC that a comprehensive analysis of unscheduled care performance has been provided to relevant professionals and groups in order to support improvements.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report and the analysis of unscheduled care (section 5 of this report and appendix 1).
- 2.2 Requests the Unscheduled Care Board to consider the findings of the analysis with a view to informing operational decision making and improvement actions.
- 2.3 Instructs the Chief Finance Officer to present a follow up paper to the PAC, containing an action plan which describes how the data will be used by practitioners and the Unscheduled Care Board to make continuous improvements, timescales for improvement actions and the anticipated impact of these actions.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND INFORMATION

- 4.1 Unscheduled hospital care is one of the biggest demands on the Partnership resources. Many hospital admissions are avoidable and often people either remain in hospital after they are assessed as fit to return home or they are readmitted to hospital shortly after they were discharged. In 2016-17, 28% of Dundee's health and care budget was spent on hospital stays which was the third highest in Scotland.
- 4.2 Rates of unscheduled admissions, bed days and readmissions within 28 days varies considerably across local community planning partnerships (LCPPs), with a general correlation between high usage of unscheduled care and deprivation. At Quarter 3, 2017/18 Dundee had the:
 - 10th highest rate of emergency admissions for the 18+ population, however had the 2nd lowest in its family group;
 - 7th highest rate of emergency bed days for the 18+ population, and was 5th highest in its family group;
 - highest rate of emergency readmissions within 28 days and was also highest in its family group.

- 4.3 These indicators are monitored in the Quarterly Performance Report and are included in the Q4 report (PAC30-2018 on this agenda) and the Annual Performance Report (Report number DIJB29-2017) presented to the Integration Joint Board Meeting held on 29 August 2017.
- 4.4 The PAC held on 12 September 2017 requested that an in-depth analysis of unscheduled care data relating to hospital readmissions be completed to assist senior managers and the Unscheduled Care Board to fully understand the reasons for high unscheduled care usage and use the data to inform improvements in services and outcomes for people. The Unscheduled Care Board consists of senior operational managers who work collaboratively to make decisions and guide improvements in unscheduled care. The Unscheduled Care Board has experienced difficulties in resourcing this and the analysis in appendix 1 has been produced as an interim report until necessary resources are identified.
- 4.5 The data used for this report is taken from the SMR01 national dataset and trend data shows annual rolling totals for each financial quarter since 2014/15 Quarter 4 (April 14 to March 15) up to 2017/18 Quarter 3 (January 17 to December 17). This allows the reader to observe trends in the data and to identify which quarters the data climbs or falls. For national comparisons against all 31 partnerships, the indicators only show financial year 2016/17 as this is the latest period that is published at Information Services Division (ISD) for unscheduled care activity (2017/18 activity will be published in September 2018). This report has also included the under 18 age groups as the admission and readmission rates for this age group has increased sharply in the last two years and these patients may contribute to an increasing admission rate for all adults in the near future.

5.0 WHAT THE DATA IS TELLING US

- 5.1 As at 2016/17, the 28 day readmission rate for people for all ages across Scotland was highest in Dundee. In Respiratory Medicine, this equated to 1 in 4 Dundee residents being readmitted which was the highest in Scotland.
- 5.2 As at 2016/17, 28 day readmissions as a rate of the population for all ages were similar to the Scottish readmission rate.
- 5.3 In 2017, Gastroenterology and General Surgery (excluding Vascular) and Respiratory Medicine appeared to have had an excessive number of 28 day readmissions for people of all ages living in Dundee when compared to the same specialties in all of Scotland. Geriatric Medicine performed similar to Scotland, whilst Accident and Emergency and General Medicine performed better than Scotland.
- 5.4 In 2016/17 the emergency admission rate was similar to the Scottish rate for the 18+ and 75+ age groups. In General Medicine and Geriatric Medicine admission rates were lower than the Scottish rate but admission rates were higher than the Scottish rate in Accident and Emergency and Respiratory Medicine.
- 5.5 In 2016/17 potentially preventable admissions (PPAs), as a rate of the population, was above the Scottish rate and the admission reason with the highest number of PPAs was Chronic Obstructive Pulmonary Disease (COPD), with over 600 admissions that could have been prevented. Influenza and pneumonia was the third main reason for PPAs with over 300 admissions that could have been prevented. Approximately 200 PPAs were due to diabetes complications. Diabetes PPAs as a rate of the population in Dundee, and also as a rate of the diabetes prevalence population, is higher than Scotland.
- 5.6 The average length of stay across all age groups decreased between 2015/16 Quarter 4 and 2017/18 Quarter 3. Average length of stay in Respiratory Medicine has always been about a day less than the Scottish average and has decreased from 7.5 days in 2014/15 Quarter 4 to 6.7 days in 2017/18 Quarter 3. The very low average length of stay in this specialty could be contributing to the high readmission rate.
- 5.7 As at 2016/17, the emergency bed day rate (per 100,000 population) in the Dundee 18+ age group was above the Scottish rate; there has been a decrease of 13% in the 75+ age group, the rate for the 18-74 age group has remained steady and the rate for the under 18 age group has been continually increasing in Dundee since 2015/16.

- 5.8 Monthly occupied bed days for Dundee emergency inpatients aged 18+ treated at Ninewells Hospital have remained lower than pre-March 2016 levels. For Dundee non-elective inpatients aged 18+ treated at Royal Victoria Hospital, there was a statistically significant decrease in monthly occupied bed days between May 17 and December 17.
- 5.9 Dundee emergency bed days in 2017/18 were below the trajectory set in February 2017 (-2.7%). A new trajectory was set in February 2018 (-3.4%) to reflect the improved position; Dundee emergency bed days have so far been below this new trajectory.
- 5.10 The number of accident and emergency (A&E) episodes where the patient was admitted from a care home has increased by 54 episodes from 265 episodes in 2015/16 to 319 episodes in 2016/17. The number of A&E episodes that resulted in an admission has also increased by 54 from 112 in 2015/16 to 166 in 2016/17. The reason for the majority of A&E episodes for care home residents were trauma / injury. In both 2015/16 and 2016/17, trauma / injury accounted for 64% of all A&E episodes for care home residents.

6.0 OPERATIONAL PRIORITY AREAS

6.1 Models of Support, Pathways of Care

- 6.1.1 A range of stakeholders across NHS Tayside and the three Partnerships are involved in a Delphi process which will give a better understanding of pathways. This involves a survey which is completed by health and social care professionals to gather information regarding critical processes in a pathway. This will be used to improve outcomes for people and system efficiencies.
- 6.1.2 Frail people who are acutely unwell may need at times to be in hospital. They are supported there by a highly effective Acute Frailty team. This includes in reach into a number of other in patient areas. Where people do need to go to hospital this is only for the length of time they need to be in hospital and they will be able to step down as quickly as possible using a range of supports and resources such as an Assessment at Home service and an Intermediate Care unit. This ensures that assessment is undertaken at home or in a homelike setting rather than an acute hospital. This is supported by a multidisciplinary Discharge Hub
- 6.1.3 A domiciliary care provider has been commissioned to carry out a test of change which enables social care assessment to be completed in the person's own home with intensive round the clock social care support tailored to meet the person's changing needs on a daily basis. This has supported us to address National Indicators 19 and 22, by ensuring people are discharged more efficiently from a hospital setting, and has improved patient outcomes with a 26% reduction in care home placement. This test has contributed to the reduction in bed days lost for standard delays over 17/18.
- 6.1.4 We recognise that one group with particularly complex needs are those who live in care homes and we are in the process of developing an integrated Care Home team. This builds on the work that has taken place over the past few years to support care homes.
- 6.1.5 A primary care improvement plan to implement the new GP contract is in development. There are six priority areas – urgent care, mental health, musculoskeletal, community treatment centres, immunisation, pharmacy.
- 6.1.6 Further development of discharge planning arrangements for adults with mental ill-health, physical disability, acquired brain injury, learning disabilities and autism is also being progressed. Following a review of the hosted acute liaison service for people with learning disabilities, a further nursing post is in the process of being recruited to. This will ensure smoother transitions to and from acute care, strengthen interfaces between community / acute services and provide support and awareness raising activity within the acute sector.
- 6.1.7 There is an understanding of the '6 essential actions for unscheduled care' and the Unscheduled Care Board is focussing on developing 7 day services to reduce variation in weekend and out of hours working and also in providing care closer to home.

- 6.1.8 There is now a Mental Health Officer post established within the Integrated Discharge Hub which supports improved decision making around the use of Adults with Incapacity and Section 13Z(A) of the Social Work (Scotland) Act. This has significantly reduced the episodes of Code 9 delays, as well as the bed days lost for each individual patient.

6.2 Person Centred Care and Support

- 6.2.1 Data has identified that respiratory, gastro and general surgery are priority areas for the Unscheduled Care Board. To date initiatives have worked well for older people but need to be rolled out to younger age groups.
- 6.2.2 The COPD team continues to work closely with the population of Dundee and those that provide support to manage this condition across the spectrum of self management, primary and secondary care. A variety of initiatives support this including the COPD discharge service which provides support to patients following necessary hospital admission to prevent readmission. Also the use of health care support workers help individuals to self manage. This is all being further supported by the Managed Care Network which will include pathway development.
- 6.2.3 A sub-group of the Unscheduled Care Board has been convened to improve how anticipatory care information can be shared with the appropriate professionals and is available when required.

6.3 Building Capacity

- 6.3.1 Work has commenced to train a range of people (including homecare workers and district nurses) to identify when people are deteriorating (including delirium).
- 6.3.2 An asset based approach is being used in Dundee to support people to be healthier and independent for longer in their own community. This involves working in partnership to co-design services with the statutory, third and independent sectors and with individuals, families and communities. Key to the success of these models is the ability to work in localities, to identify people at an early stage of their journey where things do go wrong and provide comprehensive assessment, early intervention and anticipatory care. This is done through our Enhanced Community Support and Post Diagnostic Support teams. Where people do start to deteriorate, a range of services will be provided to allow them to maximise their recovery and independence in their own home. This includes a Dundee Enhanced Community Support Acute service.

6.4 Early Intervention / Prevention

- 6.4.1 A Power of Attorney Campaign has been implemented in partnership with Angus and Perth and Kinross Health and Social Care Partnerships, and this will take place annually. The campaign was supported by additional local awareness raising events in Dundee to help to promote Power of Attorney, reduce the need for guardianship and enable people to be discharged from hospital when they are well. Initial data gathering indicates an increase in Power of Attorneys and this will continue to be monitored over coming years.
- 6.4.2 A number of priority areas have been agreed to reduce hospital admissions due to a fall and these are detailed in report number PAC32-2018 on this agenda. These include a focus on a preventative approach which will support active ageing, health improvement and self management to reduce the risk of falls.
- 6.4.3 A partnership approach to supporting people experiencing distress is being taken to develop a range of supports. These include; a safe place (accommodation with the right support at right time), agreed pathway for timeous access to support, out of hours support and peer support.
- 6.4.4 The service has increased the availability of high intensity, psychological interventions within Community Mental Health Teams (CMHT) whilst also decreasing the need for high intensity psychological interventions by enabling more mental health staff to provide appropriate low intensity psychology interventions and support at earlier stages of the patient journey.
- 6.4.5 There has been a development around the creation and sharing of a palliative scorecard which allows an assessment of need to be identified and shared across both health and social care teams.

6.5 Localities and Engaging with Communities

- 6.5.1 Building on the potential strengths of developing communities within the locality concept, we are looking at developing Care and Treatment Centres that will be based for communities to access within their own areas for a range of treatments. This will build on our successful model developed by the district nursing service for the treatment of leg ulcers and expanding on the number and type of treatments that will be available.
- 6.5.2 The service plans to increase overall capacity within the Psychological Therapy service to:
- Increase the availability of a range of specialist psychological therapies
 - Support the skill development of the wider workforce within Mental Health Services (cross sector) to ensure the best use of resources.
- 6.5.3 Plans are underway to enhance community mental health services. This will include quicker access to the right kind of support 24/7 through the development of stronger pathways between acute / community and primary services. The flexible use of available social care resources across a number of providers in the city has in recent years led to quicker response times, including where people are at risk of unnecessary hospital admission or where they require support on discharge.

7.0 RISK ASSESSMENT

Risk 1 Description	The risk of not reducing the usage of unscheduled care could affect; outcomes for individuals and their carers, spend associated with admissions, bed days and readmissions if the Partnership's performance does not improve.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - An in depth analysis of unscheduled care data is included in this paper. - The Unscheduled Care Board is prioritising improvements in this area. - Senior Operational Managers will continue to be consulted with in order that findings can be used to make improvements.
Residual Risk	Likelihood 3 x Impact 3 = Risk Scoring 9
Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9
Approval recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

8.0 POLICY IMPLICATIONS

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

9.0 CONSULTATIONS

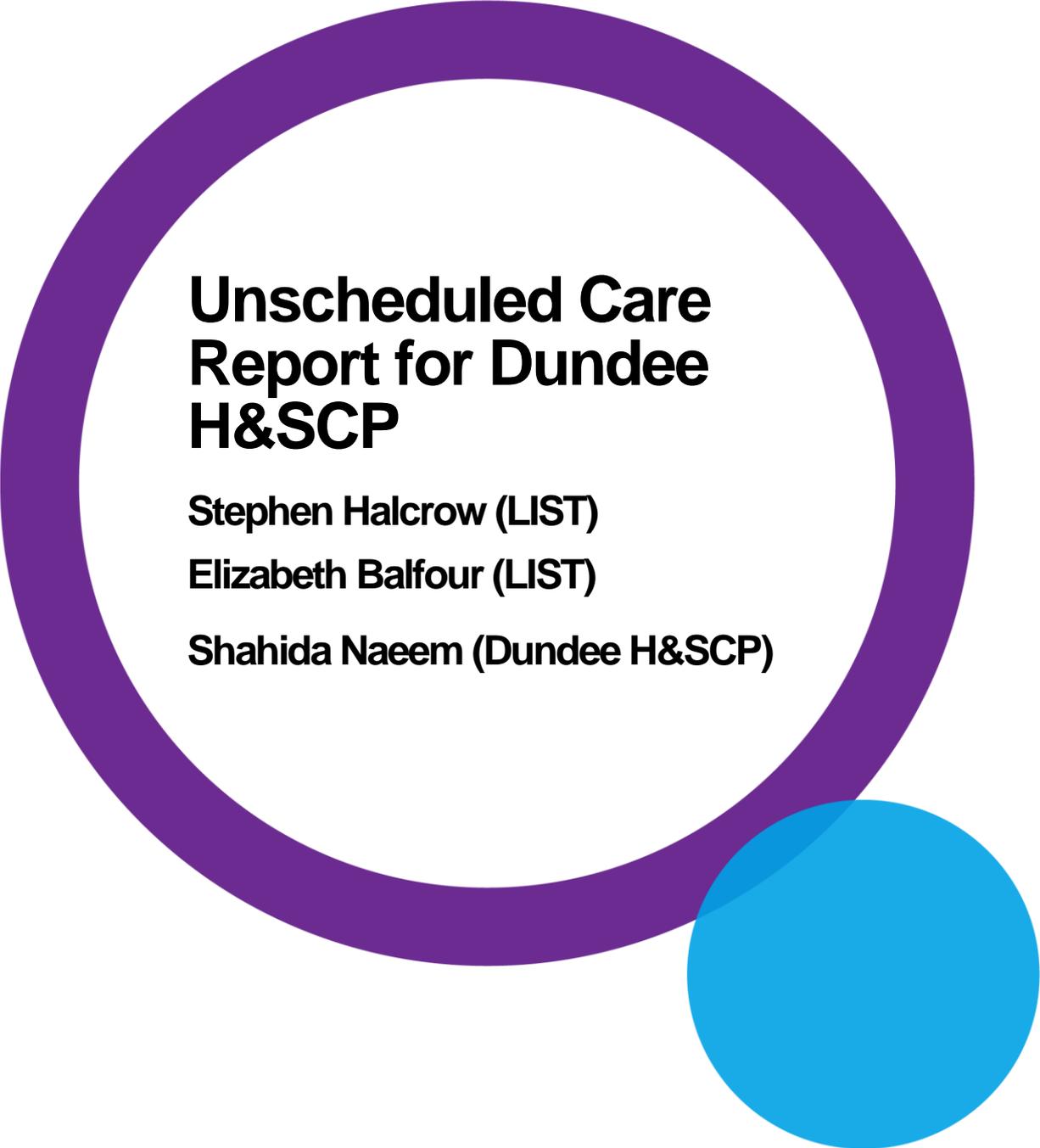
The Chief Officer, Head of Service - Health and Community Care and the Clerk were consulted in the preparation of this report.

Dave Berry
Chief Finance Officer

DATE: 8 May 2018

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Unscheduled Care Report for Dundee H&SCP

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Contents

Introduction	5
Data Sources	5
Main Points	6
Acute Readmissions within 28 Days	11
Chart 1a: Readmissions within 28 days as a percentage of all admissions as at 2016/17 for all age groups by H&SCP	11
Chart 2: Readmissions within 28 days as a rate per 1,000 population as at 2016/17 for all age groups by H&SCP	11
Chart 3a: Readmissions within 28 days as a percentage of all admissions for 18+ age groups	12
Chart 3b: Readmissions within 28 days as a percentage of all admissions for 75+ age groups	12
Chart 3c: Readmissions within 28 days as a percentage of all admissions for 18-74 age groups ...	13
Chart 3d: Readmissions within 28 days as a percentage of all admissions for under 18 age groups	13
Chart 4: Number of readmissions within 28 days by specialty (from 1 st admission), that could have been avoided if Dundee H&SCP performed similar to Scotland in 2016/17	14
Chart 5a: Number of readmissions within 28 days as a percentage of all admissions in General Medicine; all ages	14
Chart 5b: Number of readmissions within 28 days as a percentage of all admissions in Geriatric Medicine; all ages	15
Chart 5c: Number of readmissions within 28 days as a percentage of all admissions in A&E; all ages	15
Chart 5d: Number of readmissions within 28 days as a percentage of all admissions in Respiratory Medicine; all ages	16
Chart 6: Emergency readmissions within 28 days as a percentage of all admissions within Respiratory Medicine for all ages in 2016/17 by H&SCP	16
Acute Emergency Admissions in Non-Psychiatric Hospitals	17
Chart 7: Emergency admission rate per 100,000 population as at 2016/17 for ages 18+ by H&SCP	17
Chart 8a: Emergency admission rate per 100,000 population for 18+ age groups	17
Chart 8b: Emergency admission rate per 100,000 population for 75+ age groups	18
Chart 8c: Emergency admission rate per 100,000 population for 18-74 age groups	18
Chart 8d: Emergency admission rate per 100,000 population for under 18 age groups	19

Chart 9a: Emergency admission rate per 100,000 population for all ages in General Medicine	19
Chart 9b: Emergency admission rate per 100,000 population for all ages in Geriatric Medicine...	20
Chart 9c: Emergency admission rate per 100,000 population for all ages in A&E	20
Chart 9d: Emergency admission rate per 100,000 population for all ages in Respiratory Medicine	21
Chart 10: Annual Emergency Admissions for 18+ Vs Trajectories for Dundee H&SCP	21
Potentially Preventable Admissions	22
Chart 11: Potentially preventable admission rate per 1,000 population in 2016/17 for all ages by H&SCP	22
Chart 12: Potentially preventable admission rate per 1,000 population for all ages.....	22
Chart 13: Potentially preventable admissions in Dundee for all ages during 2017 by diagnoses ...	23
Chart 14a: Potentially preventable COPD admission rates per 1,000 population for all ages	23
Chart 14b: Potentially preventable COPD admission rates per 1,000 COPD prevalence population for all ages.....	24
Chart 15a: Potentially preventable diabetes admission rates per 1,000 population for all ages....	24
Chart 15b: Potentially preventable diabetes admission rates per 1,000 diabetes prevalence population for all ages	25
Average Length of Stay in Non-Psychiatric Hospitals	26
Chart 16: Emergency admission average length of stay as at 2016/17 for ages 18+ by H&SCP	26
Chart 17a: Emergency admission average length of stay (days) for 18+ age groups	26
Chart 17b: Emergency admission average length of stay (days) for 75+ age groups	27
Chart 17c: Emergency admission average length of stay (days) for 18-74 age groups	27
Chart 17d: Emergency admission average length of stay (days) for under 18 age groups	28
Chart 18a: Emergency admission average length of stay (days) for all ages in General Medicine .	28
Chart 18b: Emergency admission average length of stay (days) for all ages in Geriatric Medicine	29
Chart 18c: Emergency admission average length of stay (days) for all ages in Respiratory Medicine	29
Chart 19: Emergency admission average length of stay (days) for all ages in Respiratory Medicine in 2016/17.....	30
Emergency Occupied Bed Days in Non-Psychiatric Hospitals.....	31
Chart 20: Emergency occupied bed day rate per 100,000 population as at 2016/17 for ages 18+ by H&SCP	31
Chart 21a: Emergency occupied bed day rate per 100,000 population for 18+ age groups.....	31

Chart 21b: Emergency occupied bed day rate per 100,000 population for 75+ age groups.....	32
Chart 21c: Emergency occupied bed day rate per 100,000 population for 18-74 age groups.....	32
Chart 21d: Emergency occupied bed day rate per 100,000 population for under 18 age groups ..	33
Chart 22a: Monthly occupied bed days at Ninewells Hospital for emergency inpatients aged 18+ living in Dundee	33
Chart 22b: Monthly occupied bed days at Royal Victoria Hospital for non-elective inpatients aged 18+ living in Dundee	34
Chart 23: Annual emergency occupied bed days for 18+ Vs trajectories set for Dundee H&SCP ...	34
Care Home Residents.....	35
Chart 24a: Location of community address before admission to care home in Dundee as at March 2017	35
Chart 24b: H&SCP SIMD quintile of care home residents' previous address before admission to a care home in Dundee as at March 2017.....	35
Chart 24c: Number of available care home beds and people from Dundee who live in a Dundee care home as at March 2017	36
Chart 24d: Number of A&E episodes from care homes in Dundee that resulted in admission, discharge or other.....	36
Chart 24e: Number of A&E episodes from care homes in Dundee by diagnosis	37
A&E Attendances	38
Chart 25a: A&E new and unplanned return attendances as a rate per 1,000 population in 2016/17 for all injury types by H&SCP; all ages	38
Chart 25b: A&E new and unplanned return attendances as rate per 1,000 population in 2016/17 for major injuries by H&SCP; all ages.....	38
Appendix A - Criteria for Potentially Preventable Admissions	39
Appendix B - Data for trend charts 3 to 24	40

Introduction

This report has been prepared by the Local Intelligence Support Team (LIST) on behalf of Dundee Health & Social Care Partnership in order to better understand unscheduled care activity.

This report aims to show how Dundee H&SCP compares to Scotland and other partnerships within NHS Tayside for the following measures: emergency admissions, potentially preventable admissions, average length of stay for emergency admissions and emergency occupied bed days. Variances in unscheduled care activity will be illustrated across different age groups and acute specialties that are devolved to the partnerships in NHS Tayside.

Data Sources

The data used for this report is taken from the SMR01 national dataset and trend data shows annual rolling totals for each financial quarter since 2014/15Q4 (April 14 to March 15) up to 2017/18Q3 (January 17 to December 17). This allows the reader to observe trends in the data and to identify which quarters the data climbs or falls. For national comparisons against all 31 partnerships, the indicators only show financial year 2016/17 as this is the latest period that is published at ISD for unscheduled care activity (2017/18 activity will be published in September 2018).

Main Points

Acute readmissions within 28 days

- As at 2016/17, 28 day readmission rates for all age groups across the 32 partnerships was highest in Dundee, 4th highest in P&K and 12th highest in Angus
 - 18+ age groups: rates in Dundee have been increasing although they have remained steady between 12.7% and 12.5% over the last 12 months.
 - 75+ age groups: rates in Dundee have been decreasing since 2017/18Q1.
 - 18-74 age groups: rates in Dundee have been increasing although they have remained steady between 11.8% and 12% over the last 12 months.
 - Under 18 age groups: Dundee has seen a 40% increase from 10% in 2016/17Q2 to 14% in 2017/18Q3.
- If 28 day readmissions as a rate of the population for all ages are observed then Dundee has a similar rate to Scotland in 2016/17, and Angus and P&K are below the Scottish rate (Angus was the 7th lowest in Scotland)
- In 2017, Gastroenterology, General Surgery excluding Vascular and Respiratory Medicine appeared to have had a high number of 28 day readmissions for people of all ages living in Dundee when compared to the same specialties in all of Scotland. Almost 300 readmissions could have been avoided if Dundee had a similar readmission rate to Scotland for these specialties.
 - Other acute specialties that are delegated to Dundee H&SCP appeared to have performed well against Scotland; Geriatric Medicine performed similar to Scotland, whilst A&E and General Medicine performed better than Scotland.
- In 2016/17, 28 day readmission rates for Respiratory Medicine equated to 1 in 4 people living in Dundee being readmitted which was the highest in Scotland, whilst the next highest performing partnership (Angus) equated to less than 1 in 5 people being readmitted.

Acute emergency admissions in non-psychiatric hospitals

- A contributing factor to a relatively high readmission rate compared to the rest of Scotland can be partly due to relatively low emergency admission rates i.e. if Dundee has a higher threshold for admitting emergency inpatients compared to the rest of Scotland then it is plausible the readmission rates will be higher in Dundee i.e. only people with complex needs are admitted to hospital.
 - 18+ age groups: In 2016/17, Dundee emergency admission rates performed similar to the Scottish rate. Angus and P&K had amongst the lowest emergency admission rates in Scotland in 2016/17.
 - 75+ age groups: Dundee has seen a decrease in emergency admission rates since 2017/18Q1 (approx 37,000 admissions per 100,000 population).
 - 18-74 age groups: Dundee has seen an increase in emergency admission rates since 2017/18Q1.

- Under 18 age groups: All Tayside partnerships are above the Scottish rate and all have seen a continual increase since 2014/15Q1, with Dundee having the highest rates.
- Both General Medicine and Geriatric Medicine have lower emergency admission rates for residents of all ages living in Dundee compared to the Scottish rate for these specialties. A&E and Respiratory Medicine are higher for Dundee than the Scottish admission rate for these specialties. Dundee has seen a decreasing admission rate in Respiratory Medicine since 2016/17Q3 but it has seen a large increase in A&E admission rates since 2017/18 Q1.
- Dundee admissions in 2017/18 were below the trajectory set in February 2017 (+4.5%). A new trajectory was set in February 18 (+2.3%) to reflect the improved position; Dundee admissions have so far been below this trajectory.

Potentially Preventable Admissions (PPAs)

- PPAs in Dundee, as a rate of the population, are above the Scottish rate indicating that there are improvements that can be made in these areas.
- COPD is the main reason for PPAs in Dundee with over 600 admissions that could have been prevented. Influenza and pneumonia was the third main reason for PPAs with over 300 admissions that could have been prevented. Approximately 200 PPAs were due to diabetes complications.
- COPD PPAs as a rate of the population in Dundee is higher than Scotland and it saw a large increase in 2015/16Q3. As a rate of the COPD prevalence population, Dundee has had a lower COPD admission rate than Scotland between 2015/16Q4 and 2017/18Q3.
- Diabetes PPAs as a rate of the population in Dundee is higher than Scotland and also, as a rate of diabetes prevalence population, it is higher than Scotland. P&K has seen a large fall in diabetes admission rates since 2016/17Q3.

Average length of stay for emergency inpatients (ALOS) in non-psychiatric hospitals

- As at 2016/17, Dundee had an average length of stay of 8.2 days for emergency inpatients aged 18+ compared to Scotland of 7.8 days.
 - 18+ age groups: ALOS in Dundee has been decreasing since 2015/16Q2 from 8.7 days to 7.7 days in 2017/18Q3.
 - 75+ age groups: ALOS in Dundee has been decreasing since 2015/16Q4 from 13 days to 12 days in 2017/18Q3.
 - 18-74 age groups: ALOS in Dundee has been decreasing since 2015/16Q3 from 5.8 days to 5.2 days in 2017/18Q3.
 - Under 18 age groups: ALOS in Dundee has historically been less than Scotland and has remained steady at around 1.3 days since 2014/15Q1.
- ALOS in Respiratory Medicine has always been more than a day less than the Scottish average since 2015/16Q4 and it has been continually decreasing in Dundee since this

period, from 7.5 days in 2014/15Q4 to 6.7 days in 2017/18Q3. The very low ALOS in this specialty could be contributing to the high readmission rate.

Acute emergency occupied bed days (EBDs) in non-psychiatric hospitals

- As at 2016/17, EBD rates in Dundee for 18+ age groups was above the Scottish rate; 96,600 per 100,000 population compared to 90,000 per 100,000 population.
 - 18+ age groups: EBD rates have been decreasing since 2016/17Q1 from 100,000 per 100,000 population to 92,000 per 100,000 population in 2017/18Q3. This is a decrease of 8%.
 - 75+ age groups: EBD rates have been decreasing since 2015/16Q2 from 548,000 per 100,000 population to 479,000 per 100,000 population in 2017/18Q3. This is a decrease of 13%.
 - 18-74 age groups: EBD rates have remained steady in Dundee since 2015/16Q4 between 48,000 and 50,000 per 100,000 population.
 - Under 18 age groups: EBD rates have been continually increasing in Dundee since 2015/16Q3 from 11,200 per 100,000 population to 14,700 per 100,000 population in 2017/18Q3. This is an increase of 30%.
- Monthly occupied bed days for Dundee emergency inpatients aged 18+ treated at Ninewells Hospital decreased between March 16 and August 16 and have remained lower than pre-March 16 levels since. For Dundee emergency inpatients aged 18+ treated at Royal Victoria Hospital, there has been a statistically significant decrease in monthly occupied bed days between May 17 and December 17.
- Dundee emergency bed days in 2017/18 have been below the trajectory set in February 2017 (-2.7%). A new trajectory was set in February 18 (-3.4%) to reflect the improved position; Dundee emergency bed days have so far been below this new trajectory.

Care Home Residents

- As at March 2017 most care home residents came from Coldside (18%) with only 6% from the North East
- Approximately 36% of care home residents came from the most deprived areas in Dundee whilst only 18% of care home residents came from the least deprived areas
- The largest care home is Lochleven with 100 beds and over three quarters of the placements are taken up by people from Dundee. The smallest care home is Ferry House with 16 beds.
- The number of A&E episodes for care home residents in Dundee has increased by 54 episodes from 265 episodes in 2015/16 to 319 episodes in 2016/17
- The number of A&E episodes that resulted in an admission for care home residents in Dundee has also increased by 54 from 112 in 2015/16 to 166 in 2016/17. Those discharged from A&E has remained the same.

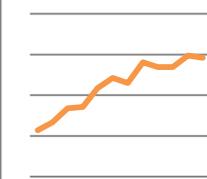
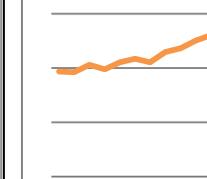
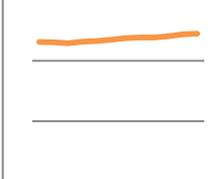
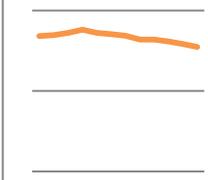
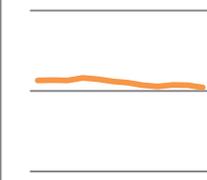
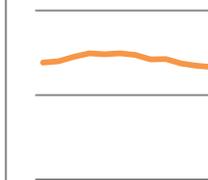
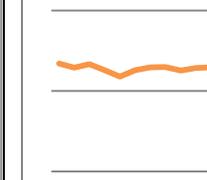
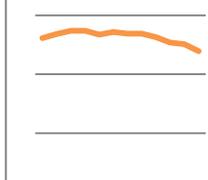
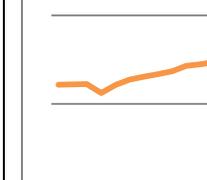
- The majority of A&E episodes for care home residents are for Trauma/Injury/Poisoning. In both 2015/16 and 2016/17 these made up 64% of all A&E episodes.

A&E Attendance Rates

- For all A&E attendances in 2016/17, Dundee had the 4th lowest rates per 1,000 population for people of all ages against 31 partnerships.
- For major injury A&E attendances in 2016/17, all 3 partnerships in Tayside had amongst the lowest rates per 1,000 population for people of all ages.

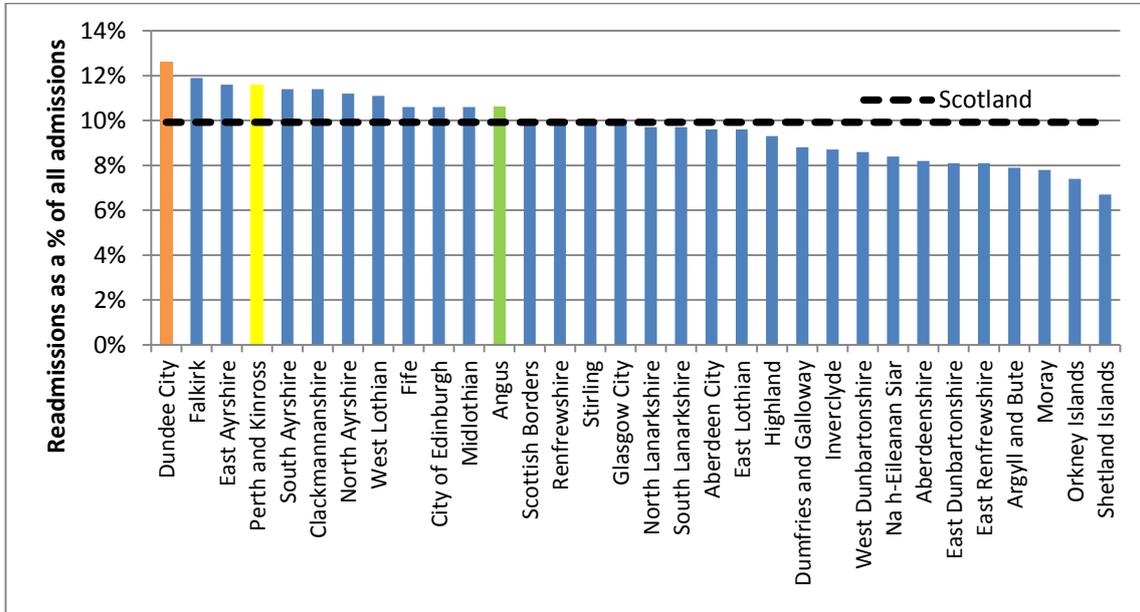
Figure 1: Summary Table of Unscheduled Care Performance in Dundee H&SCP between 2014/15Q4 and 2017/18Q3 (**Caution:** each graph may have a different scale so direct comparisons are not recommended. These are to reflect trends only).

	Age 18+	Age 18-74	Age 75+	Age under 18
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<p>28 day readmission</p>				
<p>Admissions</p>				
<p>Average Length of Stay</p>				
<p>Occupied Bed Days</p>				

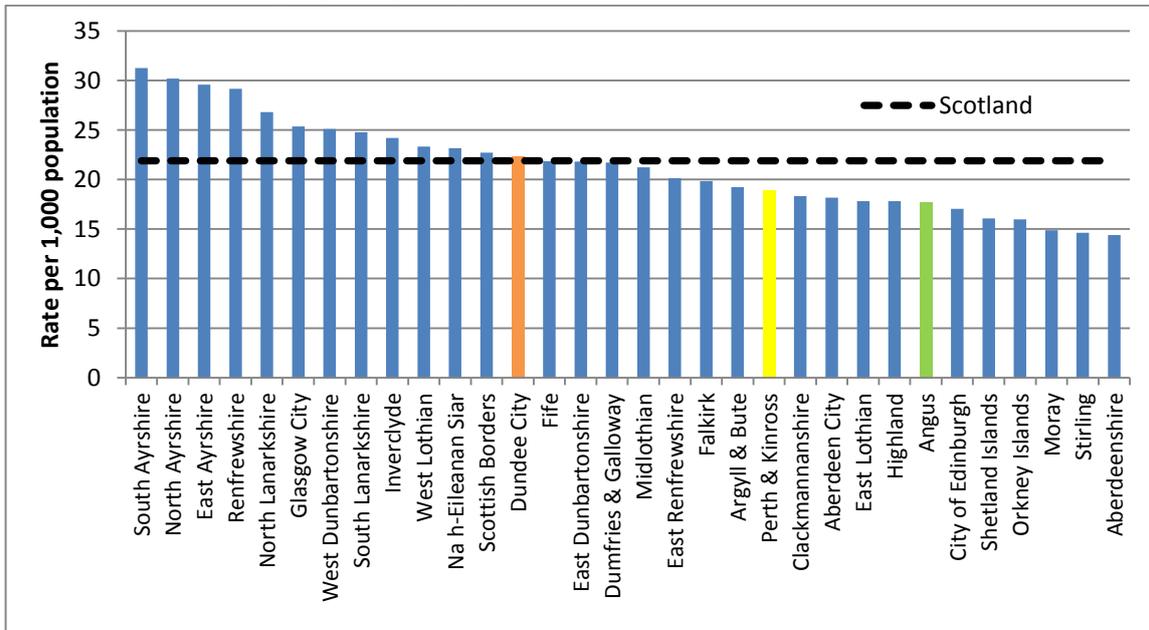
Acute Readmissions within 28 Days

Chart 1a: Readmissions within 28 days as a percentage of all admissions as at 2016/17 for all age groups by H&SCP



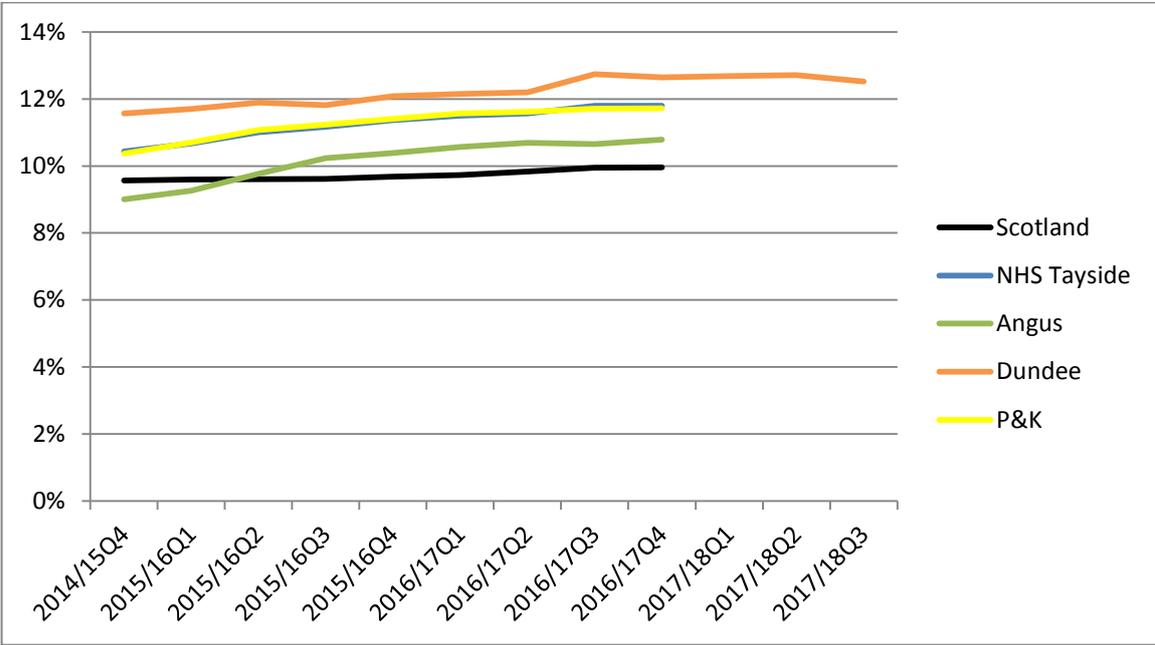
Source: ISD Discovery

Chart 2: Readmissions within 28 days as a rate per 1,000 population as at 2016/17 for all age groups by H&SCP



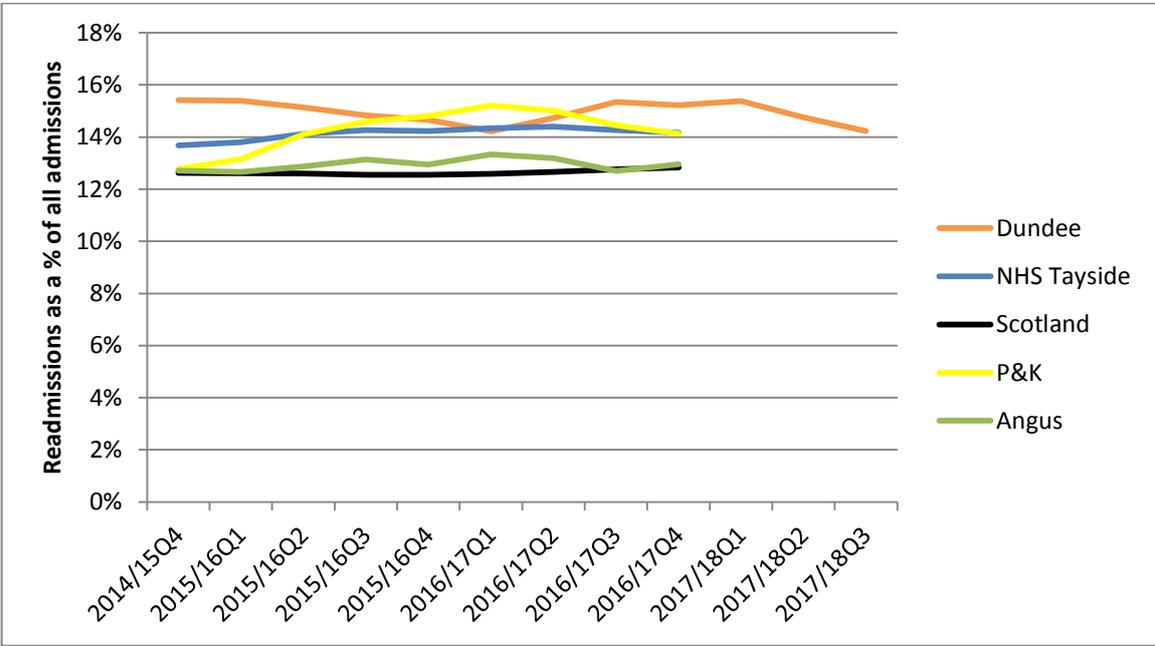
Source: ISD Discovery and NRS population records

Chart 3a: Readmissions within 28 days as a percentage of all admissions for 18+ age groups



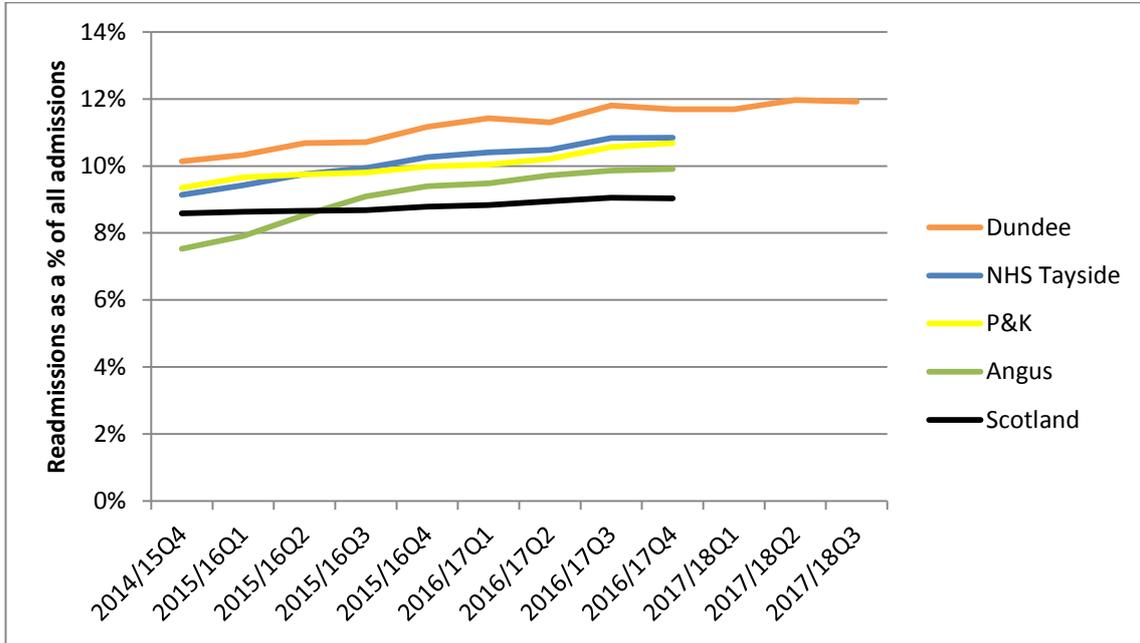
Source: SMR01 Dataset (ISD)

Chart 3b: Readmissions within 28 days as a percentage of all admissions for 75+ age groups



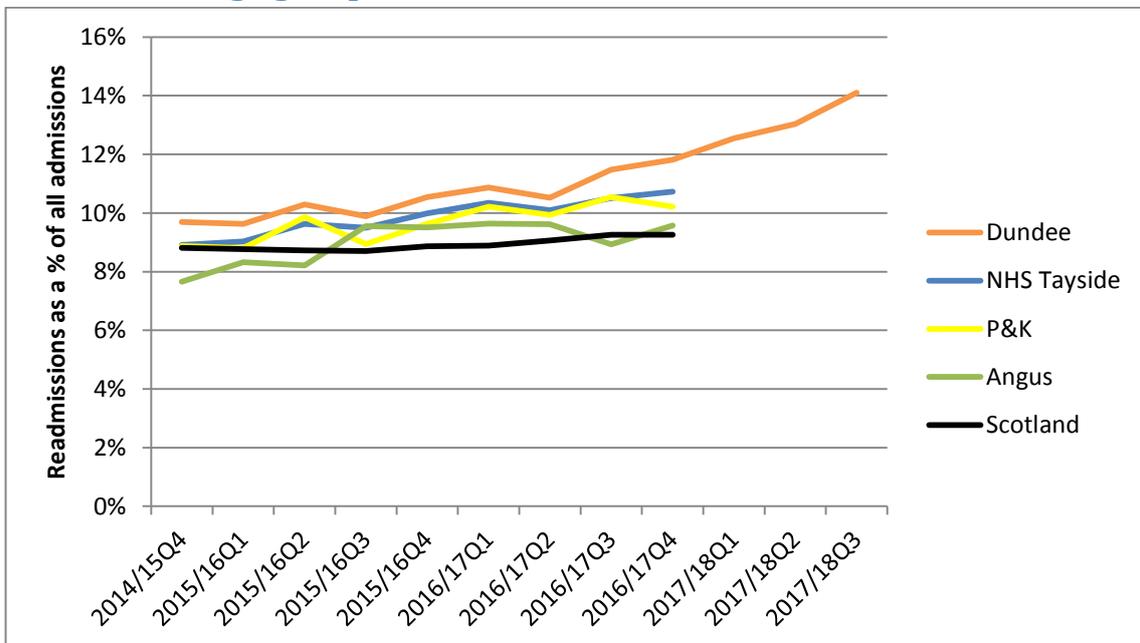
Source: SMR01 Dataset (ISD)

Chart 3c: Readmissions within 28 days as a percentage of all admissions for 18-74 age groups



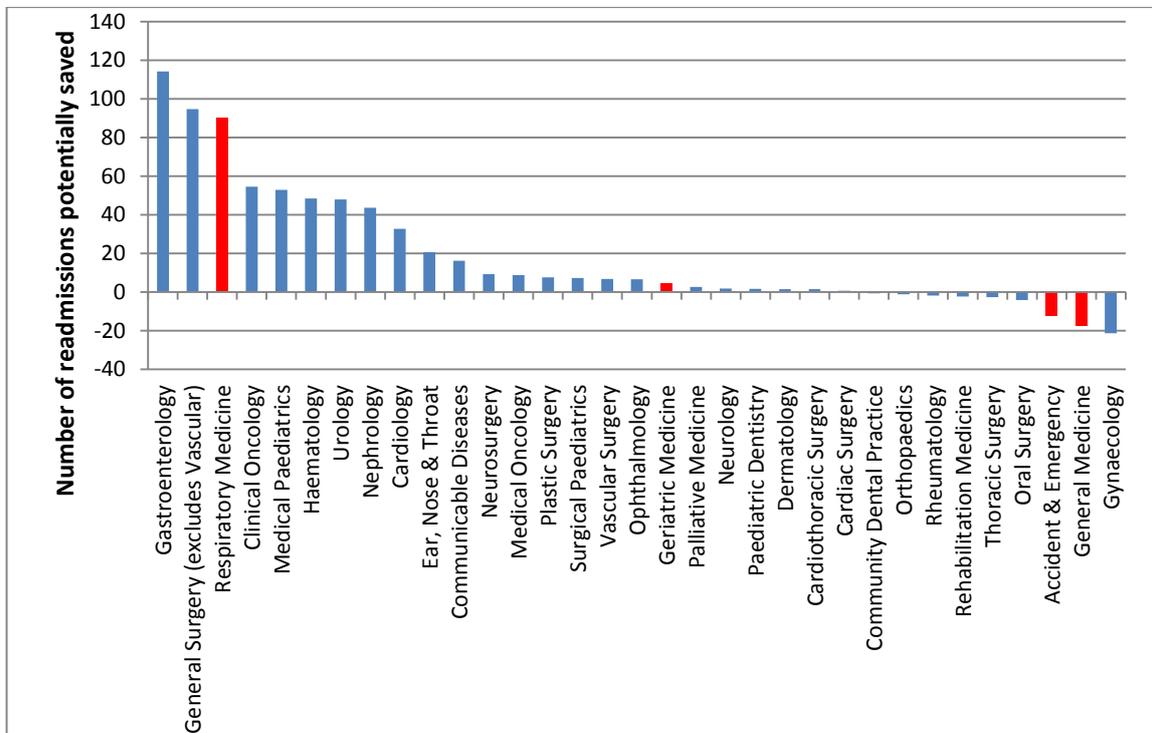
Source: SMR01 Dataset (ISD)

Chart 3d: Readmissions within 28 days as a percentage of all admissions for under 18 age groups



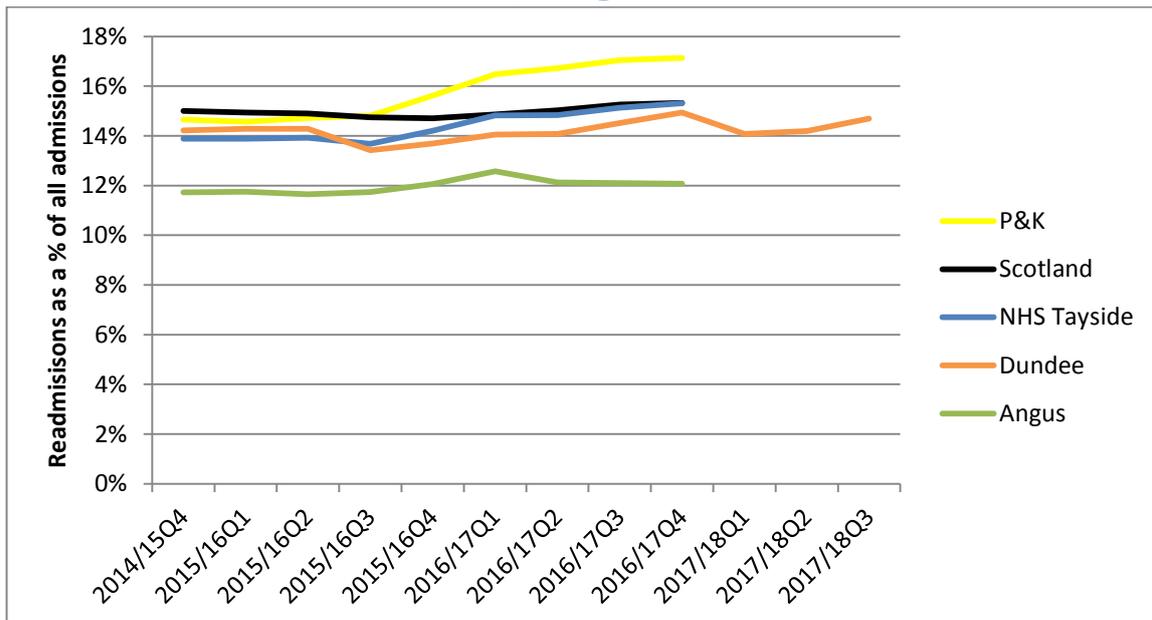
Source: SMR01 Dataset (ISD)

Chart 4: Number of readmissions within 28 days by specialty (from 1st admission), that could have been avoided if Dundee H&SCP performed similar to Scotland in 2016/17



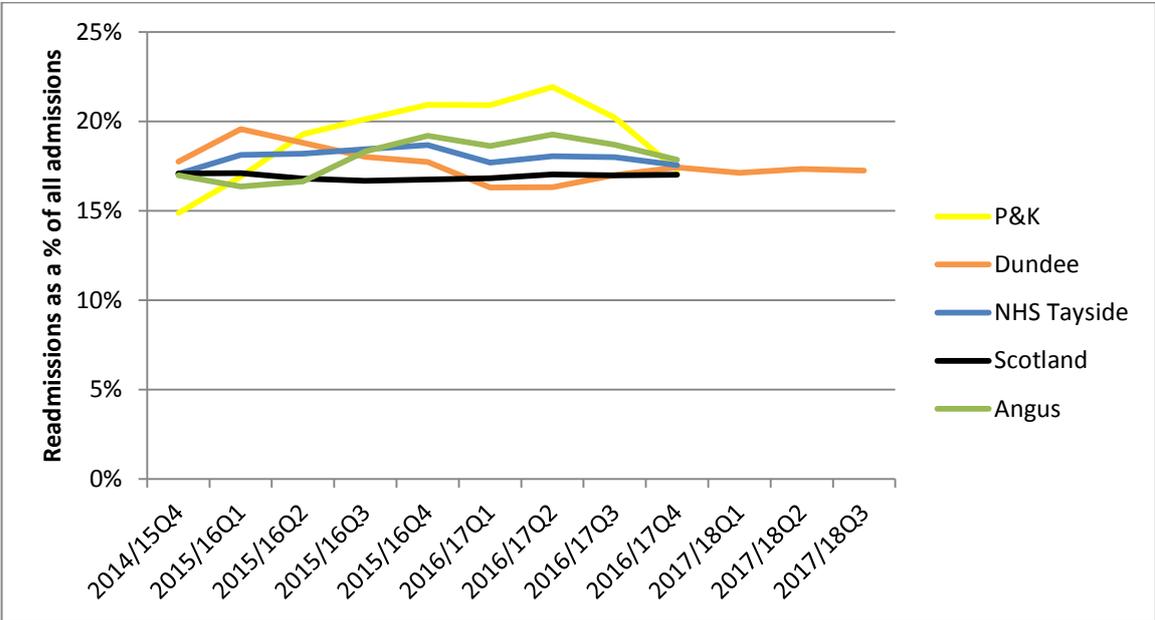
Source: SMR01 dataset (ISD)

Chart 5a: Number of readmissions within 28 days as a percentage of all admissions in General Medicine; all ages



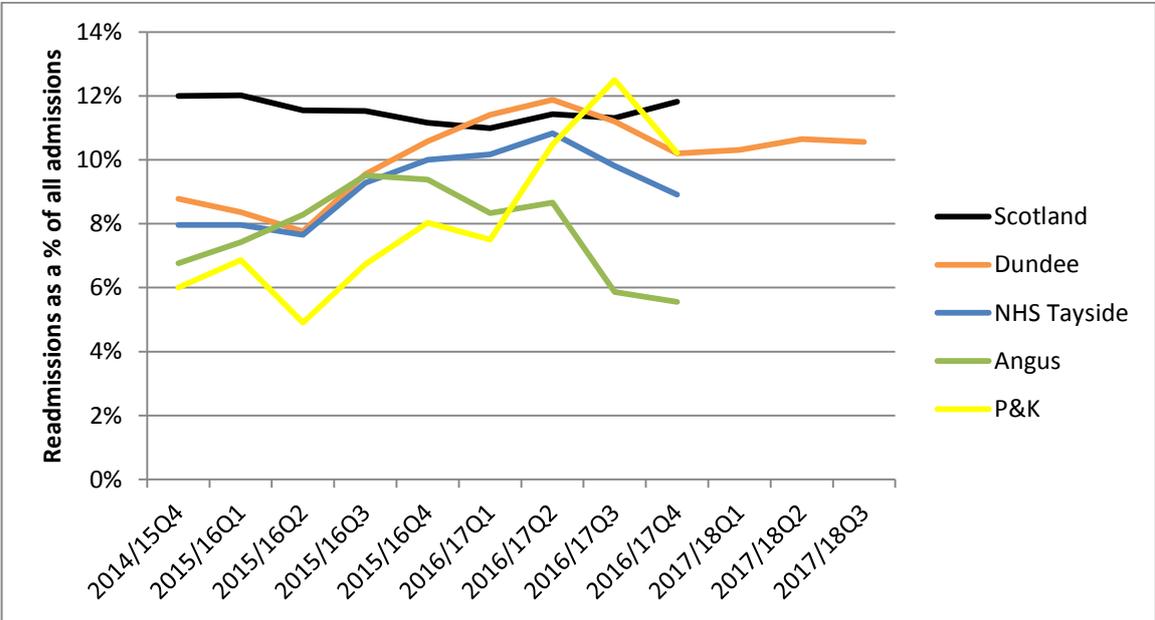
Source: SMR01 dataset (ISD)

Chart 5b: Number of readmissions within 28 days as a percentage of all admissions in Geriatric Medicine; all ages



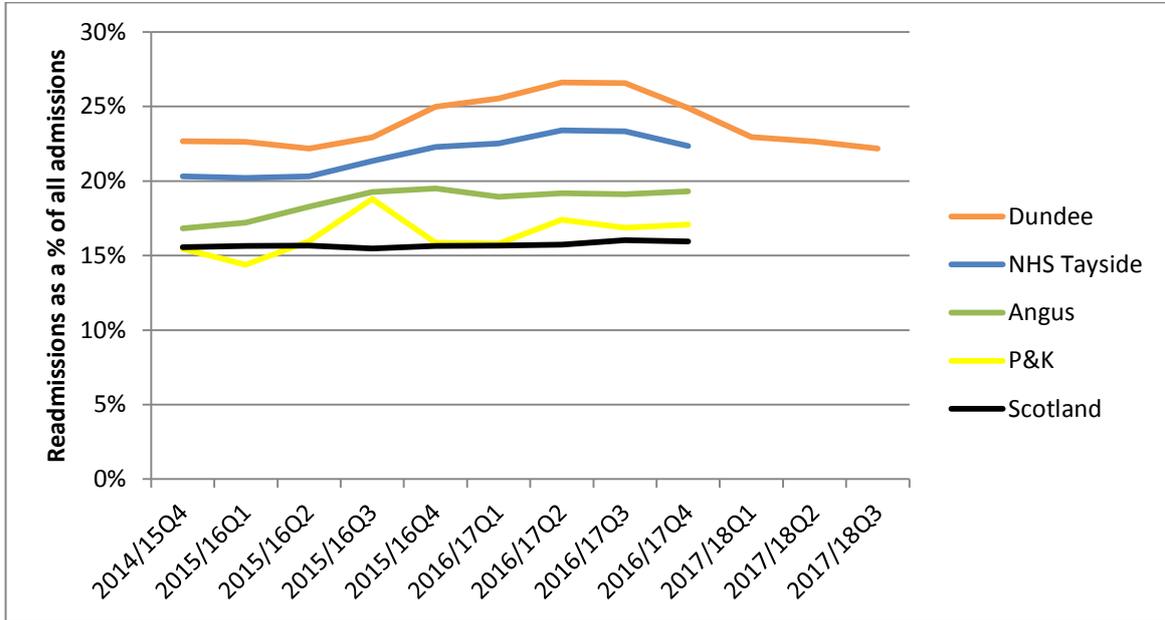
Source: SMR01 dataset (ISD)

Chart 5c: Number of readmissions within 28 days as a percentage of all admissions in A&E; all ages



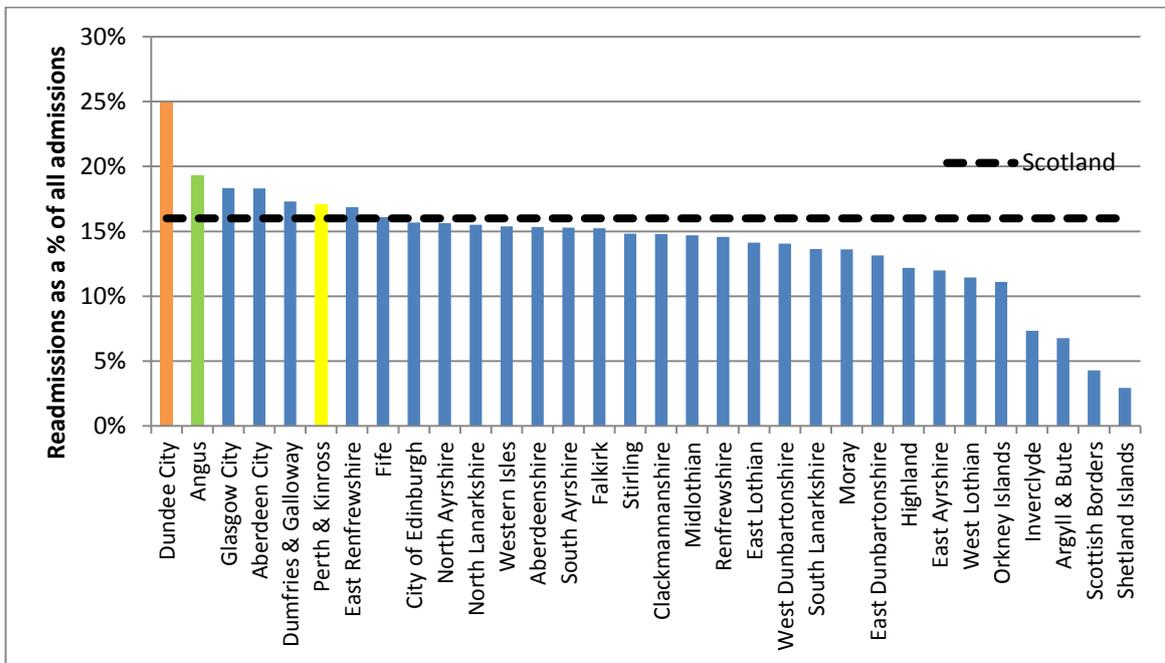
Source: SMR01 dataset (ISD)

Chart 5d: Number of readmissions within 28 days as a percentage of all admissions in Respiratory Medicine; all ages



Source: SMR01 dataset (ISD)

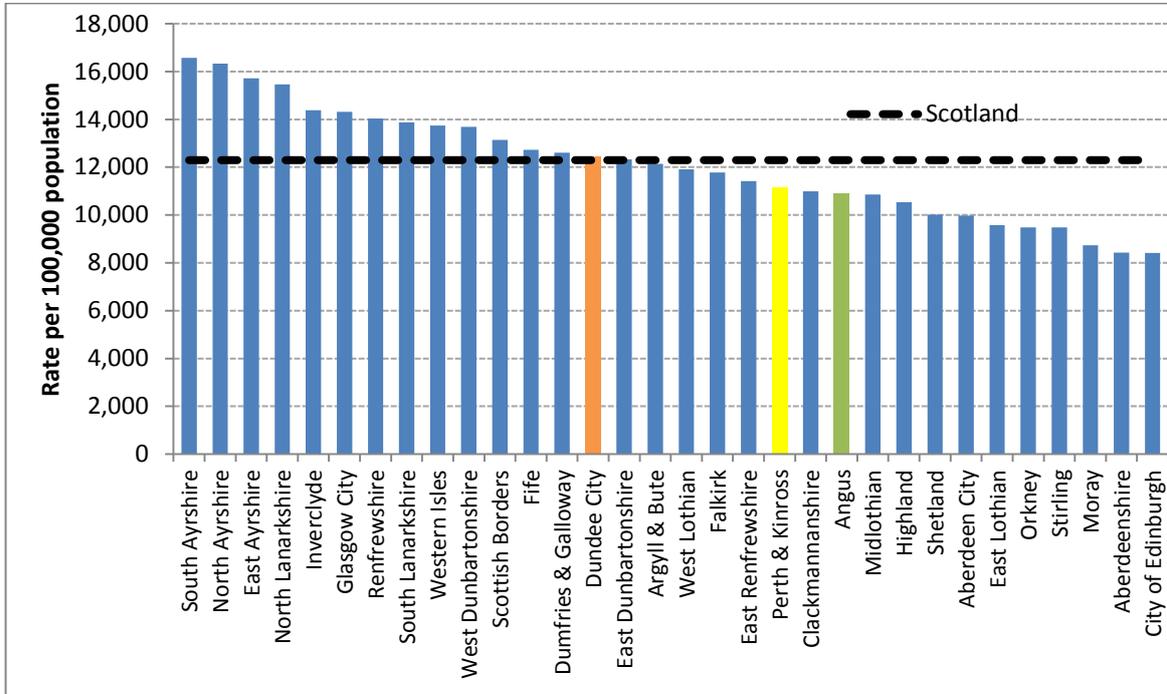
Chart 6: Emergency readmissions within 28 days as a percentage of all admissions within Respiratory Medicine for all ages in 2016/17 by H&SCP



Source: SMR01 dataset (ISD)

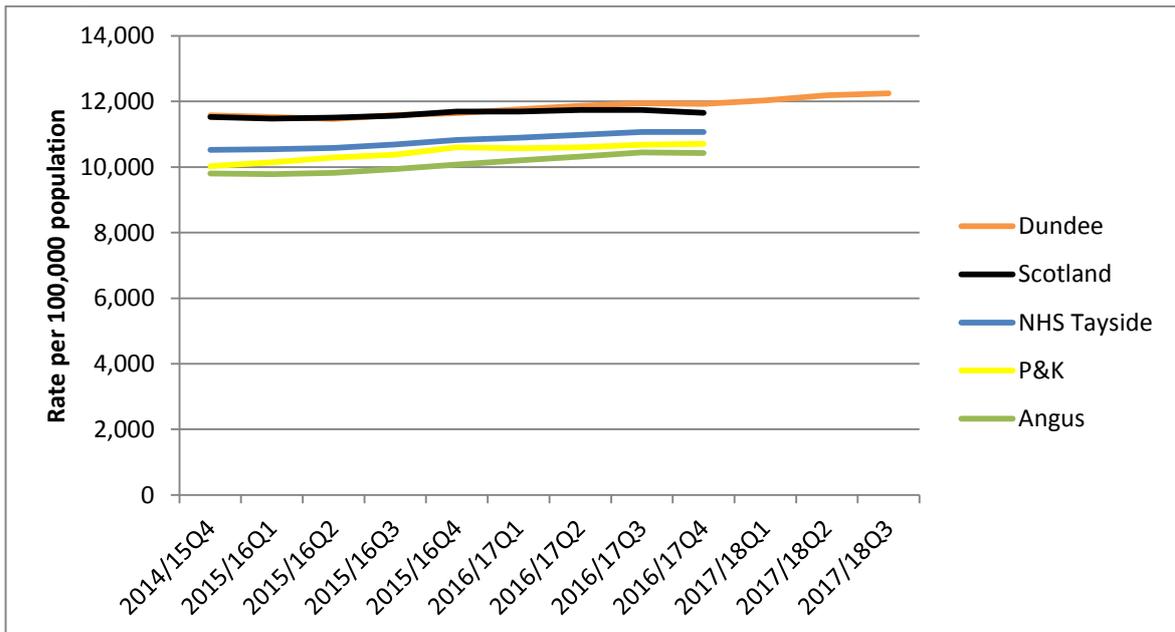
Acute Emergency Admissions in Non-Psychiatric Hospitals

Chart 7: Emergency admission rate per 100,000 population as at 2016/17 for ages 18+ by H&SCP



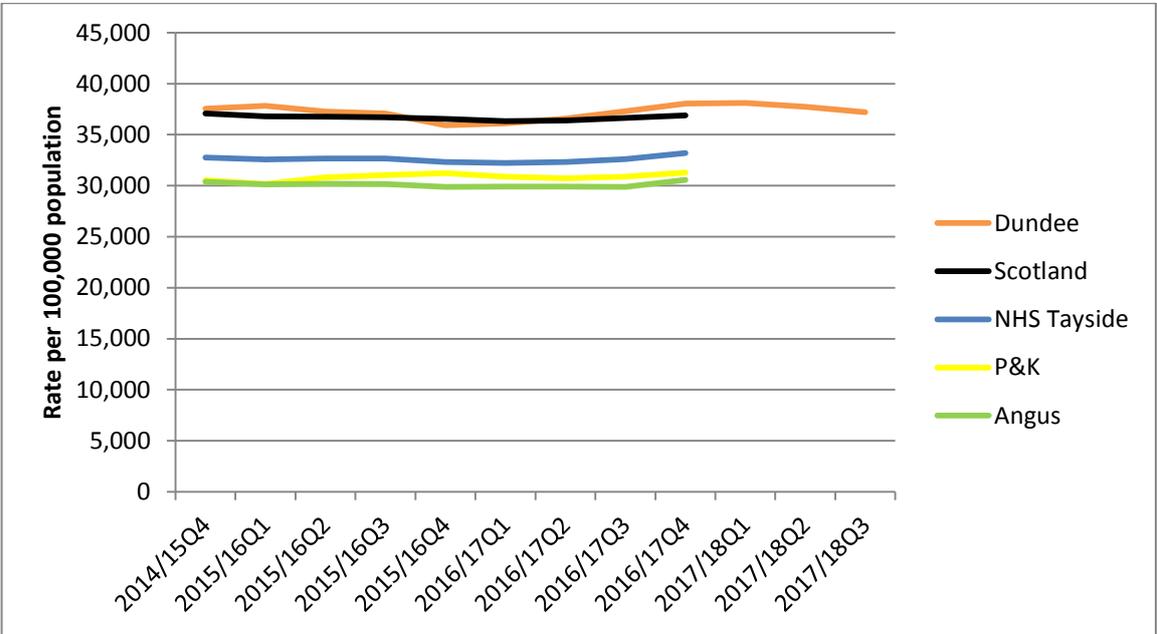
Source: SMR01 Dataset (ISD) and NRS population records

Chart 8a: Emergency admission rate per 100,000 population for 18+ age groups



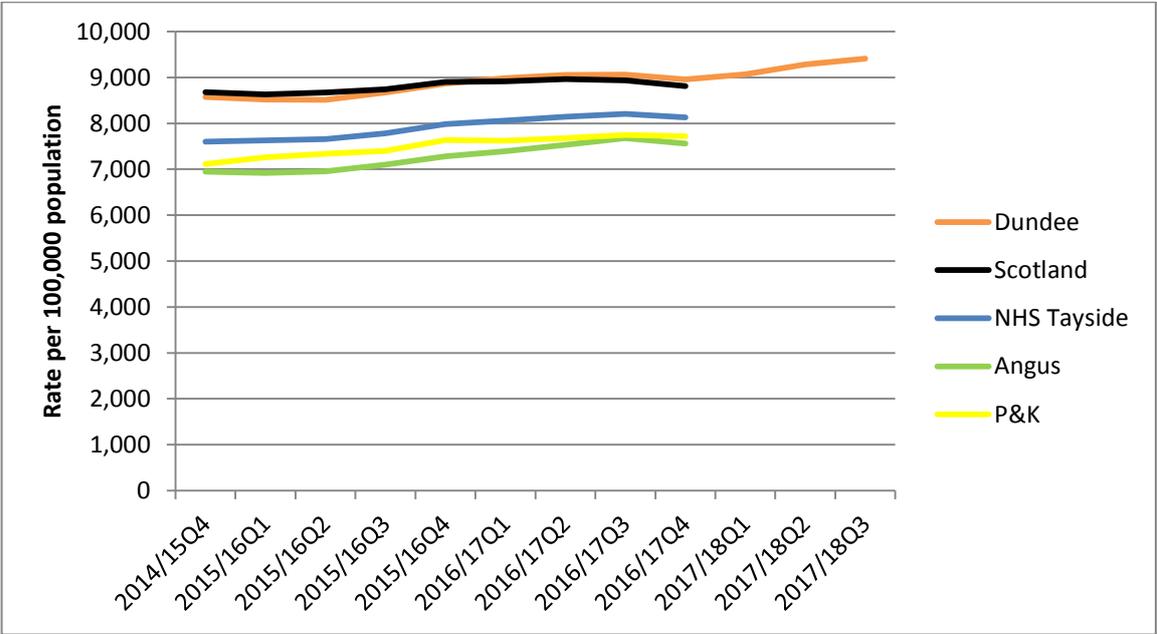
Source: SMR01 Dataset (ISD) and NRS population records

Chart 8b: Emergency admission rate per 100,000 population for 75+ age groups



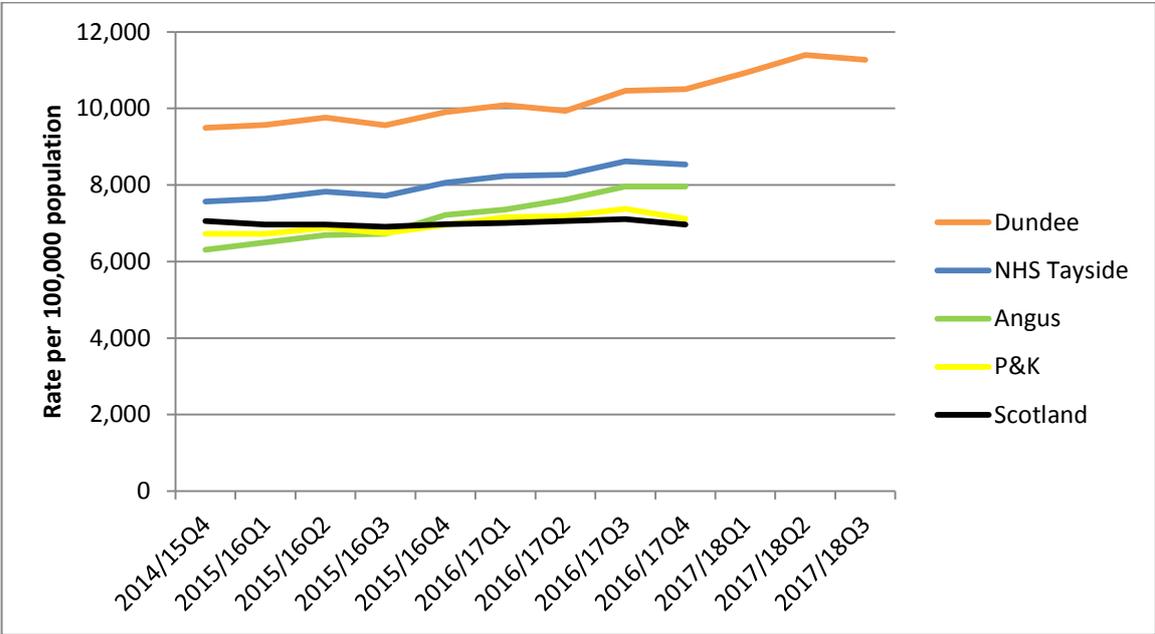
Source: SMR01 Dataset (ISD) and NRS population records

Chart 8c: Emergency admission rate per 100,000 population for 18-74 age groups



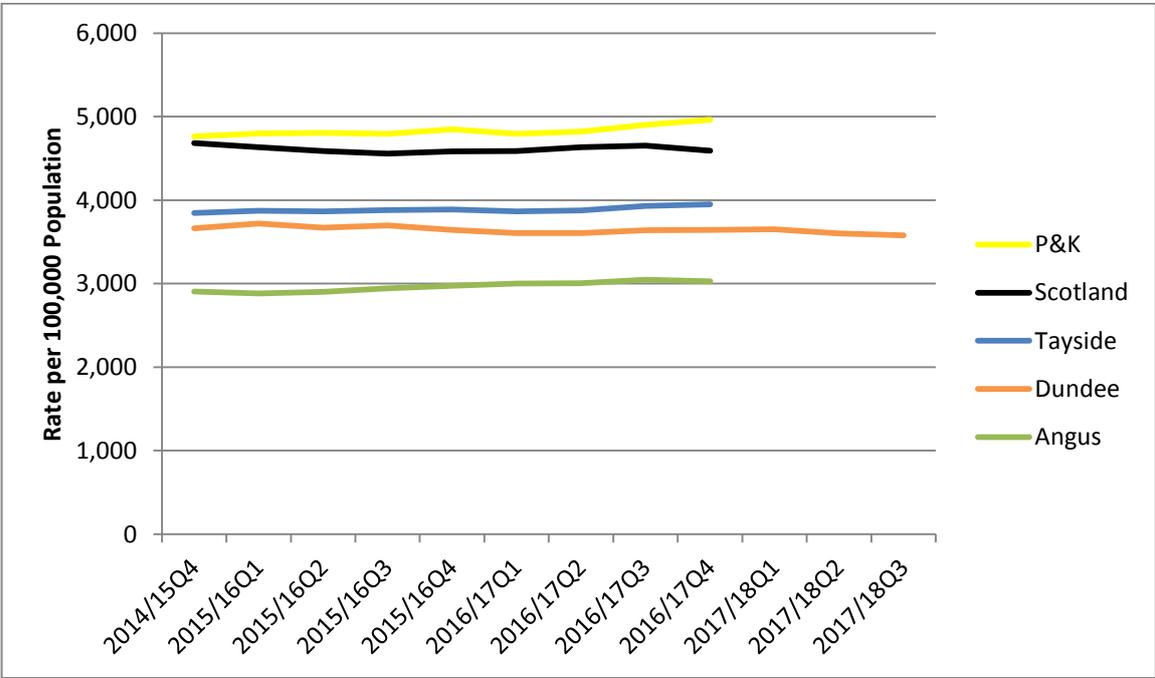
Source: SMR01 Dataset (ISD) and NRS population records

Chart 8d: Emergency admission rate per 100,000 population for under 18 age groups



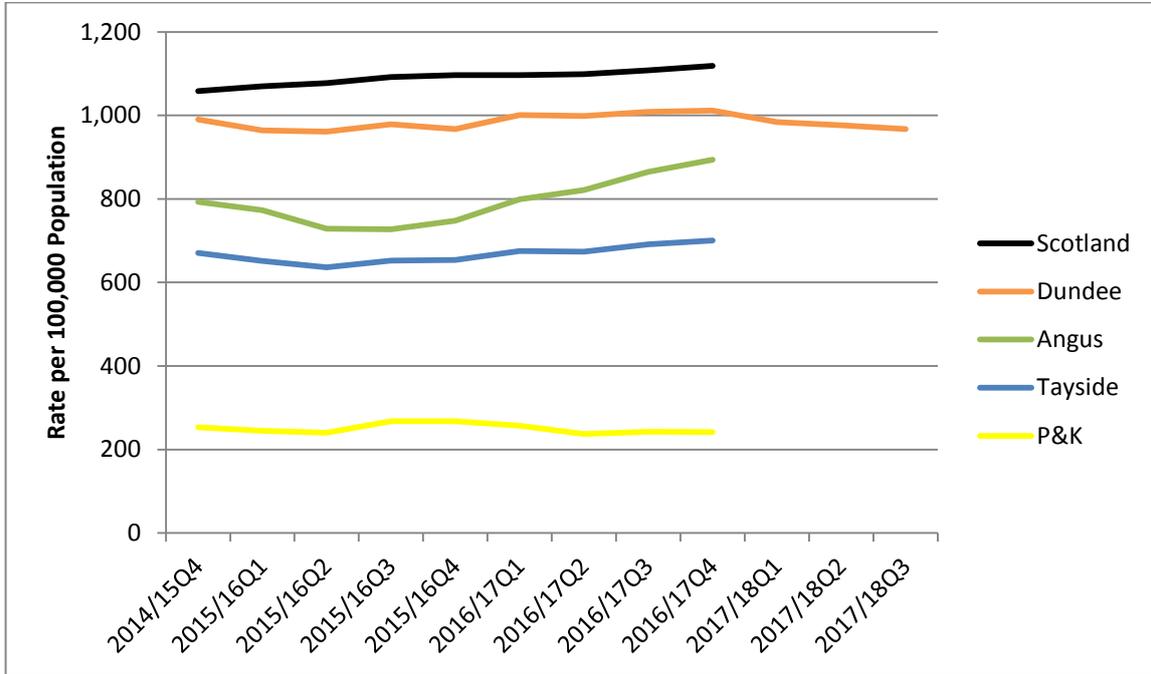
Source: SMR01 Dataset (ISD) and NRS population records

Chart 9a: Emergency admission rate per 100,000 population for all ages in General Medicine



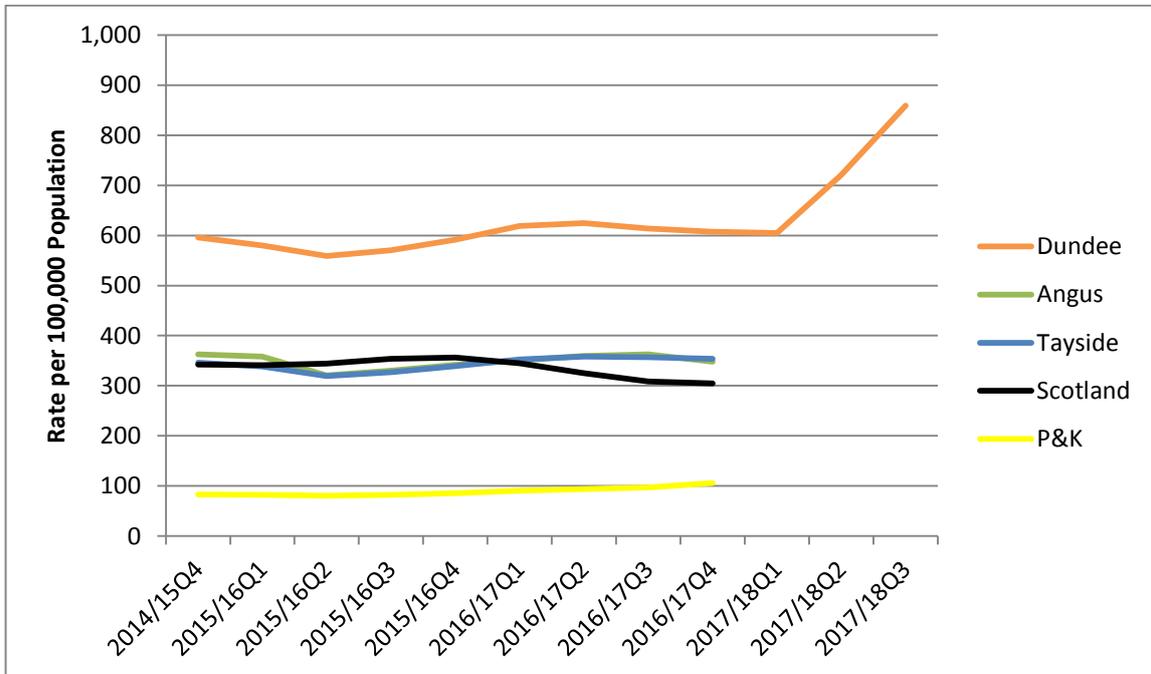
Source: SMR01 Dataset (ISD) and NRS population records

Chart 9b: Emergency admission rate per 100,000 population for all ages in Geriatric Medicine



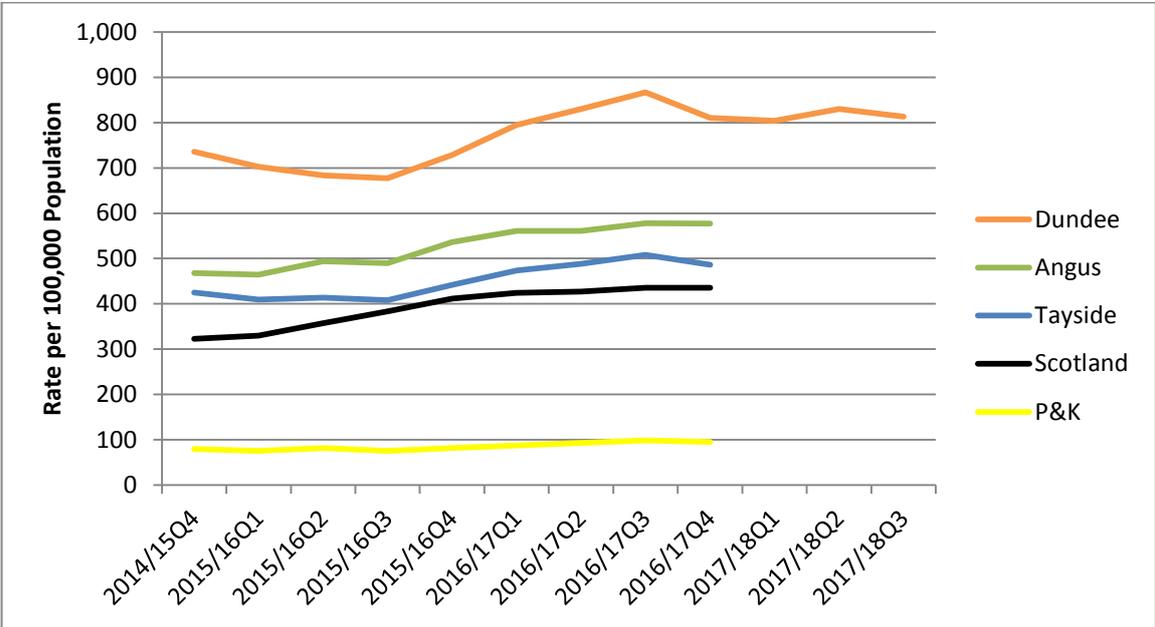
Source: SMR01 Dataset (ISD) and NRS population records

Chart 9c: Emergency admission rate per 100,000 population for all ages in A&E



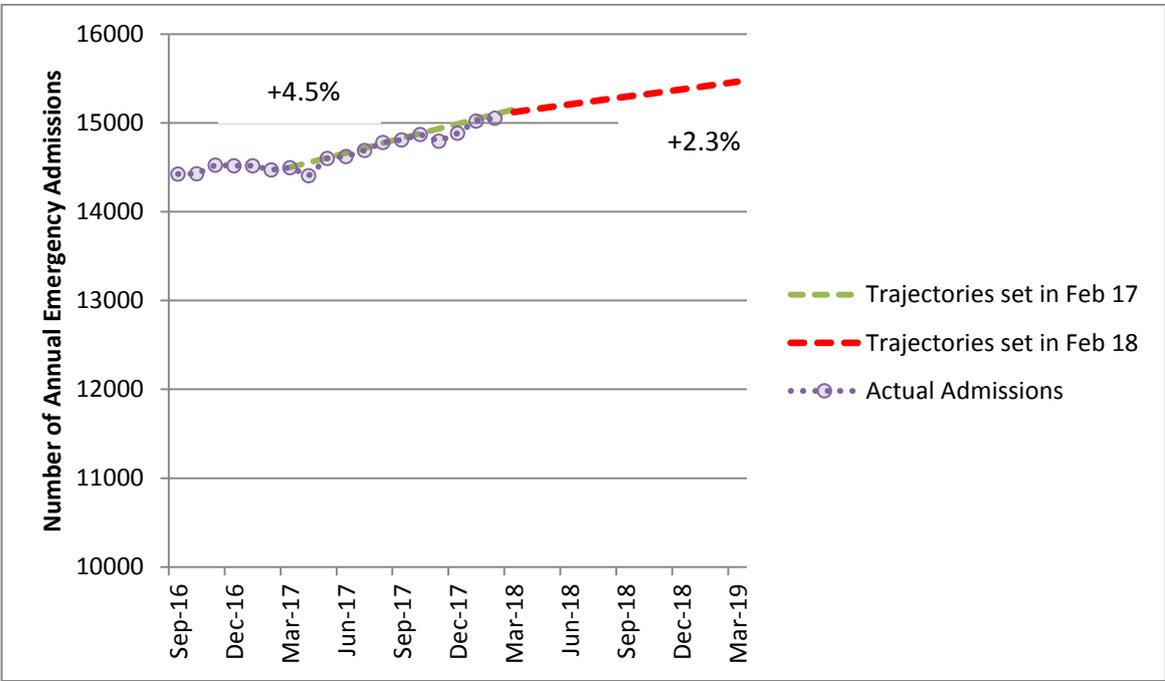
Source: SMR01 Dataset (ISD) and NRS population records

Chart 9d: Emergency admission rate per 100,000 population for all ages in Respiratory Medicine



Source: SMR01 Dataset (ISD) and NRS population records

Chart 10: Annual Emergency Admissions for 18+ Vs Trajectories for Dundee H&SCP

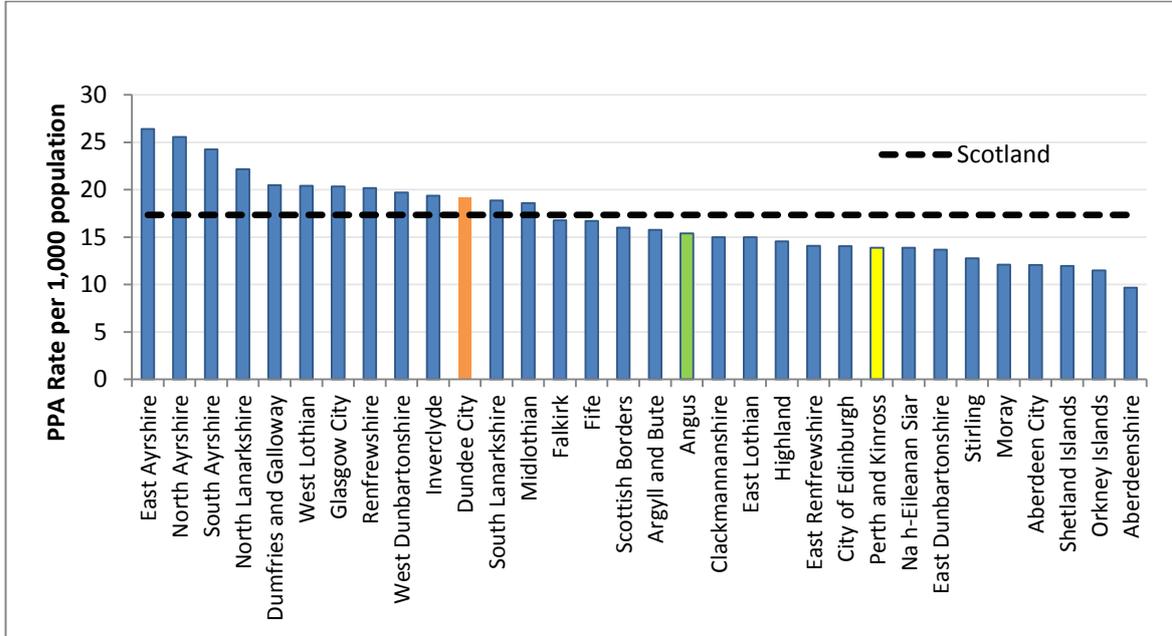


Source: SMR01 dataset (ISD) and Dundee MSG returns

Note: The y-axis does not start at 0 in order to show the actual values against the trajectories more clearly.

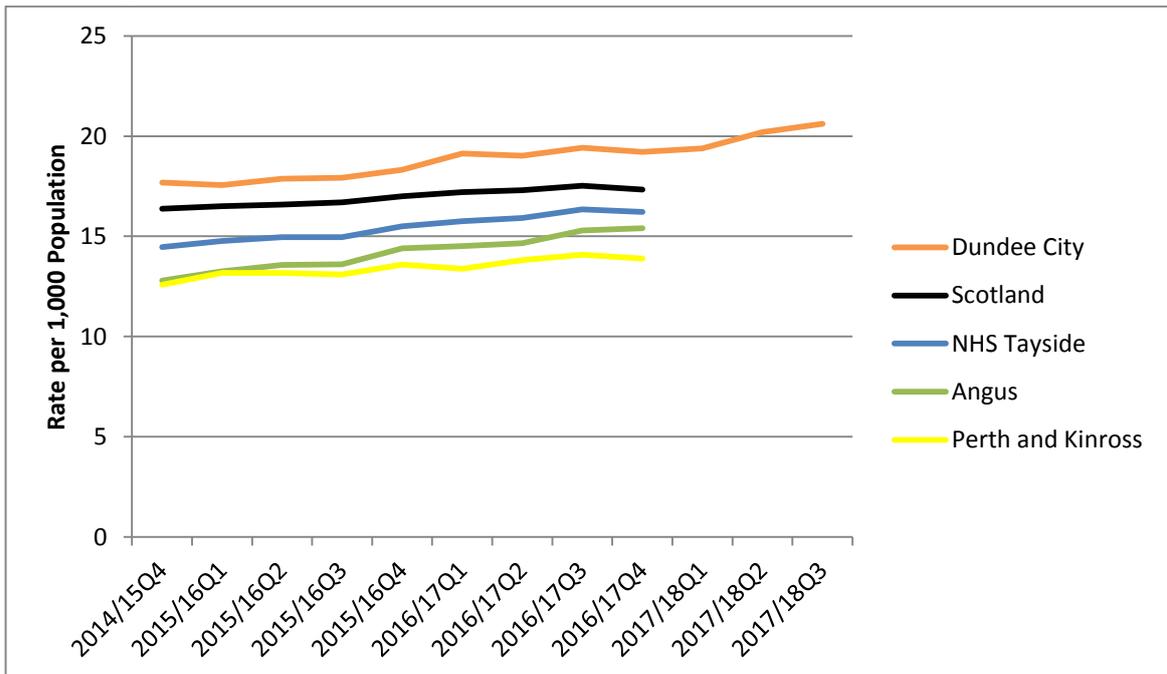
Potentially Preventable Admissions

Chart 11: Potentially preventable admission rate per 1,000 population in 2016/17 for all ages by H&SCP



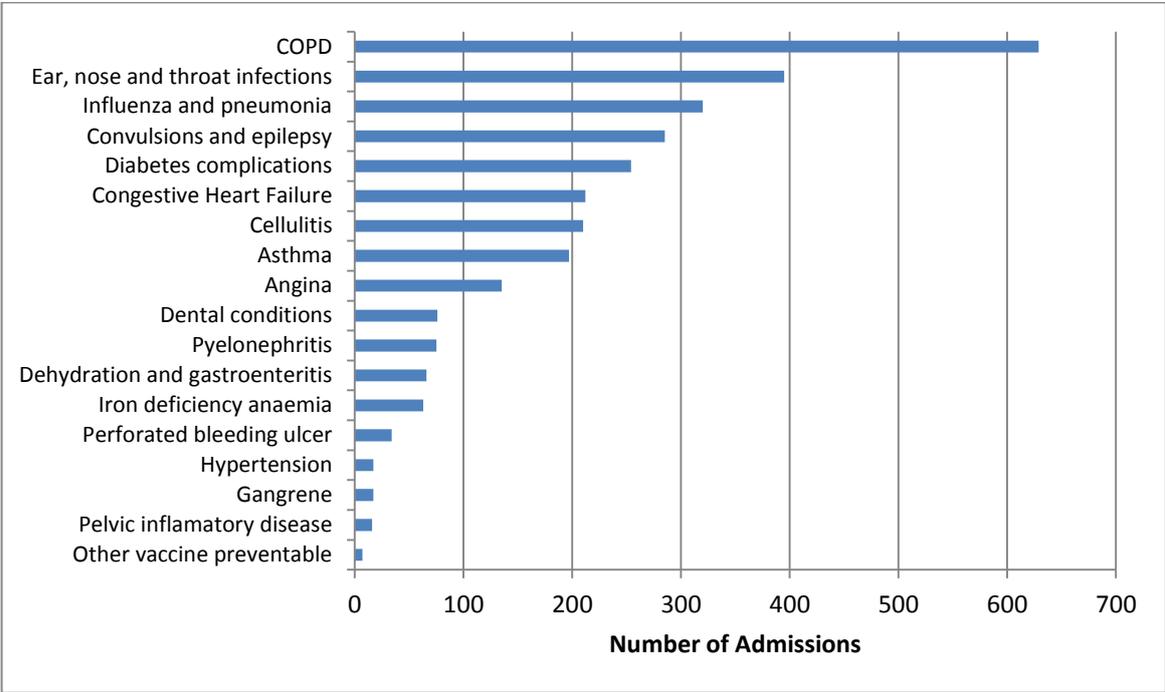
Source: Discovery (ISD)

Chart 12: Potentially preventable admission rate per 1,000 population for all ages



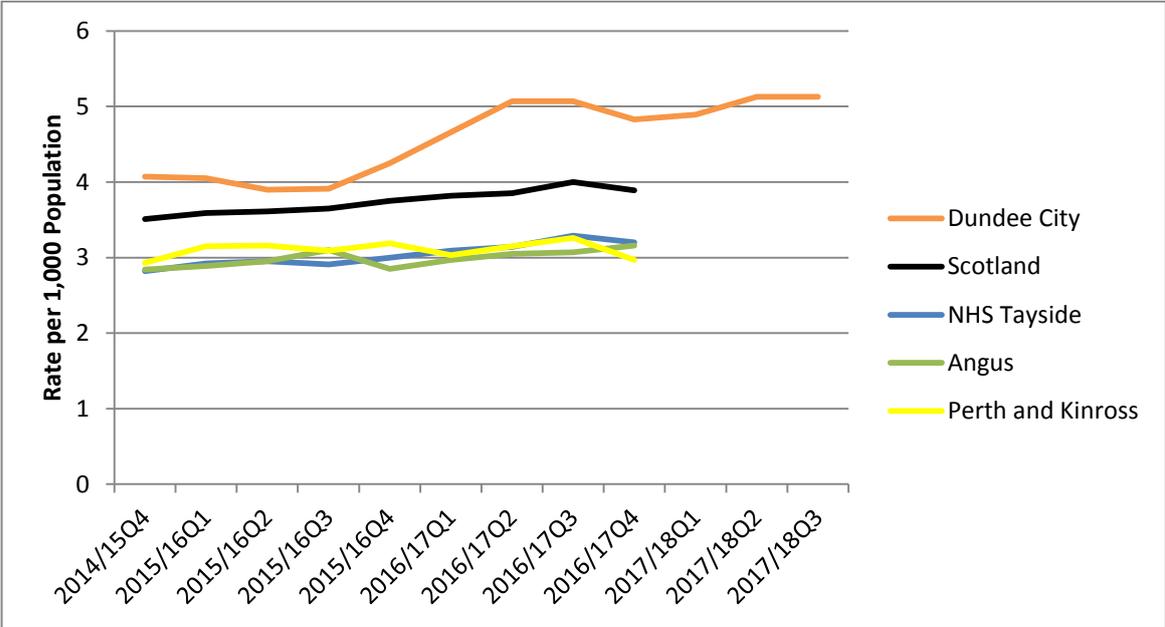
Source: SMR01 Dataset (ISD) and NRS population records

Chart 13: Potentially preventable admissions in Dundee for all ages during 2017 by diagnoses



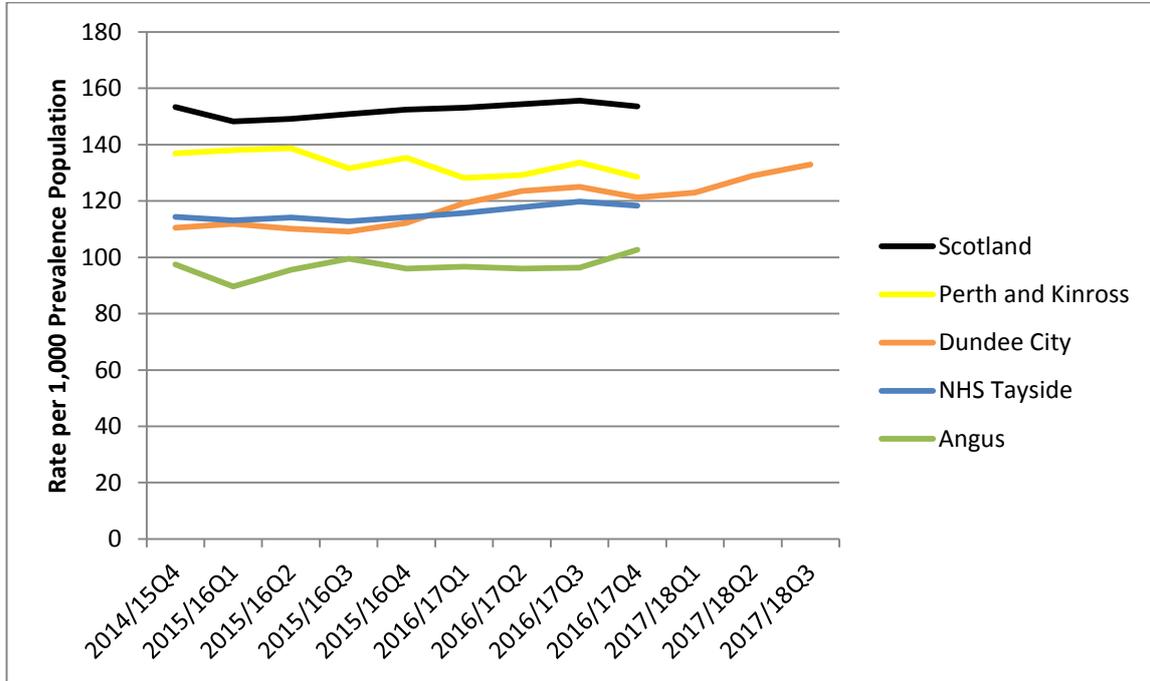
Source: Discovery (ISD)

Chart 14a: Potentially preventable COPD admission rates per 1,000 population for all ages



Source: SMR01 Dataset (ISD) and NRS population records

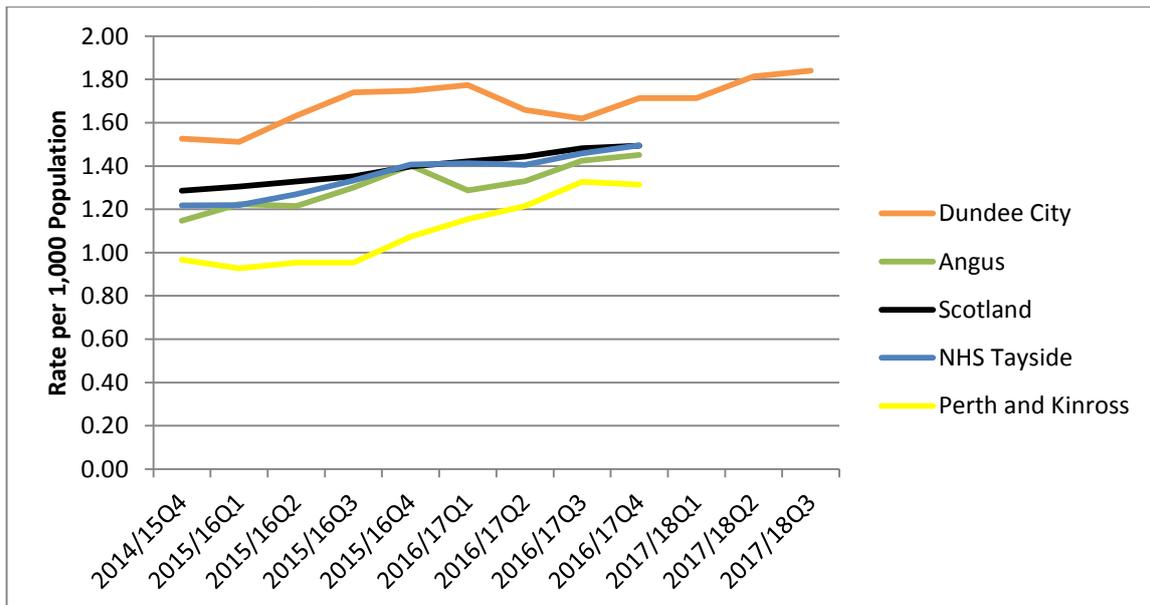
Chart 14b: Potentially preventable COPD admission rates per 1,000 COPD prevalence population for all ages



Source: SMR01 Dataset (ISD) and COPD QOF publications (ISD)

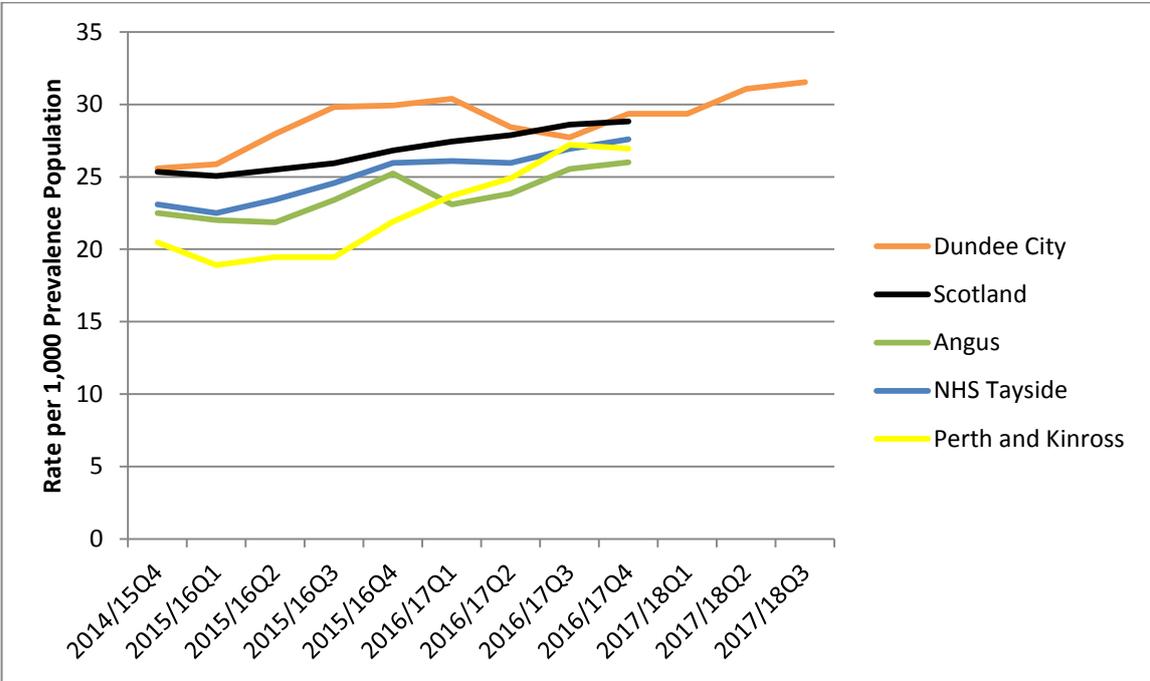
Note: 2015/16 COPD QOF prevalence rates were used for quarters in 2016/17 and 2017/18 – 2016/17 TQA registers were not considered reliable for the purposes of this measure

Chart 15a: Potentially preventable diabetes admission rates per 1,000 population for all ages



Source: SMR01 Dataset (ISD) and NRS population records

Chart 15b: Potentially preventable diabetes admission rates per 1,000 diabetes prevalence population for all ages

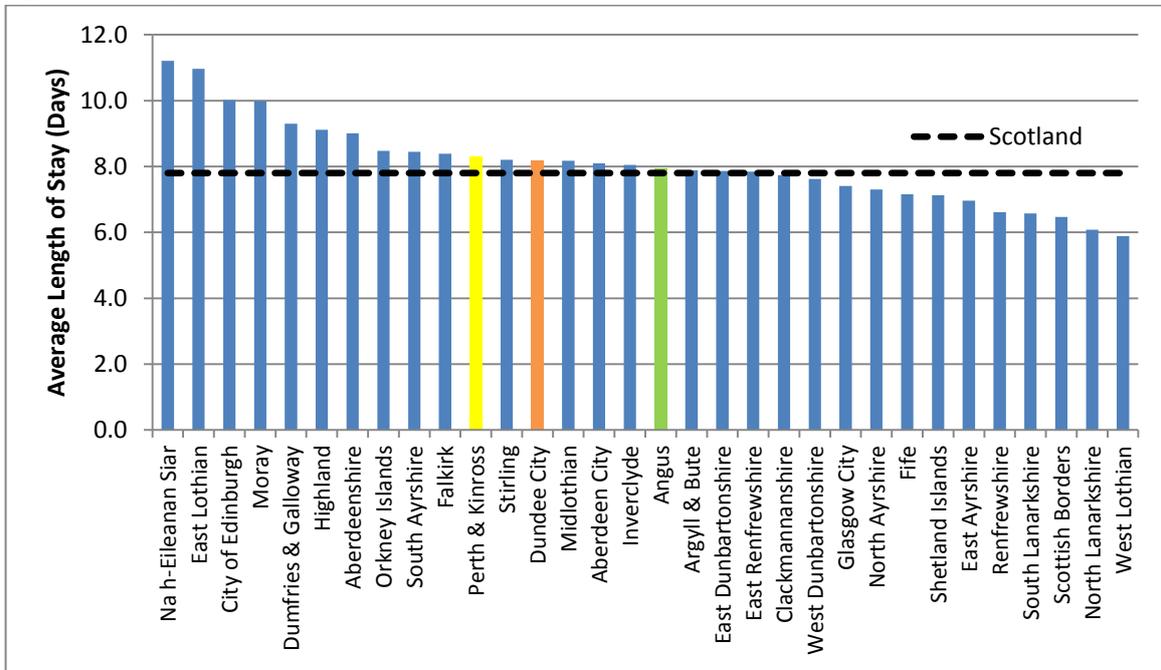


Source: SMR01 Dataset (ISD) and Diabetes QOF publications (ISD)

Note: 2015/16 Diabetes QOF prevalence rates were used for quarters in 2016/17 and 2017/18 – 2016/17 TQA registers were not considered reliable for the purposes of this measure

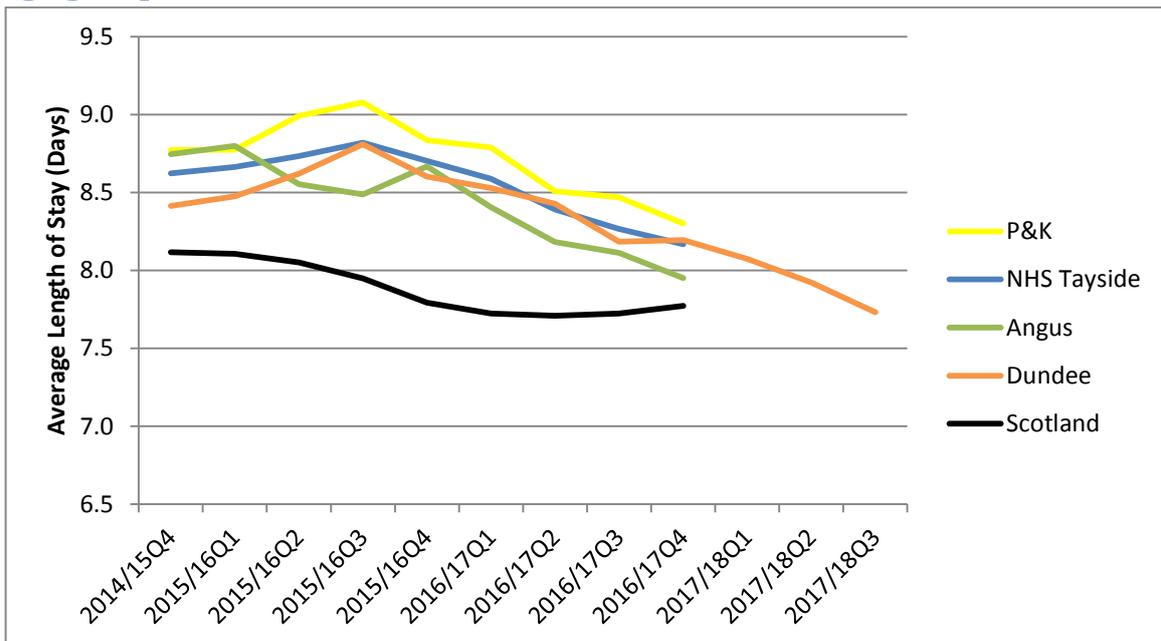
Average Length of Stay in Non-Psychiatric Hospitals

Chart 16: Emergency admission average length of stay as at 2016/17 for ages 18+ by H&SCP



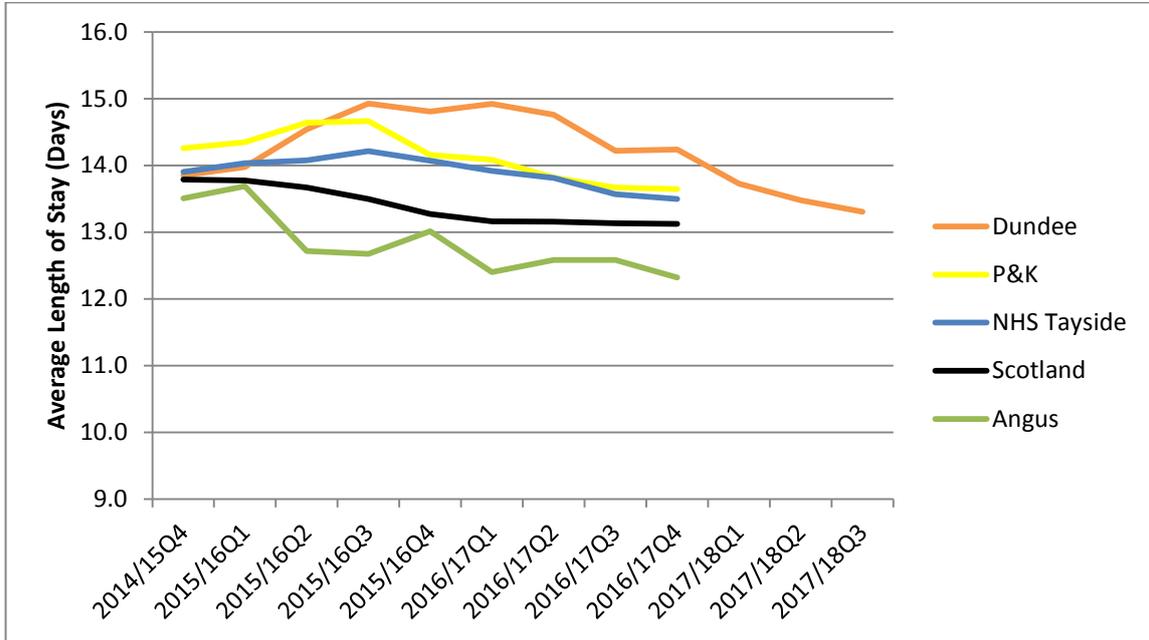
Source: SMR01 dataset (ISD)

Chart 17a: Emergency admission average length of stay (days) for 18+ age groups



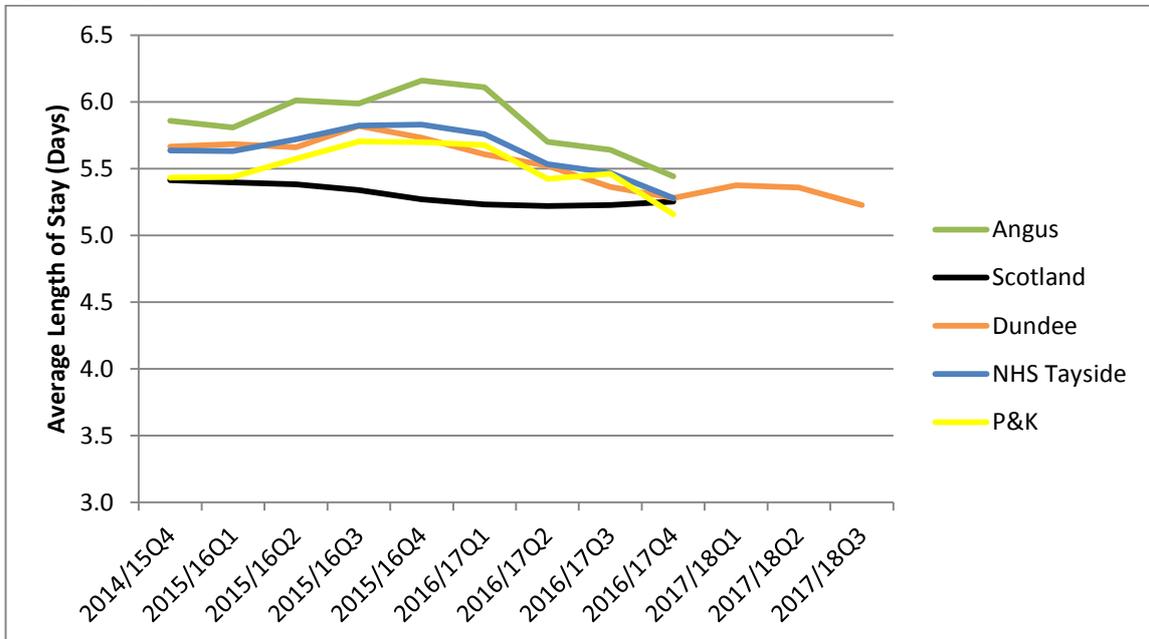
Source: SMR01 dataset (ISD)

Chart 17b: Emergency admission average length of stay (days) for 75+ age groups



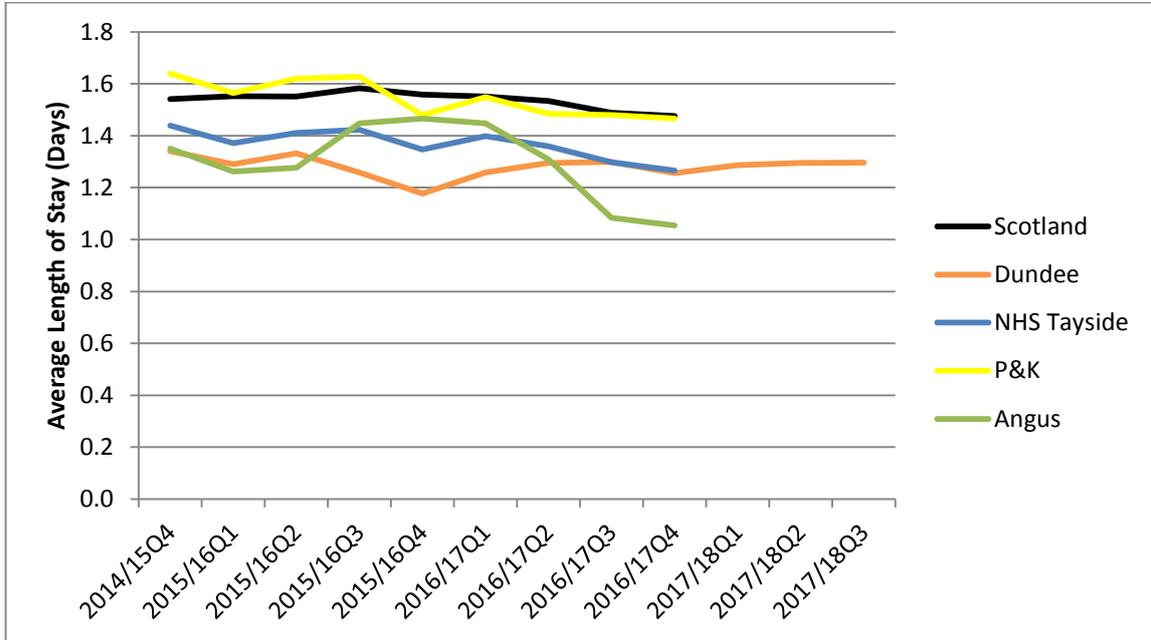
Source: SMR01 dataset (ISD)

Chart 17c: Emergency admission average length of stay (days) for 18-74 age groups



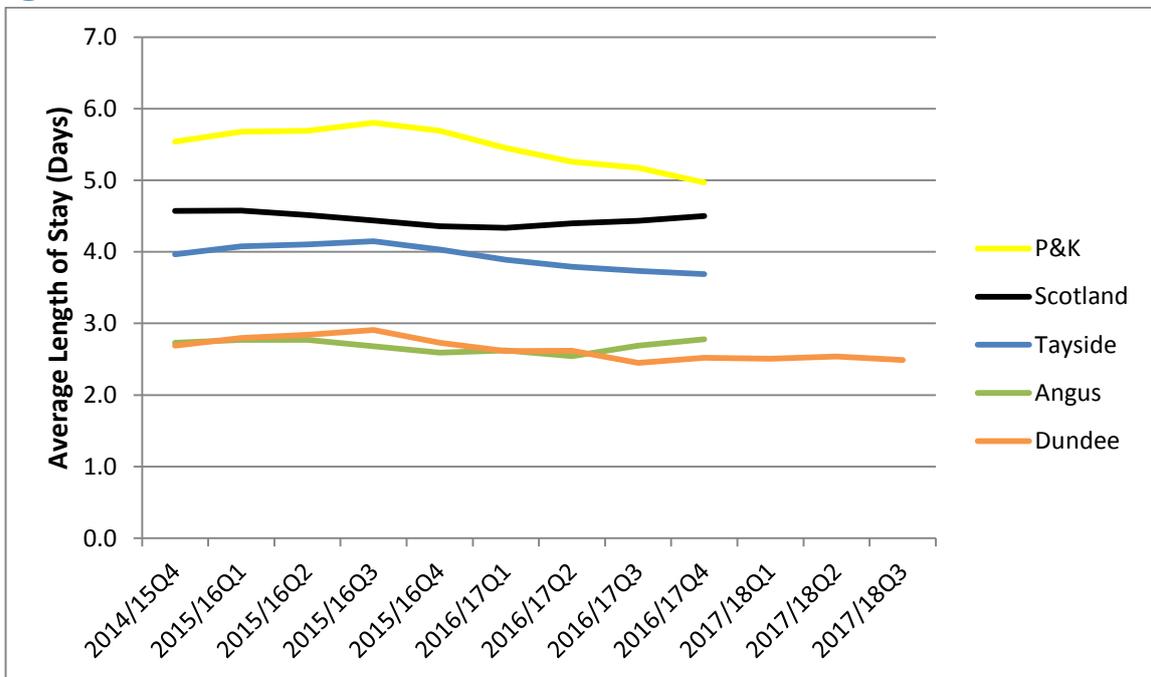
Source: SMR01 dataset (ISD)

Chart 17d: Emergency admission average length of stay (days) for under 18 age groups



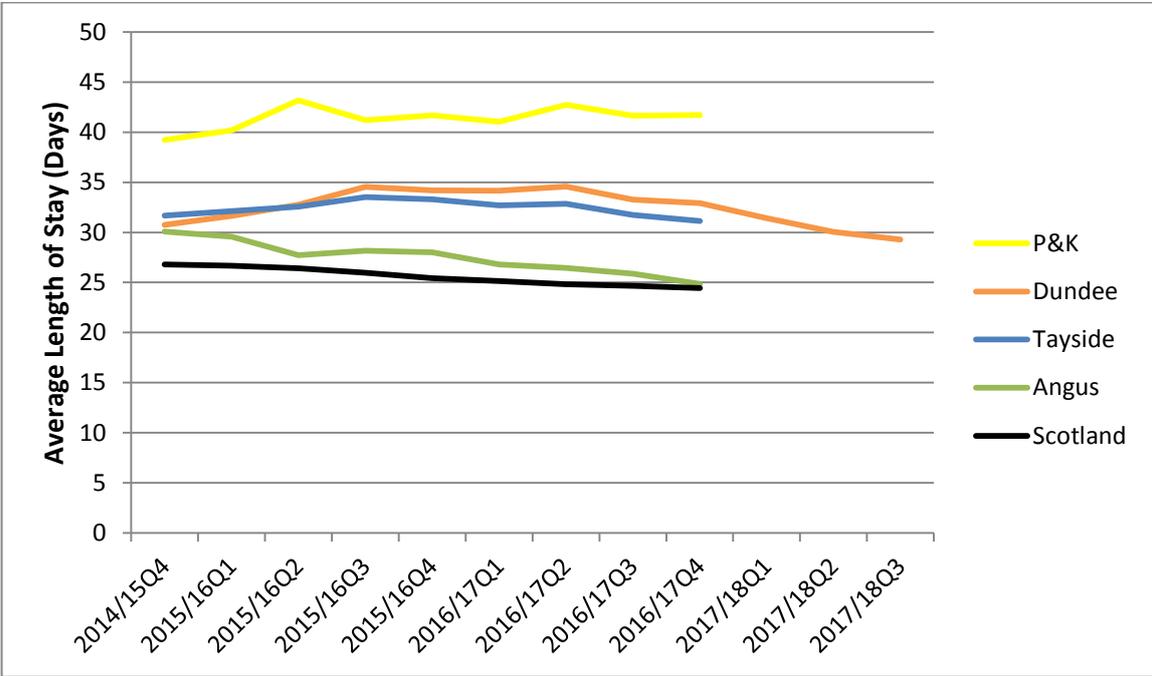
Source: SMR01 dataset (ISD)

Chart 18a: Emergency admission average length of stay (days) for all ages in General Medicine



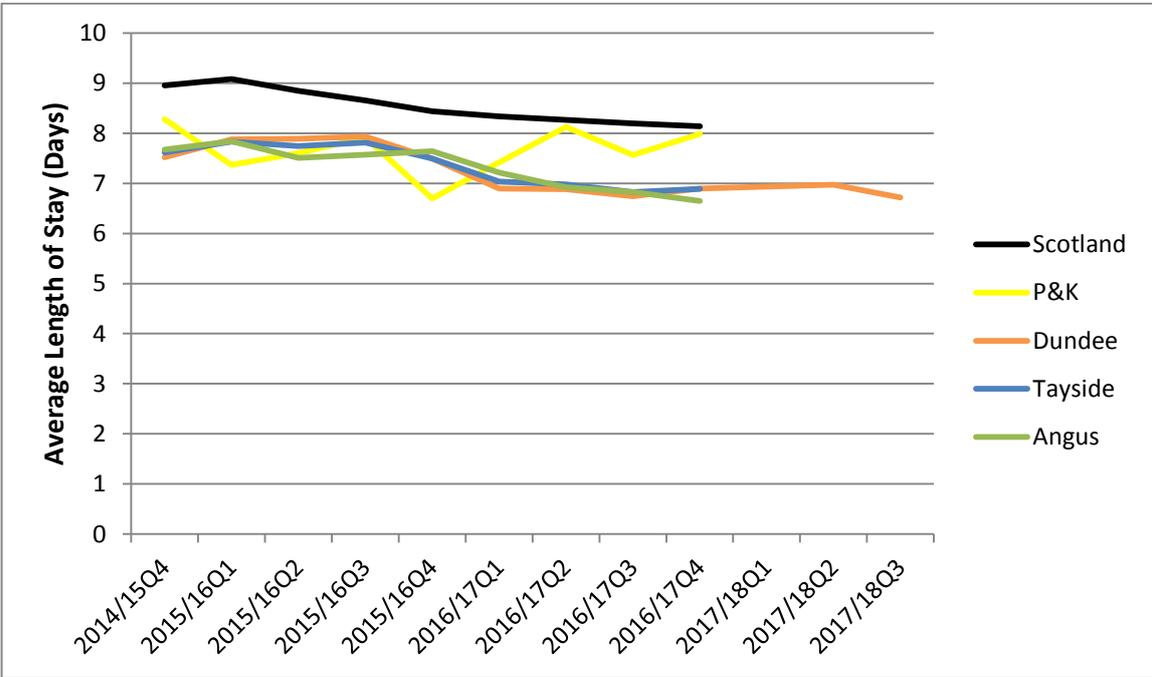
Source: SMR01 dataset (ISD)

Chart 18b: Emergency admission average length of stay (days) for all ages in Geriatric Medicine



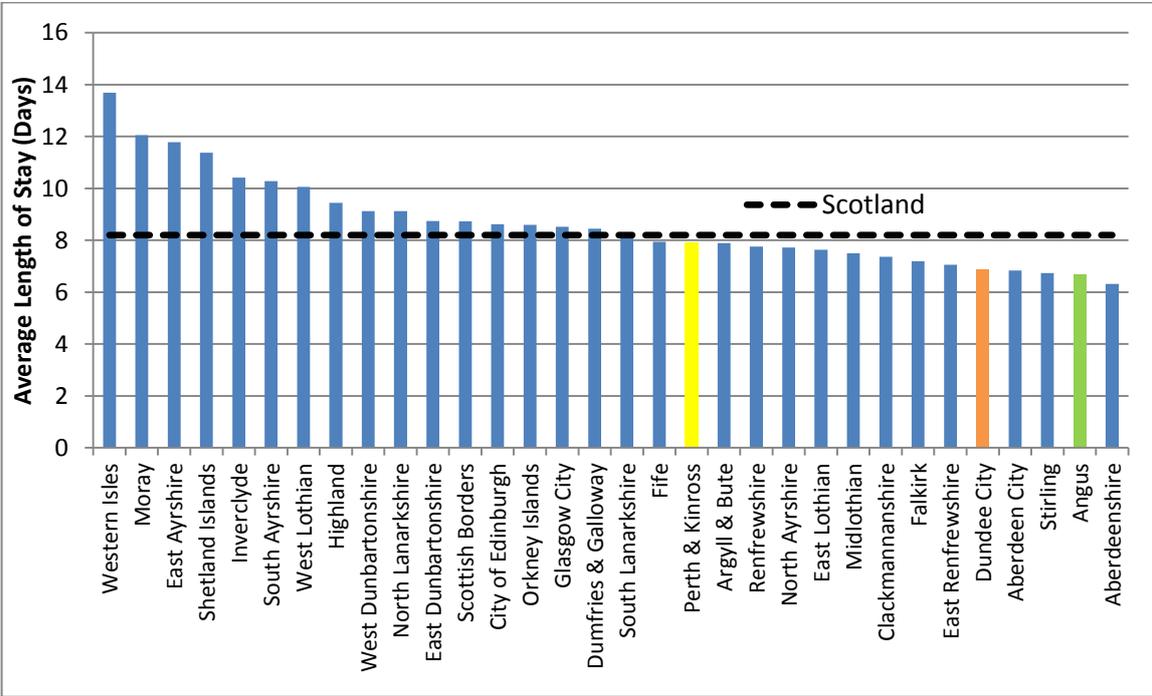
Source: SMR01 dataset (ISD)

Chart 18c: Emergency admission average length of stay (days) for all ages in Respiratory Medicine



Source: SMR01 dataset (ISD)

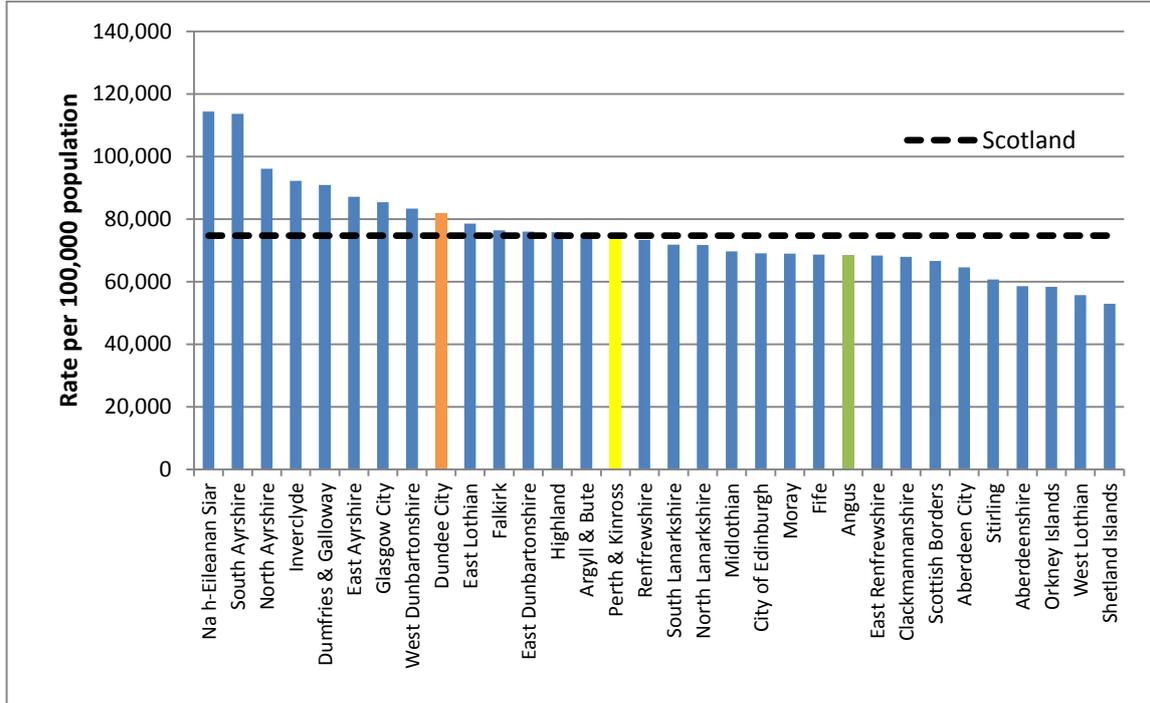
Chart 19: Emergency admission average length of stay (days) for all ages in Respiratory Medicine in 2016/17



Source: SMR01 dataset (ISD)

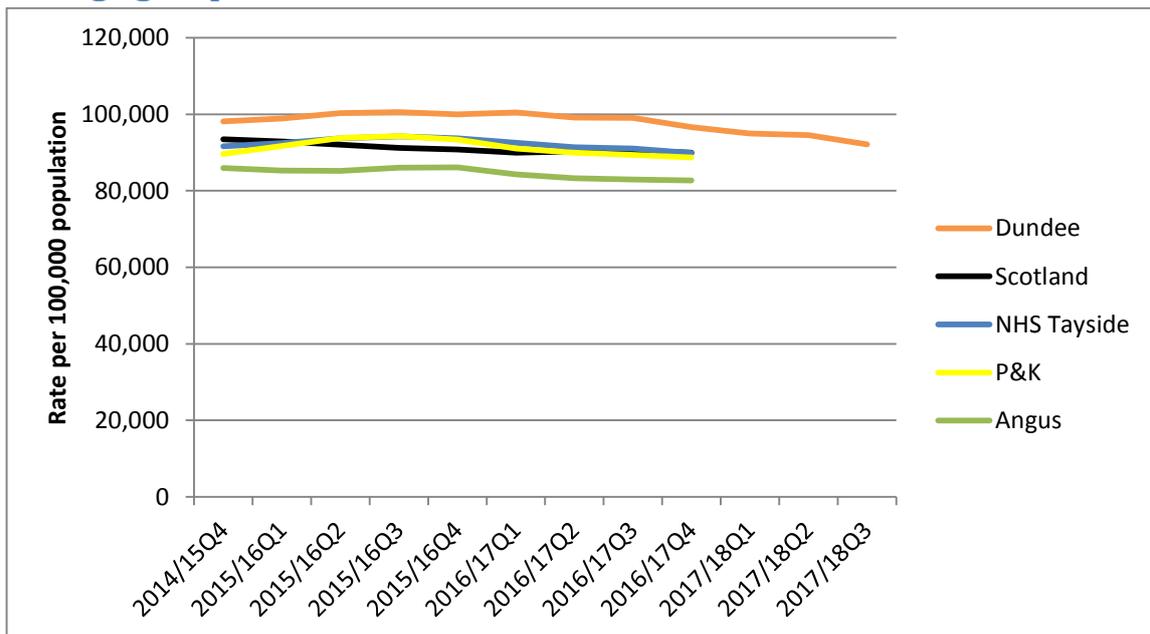
Emergency Occupied Bed Days in Non-Psychiatric Hospitals

Chart 20: Emergency occupied bed day rate per 100,000 population as at 2016/17 for ages 18+ by H&SCP



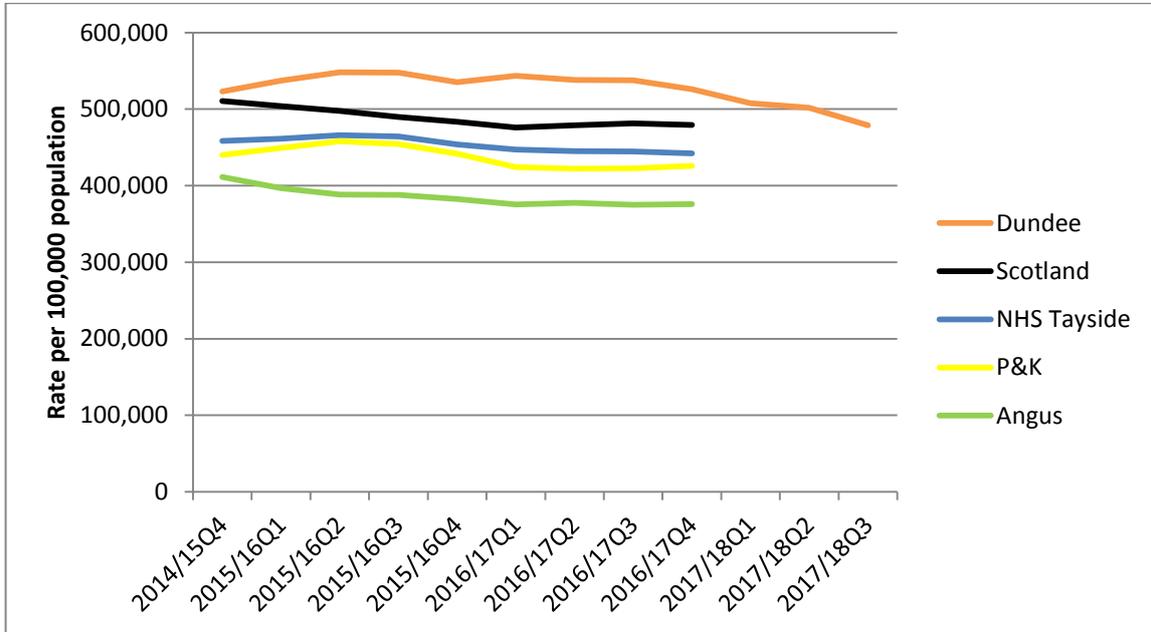
Source: SMR01 Dataset (ISD) and NRS Population Records

Chart 21a: Emergency occupied bed day rate per 100,000 population for 18+ age groups



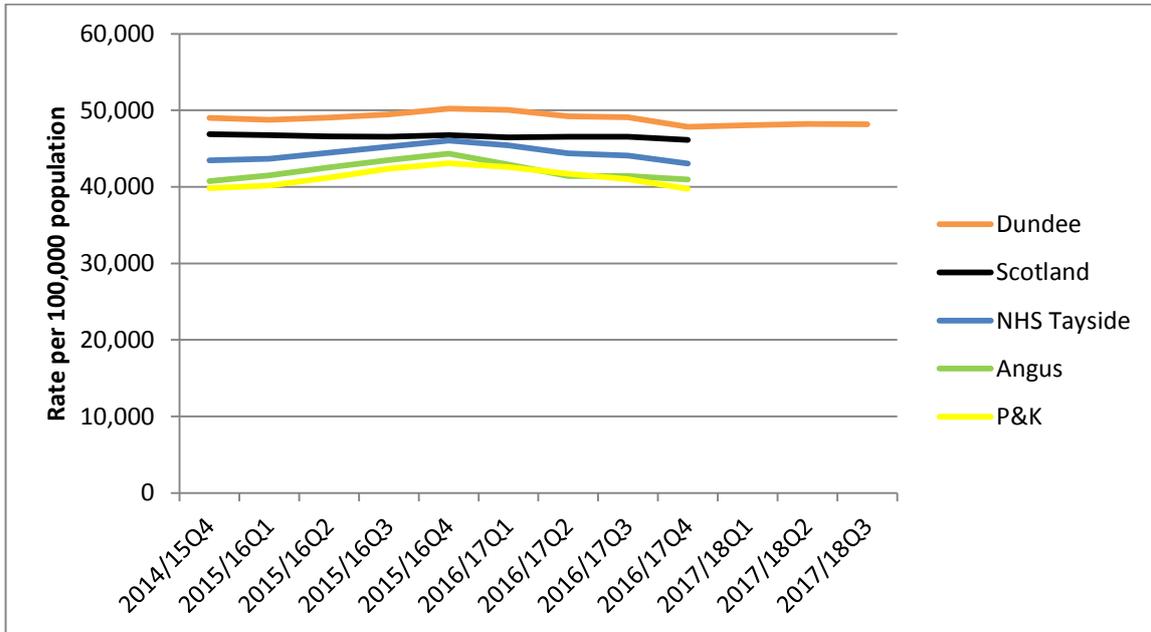
Source: SMR01 Dataset (ISD) and NRS Population Records

Chart 21b: Emergency occupied bed day rate per 100,000 population for 75+ age groups



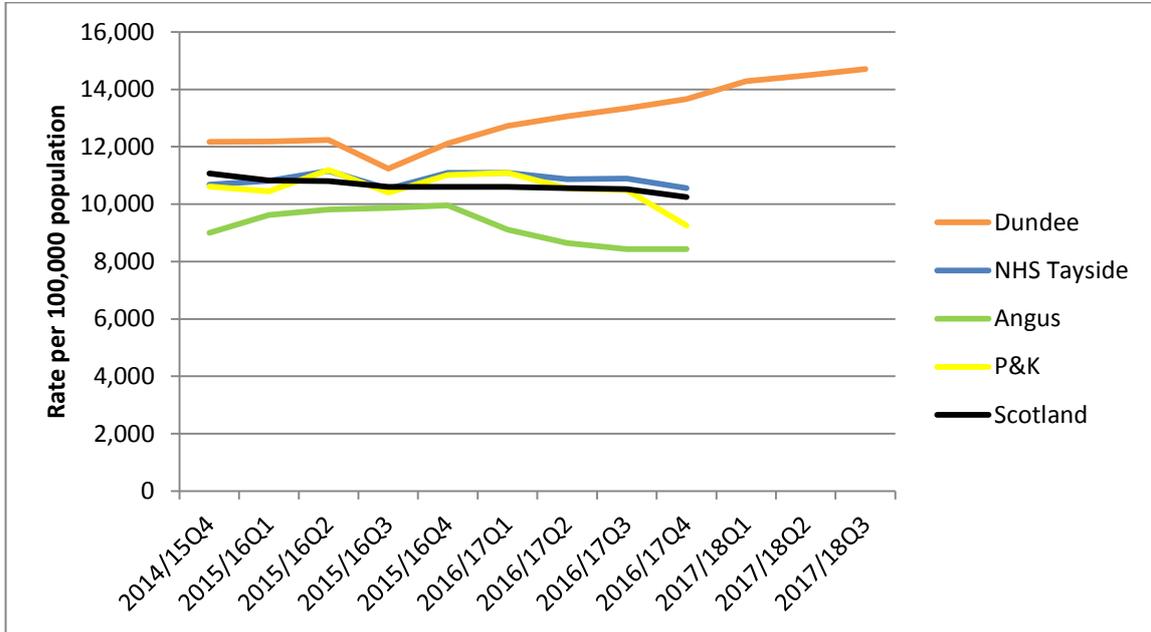
Source: SMR01 Dataset (ISD) and NRS Population Records

Chart 21c: Emergency occupied bed day rate per 100,000 population for 18-74 age groups



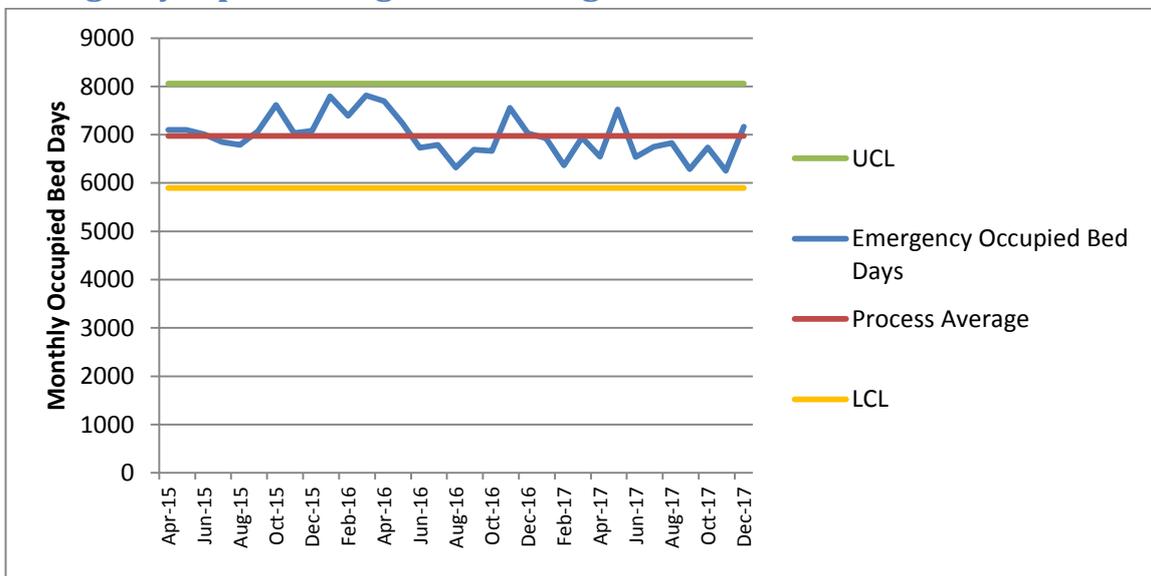
Source: SMR01 Dataset (ISD) and NRS Population Records

Chart 21d: Emergency occupied bed day rate per 100,000 population for under 18 age groups



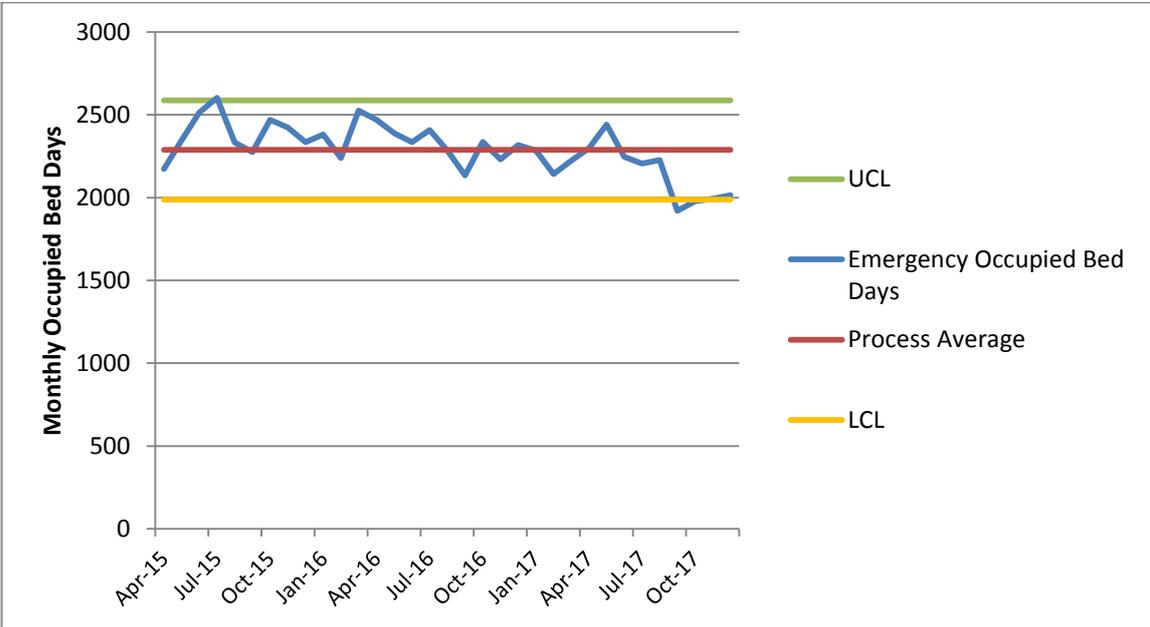
Source: SMR01 Dataset (ISD) and NRS Population Records

Chart 22a: Monthly occupied bed days at Ninewells Hospital for emergency inpatients aged 18+ living in Dundee



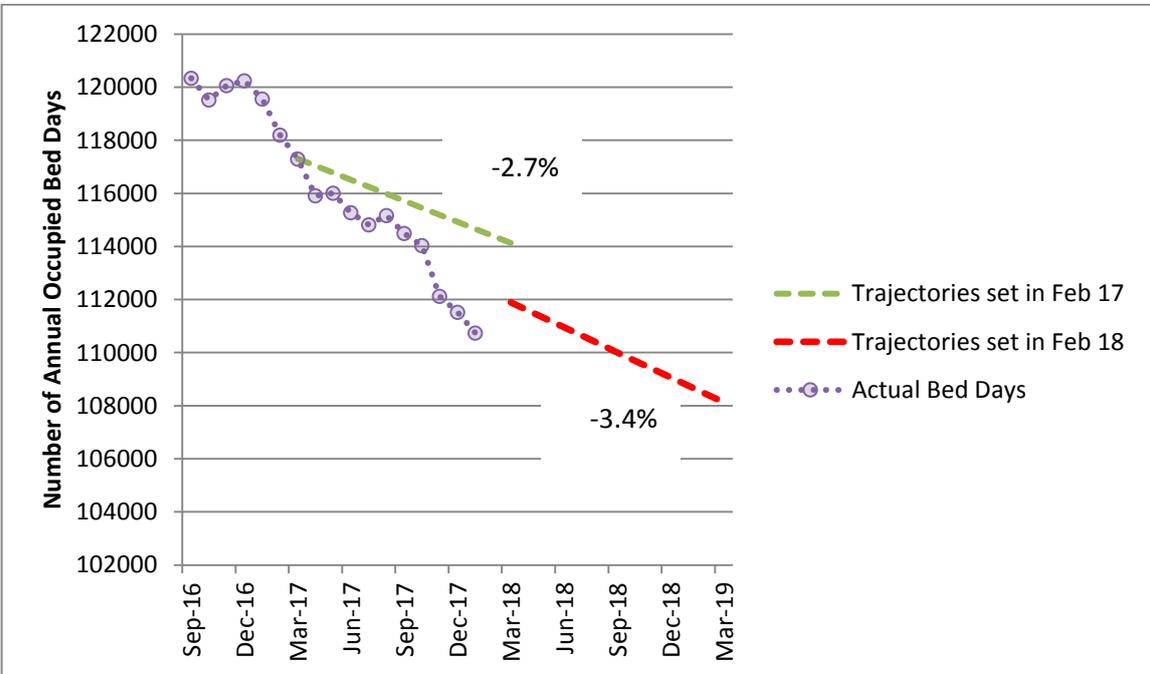
Source: SMR01 dataset (ISD)

Chart 22b: Monthly occupied bed days at Royal Victoria Hospital for non-elective inpatients aged 18+ living in Dundee



Source: SMR01 dataset (ISD)

Chart 23: Annual emergency occupied bed days for 18+ Vs trajectories set for Dundee H&SCP

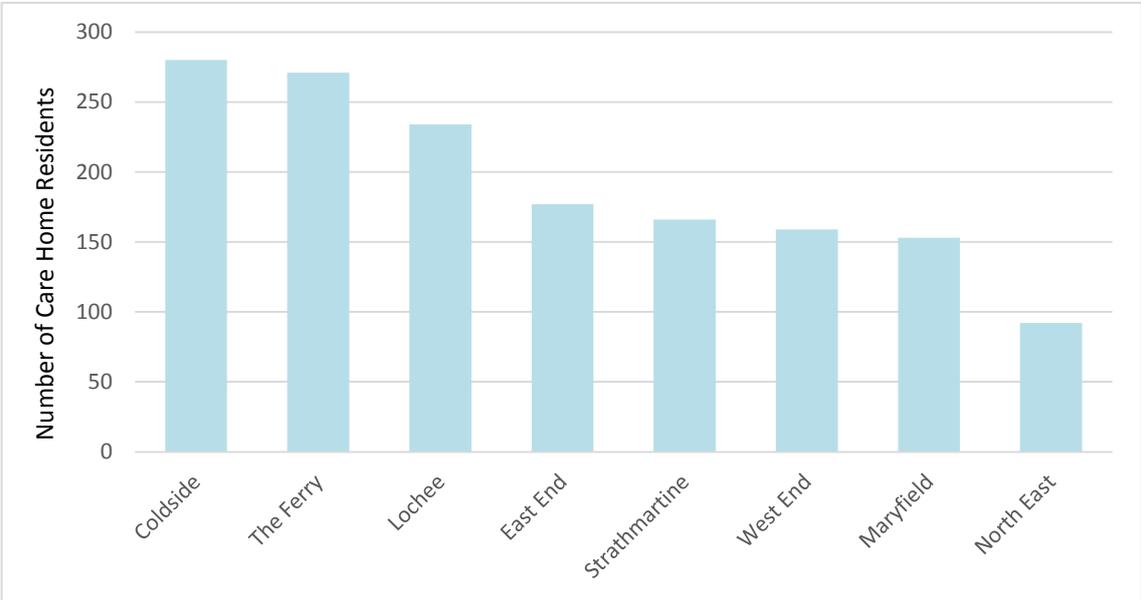


Source: SMR01 dataset (ISD) and Dundee MSG returns

Note: The y-axis does not start at 0 in order to show the actual values against the trajectories more clearly.

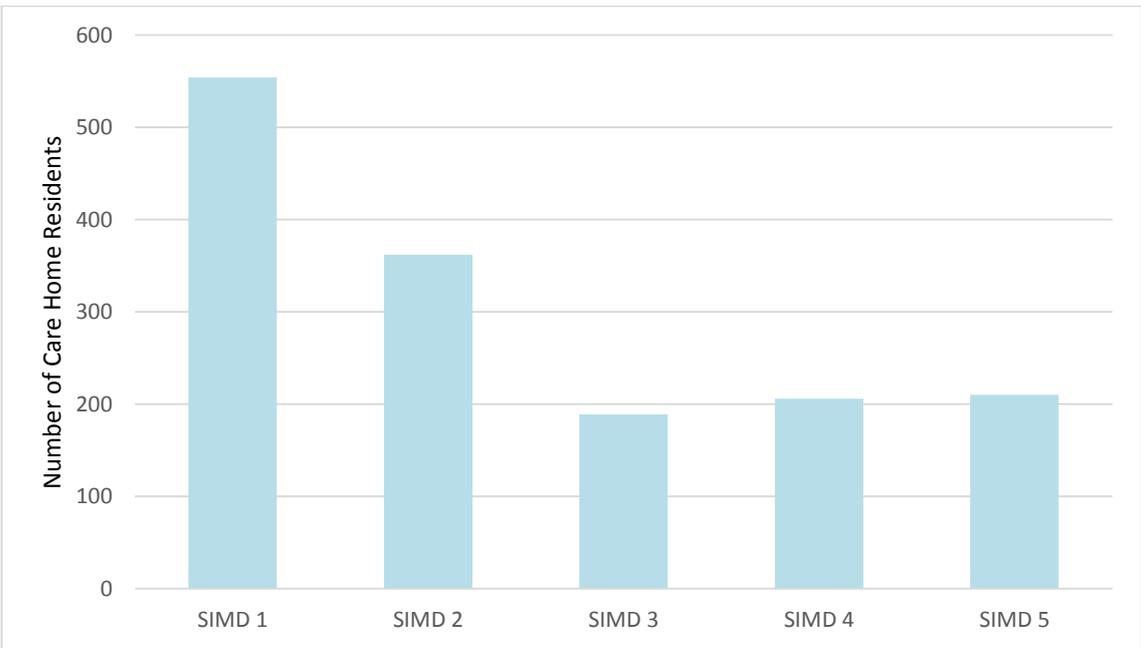
Care Home Residents

Chart 24a: Location of community address before admission to care home in Dundee as at March 2017



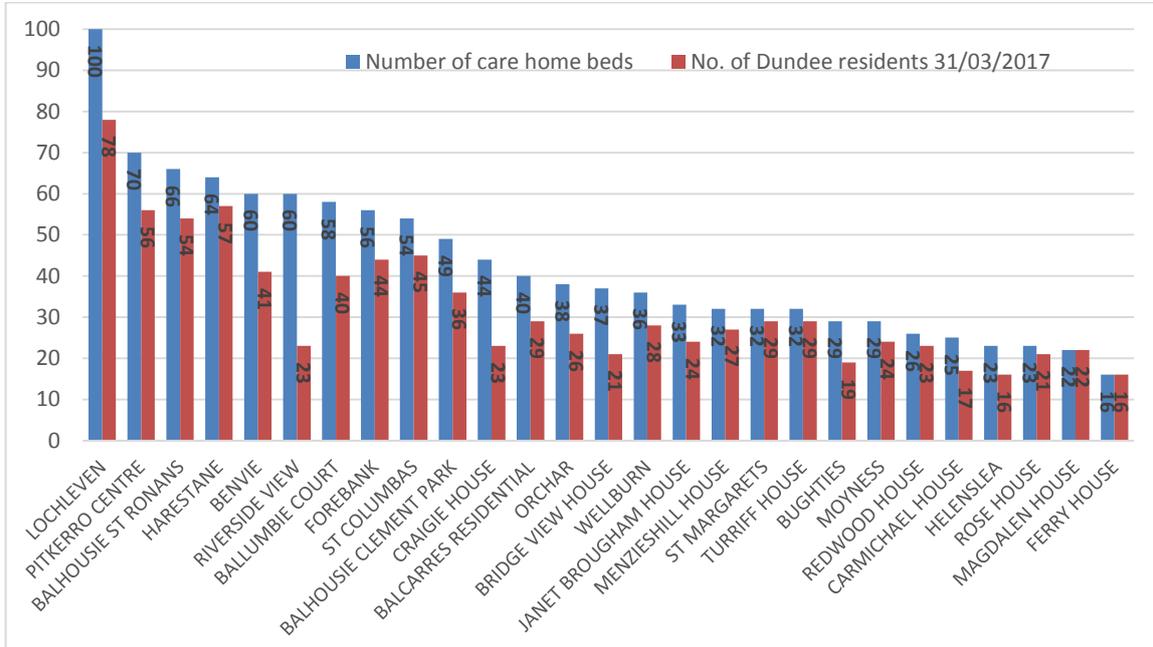
Source: Residential Care Home Database (K2/EVR) 2016/17

Chart 24b: H&SCP SIMD quintile of care home residents' previous address before admission to a care home in Dundee as at March 2017



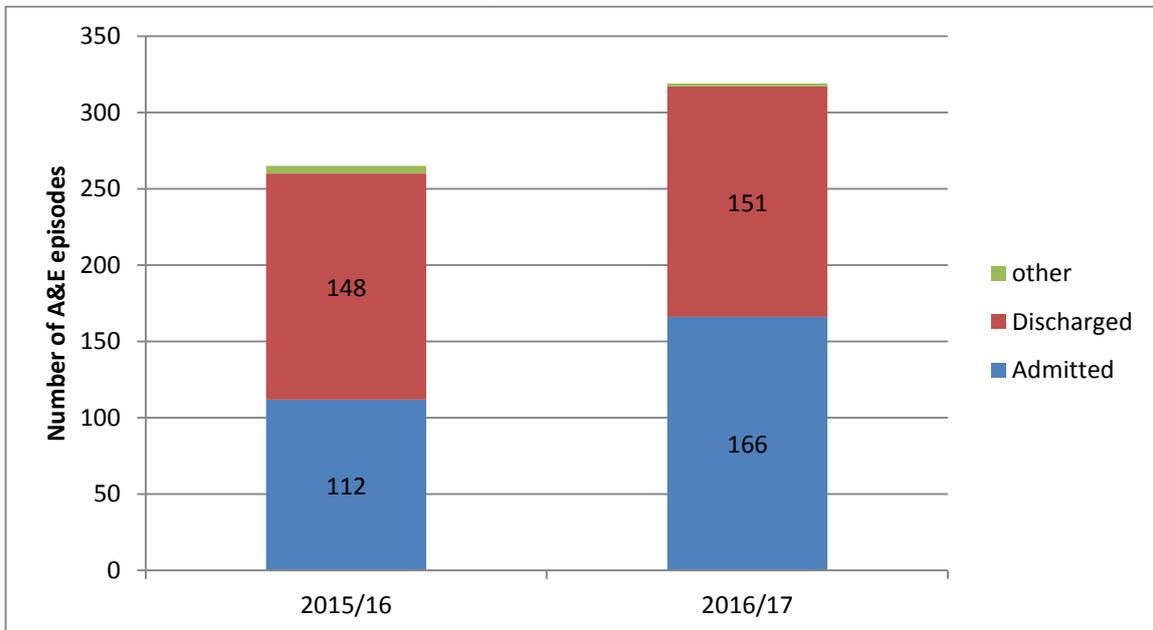
Source: Residential Care Home Database (K2/EVR) 2016/17

Chart 24c: Number of available care home beds and people from Dundee who live in a Dundee care home as at March 2017



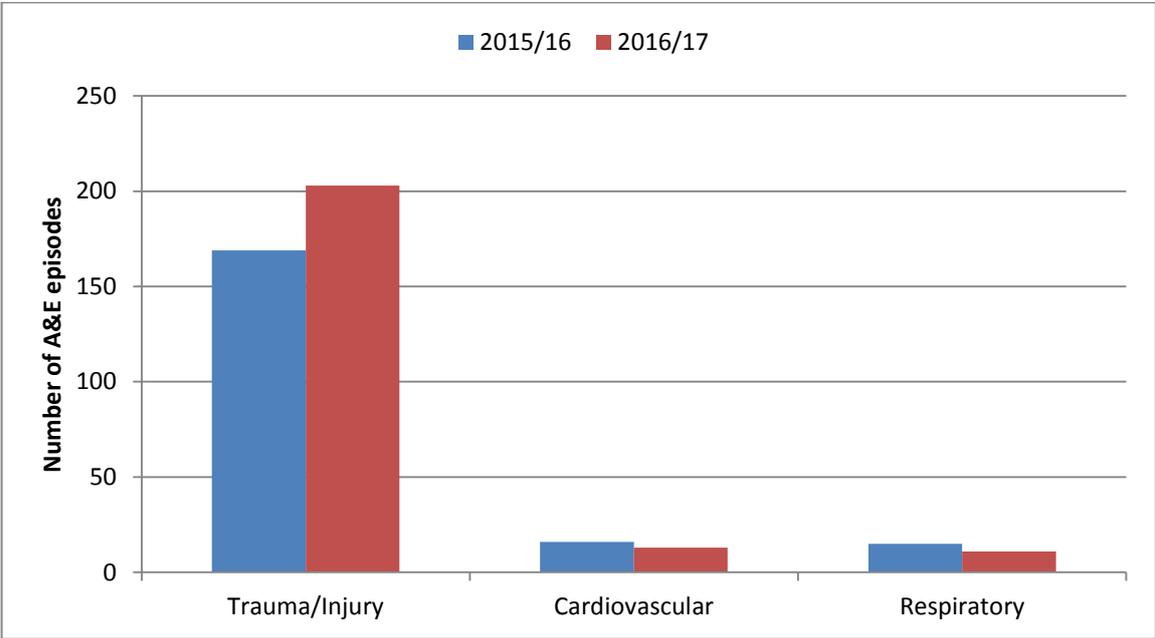
Source: Residential Care Home Database (K2/EVR) 2016/17

Chart 24d: Number of A&E episodes from care homes in Dundee that resulted in admission, discharge or other



Source: ISD social care datamart

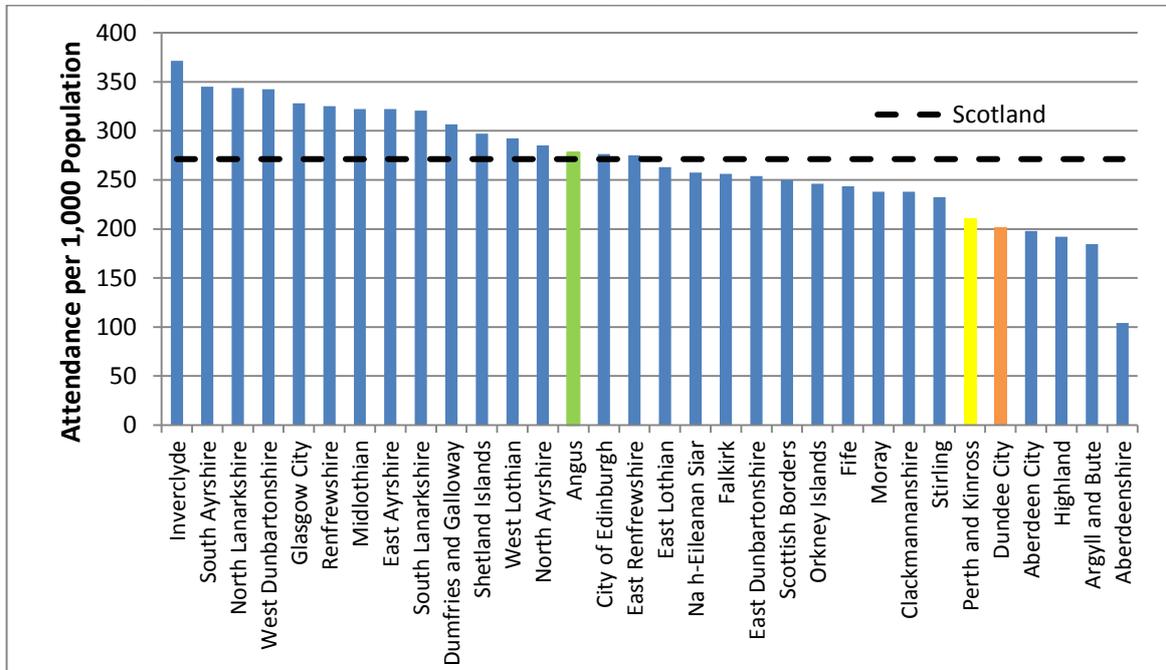
Chart 24e: Number of A&E episodes from care homes in Dundee by diagnosis



Source: ISD social care datamart

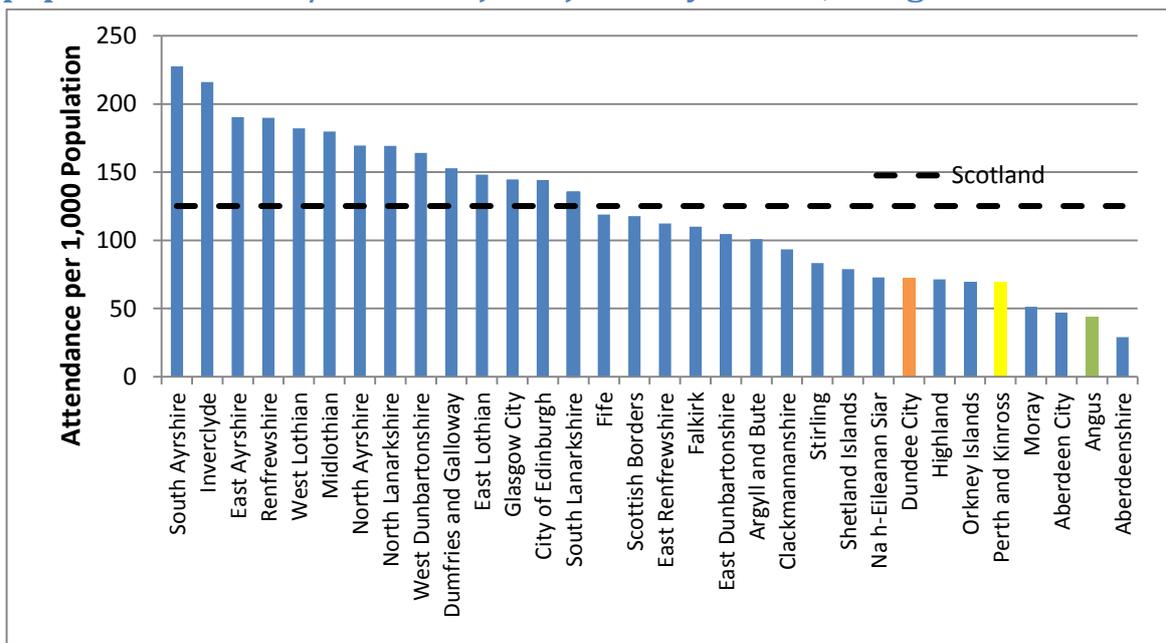
A&E Attendances

Chart 25a: A&E new and unplanned return attendances as a rate per 1,000 population in 2016/17 for all injury types by H&SCP; all ages



Source: Discovery (ISD)

Chart 25b: A&E new and unplanned return attendances as rate per 1,000 population in 2016/17 for major injuries by H&SCP; all ages



Source: Discovery (ISD)

Appendix A - Criteria for Potentially Preventable Admissions

Condition Description	Diagnostic & Procedural Descriptives	ICD10 Codes	OPCS4 Codes
Ear, nose and throat infections	Principal Diagnosis	H66, J028, J029, J038, J039, J06, J321	
Dental conditions	Principal Diagnosis	K02, K03, K04, K05, K06, K08	
Convulsions and epilepsy	Principal Diagnosis	G40, G41, R56, O15	
Gangrene	All Diagnosis (1-6)	R02	
Nutritional deficiencies	Principal Diagnosis	E40, E41, E43, E550, E643, M833	
Dehydration and gastroenteritis	Principal Diagnosis	E86, K522, K528, K529	
Pyelonephritis	Principal Diagnosis	N10, N11, N12	
Perforated bleeding ulcer	Principal Diagnosis	K250, K251, K252, K254, K255, K256, K260, K261, K262, K264, K265, K266, K270, K271, K272, K274, K275, K276, K280, K281, K282, K284, K285, K286	
Cellulitis	Principal Diagnosis with Main Operation	L03, L04, L080, L088, L089, L980	Exclude episodes with following main ops S06, S57, S68, S70, W90, X11
Pelvic inflammatory disease	Principal Diagnosis	N70, N73	
Influenza and pneumonia	All Diagnosis (1-6)	J10, J11, J13, J181	
Other vaccine preventable	All Diagnosis (1-6)	A35, A36, A370, A379, A80, B05, B06, B161, B169, B26	
Iron deficiency anaemia	Principal Diagnosis	D501, D508, D509	
Asthma	Principal Diagnosis	J45, J46	
Diabetes complications	All Diagnosis (1-6)	E100, E101, E102, E103, E104, E105, E106, E107, E108, E110, E111, E112, E113, E114, E115, E116, E117, E118, E120, E121, E122, E123, E124, E125, E126, E127, E128, E130, E131, E132, E133, E134, E135, E136, E137, E138, E140, E141, E142, E143, E144, E145, E146, E147, E148	
Hypertension	Principal Diagnosis with Main Operation exclusions	I10, I119	Exclude episodes with following main ops K01 - K50, K56, K60-K61
Angina	Principal Diagnosis with Main Operation exclusions	I20	Exclude episodes with main ops K40, K45, K49, K60, K65, K66
COPD	Principal Diagnosis with Secondary Diagnosis exclusions	J20, J41, J42, J43, J44, J47	Only include J20 if diag2 has one of J41 - J44, J47
Congestive heart failure	Principal Diagnosis with Main Operation exclusions	I110, I50, J81	Exclude episodes with following main ops K01 - K50, K56, K60-K61

Appendix B - Data for trend charts 3 to 24

Chart 3a: Readmissions within 28 days as a percentage of all admissions for people aged 18+

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	9.6%	9.6%	9.6%	9.6%	9.7%	9.7%	9.8%	9.9%	10.0%			
NHS	10.4											
Tayside	%	10.7%	11.0%	11.2%	11.4%	11.5%	11.6%	11.8%	11.8%			
Angus	9.0%	9.3%	9.8%	10.2%	10.4%	10.6%	10.7%	10.7%	10.8%			
Dundee	11.6											
	%	11.7%	11.9%	11.8%	12.1%	12.2%	12.2%	12.7%	12.6%	12.7%	12.7%	12.5%
P&K	10.4											
	%	10.7%	11.1%	11.2%	11.4%	11.6%	11.6%	11.7%	11.7%			

Chart 3b: Readmissions within 28 days as a percentage of all admissions for people aged 75+

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	12.6											
	%	12.6%	12.6%	12.6%	12.5%	12.6%	12.7%	12.8%	12.8%			
NHS	13.7											
Tayside	%	13.8%	14.1%	14.3%	14.2%	14.3%	14.4%	14.3%	14.2%			
Angus	12.7											
	%	12.7%	12.9%	13.1%	12.9%	13.3%	13.2%	12.7%	13.0%			
Dundee	15.4											
	%	15.4%	15.1%	14.8%	14.7%	14.2%	14.7%	15.3%	15.2%	15.4%	14.8%	14.2%
P&K	12.8											
	%	13.2%	14.1%	14.6%	14.8%	15.2%	15.0%	14.5%	14.1%			

Chart 3c: Readmissions within 28 days as a percentage of all admissions for people aged 18-74

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	8.6%	8.6%	8.7%	8.7%	8.8%	8.8%	8.9%	9.1%	9.0%			
NHS												
Tayside	9.1%	9.4%	9.8%	9.9%	10.3%	10.4%	10.5%	10.8%	10.8%			
Angus	7.5%	7.9%	8.5%	9.1%	9.4%	9.5%	9.7%	9.9%	9.9%			
Dundee	10.1 %	10.3%	10.7%	10.7%	11.2%	11.4%	11.3%	11.8%	11.7%	11.7%	12.0%	11.9%
P&K	9.3%	9.7%	9.8%	9.8%	10.0%	10.0%	10.2%	10.6%	10.7%			

Chart 3d: Readmissions within 28 days as a percentage of all admissions for people aged under 18

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	8.8%	8.8%	8.7%	8.7%	8.9%	8.9%	9.1%	9.3%	9.3%			
NHS												
Tayside	8.9%	9.0%	9.6%	9.5%	10.0%	10.3%	10.1%	10.5%	10.7%			
Angus	7.7%	8.3%	8.2%	9.6%	9.5%	9.6%	9.6%	8.9%	9.6%			
Dundee	9.7%	9.6%	10.3%	9.9%	10.5%	10.9%	10.5%	11.5%	11.8%	12.5%	13.0%	14.1%
P&K	8.9%	8.8%	9.9%	8.9%	9.6%	10.2%	9.9%	10.5%	10.2%			

Chart 5a: Readmissions within 28 days as a percentage of all admissions in General Medicine; all ages

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	15.0 %	14.9%	14.9%	14.7%	14.7%	14.9%	15.0%	15.3%	15.3%			
NHS Tayside	13.9 %	13.9%	13.9%	13.7%	14.2%	14.8%	14.8%	15.1%	15.3%			
Angus	11.7 %	11.7%	11.7%	11.7%	12.1%	12.6%	12.1%	12.1%	12.1%			
Dundee	14.2 %	14.3%	14.3%	13.4%	13.7%	14.1%	14.1%	14.5%	14.9%	14.1%	14.2%	14.7%
P&K	14.7 %	14.6%	14.7%	14.8%	15.6%	16.5%	16.7%	17.0%	17.1%			

Chart 5b: Readmissions within 28 days as a percentage of all admissions in Geriatric Medicine; all ages

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	17.1 %	17.1%	16.8%	16.7%	16.8%	16.8%	17.0%	17.0%	17.0%			
NHS Tayside	17.1 %	18.1%	18.2%	18.4%	18.7%	17.7%	18.0%	18.0%	17.6%			
Angus	17.0 %	16.3%	16.6%	18.3%	19.2%	18.6%	19.3%	18.7%	17.9%			
Dundee	17.7 %	19.6%	18.8%	18.0%	17.7%	16.3%	16.3%	17.0%	17.4%	17.1%	17.3%	17.3%
P&K	14.9 %	16.9%	19.3%	20.1%	20.9%	20.9%	21.9%	20.2%	17.3%			

Chart 5c: Readmissions within 28 days as a percentage of all admissions in A&E; all ages

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	12.0 %	12.0%	11.6%	11.5%	11.2%	11.0%	11.4%	11.3%	11.8%			
NHS Tayside	8.0%	8.0%	7.7%	9.3%	10.0%	10.2%	10.8%	9.8%	8.9%			
Angus	6.8%	7.4%	8.3%	9.5%	9.4%	8.3%	8.7%	5.9%	5.6%			
Dundee	8.8%	8.4%	7.8%	9.6%	10.6%	11.4%	11.9%	11.2%	10.2%	10.3%	10.7%	10.6%
P&K	6.0%	6.9%	4.9%	6.7%	8.0%	7.5%	10.5%	12.5%	10.2%			

Chart 5d: Readmissions within 28 days as a percentage of all admissions in Respiratory Medicine; all ages

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	15.6 %	15.6%	15.7%	15.5%	15.7%	15.7%	15.7%	16.0%	15.9%			
NHS Tayside	20.3 %	20.2%	20.3%	21.3%	22.3%	22.5%	23.4%	23.3%	22.3%			
Angus	16.8 %	17.2%	18.3%	19.3%	19.5%	18.9%	19.2%	19.1%	19.3%			
Dundee	22.7 %	22.6%	22.2%	22.9%	25.0%	25.5%	26.6%	26.6%	24.9%	22.9%	22.6%	22.2%
P&K	15.4 %	14.4%	16.0%	18.8%	15.9%	15.8%	17.4%	16.9%	17.1%			

Chart 8a: Emergency admission rate per 100,000 population for 18+ age group

	14/15Q4	15/16Q1	15/16Q2	15/16Q3	15/16Q4	16/17Q1	16/17Q2	16/17Q3	16/17Q4	17/18Q1	17/18Q2	17/18Q3
Scotland	11,527	11,472	11,502	11,562	11,689	11,690	11,736	11,740	11,652			
NHS Tayside	10,518	10,539	10,581	10,688	10,827	10,892	10,975	11,066	11,067			
Angus	9,803	9,782	9,821	9,942	10,071	10,196	10,316	10,442	10,424			
Dundee	11,569	11,525	11,464	11,583	11,641	11,755	11,867	11,945	11,928	12,031	12,186	12,248
P&K	10,022	10,145	10,291	10,376	10,603	10,573	10,599	10,676	10,709			

Chart 8b: Emergency admission rate per 100,000 population for 75+ age group

	14/15Q4	15/16Q1	15/16Q2	15/16Q3	15/16Q4	16/17Q1	16/17Q2	16/17Q3	16/17Q4	17/18Q1	17/18Q2	17/18Q3
Scotland	37,064	36,792	36,751	36,699	36,550	36,327	36,402	36,653	36,881			
NHS Tayside	32,743	32,565	32,664	32,679	32,307	32,232	32,313	32,587	33,184			
Angus	30,377	30,116	30,184	30,150	29,893	29,904	29,904	29,887	30,559			
Dundee	37,551	37,829	37,275	37,082	35,917	36,114	36,581	37,299	38,040	38,096	37,718	37,210
P&K	30,539	30,155	30,807	31,029	31,211	30,894	30,727	30,869	31,293			

Chart 8c: Emergency admission rate per 100,000 population for 18-74 age group

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	8,677	8,633	8,671	8,744	8,901	8,918	8,961	8,936	8,813			
NHS												
Tayside	7,599	7,625	7,659	7,779	7,985	8,057	8,140	8,207	8,129			
Angus	6,946	6,921	6,956	7,098	7,281	7,394	7,531	7,677	7,561			
Dundee	8,571	8,518	8,513	8,668	8,866	8,985	9,057	9,062	8,959	9,067	9,283	9,410
P&K	7,111	7,260	7,334	7,399	7,633	7,623	7,677	7,745	7,721			

Chart 8d: Emergency admission rate per 100,000 population for under 18 age group

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	7,058	6,966	6,969	6,908	6,978	7,006	7,058	7,111	6,970			
NHS												
Tayside	7,567	7,645	7,824	7,716	8,055	8,236	8,271	8,617	8,537			
Angus	6,309	6,500	6,688	6,728	7,216	7,361	7,620	7,960	7,960			
Dundee	9,495	9,568	9,761	9,560	9,903	10,086	9,941	10,464	10,502	10,928	11,396	11,272
P&K	6,727	6,721	6,880	6,742	6,962	7,161	7,193	7,375	7,118			

Chart 9a: Emergency admission rate per 100,000 population for all ages in General Medicine

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	4,681	4,634	4,589	4,557	4,585	4,589	4,635	4,654	4,591			
NHS												
Tayside	3,846	3,873	3,864	3,880	3,889	3,867	3,878	3,931	3,949			
Angus	2,905	2,883	2,901	2,943	2,973	2,999	3,007	3,047	3,028			
Dundee	3,663	3,719	3,670	3,696	3,644	3,607	3,604	3,638	3,642	3,650	3,601	3,578
P&K	4,764	4,797	4,806	4,793	4,847	4,793	4,821	4,903	4,963			

Chart 9b: Emergency admission rate per 100,000 population for all ages in Geriatric Medicine

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	1,058	1,070	1,077	1,092	1,097	1,096	1,099	1,108	1,119			
NHS												
Tayside	670	651	636	652	654	675	674	691	700			
Angus	793	773	729	728	748	799	821	865	894			
Dundee	991	964	961	979	968	1,001	999	1,009	1,012	984	977	968
P&K	253	245	240	268	268	257	237	242	241			

Chart 9c: Emergency admission rate per 100,000 population for all ages in A&E

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	342	341	344	354	356	345	325	308	305			
NHS												
Tayside	346	339	320	327	339	353	359	357	353			
Angus	363	358	320	330	342	350	360	363	348			
Dundee	596	580	559	570	592	619	624	614	607	605	721	859
P&K	83	82	81	82	85	91	94	97	106			

Chart 9d: Emergency admission rate per 100,000 population for all ages in Respiratory Medicine

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	322	330	357	384	412	424	427	436	436			
NHS												
Tayside	425	410	414	408	442	473	488	508	486			
Angus	468	464	494	490	536	561	561	578	577			
Dundee	736	702	683	677	729	795	830	866	810	804	830	813
P&K	80	76	82	76	82	87	93	99	95			

Chart 10: Annual emergency admissions for 18+ Vs Trajectories set by Dundee H&SCP

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Trajectories set in Feb17 (+4.5%)	14,500	14,554	14,609	14,663	14,718	14,772	14,827	14,881	14,935	14,990	15,044	15,099
Admissions	14,497	14,407	14,600	14,622	14,692	14,779	14,811	14,871	14,795	14,886	15,021	

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Trajectories set in Feb18 (+2.3% from March 18)	15,122	15,151	15,179	15,208	15,236	15,265	15,293	15,322	15,350	15,379	15,407	15,436
Admissions												

	Mar-19
Trajectories set in Feb18 (+2.3%)	15,464
Admissions	

Chart 12: Potentially preventable admission rate per 1,000 population for all ages

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	16.4	16.5	16.6	16.7	17.0	17.2	17.3	17.5	17.3			
NHS												
Tayside	14.5	14.8	15.0	15.0	15.5	15.8	15.9	16.3	16.2			
Angus	12.8	13.3	13.6	13.6	14.4	14.5	14.7	15.3	15.4			
Dundee	17.7	17.6	17.9	17.9	18.3	19.1	19.0	19.4	19.2	19.4	20.2	20.6
P&K	12.6	13.2	13.2	13.1	13.6	13.4	13.8	14.1	13.9			

Chart 14a: Potentially preventable COPD admission rate per 1,000 population for all ages

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	3.5	3.6	3.6	3.7	3.8	3.8	3.9	4.0	3.9			
NHS												
Tayside	2.8	2.9	3.0	2.9	3.0	3.1	3.1	3.3	3.2			
Angus	2.8	2.9	3.0	3.1	2.9	3.0	3.1	3.1	3.2			
Dundee	4.1	4.1	3.9	3.9	4.3	4.7	5.1	5.1	4.8	4.9	5.1	5.1
P&K	2.9	3.2	3.2	3.1	3.2	3.0	3.2	3.3	3.0			

Chart 14b: Potentially preventable COPD admission rate per 1,000 COPD prevalence population for all ages

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	153.4	148.2	149.2	150.9	152.4	153.1	154.3	155.6	153.5			
NHS												
Tayside	114.4	113.1	114.2	112.8	114.3	115.7	117.8	119.7	118.3			
Angus	97.4	89.6	95.6	99.5	95.9	96.6	95.9	96.3	102.6			
Dundee	110.5	111.8	110.1	109.1	112.2	119.2	123.6	125.0	121.3	123.0	129.0	132.9
P&K	136.9	138.1	138.8	131.6	135.4	128.2	129.2	133.7	128.5			

Note: 2015/16 COPD QOF prevalence rates were used for 2016/17 and 2017/18 – 2016/17 TQA registers were not considered reliable for the purposes of this measure

Chart 15a: Potentially preventable diabetes admission rate per 1,000 population for all ages

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	1.29	1.31	1.33	1.35	1.40	1.42	1.44	1.48	1.49			
NHS												
Tayside	1.22	1.22	1.27	1.33	1.41	1.41	1.41	1.46	1.49			
Angus	1.15	1.22	1.21	1.30	1.40	1.29	1.33	1.42	1.45			
Dundee	1.53	1.51	1.63	1.74	1.75	1.77	1.66	1.62	1.71	1.71	1.81	1.84
P&K	0.97	0.93	0.95	0.95	1.07	1.15	1.21	1.33	1.31			

Chart 15b: Potentially preventable diabetes admission rate per 1,000 diabetes prevalence population for all ages

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	25.3	25.1	25.5	25.9	26.8	27.4	27.9	28.6	28.8			
NHS												
Tayside	23.1	22.5	23.4	24.6	26.0	26.1	26.0	26.9	27.6			
Angus	22.5	22.0	21.9	23.4	25.2	23.1	23.9	25.5	26.0			
Dundee	25.6	25.9	28.0	29.8	29.9	30.4	28.4	27.7	29.3	29.3	31.1	31.5
P&K	20.5	18.9	19.5	19.5	21.9	23.7	24.9	27.2	26.9			

Note: 2015/16 diabetes QOF prevalence rates were used for 2016/17 and 2017/18 – 2016/17 TQA registers were not considered reliable for the purposes of this measure

Chart 17a: Emergency admission average length of stay (days) for 18+ age groups

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	8.1	8.1	8.1	7.9	7.8	7.7	7.7	7.7	7.8			
NHS												
Tayside	8.6	8.7	8.7	8.8	8.7	8.6	8.4	8.3	8.2			
Angus	8.7	8.8	8.6	8.5	8.7	8.4	8.2	8.1	8.0			
Dundee	8.4	8.5	8.6	8.8	8.6	8.5	8.4	8.2	8.2	8.1	7.9	7.7
P&K	8.8	8.8	9.0	9.1	8.8	8.8	8.5	8.5	8.3			

Chart 17b: Emergency admission average length of stay (days) for 75+ age groups

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	13.8	13.8	13.7	13.5	13.3	13.2	13.2	13.1	13.1			
NHS												
Tayside	13.9	14.0	14.1	14.2	14.1	13.9	13.8	13.6	13.5			
Angus	13.5	13.7	12.7	12.7	13.0	12.4	12.6	12.6	12.3			
Dundee	13.9	14.0	14.5	14.9	14.8	14.9	14.8	14.2	14.2	13.7	13.5	13.3
P&K	14.3	14.4	14.6	14.7	14.2	14.1	13.8	13.7	13.6			

Chart 17c: Emergency admission average length of stay (days) for 18-74 age groups

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	5.4	5.4	5.4	5.3	5.3	5.2	5.2	5.2	5.3			
NHS												
Tayside	5.6	5.6	5.7	5.8	5.8	5.8	5.5	5.5	5.3			
Angus	5.9	5.8	6.0	6.0	6.2	6.1	5.7	5.6	5.4			
Dundee	5.7	5.7	5.7	5.8	5.7	5.6	5.5	5.4	5.3	5.4	5.4	5.2
P&K	5.4	5.4	5.6	5.7	5.7	5.7	5.4	5.5	5.2			

Chart 17d: Emergency admission average length of stay (days) for under 18 age groups

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	1.5	1.6	1.6	1.6	1.6	1.6	1.5	1.5	1.5			
NHS												
Tayside	1.4	1.4	1.4	1.4	1.3	1.4	1.4	1.3	1.3			
Angus	1.4	1.3	1.3	1.4	1.5	1.4	1.3	1.1	1.1			
Dundee	1.3	1.3	1.3	1.3	1.2	1.3	1.3	1.3	1.3	1.3	1.3	1.3
P&K	1.6	1.6	1.6	1.6	1.5	1.5	1.5	1.5	1.5			

Chart 18a: Emergency admission average length of stay (days) for all ages in General Medicine

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	4.6	4.6	4.5	4.4	4.4	4.3	4.4	4.4	4.5			
NHS												
Tayside	4.0	4.1	4.1	4.1	4.0	3.9	3.8	3.7	3.7			
Angus	2.7	2.8	2.8	2.7	2.6	2.6	2.5	2.7	2.8			
Dundee	2.7	2.8	2.8	2.9	2.7	2.6	2.6	2.4	2.5	2.5	2.5	2.5
P&K	5.5	5.7	5.7	5.8	5.7	5.4	5.3	5.2	5.0			

Chart 18b: Emergency admission average length of stay (days) for all ages in Geriatric Medicine

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	26.8	26.7	26.4	26.0	25.4	25.1	24.8	24.7	24.4			
NHS												
Tayside	31.7	32.1	32.6	33.5	33.3	32.7	32.8	31.7	31.1			
Angus	30.1	29.6	27.7	28.2	28.0	26.8	26.4	25.9	24.9			
Dundee	30.7	31.6	32.7	34.5	34.2	34.2	34.6	33.3	32.9	31.4	30.1	29.3
P&K	39.2	40.2	43.2	41.2	41.7	41.0	42.7	41.6	41.7			

Chart 18c: Emergency admission average length of stay (days) for all ages in Respiratory Medicine

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	9.0	9.1	8.8	8.7	8.4	8.3	8.3	8.2	8.1			
NHS												
Tayside	7.6	7.8	7.7	7.8	7.5	7.0	7.0	6.8	6.9			
Angus	7.7	7.8	7.5	7.6	7.6	7.2	6.9	6.8	6.6			
Dundee	7.5	7.9	7.9	7.9	7.5	6.9	6.9	6.7	6.9	6.9	7.0	6.7
P&K	8.3	7.4	7.6	7.9	6.7	7.4	8.1	7.6	8.0			

Chart 21a: Emergency occupied bed day rate per 100,000 population for 18+ age groups

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	93,433	92,846	92,065	91,205	90,756	89,923	90,307	90,524	89,959			
NHS Tayside	91,630	92,491	93,698	94,211	93,688	92,507	91,393	91,041	89,859			
Angus	85,936	85,298	85,203	86,001	86,072	84,278	83,257	82,941	82,659			
Dundee	98,084	98,887	100,257	100,569	99,980	100,424	99,153	99,004	96,629	94,976	94,537	92,129
P&K	89,597	91,703	93,759	94,253	93,333	91,001	89,970	89,390	88,696			

Chart 21b: Emergency occupied bed day rate per 100,000 population for 75+ age groups

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Scotland	510,592	503,930	497,674	489,687	483,368	476,184	479,087	481,462	479,298			
NHS Tayside	458,412	461,464	465,952	464,167	453,795	447,090	445,272	444,559	442,315			
Angus	411,306	396,537	388,315	388,110	382,632	375,274	377,468	375,087	375,835			
Dundee	523,279	537,355	548,209	547,646	535,138	543,536	538,225	537,814	525,862	507,858	501,789	478,772

P&K	440,289	449,247	458,235	454,256	441,896	424,434	422,368	422,677	425,920			
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Chart 21c: Emergency occupied bed day rate per 100,000 population for 18-74 age groups

	14/15Q4	15/16Q1	15/16Q2	15/16Q3	15/16Q4	16/17Q1	16/17Q2	16/17Q3	16/17Q4	17/18Q1	17/18Q2	17/18Q3
Scotland	46,873	46,757	46,590	46,529	46,738	46,457	46,558	46,532	46,147			
NHS Tayside	43,443	43,677	44,450	45,267	46,047	45,403	44,382	44,079	43,037			
Angus	40,749	41,501	42,550	43,488	44,341	42,907	41,429	41,407	40,978			
Dundee	49,008	48,763	49,049	49,460	50,234	50,044	49,232	49,113	47,827	48,033	48,234	48,169
P&K	39,835	40,165	41,222	42,360	43,090	42,601	41,721	41,011	39,746			

Chart 21d: Emergency occupied bed day rate per 100,000 population for under 18 age groups

	14/15Q4	15/16Q1	15/16Q2	15/16Q3	15/16Q4	16/17Q1	16/17Q2	16/17Q3	16/17Q4	17/18Q1	17/18Q2	17/18Q3
Scotland	11,074	10,821	10,800	10,596	10,606	10,596	10,555	10,526	10,250			
NHS Tayside	10,684	10,809	11,153	10,536	11,086	11,090	10,874	10,889	10,552			
Angus	8,995	9,620	9,808	9,862	9,951	9,109	8,641	8,428	8,437			

Dundee	12,170	12,184	12,232	11,235	12,109	12,728	13,064	13,341	13,663	14,288	14,479	14,703
P&K	10,611	10,443	11,190	10,404	11,009	11,085	10,541	10,487	9,251			

Chart 22a: Monthly occupied bed days at Ninewells Hospital for emergency inpatients aged 18+ living in Dundee

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Bed Days	7,133	7,211	7,215	6,958	6,885	7,165	7,683	7,126	7,262	7,884	7,597	8,045
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Bed Days	7,882	7,418	6,904	6,953	6,431	6,884	6,815	7,741	7,246	7,202	6,366	7,387
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17			
Bed Days	6,815	7,694	6,618	6,905	7,046	6,465	6,852	6,271	7,337			

Chart 22b: Monthly occupied bed days at Royal Victoria Hospital for non-elective inpatients aged 18+ living in Dundee

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Bed Days	2,172	2,346	2,514	2,602	2,332	2,275	2,469	2,423	2,335	2,380	2,239	2,525
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Bed Days	2,470	2,389	2,335	2,407	2,284	2,134	2,336	2,231	2,317	2,284	2,141	2,223

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Bed Days	2,298	2,440	2,246	2,206	2,227	1,921	1,977	1,993	2,014

Chart 23: Annual emergency occupied bed days for 18+ Vs Trajectories set by Dundee H&SCP

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Trajectories set in Feb17 (-2.7%)	117,304	117,040	116,775	116,511	116,247	115,982	115,718	115,454	115,189	114,925	114,661	114,396
Bed Days	117,300	115,915	116,005	115,275	114,819	115,170	114,490	114,036	112,126	111,517	110,743	

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Trajectories set in Feb18 (-3.4% from March 18)	111,893	111,579	111,266	110,952	110,638	110,325	110,011	109,697	109,384	109,070	108,756	108,443
Bed Days												

	Mar-19
Trajectories set in Feb18(-3.4%)	108,129

Bed Days	
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Chart 24a: Number of A&E episodes from care homes in Dundee that resulted in admission, discharge or other

	2015/16	2016/17
Admitted	112 (42%)	166 (52%)
Discharged	148 (56%)	151 (47%)
Other	5 (2%)	2 (1%)
Total	265	319

Chart 24b: Number of A&E episodes from care homes in Dundee by discharge

	2015/16	2016/17
Trauma/Injury/Poisoning	169 (64%)	203 (64%)
Cardiovascular	16(6%)	13 (4%)
Respiratory	15 (6%)	11 (3%)
Other	65 (24%)	92 (29%)
Total	265	319



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 29 MAY 2018

REPORT ON: FALLS PERFORMANCE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC32-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to provide assurance that an in-depth analysis of falls related hospital admissions in Dundee has been provided to relevant professionals and groups in order to support improvements.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the contents of this report and the analysis of falls related hospital admissions (section 5.0 of this report and appendix 1).
- 2.2 Notes the current activity to reduce falls related hospital admissions, prevent incidences of falls and support people who have fallen or who are at risk of a fall (section 6.0 of this report).
- 2.3 Notes the future priority areas (section 8.0 of this report).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND INFORMATION

- 4.1 National Health and Wellbeing Indicator 16 is "Falls rate per 1,000 of >65 population". The focus of this indicator is the number of falls that occur in the population (aged 65 plus). The indicator is measured using data gathered by Information Services Division (ISD).
- 4.2 This indicator is monitored in the Quarterly Performance Report and was included in the Q3 report (Report number PAC15-2017, presented to the PAC meeting on 19 July 2017) and the Annual Performance Report (Report number DIJB29-2017, presented to the IJB Meeting held on 29 August 2017). Both reports highlighted the particularly high rate of hospital admissions within the Dundee population of people aged 65+ as a result of a fall.
- 4.3 In 2016/17 Dundee had a rate of 26.0 hospital admissions as a result of a fall per 1,000 people aged 65+. Benchmarking with other Partnerships shows that Dundee had the 2nd highest falls rate in Scotland and was significantly higher than the Scottish rate of 21.7 admissions as a result of a fall per 1,000 people aged 65+. An analysis of falls admissions was presented to the PAC held on 12 September 2017 (PAC26-2017), with the PAC requesting a further detailed analysis of falls in Dundee.
- 4.4 Falls can have a significant impact on an older person's independence and quality of life, impeding a person's mobility and confidence. However, falls are not an inevitable consequence of old age. Well-organised services, delivering recommended and evidence based practices can prevent many falls and fractures in older people in a community setting. Rehabilitation services are key to preventing repeat falls. In addition, the safety of a person's immediate

environment as well as a review of their prescribed medicines are important alongside a multifactorial assessment including; eyesight, footwear, foot condition, bone health, nutrition, continence, daily activities and cognition. For every £1 invested in physiotherapy rehabilitation into falls services, £4 is saved across health and social care services (Chartered Society of Physiotherapy).

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

5.0 WHAT THE DATA IS TELLING US

- 5.1 At 2017/18 Q2 Dundee had the 2nd highest fall admission rate compared to the other 32 partnerships in Scotland.
- 5.2 As at 2017/18 Q3, the West End had the highest fall admission rate with 38 admissions per 1,000 population aged 65+. The Ferry had the lowest fall admission rate with 22 admissions per 1,000 population aged 65+. Overall, Dundee has seen an increase in fall admission rate from 24.5 in 2015/16 Q2 to 28.3 in 2017/18 Q3.
- 5.3 As at 2017/18 Q3, the East End and the West End had the highest fall admission rates where the fall occurred in the home with 22 admissions per 1,000 population aged 65+. The Ferry had the lowest fall admission rate with 12 admissions per 1,000 population aged 65+.
- 5.4 As at 2017/18 Q3, the West End had the highest fall admission rate where the fall occurred outside the home with 16 admissions per 1,000 population aged 65+. Strathmartine had the lowest fall admission rate with 9 admissions per 1,000 population aged 65+.
- 5.5 The number of monthly fall admissions in Dundee, where a fall occurred in the home, has not seen any significant changes. The number of monthly fall admissions in Dundee, where a fall occurred outside the home or place of work, saw a significant increase in December 2017 which may be attributable to weather conditions.
- 5.6 The gap between fall admission rates of people who live in the most deprived (quintile 1) and the least deprived (quintile 5) has increased since 2014/15 Q4. In 2014/15 Q4, the fall admission rate for the people who live in the most deprived areas was 25% higher than the least deprived and this increased to 37% in 2017/18 Q3.
- 5.7 The gap between fall admission rates, where a fall occurred in the home, in the most deprived and the least deprived areas has also increased since 2014/15 Q4. In 2014/15 Q4, the admission rate where a fall occurred in the home in the most deprived areas was 25% higher than the admission rate where a fall occurred in the least deprived areas and this increased to 27% in 2017/18 Q3.
- 5.8 The gap between fall admission rates, where a fall occurred outside the home or place of work, in the most deprived and the least deprived areas has seen a sharp increase since 2016/17 Q3. In 2014/15 Q4, the fall admission rate for people who live in the most deprived areas was 24% higher than for people who live in least deprived areas and this increased to 59% in 2017/18 Q3.
- 5.9 The number of people living with a community alarm, as a rate per 1,000 65+ population, decreased in Dundee from 30 in 2015/16 to 26 in 2017/18 (a decrease of 16%). Only Coldside saw an increase in the number of people living with a community alarm from 29 per 1,000 65+ population in 2015/16 to 33 in 2016/17. Strathmartine, the Ferry and the West End had the lowest rates in 2016/17 with between 20 and 22 per 1,000 65+ population.
- 5.10 In 2016/17 there were 330 people who experienced a single fall admission, 45 people who experienced two fall admissions and 17 people who experience three or more falls admissions.

- 5.11 Of the people who experienced three or more fall admissions in 2016/17, nearly half had a home care package. This fell to around 30% for people who had experienced 1 or 2 falls.
- 5.12 Arthritis was the most common long term condition for people who experienced a fall admission in 2016/17. For those who experienced 3+ falls, around half had arthritis. Chronic heart disease and dementia were also prevalent with over a third of people who experienced multiple falls having one of these conditions.
- 5.13 The average cost to the health service of providing treatment to people who had a single fall admission in 2016/17 was £18,000 per person. This increased to £25,000 for people who had 2 fall admissions and £27,000 for those who had three or more fall admissions.
- 5.14 The average number of dispensed prescribed items in 2016/17 was 68 for people who had a single fall admission, 93 for those who had two fall admissions and 100 for those who had three or more fall admissions. This finding has prompted a further analysis to establish if poly-pharmacy is contributing to the risk of falling or if multiple prescribed items and high numbers of falls is simply an indicator of frailty.

6.0 CURRENT SERVICE MODEL

6.1 Falls Classes

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

6.2 Education

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

6.3 Community Equipment Loan Service

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

6.4 Referral Pathway Redesign

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

6.5 Support in Care Homes

The community rehabilitation team provided support to care home employees, particularly regarding the Otago falls programme. All care homes in Dundee that expressed interest in

receiving support have been provided with training to employees. There was a high uptake in training in the care homes located in Broughty Ferry. The care homes are expected to roll out training and the quality of the approach to prevent falling in care homes is expected to vary. Further work is required to ensure a sustainable model is in place across Dundee care homes.

6.6 In Patients and Out Patients

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

6.7 Collaborative Working with Scottish Ambulance Service and Other Stakeholders

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

6.8 Emergency Department (ED)

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

7.0 THE ENVIRONMENT – STREET LIGHTING

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

8.0 PRIORITY AREAS FOR IMPROVEMENT

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

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

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

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

Stage 4 – Co-ordinated management including specialist assessments.

This framework will be implemented in Dundee and stage 1 will be prioritised.

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

- recognising the need to work more efficiently within existing resources including the strengthening of links with community / voluntary groups and broader stakeholders.
- discussions with Dundee College to start a project where students are trained in Otago and then with support from the community rehabilitation team, are able to implement it within care homes.
- the implementation of a home based Otago project for patients who are unable to attend the class.

9.0 AREAS FOR FURTHER ANALYSIS

The Dundee Falls Service will complete an audit of all patients with more than 2 hospital admissions as a result of a fall in order to identify if they were already known to the falls service; had a multifactorial assessment and had received support from the community rehabilitation team.

10.0 RISK ASSESSMENT

Risk 1 Description	The risk of not reducing the rate of hospital admissions due to a fall could affect; outcomes for individuals and their carers and spend associated with unscheduled hospital admissions if the Partnership's performance does not improve.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - The 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.

11.0 POLICY IMPLICATIONS

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

12.0 CONSULTATIONS

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

13.0 BACKGROUND PAPERS

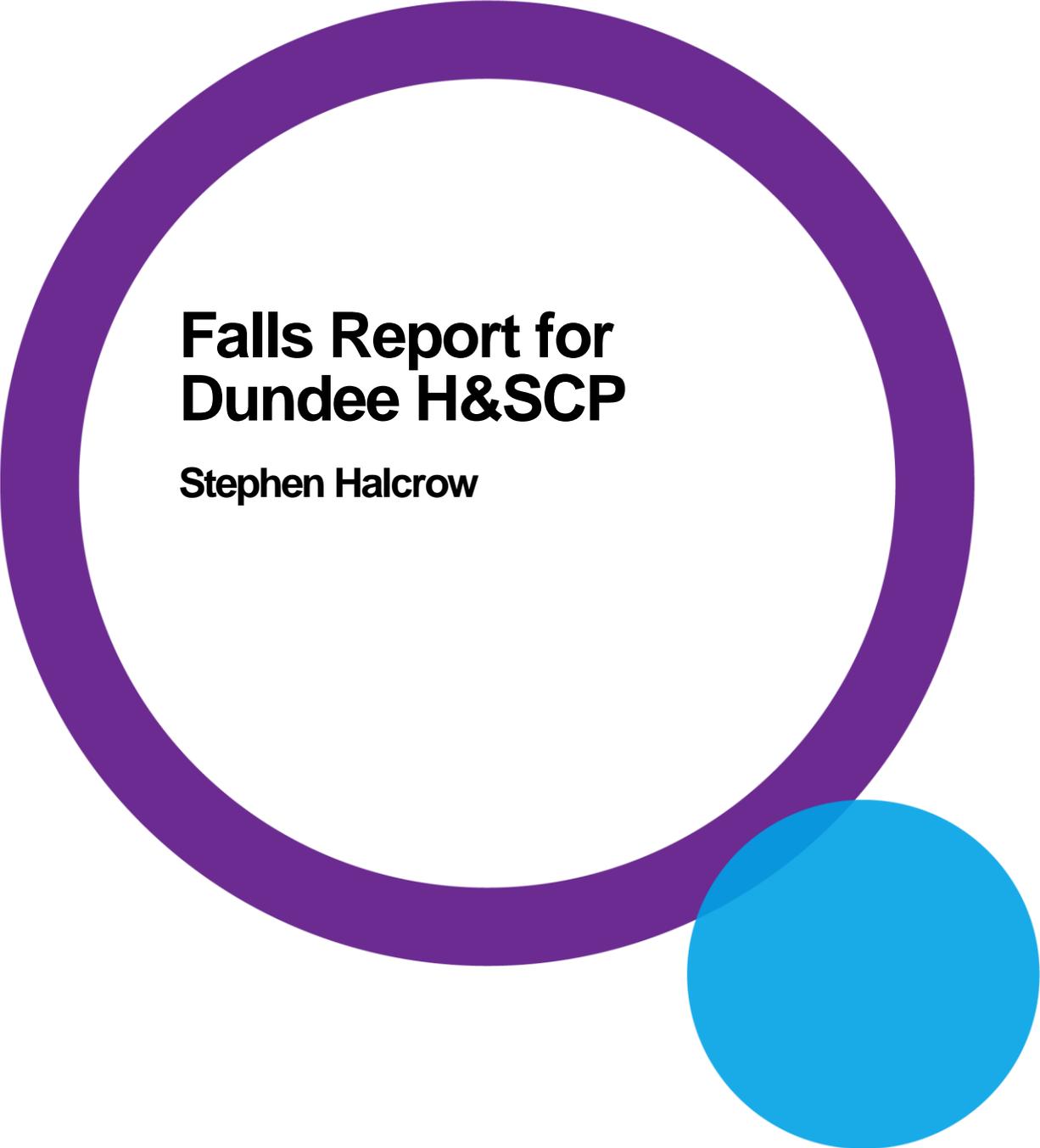
None.

Dave Berry
Chief Finance Officer

DATE: 8 May 2018

Lynsey Webster
Senior Officer

Stephen Halcrow
Local Intelligence Support Team
ISD Scotland



Falls Report for Dundee H&SCP

Stephen Halcrow

Contents

Introduction	4
Data Sources	4
Main Points	4
Fall Admissions by Local Community Planning Partnerships.....	7
Chart 1a: Number of fall admissions in Dundee as a rate per 1,000 population aged 65+ by LCPPs	7
Chart 1b: Number of fall admissions in Dundee that occurred in the home as a rate per 1,000 population aged 65+ by LCPPs.....	7
Chart 1c: Number of fall admissions in Dundee that occurred not in the home or work as a rate per 1,000 population aged 65+ by LCPPs.....	8
Number of Fall Admissions by Month.....	8
Chart 2a: Number of monthly fall admissions in Dundee that occurred in the home	8
Chart 2b: Number of monthly fall admissions in Dundee that occurred not in the home or place of work	9
Fall Admissions by Deprivation (H&SCP SIMD Quintiles)	9
Chart 3a: Number of fall admissions in Dundee as a rate per 1,000 population aged 65+ by deprivation (H&SCP SIMD quintiles).....	9
Chart 3b: Number of fall admissions in Dundee that occurred in the home as a rate per 1,000 population aged 65+ by deprivation (H&SCP SIMD quintiles).....	10
Chart 3c: Number of fall admissions in Dundee that occurred not in the home or work as a rate per 1,000 population aged 65+ by deprivation (H&SCP SIMD quintiles)	10
Multiple Fall Admissions by Local Community Planning Partnerships	11
Chart 4a: Number of people aged 65+ that had 1 fall admission in Dundee, within a 2 year period, as a rate per 1,000 65+ population by LCPPs.....	11
Chart 4b: Number of people aged 65+ that had 2+ fall admissions in Dundee, within a 2 year period, as a rate per 1,000 65+ population by LCPPs	11
Chart 5a: Number of people aged 65+ that had a fall admission in Dundee that occurred in the home, within a 2 year period, as a rate per 1,000 65+ population	12
Chart 5b: Percentage difference in the rate of single fall admissions that occurred in the home between 2014/15Q4 and 2017/18Q3 by LCPPs	12
Chart 5c: Percentage difference in the rate of 2+ fall admissions that occurred in the home between 2014/15Q4 and 2017/18Q3 by LCPPs	13
Chart 6a: Number of people aged 65+ that had a fall admission in Dundee that occurred not in the home or place of work, within a 2 year period, as a rate per 1,000 65+ population	13

Chart 6b: Percentage difference in the rate of single fall admissions that occurred not in the home or place of work between 2014/15Q4 and 2017/18Q3 by LCPPs	14
Chart 6c: Percentage difference in the rate of 2+ fall admissions that occurred not in the home or place of work between 2014/15Q4 and 2017/18Q3 by LCPPs.....	15
Number of People Living with a Community Alarm by Local Community Planning Partnerships.....	16
Chart 7: Number of people aged 65+ living with a community alarm in Dundee as a rate per 1,000 population by LCPP	16
Pathways Analysis for Multiple Fall Admissions in the Home in Dundee in 2016/17	17
Chart 8a: Percentage of people in Dundee who have had 1, 2 or 3+ fall admissions in the home and who had a social care package in place as at 2016/17	17
Chart 8b: Percentage of people in Dundee who have had 1, 2 or 3+ fall admissions in the home and who have a long term condition as at 2016/17	17
Chart 8c: Percentage of people in Dundee who have had 1, 2 or 3+ fall admissions in the home and who have died in 2016/17	18
Chart 8d: Average health cost per person in Dundee who had 1, 2 or 3+ fall admissions in the home in 2016/17.....	18
Chart 8e: Average number of dispensed prescriptions for people in Dundee who have had 1, 2 or 3+ fall admissions in the home in 2016/17	19
Service User Pathway Multiple Fall Admissions in the Home: Example 1	20
Service User Pathway Multiple Fall Admissions in the Home: Example 2	21
Appendix A - Data for trend charts 1 to 8.....	22

Introduction

This report has been prepared by the Local Intelligence Support Team (LIST) on behalf of Dundee Health & Social Care Partnership in order to better understand unscheduled care activity.

This report aims to show how Dundee H&SCP compares to Scotland and other partnerships within NHS Tayside for the following measures: emergency admissions, potentially preventable admissions, average length of stay for emergency admissions and emergency occupied bed days. Variances in unscheduled care activity will be illustrated across different age groups and acute specialties that are devolved to the partnerships in NHS Tayside.

Data Sources

The data used for this report is taken from the SMR01 national dataset and trend data shows annual rolling totals for each financial quarter since 2014/15Q4 (April 14 to March 15) up to 2017/18Q3 (January 17 to December 17). This allows the reader to observe trends in the data and to identify which quarters the data climbs or falls. For national comparisons against all 31 partnerships, the indicators only show financial year 2016/17 as this is the latest period that is published at ISD for unscheduled care activity (2017/18 activity will be published in September 2018).

Main Points

Fall Admissions by Local Community Planning Partnerships (LCPPs)

- As at 2017/18Q3, the West End had the highest fall admission rates with 38 per 1,000 population aged 65+. The Ferry had the lowest fall admission rates with 22 per 1,000 population aged 65+. Overall, Dundee showed an increase in fall admission rates from 24.5 in 2015/16Q2 to 28.3 in 2017/18Q3.
- As at 2017/18Q3, the East End and the West End had the highest fall admission rates that occurred in the home with 22 per 1,000 population aged 65+. The Ferry had the lowest fall admission rates with 12 per 1,000 population aged 65+.
- As at 2017/18Q3, the West End had the highest fall admission rates that occurred outside the home with 16 per 1,000 population aged 65+. Strathmartine had the lowest fall admission rates with 9 per 1,000 population aged 65+.

Number of Fall Admissions by Month

- The number of monthly fall admissions in Dundee, where a fall occurred in the home, did not see any significant changes between 2014/15Q4 and 2017/18Q3
- The number of monthly fall admissions in Dundee, where a fall occurred not in the home or place of work, saw a significant increase in December 2017.

Fall Admissions by Deprivation (H&SCP SIMD Quintiles)

- The gap between all fall admission rates in the most deprived (quintile 1) and the least deprived has increased since 2014/15Q4. In 2014/15Q4, the admission rates for the most deprived was 25% higher than the least deprived and this increased to 37% in 2017/18Q3.
- The gap between fall admission rates, where a fall occurred in the home, in the most deprived and the least deprived has also increased since 2014/15Q4. However, this gap has reduced again since 2016/17Q4. In 2014/15Q4, the admission rates for the most deprived was 25% higher than the least deprived and this increased to 27% in 2017/18Q3.
- The gap between fall admission rates, where a fall occurred not in the home or place of work, in the most deprived and the least deprived has seen a sharp increase since 2016/17Q3. In 2014/15Q4, the admission rates for the most deprived was 24% higher than the least deprived and this increased to 59% in 2017/18Q3.

Multiple Fall Admissions by Local Community Planning Partnerships

- The number of people that had a single fall within a 2 year period between 2014/15Q4 and 2017/18Q3, as a rate per 1,000 65+ population, increased in Dundee from 18 to 22.1 (an increase of 23%). The biggest increase was in the East End from 16.6 to 25.7 (an increase of 55%).
- The number of people that had two or more falls within a 2 year period between 2014/15Q4 and 2017/18Q3, as a rate per 1,000 65+ population, increased in Dundee from 2.2 to 3.8 (an increase of 73%). The biggest increase was in the West End from 2.4 to 9.6 (an increase of 300%).
- The number of people that had a single fall **in the home** within a 2 year period between 2014/15Q4 and 2017/18Q3, as a rate per 1,000 65+ population, increased in Dundee from 11.9 to 14.1 (an increase of 18%). The East End saw the biggest increase in this period with a 50% increase.
- The number of people that had two or more falls **in the home** within a 2 year period between 2014/15Q4 and 2017/18Q3, as a rate per 1,000 65+ population, increased in Dundee from 1.4 to 2.0 (an increase of 41%). The West End saw the biggest increase in this period with a 196% increase.
- The number of people that had a single fall **not in the home** within a 2 year period between 2014/15Q4 and 2017/18Q3, as a rate per 1,000 65+ population, increased in Dundee from 8.2 to 9.9 (an increase of 21%). The West End saw the biggest increase in this period with a 100% increase.
- The number of people that had two or more falls **not in the home** within a 2 year period between 2014/15Q4 and 2017/18Q3, as a rate per 1,000 65+ population, increased in Dundee from 0.4 to 0.8 (an increase of 100%). The West End saw the biggest increase in this period with a 196% increase (caution should be taken with these figures as the numbers are very small as no LCPP had more than 5 fall admissions in 2017/18Q3).

Number of People Living with a Community Alarm by Local Community Planning Partnerships

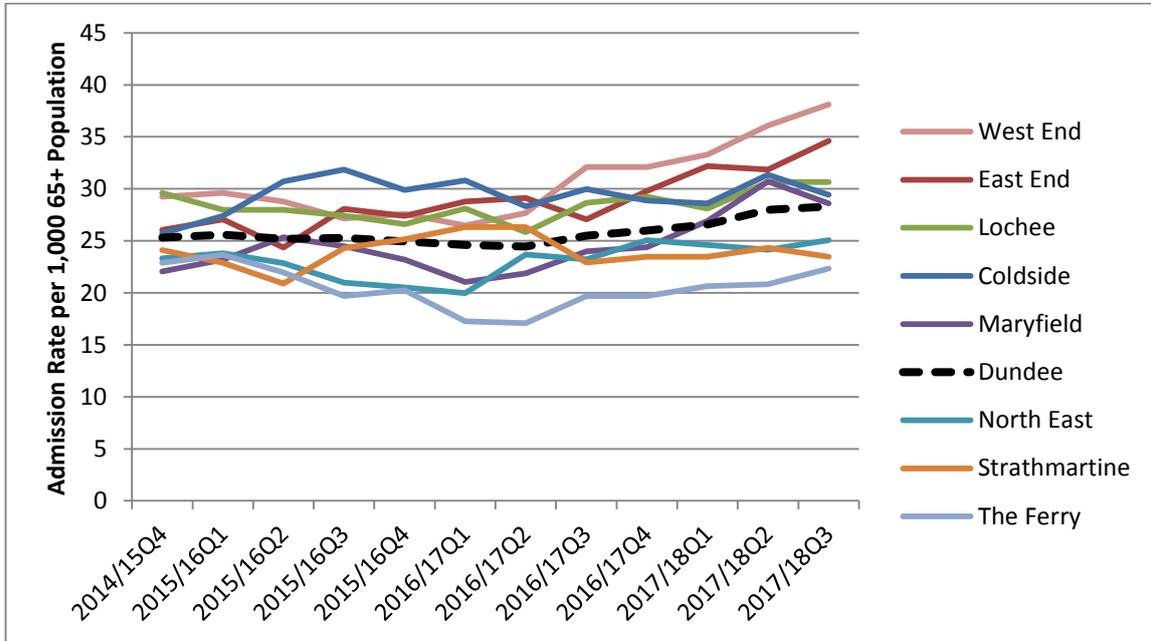
- The number of people living with a community alarm, as a rate per 1,000 65+ population, decreased in Dundee from 30 in 2015/16 to 26 in 2017/18 (a decrease of 16%). Only Coldside saw an increase in the number of people living with a community alarm from 29 per 1,000 65+ population in 2015/16 to 33 in 2016/17. Strathmartine, the Ferry and the West End had the lowest rates in 2016/17 with between 20 and 22 per 1,000 65+ population.

Pathways Analysis for Multiple Fall Admissions in the Home in 2016/17

- In 2016/17 there were 330 people who experienced a single fall admission, 45 people who experienced 2 fall admissions and 17 people who experienced 3 or more falls admissions (all in the home).
- Of the people who had experienced three or more fall admissions in 2016/17, nearly half had a home care package. This fell to around 30% for people who had experienced 2 fall admissions and to 25% for people who had 1 fall admission.
- Arthritis was the most common long term condition for people who experienced a fall admission in 2016/17. For those who experienced 3+ falls, around half had arthritis. Chronic Heart Disease and dementia were also prevalent with over a third of people who experienced multiple falls having one of these conditions.
- People who had a single fall admission in 2016/17 cost the health service on average £18,000. This increased to £25,000 for people who had 2 fall admissions and £27,000 for people who had 3 or more fall admissions.
- The average number of dispensed prescribed items in 2016/17 was 68 for people who had a single fall admission, 93 for those who had 2 fall admissions and 100 for those who had 3+ fall admissions.

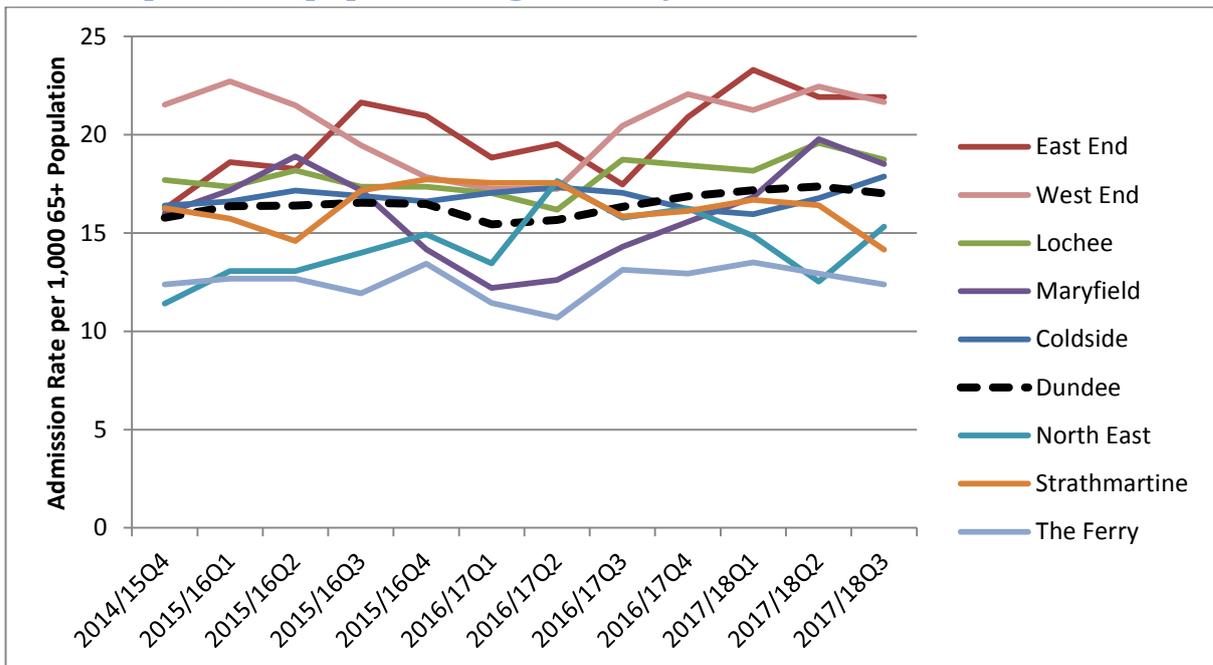
Fall Admissions by Local Community Planning Partnerships

Chart 1a: Number of fall admissions in Dundee as a rate per 1,000 population aged 65+ by LCPPs



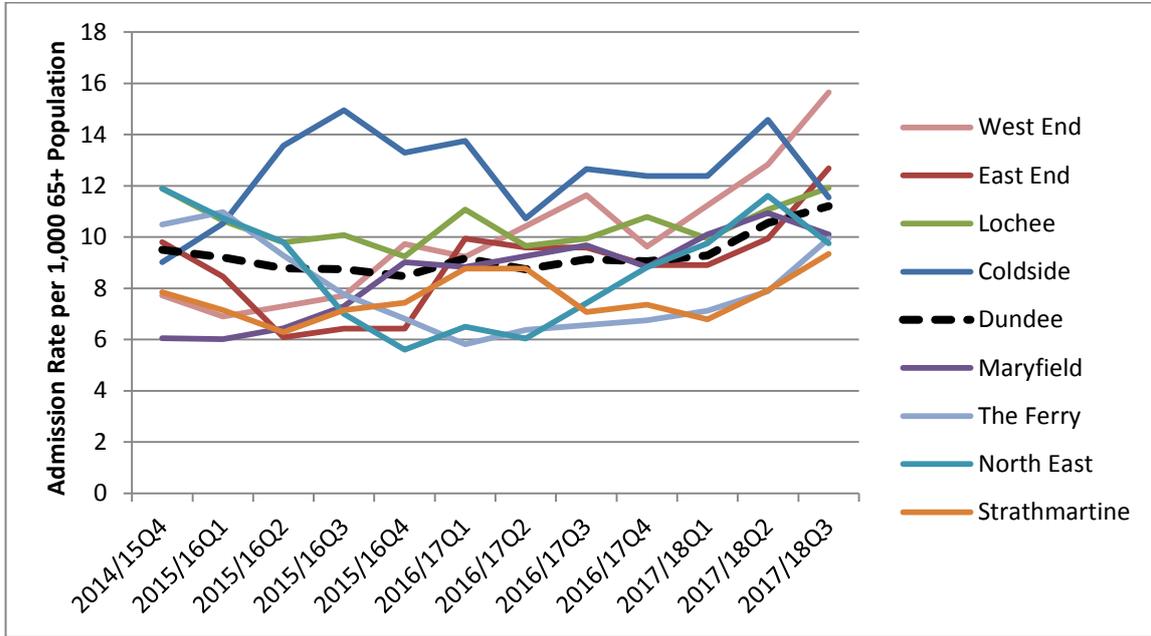
Source: SMR01 dataset (ISD)

Chart 1b: Number of fall admissions in Dundee that occurred in the home as a rate per 1,000 population aged 65+ by LCPPs



Source: SMR01 dataset (ISD)

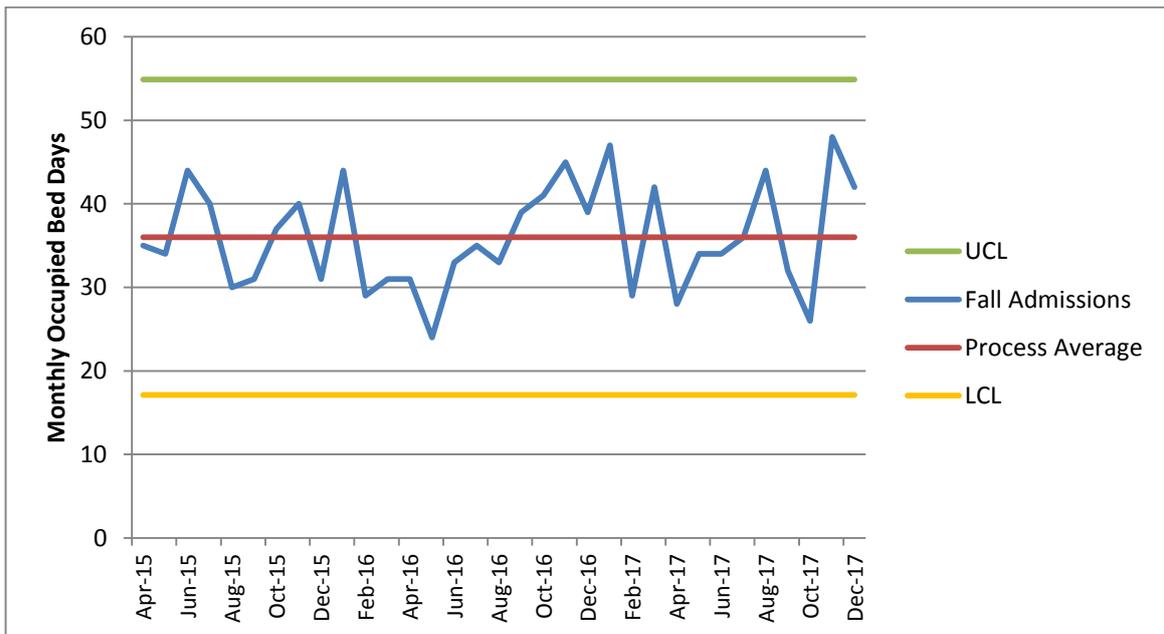
Chart 1c: Number of fall admissions in Dundee that occurred not in the home or work as a rate per 1,000 population aged 65+ by LCPPs



Source: SMR01 dataset (ISD)

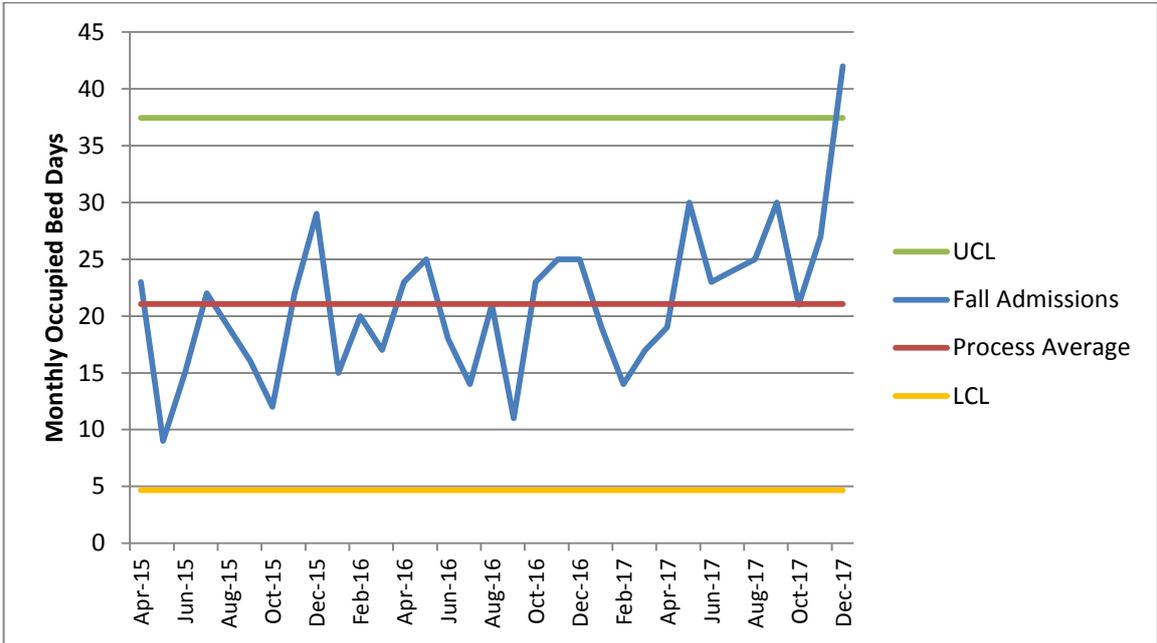
Number of Fall Admissions by Month

Chart 2a: Number of monthly fall admissions in Dundee that occurred in the home



Source: SMR01 dataset (ISD)

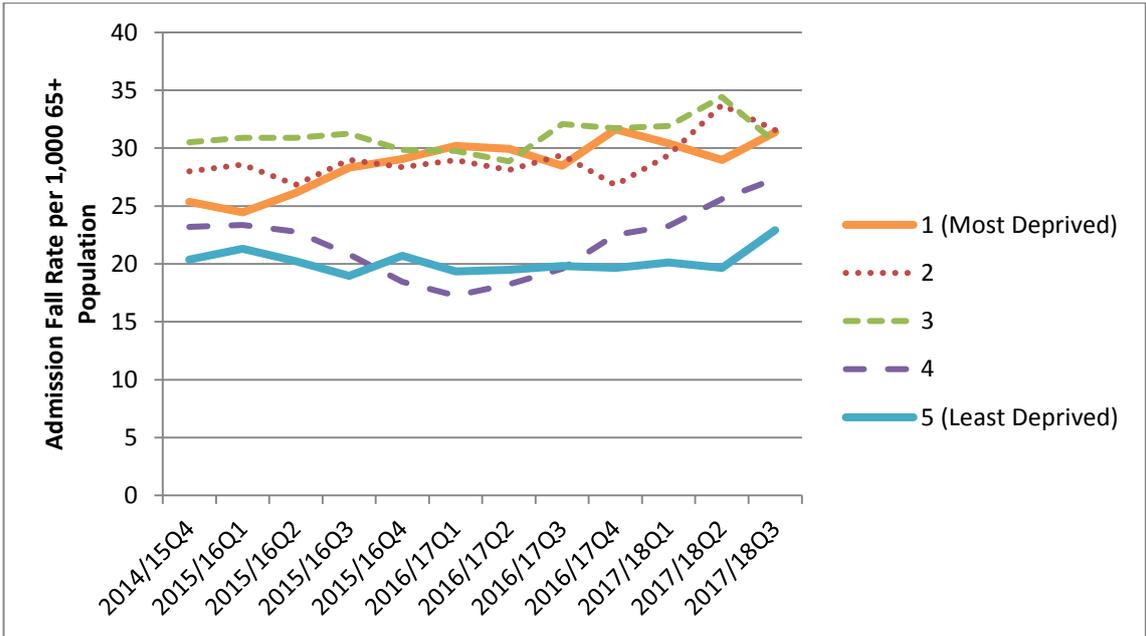
Chart 2b: Number of monthly fall admissions in Dundee that occurred not in the home or place of work



Source: SMR01 dataset (ISD)

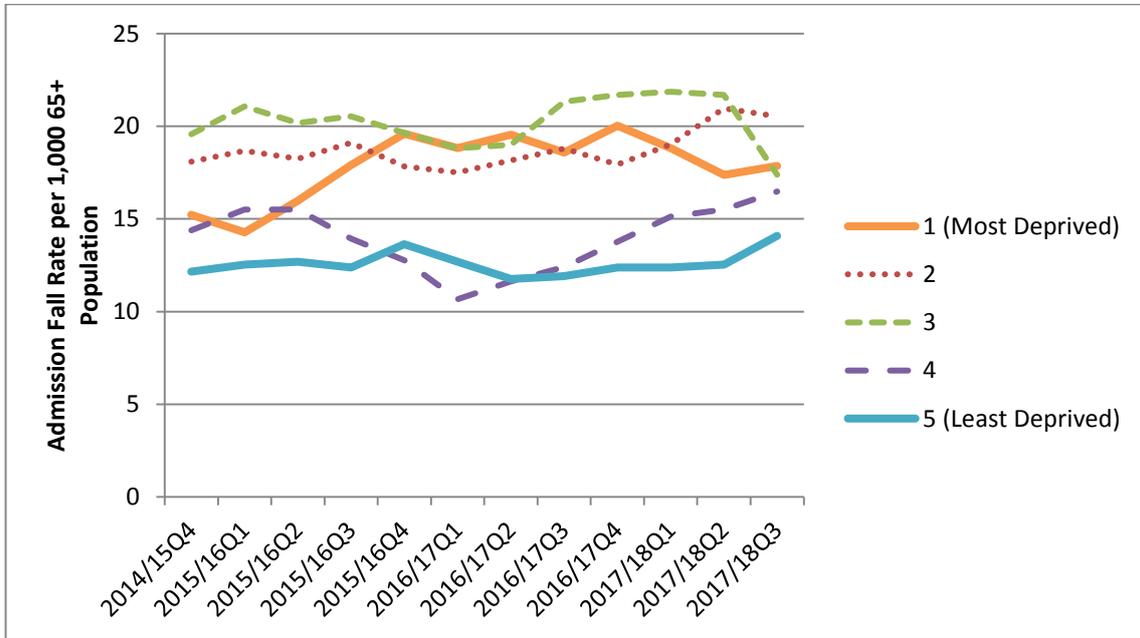
Fall Admissions by Deprivation (H&SCP SIMD Quintiles)

Chart 3a: Number of fall admissions in Dundee as a rate per 1,000 population aged 65+ by deprivation (H&SCP SIMD quintiles)



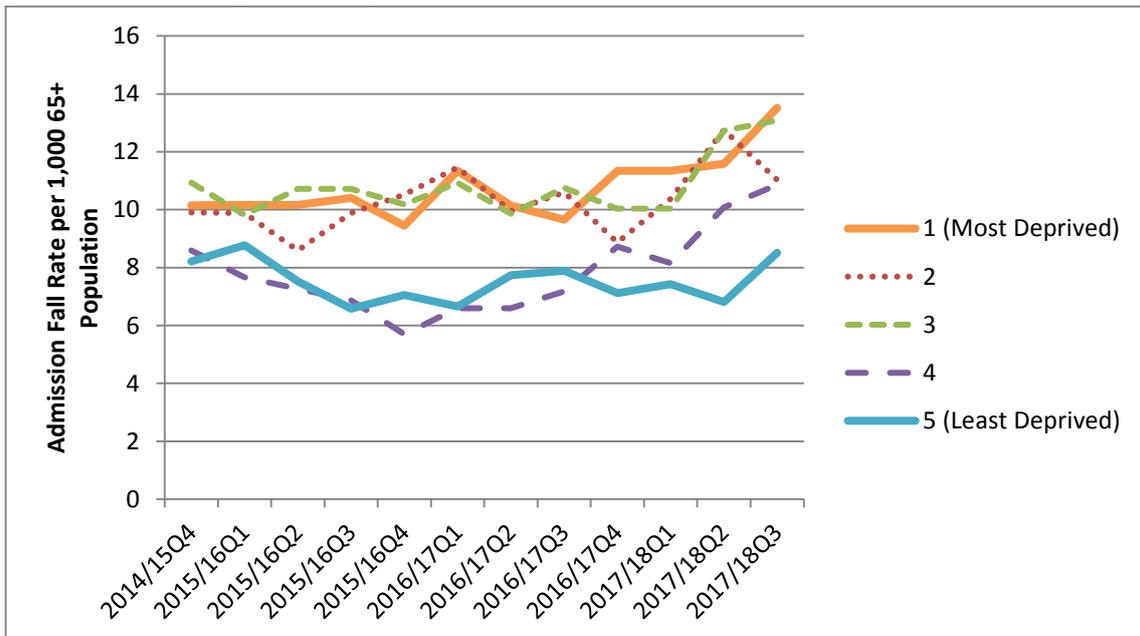
Source: SMR01 dataset (ISD)

Chart 3b: Number of fall admissions in Dundee that occurred in the home as a rate per 1,000 population aged 65+ by deprivation (H&SCP SIMD quintiles)



Source: SMR01 dataset (ISD)

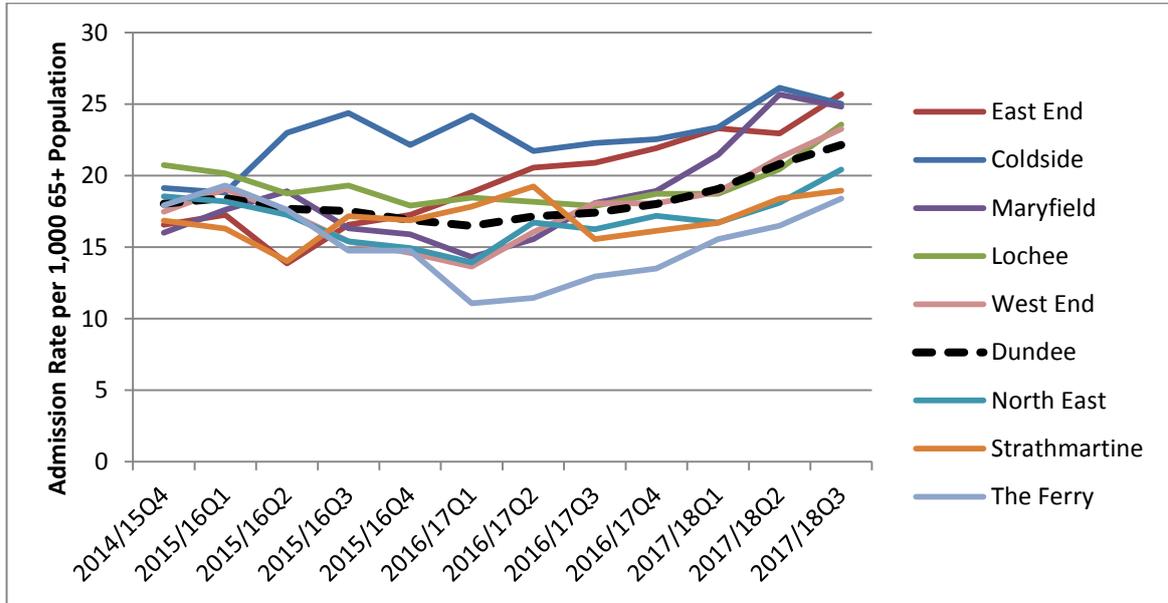
Chart 3c: Number of fall admissions in Dundee that occurred not in the home or work as a rate per 1,000 population aged 65+ by deprivation (H&SCP SIMD quintiles)



Source: SMR01 dataset (ISD)

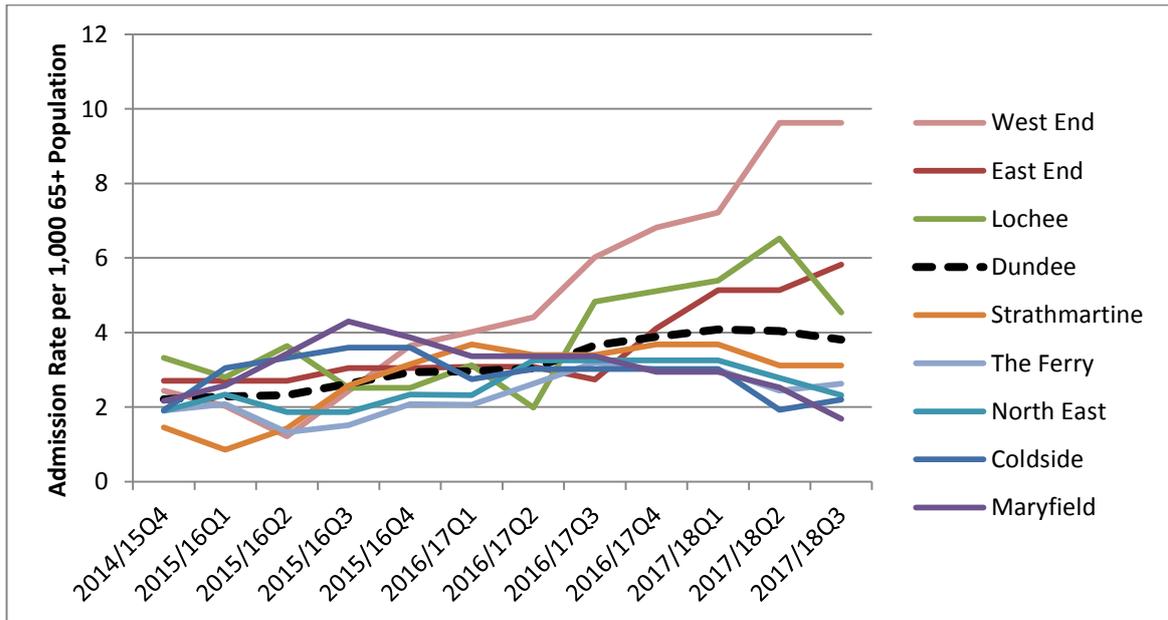
Multiple Fall Admissions by Local Community Planning Partnerships

Chart 4a: Number of people aged 65+ that had 1 fall admission in Dundee, within a 2 year period, as a rate per 1,000 65+ population by LCPPs



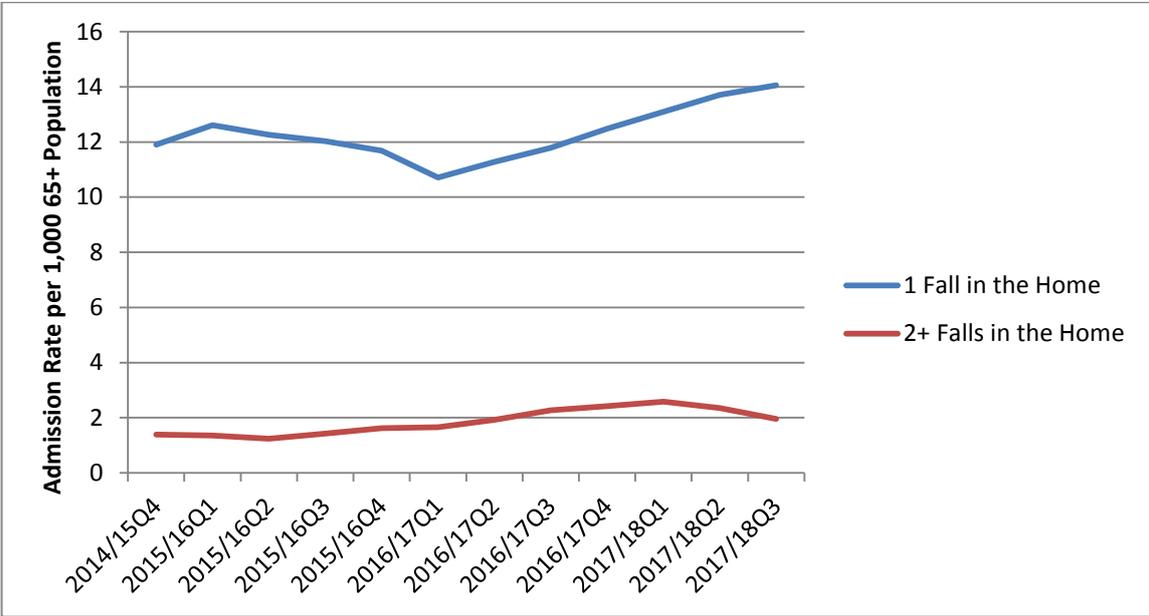
Source: SMR01 dataset (ISD)

Chart 4b: Number of people aged 65+ that had 2+ fall admissions in Dundee, within a 2 year period, as a rate per 1,000 65+ population by LCPPs



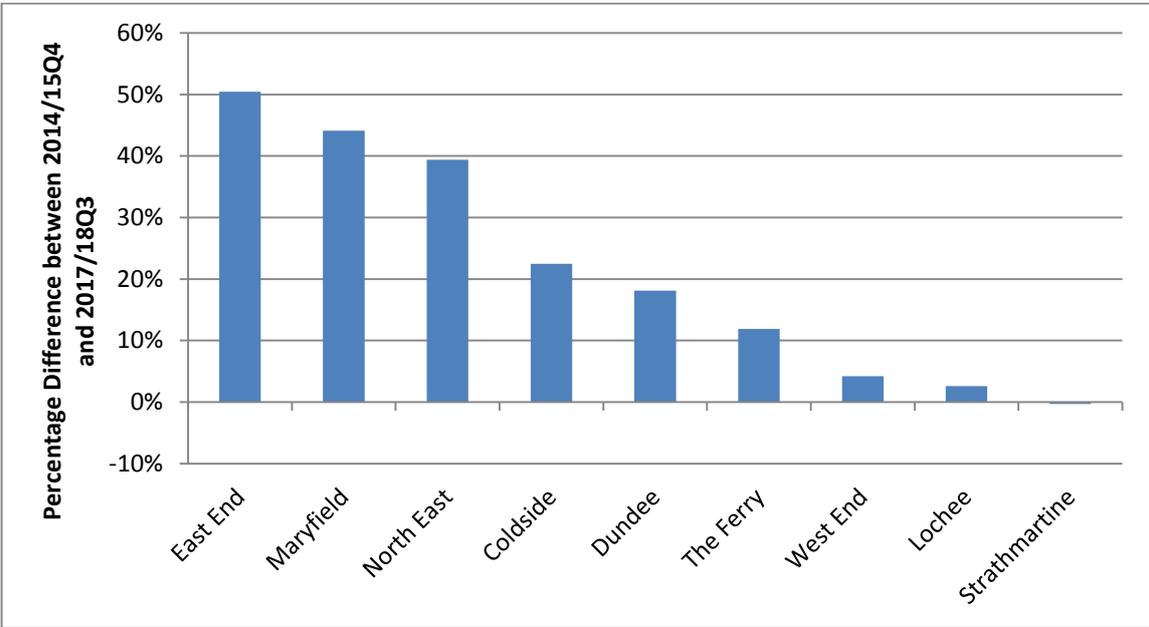
Source: SMR01 dataset (ISD)

Chart 5a: Number of people aged 65+ that had a fall admission in Dundee that occurred in the home, within a 2 year period, as a rate per 1,000 65+ population



Source: SMR01 dataset (ISD)

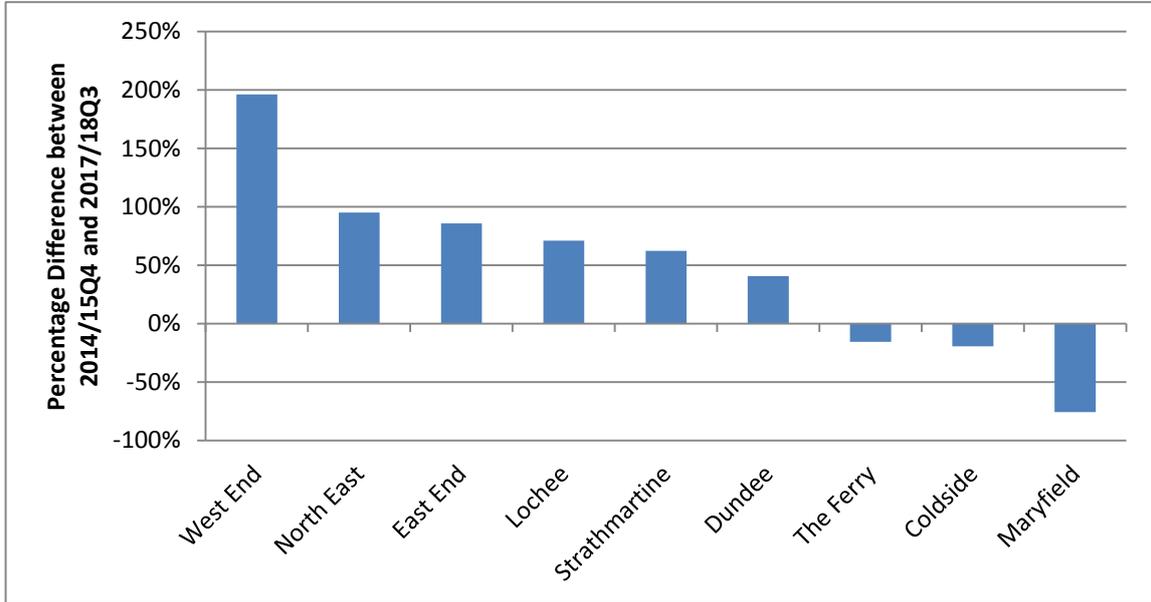
Chart 5b: Percentage difference in the rate of single fall admissions that occurred in the home between 2014/15Q4 and 2017/18Q3 by LCPPs



Source: SMR01 dataset (ISD)

Note: In 2017/18Q3 the number of single fall admissions in the home ranged from 30 to 58 across all LCPPs

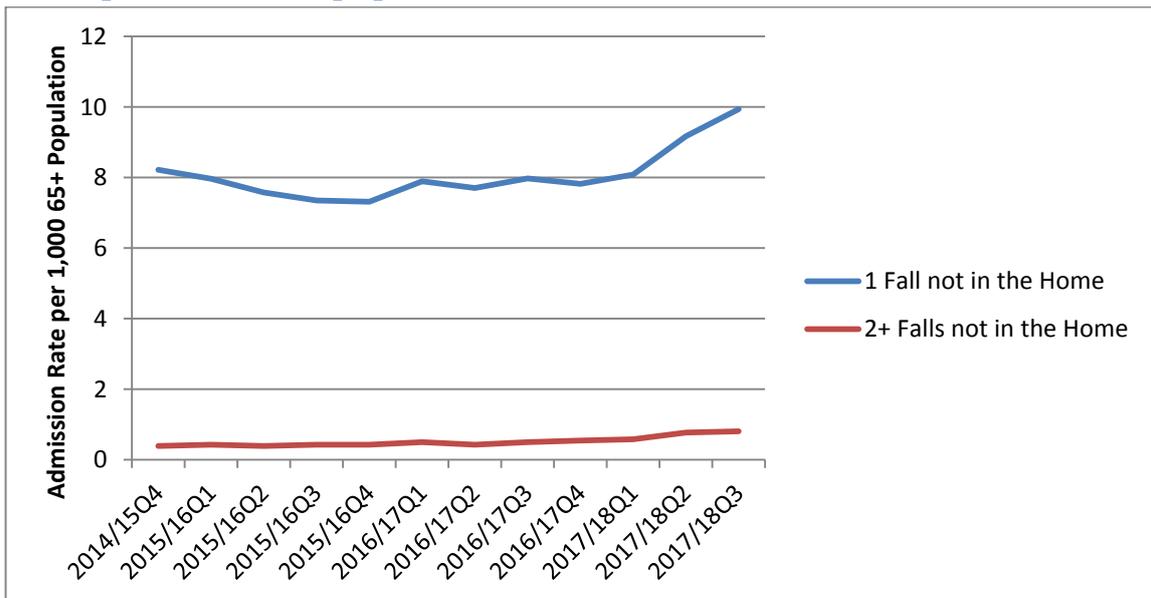
Chart 5c: Percentage difference in the rate of 2+ fall admissions that occurred in the home between 2014/15Q4 and 2017/18Q3 by LCPPs



Source: SMR01 dataset (ISD)

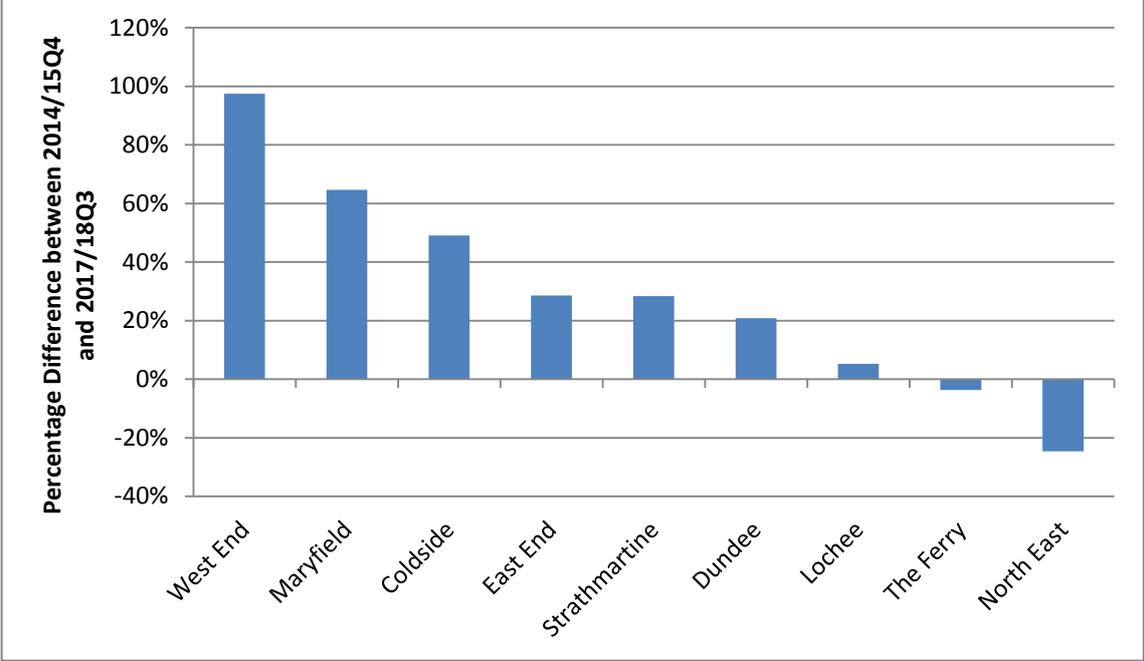
Note: In 2017/18Q3 the number of people with a 2+ fall admission in the home ranged had a maximum of 12 across all LCPPs

Chart 6a: Number of people aged 65+ that had a fall admission in Dundee that occurred not in the home or place of work, within a 2 year period, as a rate per 1,000 65+ population



Source: SMR01 dataset (ISD)

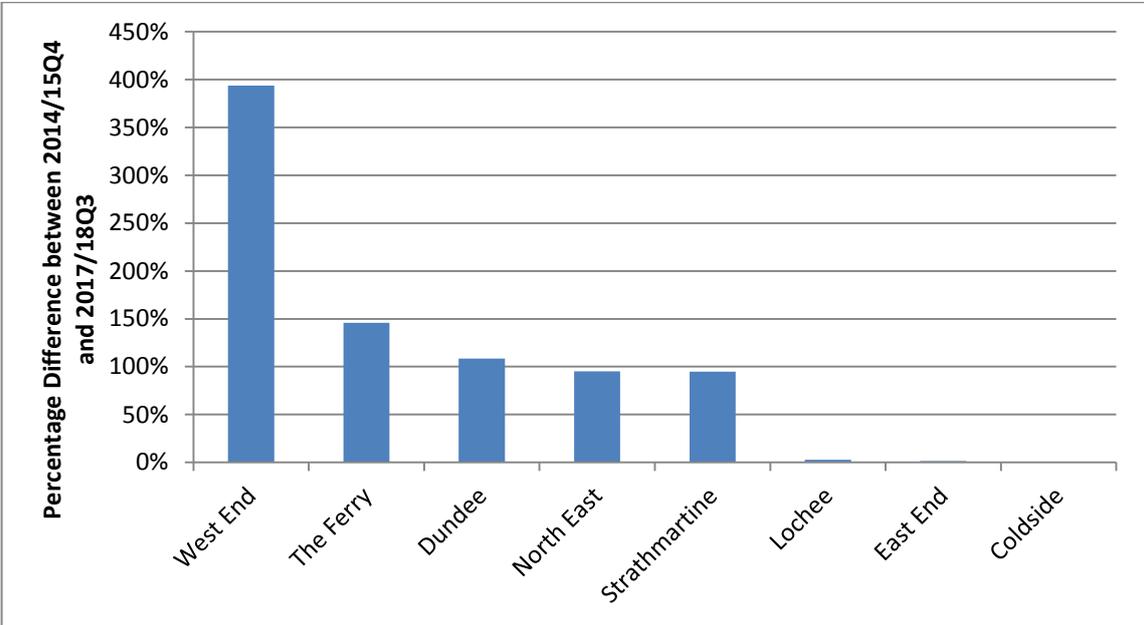
Chart 6b: Percentage difference in the rate of single fall admissions that occurred not in the home or place of work between 2014/15Q4 and 2017/18Q3 by LCPPs



Source: SMR01 dataset (ISD)

Note: In 2017/18Q3 the number of people with a single fall admissions not in the home or place of work ranged from 17 to 47 across all LCPPs

Chart 6c: Percentage difference in the rate of 2+ fall admissions that occurred not in the home or place of work between 2014/15Q4 and 2017/18Q3 by LCPPs

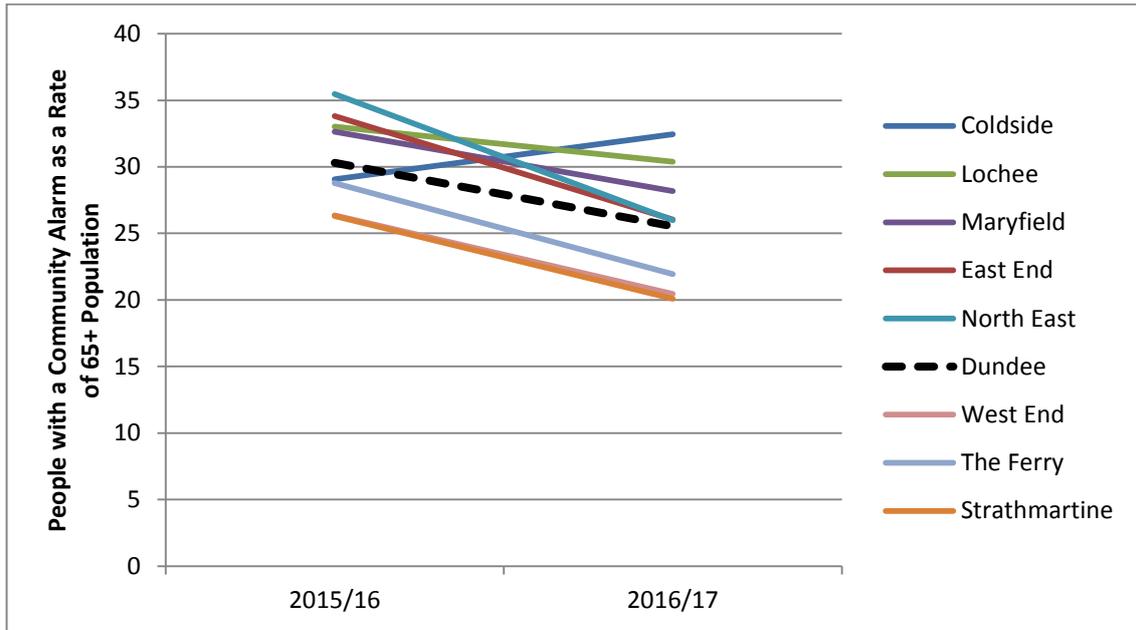


Source: SMR01 dataset (ISD)

Note: In 2017/18Q3 the number of people with a 2+ fall admission that occurred not in the home or place of work had a maximum of 5 across all LCPPs

Number of People Living with a Community Alarm by Local Community Planning Partnerships

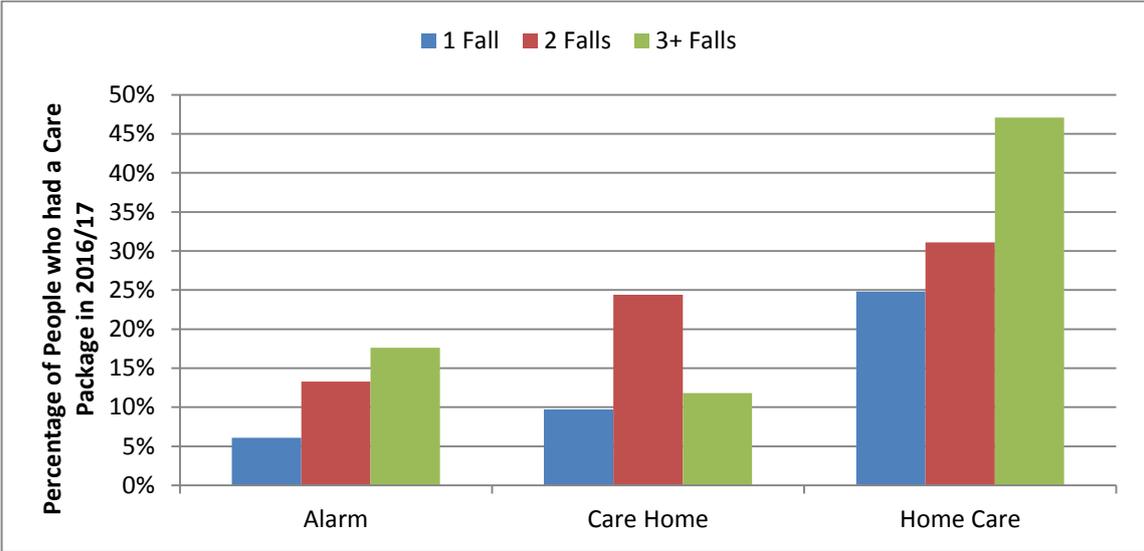
Chart 7: Number of people aged 65+ living with a community alarm in Dundee as a rate per 1,000 population by LCPP



Source: ISD social care datamart - 'Community Alarm' section

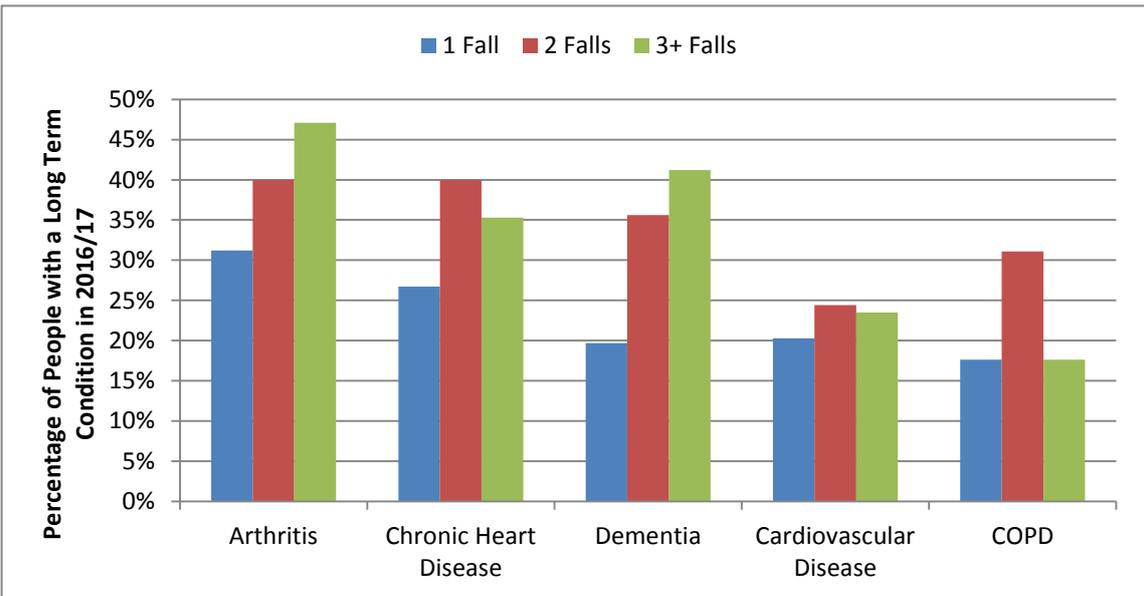
Pathways Analysis for Multiple Fall Admissions in the Home in Dundee in 2016/17

Chart 8a: Percentage of people in Dundee who have had 1, 2 or 3+ fall admissions in the home and who had a social care package in place as at 2016/17



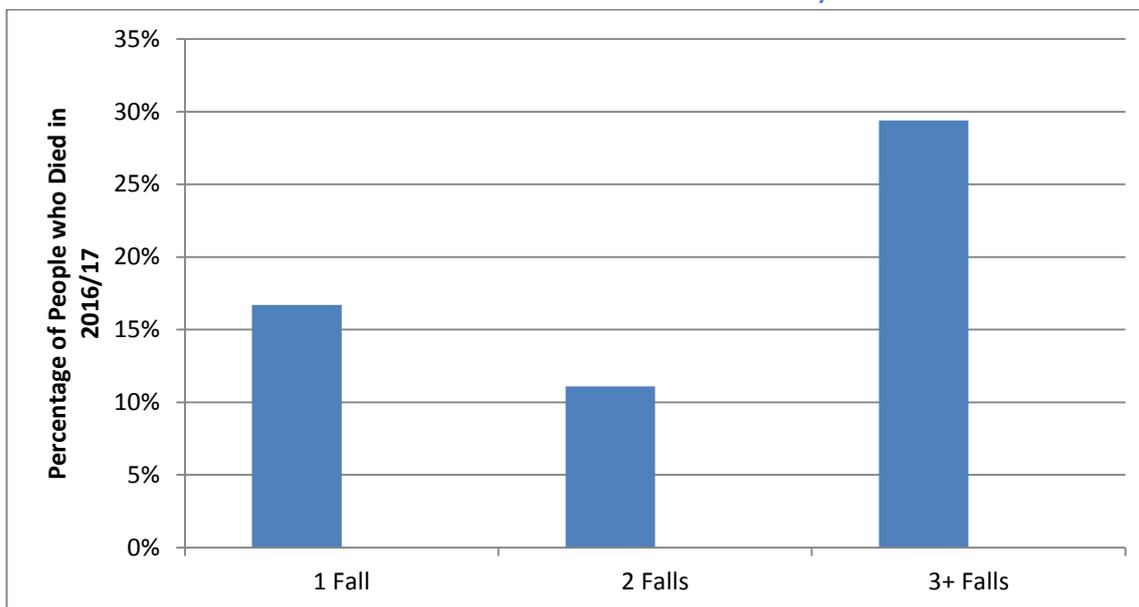
Source: ISD social care datamart

Chart 8b: Percentage of people in Dundee who have had 1, 2 or 3+ fall admissions in the home and who have a long term condition as at 2016/17



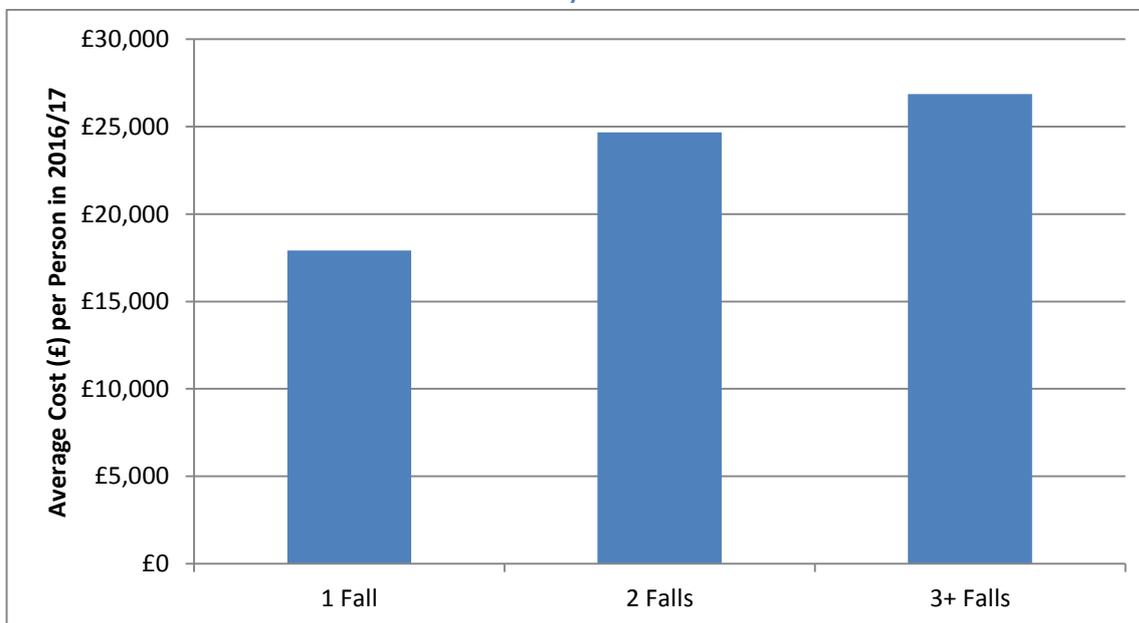
Source: SMR01 dataset (ISD)

Chart 8c: Percentage of people in Dundee who have had 1, 2 or 3+ fall admissions in the home and who have died in 2016/17



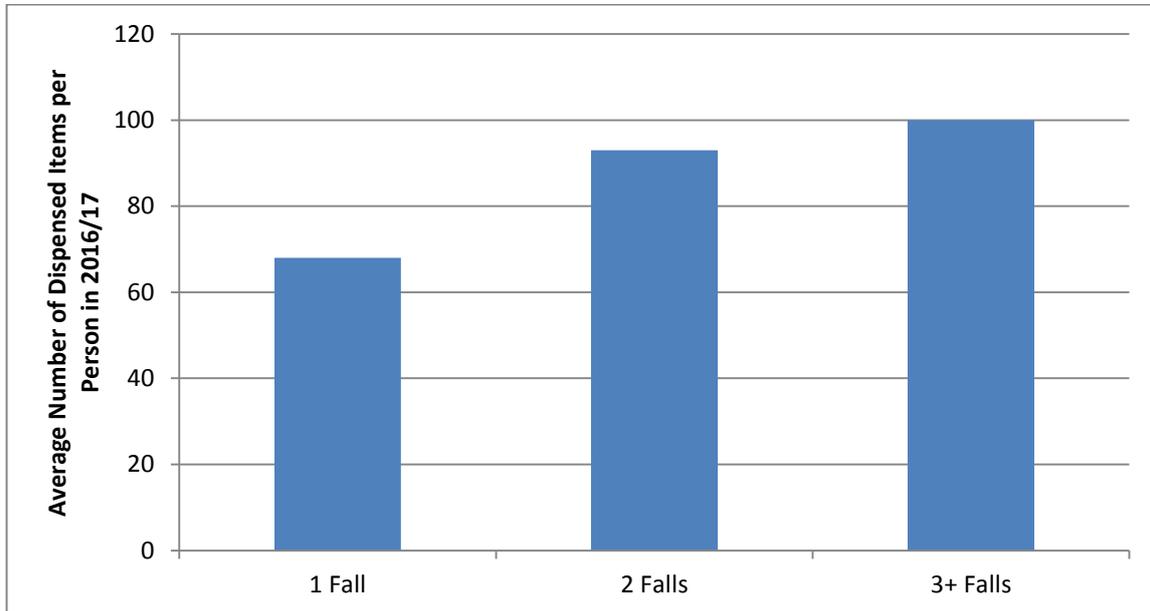
Source: SMR01 dataset (ISD) and National Records of Scotland

Chart 8d: Average health cost per person in Dundee who had 1, 2 or 3+ fall admissions in the home in 2016/17



Source: SMR01 dataset (ISD) and Source Linkage File

Chart 8e: Average number of dispensed prescriptions for people in Dundee who have had 1, 2 or 3+ fall admissions in the home in 2016/17



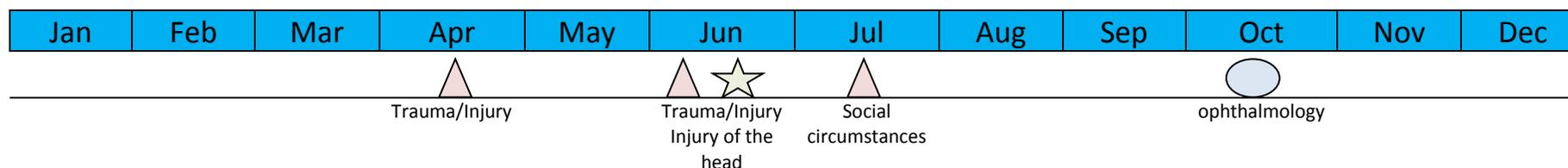
Source: SMR01 dataset (ISD) and Source Linkage File

Service User Pathway Multiple Fall Admissions in the Home: Example 1

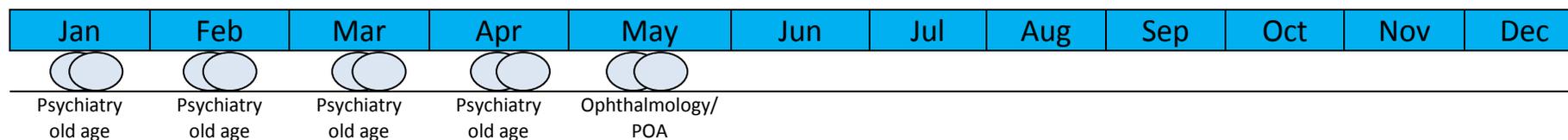
Service User X: Male, 87 years old (as at 2015), has dementia, CHD and renal failure. No home care package.

△ A&E ○ Outpatient ☆ Emergency admission

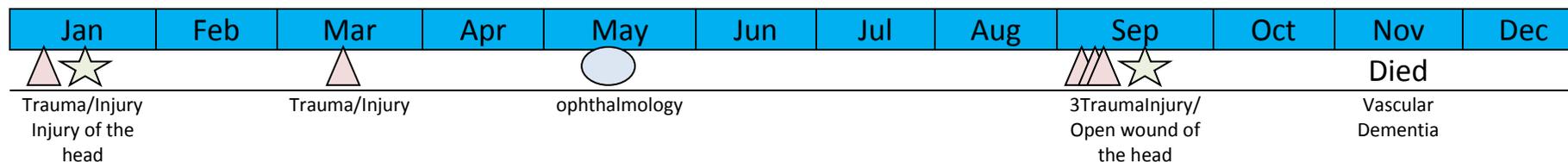
Year 2015



Year 2016



Year 2017

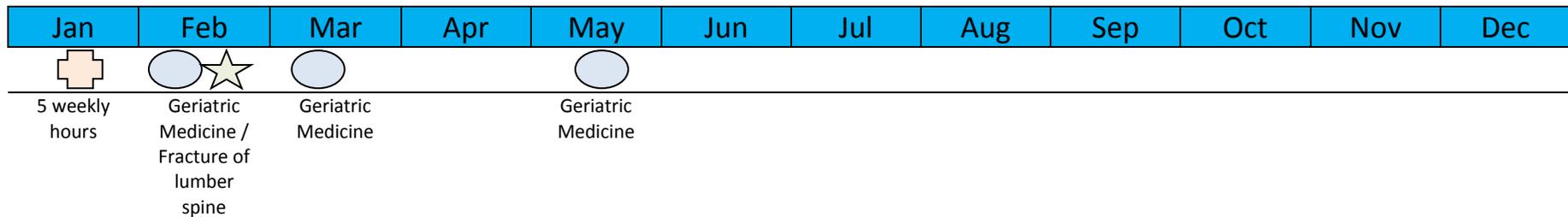


Service User Pathway Multiple Fall Admissions in the Home: Example 2

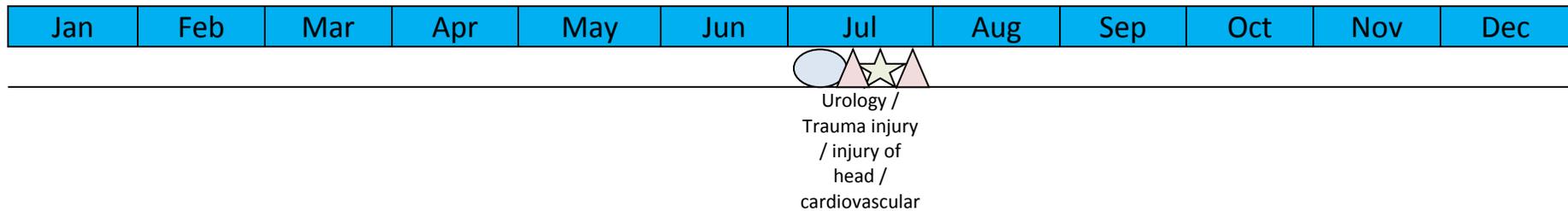
Service User X: Female, 83 years old (as at 2015), has arthritis.

 A&E
  Outpatient
  Emergency admission
  Home Care

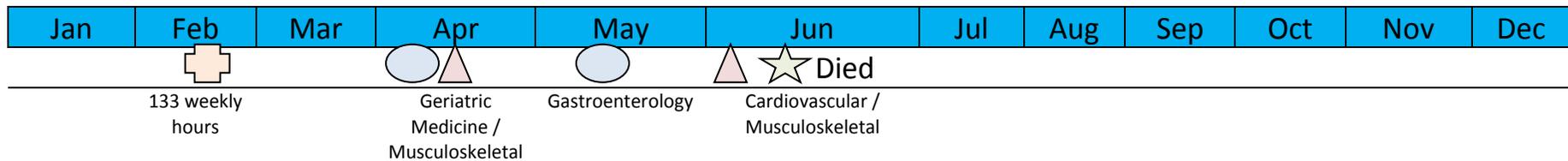
Year 2015



Year 2016



Year 2017



 disorders /
 pneumonia

Appendix A - Data for trend charts 1 to 8

Chart 1a: Number of admissions for falls in Dundee as a rate per 1,000 population aged 65+ by LCPPs

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Coldside	25.7	27.4	30.7	31.8	29.9	30.8	28.3	30.0	28.9	28.6	31.4	29.4
East End	26.0	27.1	24.3	28.1	27.4	28.8	29.1	27.1	29.8	32.2	31.9	34.6
Lochee	29.6	28.0	28.0	27.4	26.6	28.1	25.8	28.7	29.2	28.1	30.7	30.7
Mary field	22.1	23.2	25.3	24.5	23.2	21.0	21.9	24.0	24.4	26.9	30.7	28.6
North East	23.3	23.8	22.9	21.0	20.5	20.0	23.7	23.2	25.1	24.6	24.1	25.1
Strath martine	24.1	22.9	20.9	24.3	25.2	26.3	26.3	22.9	23.5	23.5	24.3	23.5
The Ferry	22.9	23.7	22.0	19.7	20.3	17.3	17.1	19.7	19.7	20.6	20.8	22.3
West End	29.3	29.6	28.8	27.2	27.6	26.5	27.7	32.1	32.1	33.3	36.1	38.1
Dundee	25.3	25.6	25.2	25.3	24.9	24.6	24.5	25.5	26.0	26.6	28.0	28.3

Chart 1b: Number of admissions for falls in Dundee that occurred in the home as a rate per 1,000 population aged 65+ by LCPPs

	14/15 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Coldside	16.4	16.6	17.2	16.9	16.6	17.1	17.3	17.1	16.2	16.0	16.8	17.9
East End	16.2	18.6	18.3	21.6	21.0	18.8	19.5	17.5	20.9	23.3	21.9	21.9
Lochee	17.7	17.4	18.2	17.4	17.4	17.0	16.2	18.7	18.5	18.2	19.6	18.7
Maryfield	16.0	17.2	18.9	17.2	14.2	12.2	12.6	14.3	15.6	16.8	19.8	18.5
North East	11.4	13.1	13.1	14.0	14.9	13.5	17.6	15.8	16.2	14.9	12.5	15.3
Strathmartine	16.3	15.7	14.6	17.2	17.7	17.5	17.5	15.8	16.1	16.7	16.4	14.1
The Ferry	12.4	12.7	12.7	11.9	13.4	11.4	10.7	13.1	12.9	13.5	12.9	12.4
West End	21.5	22.7	21.5	19.5	17.8	17.2	17.2	20.5	22.1	21.3	22.5	21.7
Dundee	15.8	16.4	16.4	16.6	16.5	15.4	15.7	16.3	16.9	17.2	17.4	17.0

Chart 1c: Number of admissions for falls in Dundee that occurred not in the home or place of work as a rate per 1,000 population aged 65+ by LCPP

	14/15 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Coldside	9.0	10.5	13.6	15.0	13.3	13.8	10.7	12.7	12.4	12.4	14.6	11.6
East End	9.8	8.5	6.1	6.4	6.4	9.9	9.6	9.6	8.9	8.9	9.9	12.7
Lochee	11.9	10.6	9.8	10.1	9.2	11.1	9.7	9.9	10.8	9.9	11.1	11.9
Maryfield	6.1	6.0	6.4	7.3	9.0	8.8	9.3	9.7	8.8	10.1	10.9	10.1
North East	11.9	10.7	9.8	7.0	5.6	6.5	6.0	7.4	8.8	9.7	11.6	9.7
Strathmartine	7.8	7.2	6.3	7.2	7.4	8.8	8.8	7.1	7.4	6.8	7.9	9.3
The Ferry	10.5	11.0	9.3	7.8	6.8	5.8	6.4	6.6	6.8	7.1	7.9	9.9
West End	7.7	6.9	7.3	7.7	9.7	9.2	10.4	11.6	9.6	11.2	12.8	15.6
Dundee	9.5	9.2	8.8	8.7	8.5	9.2	8.7	9.1	9.0	9.3	10.6	11.2

Chart 2a: Number of monthly fall admissions in Dundee that occurred in the home

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Admissions	35	34	44	40	30	31	37	40	31	44	29	31
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Admissions	31	24	33	35	33	39	41	45	39	47	29	42
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17			
Admissions	28	34	34	36	44	32	26	48	42			

Chart 2b: Number of monthly fall admissions in Dundee that occurred not in the home or place of work

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Admissions	23	9	15	22	19	16	12	22	29	15	20	17
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Admissions	23	25	18	14	21	11	23	25	25	19	14	17
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17			
Admissions	19	30	23	24	25	30	21	27	42			

Chart 3a: Number of fall admissions in Dundee as a rate per 1,000 population aged 65+ by deprivation

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
1 most deprived	25.4	24.4	26.1	28.3	29.0	30.2	29.9	28.5	31.6	30.4	29.0	31.4
2	28.0	28.6	26.8	29.0	28.4	29.0	28.1	29.4	26.8	29.4	33.7	31.6
3	30.5	30.9	30.9	31.3	29.8	29.8	28.9	32.1	31.7	31.9	34.4	30.5
4	23.2	23.4	22.8	20.8	18.5	17.3	18.2	19.6	22.5	23.3	25.6	27.3
5 least deprived	20.4	21.3	20.2	19.0	20.7	19.3	19.5	19.8	19.7	20.1	19.7	22.9

Chart 3b: Number of fall admissions in Dundee that occurred in the home as a rate per 1,000 population aged 65+ by deprivation

	14/1 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
1 most deprived	15.2	14.3	16.0	17.9	19.6	18.8	19.6	18.6	20.0	18.8	17.4	17.9
2	18.1	18.7	18.3	19.1	17.8	17.5	18.2	18.8	17.9	19.0	21.0	20.5
3	19.6	21.1	20.2	20.5	19.6	18.8	19.0	21.3	21.7	21.9	21.7	17.4
4	14.4	15.5	15.5	13.9	12.8	10.7	11.6	12.4	13.8	15.1	15.5	16.5
5 least deprived	12.2	12.5	12.7	12.4	13.6	12.7	11.8	11.9	12.4	12.4	12.5	14.1

Chart 3c: Number of fall admissions in Dundee that occurred not in the home or place of work as a rate per 1,000 population aged 65+ by deprivation

	14/15 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
1 most deprived	10.1	10.2	10.2	10.4	9.4	11.3	10.1	9.7	11.3	11.3	11.6	13.5
2	9.9	9.9	8.6	9.9	10.5	11.5	9.9	10.6	8.9	10.4	12.8	11.0
3	10.9	9.8	10.7	10.7	10.2	10.9	9.9	10.8	10.0	10.0	12.7	13.1
4	8.6	7.7	7.3	6.9	5.7	6.6	6.6	7.2	8.7	8.1	10.1	10.9
5 least deprived	8.2	8.8	7.5	6.6	7.1	6.7	7.7	7.9	7.1	7.4	6.8	8.5

Chart 4a: Number of people aged 65+ that had 1 fall admission in Dundee, within a 2 year period, as a rate per 1,000 65+ population by LCPPs

	14/15 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Coldside	19.1	18.8	23.0	24.4	22.1	24.2	21.7	22.3	22.6	23.4	26.1	25.0
East End	16.6	17.2	13.9	16.6	17.2	18.8	20.6	20.9	21.9	23.3	23.0	25.7
Lochee	20.7	20.2	18.8	19.3	17.9	18.5	18.2	17.9	18.7	18.7	20.4	23.6
Maryfield	16.0	17.6	18.9	16.3	15.9	14.3	15.6	18.1	18.9	21.5	25.7	24.8
North East	18.6	18.2	17.3	15.4	14.9	13.9	16.7	16.2	17.2	16.7	18.1	20.4
Strathmartine	16.9	16.3	14.0	17.2	16.9	17.8	19.2	15.6	16.1	16.7	18.4	19.0
The Ferry	17.9	19.3	17.6	14.8	14.8	11.1	11.4	12.9	13.5	15.6	16.5	18.4
West End	17.5	19.1	17.4	15.4	14.6	13.6	16.0	18.1	18.1	18.9	21.3	23.3
Dundee	18.0	18.4	17.7	17.5	16.9	16.5	17.1	17.4	18.0	19.1	20.8	22.1

Chart 4b: Number of people aged 65+ that had 2+ fall admissions in Dundee, within a 2 year period, as a rate per 1,000 65+ population by LCPPs

	14/15 5Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Coldside	1.9	3.0	3.3	4.2	4.2	2.8	3.0	3.0	3.0	3.0	1.9	2.2
East End	2.7	2.7	2.7	3.0	3.0	3.1	3.1	2.7	4.1	5.1	5.1	5.8
Lochee	3.3	2.8	4.2	2.5	2.5	3.1	2.0	4.8	5.1	5.4	7.1	4.5
Maryfield	2.2	2.6	3.4	4.3	3.9	3.4	3.4	3.4	2.9	2.9	2.5	2.1
North East	2.4	2.3	2.3	2.3	2.3	2.3	3.2	3.2	3.2	3.2	2.8	2.3
Strathmartine	1.5	1.4	1.4	2.6	3.1	4.2	3.4	3.4	4.2	4.2	3.1	3.1
The Ferry	1.9	2.1	1.3	1.5	2.1	2.1	2.8	3.2	3.0	3.0	2.8	2.8
West End	2.4	2.0	2.0	2.4	3.6	4.0	4.4	6.0	6.8	7.2	10.0	10.0
Dundee	2.2	2.3	2.3	2.6	2.9	3.0	3.0	3.7	3.9	4.1	4.0	3.8

Note: fall admissions less than 5 have been increased to 5 (minimum was 3 falls)

Chart 5a: Number of people aged 65+ that had a fall admission Dundee that occurred in the home, within a 2 year period, as a rate per 1,000 65+ population

	14/15Q4	15/16Q1	15/16Q2	15/16Q3	15/16Q4	16/17Q1	16/17Q2	16/17Q3	16/17Q4	17/18Q1	17/18Q2	17/18Q3
1 Fall Adm	11.9	12.6	12.3	12.0	11.7	10.7	11.3	11.8	12.5	13.1	13.7	14.1
2+ Fall Adm	1.4	1.4	1.2	1.4	1.6	1.7	1.9	2.3	2.4	2.6	2.3	2.0

Chart 6a: Number of people aged 65+ that had a fall admission Dundee that occurred not in the home or place of work, within a 2 year period, as a rate per 1,000 65+ population

	14/15Q4	15/16Q1	15/16Q2	15/16Q3	15/16Q4	16/17Q1	16/17Q2	16/17Q3	16/17Q4	17/18Q1	17/18Q2	17/18Q3
1 Fall Adm	8.2	8.0	7.6	7.3	7.3	7.9	7.7	8.0	7.8	8.1	9.2	9.9
2+ Fall Adm	0.4	0.4	0.4	0.4	0.4	0.5	0.4	0.5	0.5	0.6	0.8	0.8

Chart 7: Number of people aged 65+ living with a community alarm in Dundee as a rate per 1,000 population by LCPPs

	People aged 65+ with Alarm in 2015/16	Rate per 1,000 65+ Population in 2015/16	People aged 65+ with Alarm in 2016/17	Rate per 1,000 65+ Population in 2016/17
Coldside	105	29.1	118	32.5
East End	100	33.8	76	26.0
Lochee	118	33.0	107	30.4
Maryfield	76	32.6	67	28.2
North East	76	35.5	56	26.0
Strathmartine	92	26.3	71	20.1
The Ferry	152	28.8	117	21.9
West End	65	26.4	51	20.5
Dundee	784	30.3	663	25.5

Charts 8a-8e: Pathways Analysis for Multiple Fall Admissions in the Home in Dundee in 2016/17

	1 Fall as at 2016/17	2 Falls as at 2016/17	3+ Falls as at 2016/17
Patients	330	45	17
Died	55 (16.7%)	5 (11.1%)	5 (29.4%)
Community Alarm	20 (6.1%)	6 (13.3%)	3 (17.6%)
Care Home	32 (9.7%)	11 (24.4%)	2 (11.8%)
Home Care	82 (24.8%)	14 (31.1%)	8 (47.1%)
Arthritis	103 (31.2%)	18 (40%)	8 (47.1%)
Dementia	65 (19.7%)	16 (35.6%)	7 (41.2%)
Chronic Heart Disease	88 (26.7%)	18 (40%)	6 (35.3%)
Chronic Vascular Disease	67 (20.3%)	11 (24.4%)	4 (23.5%)
COPD	58 (17.6%)	14 (31.1%)	3 (17.6%)
Total Health Cost in 2016/17	£5,913,868	£1,110,552	£456,614
Average Health Cost	£17,920.81	£24,678.93	£26,859.62
Total Number of Dispensed Prescriptions in 2016/17	22,565	4,163	1,693
Average Number of Dispensed Prescriptions	68	93	100



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 29 MAY 2018

REPORT ON: PSYCHOLOGICAL THERAPIES WAITING TIMES

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC33-2018

1.0 PURPOSE OF REPORT

To brief the Performance & Audit Committee on those specialities within the hosted Psychological Therapies Service currently failing to meet Health Improvement, Efficiency, Access & Treatment (HEAT) targets and the actions being taken to address the same.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the current position and reasons for certain specialities currently failing to meet HEAT targets as outlined at 4.3, 4.4, 4.6, 4.7 and 4.8 of the report.
- 2.2 Notes the actions already being taken within the Psychological Therapies Service (PTS) to address the current waiting time challenges as outlined at 4.12 of the report.
- 2.3 Notes the intention of the service to adopt alternative means of providing planned cover arrangements given the demographic of the workforce and level of demand for psychological therapy services as outlined at 4.8 and 4.9 of the report.
- 2.4 Notes the intention of the service to review current psychology service models within General Adult Psychiatry service as outlined at 4.7 of the report.
- 2.5 Notes the requirement for more detailed modelling of demand, capacity and potential impact on future financial resources within Clinical Neuropsychology as outlined at 4.11 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). Current aggregated Information Services Division figures are much less accurate consequent to the transition to the new Trakcare patient recording system but show that the overall HEAT target is not being met.
- 4.2 The Psychological Therapies Service comprises a number of specialities. Within the HEAT return report, all specialities are aggregated. This masks that a number of specialities are currently meeting the HEAT target. These are:
 - ✓ Angus Adult Psychological Therapies Service
 - ✓ Tayside Eating Disorder Service

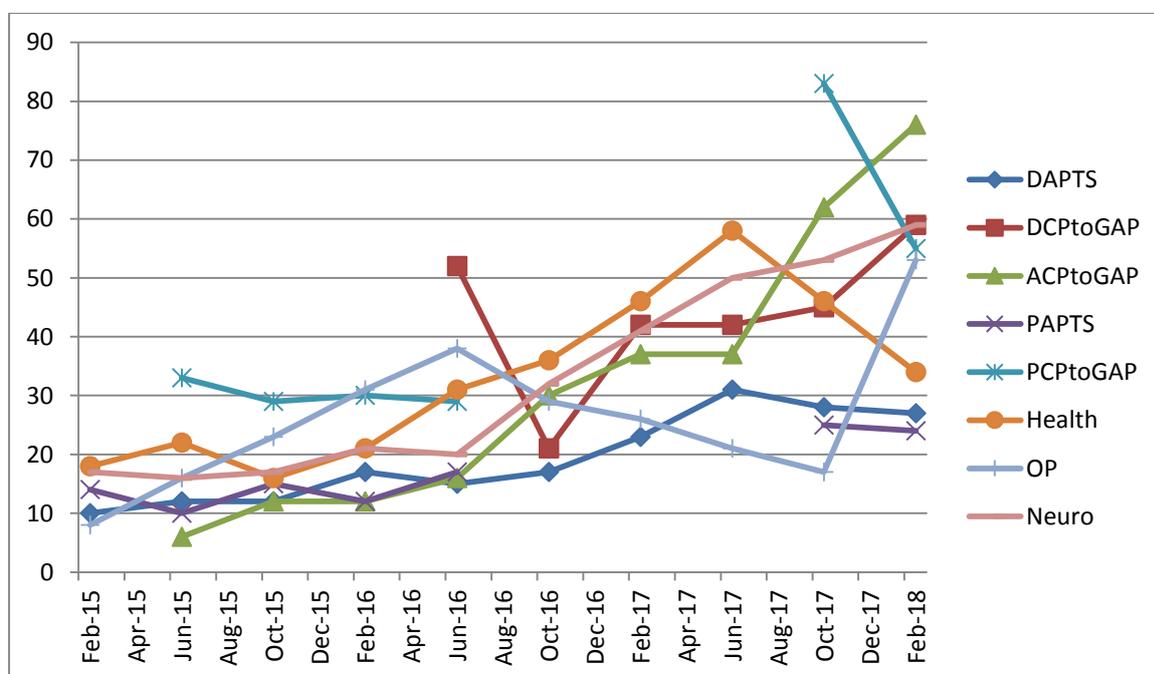
- ✓ Addictions Psychology
- ✓ Learning Disability Psychology
- ✓ Older People Services in Angus and Dundee
- ✓ Secure Care
- ✓ Tayside Forensic Court Service

The specialities not meeting the HEAT target at present are:

- Dundee Clinical Psychology to General Adult Psychiatry (DCP to GAP)
- Angus Clinical Psychology to General Adult Psychiatry (ACP to GAP)
- Perth Clinical Psychology to General Adult Psychiatry (PCP to GAP)
- Dundee Adult Psychological Therapies Service (DAPTS)
- Perth Adult Psychological Therapies Service (PAPTS)
- Clinical Health Psychology (Health)
- Older People Services in Perth & Kinross (OP)
- Clinical Neuropsychology (Neuro)

4.3 The performance of the services not currently meeting the HEAT over time are shown below:

Chart 1 – Longest time waiting referral to first appointment*



*There is some missing data from this legend consequent to changes in models of service delivery. Perth services have a period of missing data during 2017.

4.4 Important in understanding this information is the total number of patients currently waiting for the services breaching HEAT:

Table 1:

	DCPToGAP	PCPToGAP	ACPToGAP	DAPTS	PAPTS	Health	OPPerth	Neuro
Longest Wait (weeks)	59	55	76	27	24	34	53	59
TOTAL waiting	130	73	86	555	545	325	47	361
Total >18 weeks	78	40	22	97	84	123	5	233

- 4.5 Table 1 above outlines the improved position of Older People Perth Psychology. Although still breaching, the numbers involved are now small and it is expected the HEAT target will be met again within the next quarter when the current Lead Clinician returns from maternity leave and the clinician covering that role at present will resume a higher level of clinical duties.
- 4.6 The decreasing performance over time needs to be understood within separate clusters.
- 4.7 The first of these is the “Clinical Psychology to General Adult Psychiatry” services across all three localities. These services provide high intensity assessment and treatment to individuals receiving treatment with Community Mental Health Teams (CMHT). This includes both individual and group treatments. Additionally, training and supervision of other disciplines providing lower intensity treatments is provided by this staff group. Previously, this speciality worked to a model of service delivery where the psychological resource within each CMHT was targeted to those *most* likely to benefit. That is, when a new case could be allocated to treatment the CMHT would prioritise patients and decide who they wished to be seen. However, following the advent of the HEAT target, this model caused difficulties for Consultant Psychiatrists and the services moved to a “conventional” model where all patients considered to require psychological assessment and treatment were referred. The rate of referral has consistently overwhelmed the capacity of the service. The age and gender profile of the service mean that maternity leave is an additional significant challenge in terms of workforce planning. The staff numbers within these services is currently small and the position of these services is unlikely to improve without investment and/or significant service remodelling.
- 4.8 The second cluster is the Adult Psychological Therapies Services (APTS) of Perth and Kinross and Dundee. Angus APTS is currently still meeting the targets. These services have a high volume of referral (for example, Dundee APTS consistently accepts between 110 and 130 referrals each month) and both have a demonstrated history of being able to meet the HEAT target from the given staffing level. However, APTS services have experienced high levels of maternity leave and delays in recruitment have an adverse effect on throughput. When fully staffed, APTS services are well balanced with regard to demand and capacity. The current additional issue for these services is the size of the “backlog” caused by the above. To address the backlog (that is, *all* the patients waiting) the service would require in the region of five whole time equivalent (wte) additional staff in each locality for a period of 12-18 months. To achieve a position of meeting the HEAT target, two wte additional staff in each locality for a period of 12-18 months would be required. The PTS is considering what options might be available within current limited financial resources.
- 4.9 Clinical Health Psychology should be considered as similar to APTS services in, that when fully staffed, demand and capacity are well matched. The service has also experienced maternity leave and delays in recruitment which has resulted in a large volume of people now waiting for a first appointment. To deal with all the patients waiting (using similar models to above) would require 3.0 wte additional staff; 1.6 wte additional staff to restore services to consistently meeting the HEAT target.
- 4.10 At the present time, no additional resource is being requested for APTS or Clinical Health Psychology services. These services illustrate, however, the impact on waiting times of loss of one or more staff members for a prolonged period. As the PTS has an extremely low rate of staff sickness, this impact is largely attributed to planned maternity leave. In a workforce that is over 80% female at a National level, this is a recurrent issue across all specialities. It is intended that models for planned cover to minimise the impact of this that are adopted elsewhere are considered for Tayside.
- 4.11 Clinical Neuropsychology (CN)**
- 4.11.1 The remaining service is that of Clinical Neuropsychology (CN). CN is based with the acute hospital setting and accepts referrals mainly – but not exclusively – from secondary care providers such as hospital Consultants, Older People Psychiatry and other clinical psychologists. There is little scope for skill mix in CN.
- 4.11.2 CN was subject to improvement work and investment approximately six years ago. This enabled CN to meet the HEAT target ahead of the original trajectory and the final phase of planned increased staffing was withheld and lost to savings. However, in the period since there

has been a significant and sustained increase in the rate of referral to the service at a time where the service has also been subject to maternity leave. The annual referral rate (taking a three year average moving point to smooth peaks and troughs) from 2010 to present has been 247, 297, 334, 371, 438, 541, 726, 772. That is over a 300% increase in referral in an eight year period.

- 4.11.3 The volume of patients now awaiting a first appointment, together with the limited options available for skill mix means this service would benefit from more detailed modelling of demand and capacity and any associated financial support.
- 4.12 In addition to the above, the PTS have implemented a series of time-limited actions across *all* specialities 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 is recognised that these measures will have only limited impact and some are not sustainable if we are to maintain a safe, effective and professional service.

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)	The Psychological Therapies Service has implemented a number of improvement measures including increasing the number of clinics each clinician is offering. To make this possible, there is no continuing professional development within the service, no secondments and no teaching and training which does not directly impact on HEAT target delivery. The PTS has also withdrawn its support from Undergraduate and Masters teaching at the University of Dundee. Alternative means of providing planned cover across the Service being pushed, and in some areas more detailed capacity/demand analysis being undertaken to support future workforce needs.
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, Deputy Director of Psychology, Chief Officer and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 4 May 2018

Arlene Mitchell
Locality Manager

Linda Graham
Consultant Clinical Psychologist



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 29 MAY 2018

REPORT ON: DRUG AND ALCOHOL TREATMENT WAITING TIMES

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC41-2018

1.0 PURPOSE OF REPORT

To provide an update to the Performance and Audit Committee on Substance Misuse waiting times performance in Dundee.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the current position in relation to Drug and Alcohol Treatment Waiting Times as outlined in section 5.2 of this report and Appendix 1.
- 2.2 Notes the improvement actions planned to respond to areas of pressure identified as outlined in section 5.3 of this report.
- 2.3 Notes the intention to develop a balanced scorecard as outlined in section 4.2 of this report.
- 2.4 Agrees that a further report be provided outlining the Substance Misuse Improvement and Redesign Plan.

3.0 FINANCIAL IMPLICATIONS

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 Drug and Alcohol Treatment Waiting Times

- 4.1.1 The Scottish Government set a target that by June 2013, 90% of people who need help with their drug or alcohol problem will wait no longer than three weeks (21 days) for treatment that supports their recovery. This was one of the national HEAT (Health improvement, Efficiency, Access, Treatment) targets, number A11. This target was achieved nationally in June 2013 and has now become a Local Delivery Plan (LDP) standard.
- 4.1.2 Information about waiting times is collected using the Drug and Alcohol Treatment Waiting Times Database which went live across Scotland on 1 April 2011. This database collects information about the length of time people wait for specialist drug and/or alcohol treatment after they have been referred to treatment services in Scotland.
- 4.1.3 Within Dundee a Finance, Commissioning and Performance Group, chaired by the Locality Manager with responsibility for Substance Use Services, has been established to oversee performance and improvement actions in relation to Substance Use. The Group aims to

ensure that citizens of Dundee will have access to the information, support and treatment that they need to live a fulfilled life.

4.2 Drug and Alcohol Balanced Scorecard

4.2.1 A Drug and Alcohol Balanced Scorecard is currently being developed to support ongoing continuous improvement and reporting progress and outcomes. This is in recognition that the performance targets in relation to access to treatment does not provide information about the outcomes and impact of service provision on people who use services and their families, the quality of services provided, impact on children and vulnerable adults and progress against other strategic priorities and ministerial targets which Alcohol and Drug Partnerships and IJBs are required to report on.

4.2.2 The aim of the Balanced Scorecard is to support ongoing continuous improvement over time. It supports self-evaluation in relation to substance misuse by implementing a single dataset which enables understanding of:

- Impact on children, families and adults affected by substance misuse
- Accessibility, Safety and Quality of service provision
- Recovery outcomes and individuals experience of services
- Progress in protecting individuals from harm, early intervention and prevention
- Progress in meeting statutory and regulatory requirements such Drug & Alcohol Quality Principles, Dundee Local Outcome Improvement Plan and Alcohol & Drug Partnership Ministerial Outcomes.

4.2.3 It is aimed that, where possible, common datasets can be agreed across Tayside to support Tayside wide benchmarking and where possible Local Community Planning Partnership (LCPP) level data can be provided to support locality based benchmarking once the dataset is agreed. It is anticipated that the balanced scorecard will be completed by June 2018.

5.0 CURRENT PERFORMANCE

5.1 Drug and Alcohol Waiting Times and Treatment Types

5.1.1 Drug and alcohol waiting times are defined in two ways by Information Services Division (ISD) Scotland - completed waits and ongoing waits. Completed waits are described as waiting times for clients who have started first treatment for alcohol or drug use. Ongoing waits are described as waiting times for clients still waiting to start first treatment as of the end of the quarter for alcohol or drug use.

5.1.2 Drug and alcohol treatment types have been aggregated into five types by ISD Scotland:

- Structured preparatory and motivational intervention
- Prescribed drug treatment (Includes Prescribing by GP or Specialist)
- Community based detoxification
- Community based support and/or rehabilitation (Includes Structured Psychosocial Interventions, Structured Day Programmes and other Structured Interventions)
- Residential Detoxification and Rehabilitation (Includes Residential Rehabilitation and Residential Detoxification/ Inpatient Treatment)

5.1.3 The drug and alcohol waiting times data is published each quarter by ISD Scotland. Due to this the last published data is performance data until December 2017.

5.2 Current Performance Summary

5.2.1 The Drug and Alcohol Waits Performance Report noted in Appendix 1 and our current performance data position highlights a positive trend in relation to people receiving first alcohol treatment within the 21 day target. However, the report demonstrates a negative trend in relation to people first receiving drug treatment within 21 days.

5.2.2 The main reason for a reduction in alcohol waiting performance during 2017 was due to absences and vacancies within Integrated Substance Misuse Services. These have now

been resolved and it is anticipated that the services should continue to realise achievement of the alcohol waiting times target. While there is a risk that similar issues may occur in the future it is anticipated that such risks will be removed with the introduction of a direct access service.

- 5.2.3 The main reason for a reduction in drug treatment waiting times performance is due to the capacity of the Integrated Substance Misuse Services (ISMS) to provide and monitor prescribed drug treatment and the capacity of the service to meet demand.
- 5.2.4 More specifically, the ISMS is now doing the structured preparation work and due to this is better able to retain individuals in treatment and identify where complex risk management is required. However, undertaking the structured preparation work subsequently impacts on nursing and social work resource available within the service.
- 5.2.5 The service prescribing, nursing and social work capacity has been raised as a risk during 2017 and 2018 through the Dundee Health and Social Care Partnership Governance Group, through NHS Tayside Datix System and through the IJB Risk Register.

5.3 Improvement and Redesign Plan

- 5.3.1 Upon transfer between managers of operational responsibilities for Substance Misuse Services in January 2017, an evaluation of the service risks, performance and model using learning from Local Adverse Event Reviews, Significant Case Reviews, Tayside Clinical Care and Professional Governance, National Standards and Guidance, legal requirements, current performance and workforce capacity was undertaken.
- 5.3.2 This led to a change in how drug waiting times were recorded by the medical and nursing part of the service. This was so that greater transparency and understanding could be gained regarding the actual wait for drug treatment to inform an improvement and redesign programme. Previously waits had been described in terms of access to structured preparatory treatment only and wait for assessment for prescribed drug treatment was not recorded as part of the drug and alcohol local delivery plan reporting on waiting times.
- 5.3.3 Whilst it is acknowledged that the current trend must be seen in context of greater transparency in reporting in relation to drug waiting times and service capacity, it is also recognised that delays in accessing treatment can impact on Adults quality of life and recovery. Due to this, a commitment has been made to finding sustainable solutions so that people can access to the information, support and treatment that they need to live a fulfilled life.
- 5.3.4 A resolution to reasons for delay in access to treatment is supported through a redesign and improvement programme which aims to improve outcomes for people who use substances. This is recognition that access is one part of a recovery orientated system of care.
- 5.3.5 Key activity which will respond to alcohol and drug treatment waiting times as part of a wider redesign and improvement programme is:
- Continued implementation of a weekly huddle in the Integrated Substance Misuse Service to agree priorities and a plan to ensure maximum efficiency and focus across the team.
 - Continued implementation of increased access to a range of prescribed treatment options so that this improves choices and outcomes for people.
 - Investment in additional nursing, social work and clerical workforce to mitigate service capacity risks during a period of transition and change.
 - Draft of an escalation and contingency plan and prioritisation of services to ensure that there is an effective response in the event of an increase in demand and to respond to current pressures. It is aimed that this will be finalised by end May 2018.
 - Planned nursing and medical workforce development activity to increase prescribing capacity across the service over next five years and as part of this agreeing a workforce risk management strategy whilst the developments are being taken forward.
 - Implementation of a direct access health and social care substance service by September 2018. This will mitigate waits and improve coordinated access to services.

- Reconfiguration of health, social care and third sector substance misuse and operational protecting people services into four locality multi-disciplinary teams who will work as one team to provide holistic, person centred support which is focused on enabling people to recover, achieve their personal outcomes and be protected from harm. This includes proactively engaging with individuals to support their recovery, to exit prostitution, to live independently after a period of homelessness or prison. It is aimed to complete this aspect of the redesign activity by April 2019.
- Development of a third sector locality based early intervention and prevention service which will aim to support people at an early stage in order to intervene early to support people to recover and reduce need for prescribed drug or alcohol treatment. It is aimed to complete this aspect of the redesign activity by April 2019.

5.3.6 It is aimed that these activities will both improve outcomes for people and will mitigate risks in relation to wait for prescribed alcohol and drug treatment.

5.4 Summary

5.4.1 We have made progress in Dundee in relation to improving access to alcohol treatment but we also recognise that further work is needed to increase access to drug treatment and range of supports available to enable people to recover.

5.4.2 The risks in relation to prescribing capacity and the ISMS capacity to respond safely to demand have been raised with Dundee Health and Social Care Partnership Governance Groups and through the IJB risk register.

5.4.3 We have made a commitment to redesigning health, social care and third sector substance use and operational protecting people services to improve access and support to citizens of Dundee and with that implementing a number of actions noted above to support realisation of this commitment.

6.0 POLICY IMPLICATIONS

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

7.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting waiting time's targets could negatively affect outcomes for individuals and their carers.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 5 x Impact 5 = Risk Scoring 25 (Extreme Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Weekly review of performance. - Monitoring at the Finance, Commissioning and Performance Group. - Redesign of substance misuse services - Prescribing and service capacity raised as a risk within IJB, DHSCP Governance Group and NHS Tayside Risk Management System.
Residual Risk Level	Likelihood 5 x Impact 5 = Risk Scoring 25 (Extreme Risk)
Planned Risk Level	Likelihood 5 x Impact 5 = Risk Scoring 25 (Extreme Risk)
Approval recommendation	The risks are deemed to be acceptable with the expectation that the mitigating actions are taken forward.

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPER

None.

Dave Berry
Chief Finance Officer

DATE: 7 May 2018

Alexis Chappell
Locality Manager

Appendix 1

1.0 DRUG AND ALCOHOL WAITS PERFORMANCE REPORT

1.1 Background to Drug and Alcohol Treatment Waiting Times

1.1.1 The Scottish Government set a target that by June 2013, 90% of people who need help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery. This was one of the national HEAT (Health improvement, Efficiency, Access, Treatment) targets, number A11. This target was achieved nationally in June 2013 and has now become a Local Delivery Plan (LDP) standard.

1.1.2 Information about waiting times is collected using the Drug and Alcohol Treatment Waiting Times Database which went live across Scotland on 1 April 2011. This database collects information about the length of time people wait for specialist drug and/or alcohol treatment after they have been referred to treatment services in Scotland.

1.1.3 Within Dundee a Finance, Commissioning and Performance Group, chaired by the locality Manager with responsibility for Substance Use Services, has been established to oversee performance and improvement actions in relation to Substance Use. The Group aims to ensure that citizens of Dundee will have access to the information and support that they need to live a fulfilled life.

1.2 Drug and Alcohol Waiting Times and Treatment Types

1.2.1 Drug and alcohol waiting times are defined in two ways by ISD Scotland - completed waits and ongoing waits. Completed waits are described as waiting times for clients who have started first treatment for alcohol or drug use. Ongoing waits are described as waiting times for clients still waiting to start first treatment as of the end of the quarter for alcohol or drug use.

1.2.2 Drug and alcohol treatment types have been aggregated into 5 types by ISD Scotland:

- Structured preparatory and motivational intervention
- Prescribed drug treatment (Includes Prescribing by GP or Specialist)
- Community based detoxification
- Community based support and/ or rehabilitation (Includes Structured Psychosocial Interventions, Structured Day Programmes and other Structured Interventions)
- Residential Detoxification and Rehabilitation (Includes Residential Rehabilitation and Residential Detoxification/ Inpatient Treatment)

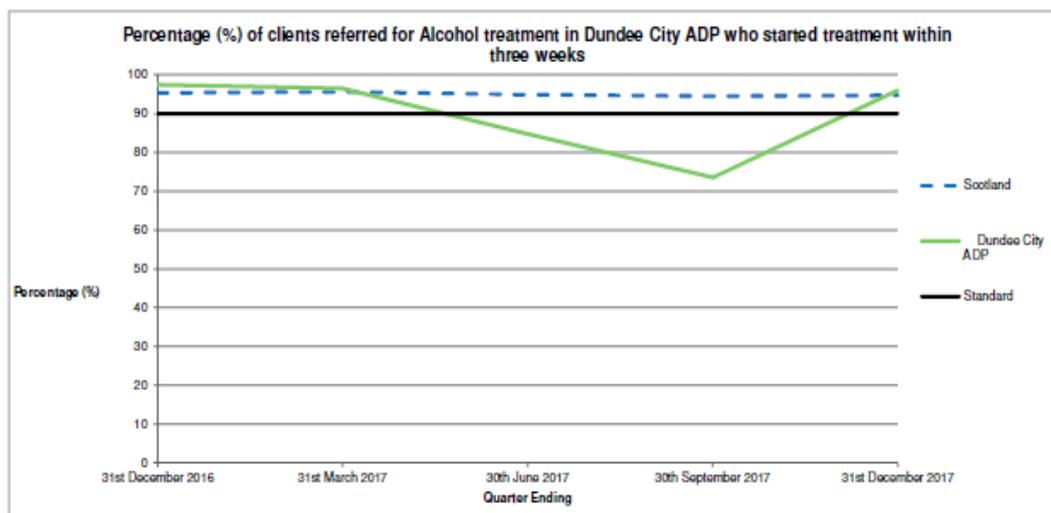
2.0 CURRENT PERFORMANCE - ALCOHOL

2.1 Completed Waits – Alcohol Treatment.

2.1.1 Completed measures percentage of people who have started their first treatment. In this context, Graph A demonstrates our performance against the 3 week target for the period 31st December 2016 to 31st December 2017 for people waiting for alcohol treatment.

2.1.2 The data identifies that as a Partnership, performance is now meeting the target that people will wait no longer than three weeks for alcohol treatment that supports their recovery. A reduction in performance was demonstrated during June to September but was remedied at year end.

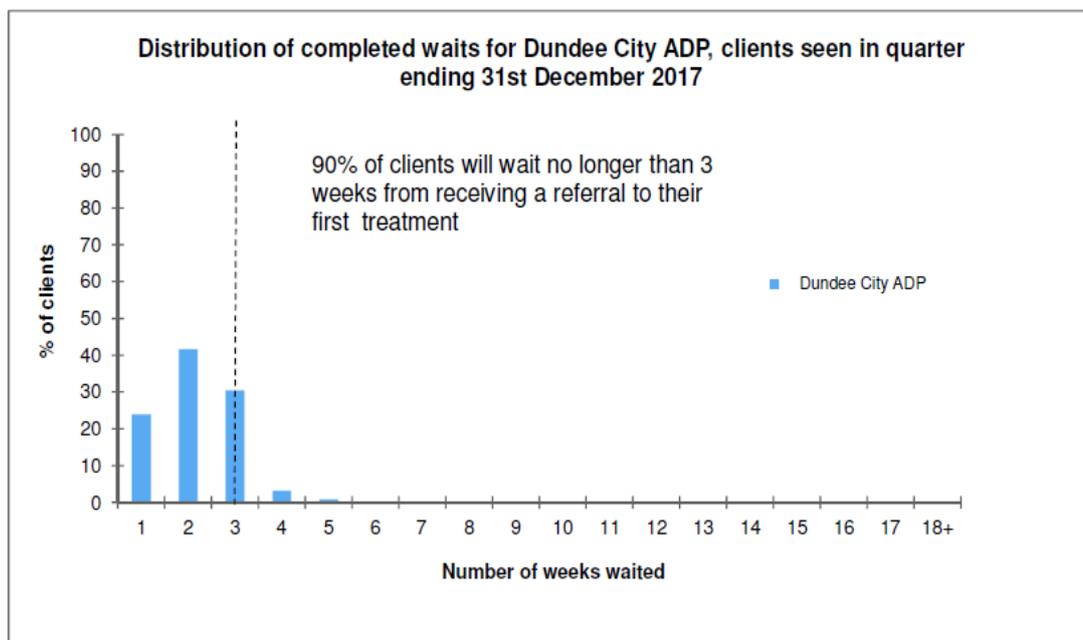
2.1.3 GRAPH A - % Of People Referred For Alcohol Treatment Who Started Treatment Within Three Weeks.



2.2 Length of Wait

2.2.1 Graph B below demonstrates the length of time people wait for their first alcohol treatment. This indicates that the majority of people referred were provided with first alcohol treatment within the first two weeks with a small number of people being seen outwith the three week target.

2.2.2 GRAPH B – Distribution of completed waits for Dundee City ADP,

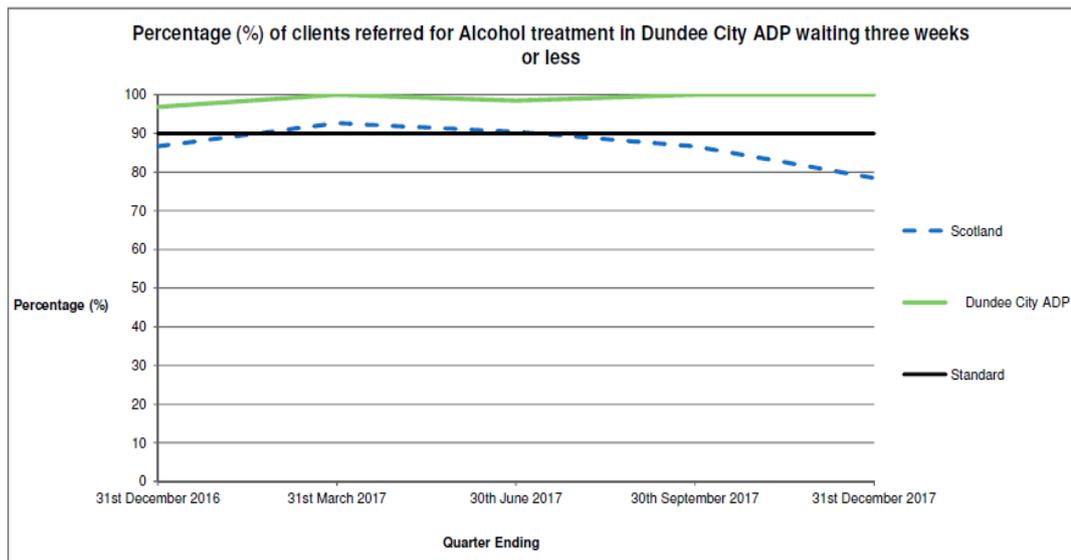


Source: Drug and Alcohol Treatment Waiting Times Database

2.3 Ongoing Waits – Alcohol Treatment

2.3.1 This indicator measures percentage of people who are waiting to start their first treatment. In this context, the Graph C below demonstrates our performance against the 3 week target for the period 31st December 2016 to 31st December 2017. The data identifies that as a Partnership, it is predicted that people will receive first treatment in 3 weeks.

2.3.2 GRAPH C – Percentage of people referred for alcohol treatment waiting three weeks or less.



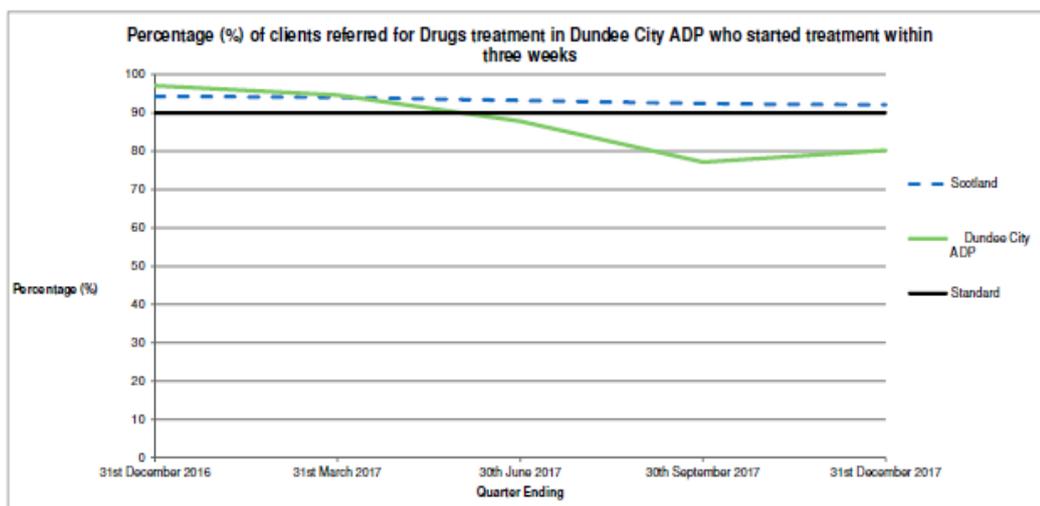
3.0 CURRENT PERFORMANCE – DRUG WAITING TIMES

3.1 Completed Waits – Drug Treatment

3.1.1 Completed waits measures percentage of people who have started their first treatment. In this context, Graph D demonstrates our performance against the 3 week target for the period 31st December 2016 to 31st December 2017 for people waiting for drug treatment.

3.1.2 The data identifies that as a Partnership, we are not meeting the performance target that people will wait no longer than three weeks for drug treatment that supports their recovery.

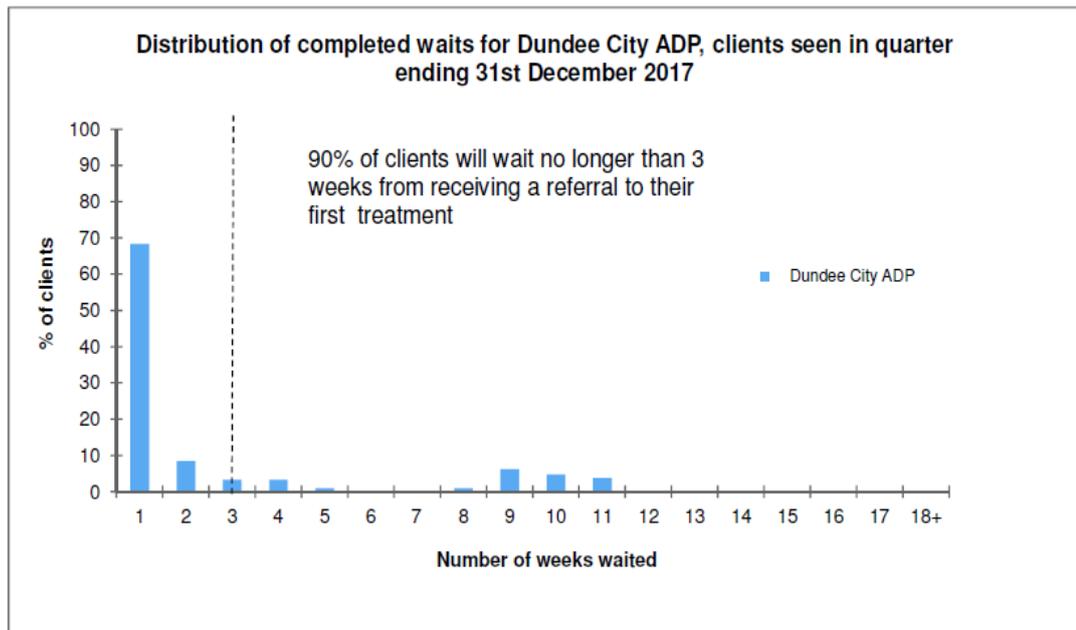
3.1.3 GRAPH D - % Of People Referred For Drug Treatment Who Started Treatment Within Three Weeks.



3.2 Length of Wait

3.2.1 Graph E below demonstrates the length of time people wait for their first drug treatment. This indicates that the majority of people referred were provided with first drug treatment within the first three weeks with a small number of people being seen out with the three week target.

3.2.2 GRAPH E – Distribution of completed waits for Dundee City ADP

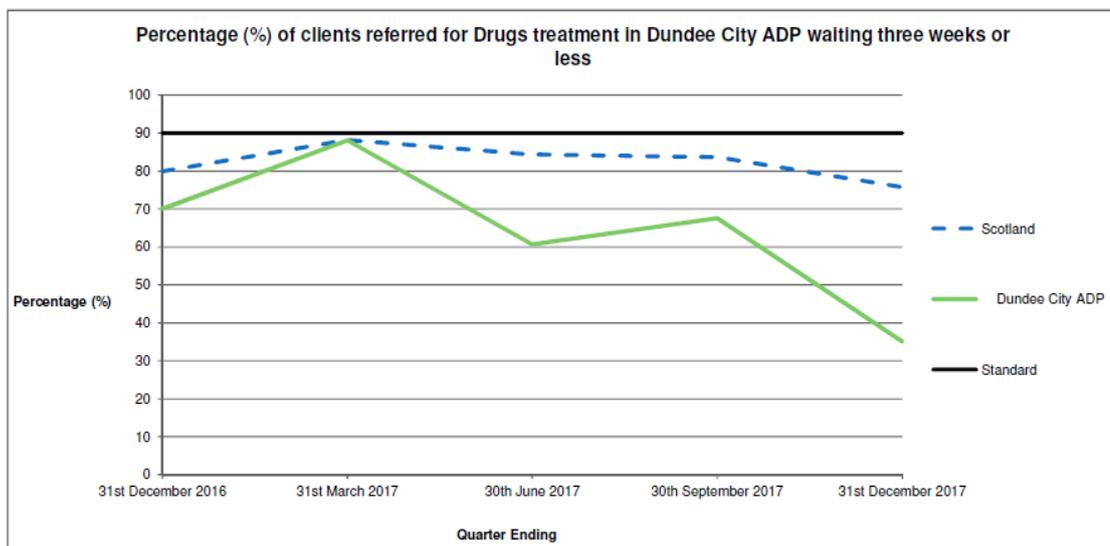


Source: Drug and Alcohol Treatment Waiting Times Database

3.3 Ongoing Waits – Drug Treatment

3.3.1 This indicator measures percentage of people who are waiting to start their first treatment. In this context, the Graph F below demonstrates our performance against the 3 week target for the period 31st December 2016 to 31st December 2017. The data identifies that as a Partnership, it is predicted that the majority of people will not receive first treatment in 3 weeks.

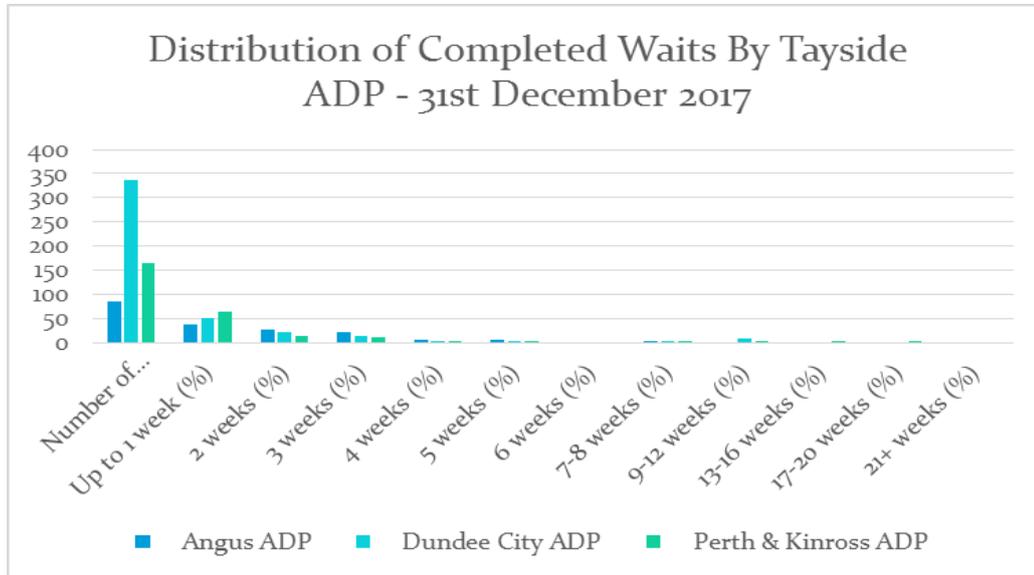
3.3.2 GRAPH F – Percentage of people referred for drug treatment waiting three weeks or less.



4.0 BENCHMARKING

4.1 Graph G highlights the comparison across Tayside in relation to completed waits for alcohol and drug treatment. This highlights that although 57% of completed waits across Tayside are from Dundee, Dundee has comparable performance in relation to the Perth and Kinross and Angus.

4.2 Graph G – Distribution of Completed Waits by Tayside ADP





REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 29 MAY 2018

REPORT ON: DISCHARGE MANAGEMENT PERFORMANCE UPDATE (INCLUDING CODE 9 ANALYSIS)

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC34-2018

1.0 PURPOSE OF REPORT

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 Notes the content of the report and the current position in relation to discharge management performance as outlined in section 5.2 of this report and Appendix 1 (sections 2.2 and 2.3).
- 2.2 Notes the current position in relation to complex delays as outlined in section 5.3 of this report and Appendix 1 (section 2.4).
- 2.3 Notes the improvement actions planned to respond to areas of pressure identified as outlined in section 5.2 and 5.4 of this report.

3.0 FINANCIAL IMPLICATIONS

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

5.1 Discharge Data Types

- 5.1.1 Discharge delays are defined in two ways: - standard delays and code 9 (complex delays).
- 5.1.2 Standard delays are defined by Information Services Division (ISD) Scotland as delays where the standard maximum delay period applies. This includes Patients delayed due to awaiting assessment, care packages, housing, care home or nursing placements. The standard maximum delay period is now 72 hours.
- 5.1.3 Code 9 Complex delays are used by ISD Scotland to describe delays where the standard maximum delay, therefore 72 hours, is not applicable. This is in recognition that there are some Patients whose discharge will take longer to arrange and would include Patients delayed due to awaiting place availability in a high level needs specialist facility and where an interim option is not appropriate, Patients for whom an interim move is deemed unreasonable or where an adult may lack capacity under adults with incapacity legislation.

5.2 Standard Delays Current Performance and Improvement Actions

- 5.2.1 The Discharge Management Performance Report noted in Appendix 1 and our current performance data position highlights a positive trend towards reducing the number of people who are delayed where the standard maximum delay period applies.
- 5.2.2 The main reason for length of delay where the standard maximum delay period of 72 hours applies is due to awaiting completion of care arrangements. As a Partnership we have demonstrated a sustained reduction in delays over the past three years. The weekly monitoring arrangements in place have enabled pressures to be quickly identified and responses agreed.
- 5.2.3 This positive trend in relation to reduction in standard continues to be supported through a range of partnership activity across community and inpatient services. In particular, as a partnership we have refined communication systems, established integrated services and improved use of community resources to support patients to return home from hospital when they are well.

5.2.4 Case Study

The following case study about assessment at Home Test of Change demonstrates our integrated approach to discharge management where the standard delay applies. The assessment at home service can be provided to facilitate discharge for patients to complete their assessment in their own home, rather than in a hospital setting. The service can provide up to 24 hour care, for up to 21 days.

Mr A was referred to the Assessment at Home Team through the Integrated Discharge Hub's daily huddle on Day 1. Mr A had had several hospital admissions. Because Mr A was not managing at home and had been readmitted several times, it was the view of the multidisciplinary team on the ward that he would require admission to a care home where he would receive 24 hour support if necessary.

Mr A was not keen on the idea of a move to a care home as he saw this as an intrusion to his privacy but agreed to a referral to the Assessment at Home service through his Care Manager for a 24 hour package to complete the assessment in Mr A's own home. Staff from the Assessment at Home Team met with Mr A and his family on Day 2 to discuss the

service and to explain how the assessment would progress. Mr A then returned home with the 24 hour package.

On Day 6, Mr A was discharged after the care was reviewed. There was already evidence that Mr A was managing many aspects of his own care. Care staff had been prompting his medication for him to ensure he was taking them at the correct times, as Mr A had openly admitted that once he felt better he would stop taking his medication.

While undertaking this review, staff discussed the possibility of having community alarm installed. He had previously refused to have this service, but having received support for a short period of time, could see the potential benefits of this. Previously, Mr A had phoned for an ambulance, but could understand that a community alarm would enable him to get the support he required, while remaining in his own home, and protecting his privacy. In addition, through the support provided he also agreed to an Occupational Therapy referral for equipment which would enhance his ability to carry out tasks independently.

Five days after discharge (Day 13), a more formal review was held with Mr A and his social worker. By this stage, Mr A was receiving support at the right time for him and was able to live more independently. Six months after the hospital admission, Mr A was continuing to live at home independently and had not been readmitted to hospital in the last six months.

5.3 Complex Delays Current Situation

5.3.1 Through analysis of our performance data, the Home and Hospital Transition Group identified a negative trend during period 2016 to 2017 in relation to delays for Adults who have a complexity of circumstances. Detailed analysis of code 9 delays was provided to the PAC on 28th November 2017 (Article VI of the minute of the meeting refers). A further analysis is provided in Appendix 1 (section 2.4).

5.3.2 Key points from the analysis are:

- The reason for the majority of complex delays for adults aged 75+ remains due to adults with incapacity processes which includes decisions about guardianship, guardianship report preparations and court process.
- The majority of complex delays for adults aged 18 to 74 remains due to awaiting a place in a specialist facility and awaiting completion of complex care arrangements.
- The majority of occupied bed days are for adults aged 18 – 74. This is reflective of the reasons explained above for the delay for this age group in that gaining provision of specialist resources and care arrangements will take longer to arrange.
- The reduction in occupied bed days for adults aged 75+ is likely due to improvements made in relation to adults with incapacity processes and recruitment of additional Mental Health Officer. This reduction has demonstrated that Dundee is on target to meet performance measurement provided to Scottish Government.

5.3.3 There are a number of targeted improvement actions underway to finding sustainable solutions so that people aged 18 - 74 who have a complexity of needs and who require specialist accommodation or care can be discharged when they are ready.

5.3.4 The improvement actions include implementation of systems which improve communication and integrated working, monitoring of delays, further development of step down options, establishment of an early intervention model and planned development of specialist accommodation.

5.3.5 Furthermore, to reduce delays due to adults with incapacity processes, as a Partnership we continue to promote Power of Attorney through local and Tayside wide campaigns as a means of reducing requirement for Guardianship. Initial data suggests that the campaign is beginning to realise an increase in Power Of Attorney across Dundee and Tayside. Alongside this development, as a Partnership we have increased the Mental Health Officer resource to enable a timely response to Guardianship report requests.

5.4 Summary

5.4.1 The Partnership has 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.

5.4.2 The Partnership has 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.

6.0 POLICY IMPLICATIONS

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

7.0 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 risk is deemed to be acceptable with the expectation that the mitigating actions are taken forward.

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPER

None.

Dave Berry
Chief Finance Officer

DATE: 8 May 2018

Alexis Chappell
Locality Manager

Appendix 1

1.0 DISCHARGE MANAGEMENT PERFORMANCE REPORT

1.1 Background to Discharge Management

- 1.1.1 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. (ISD Delayed Discharges Definitions and Data Recording Manual)
- 1.1.2 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.
- 1.1.3 There are a number of other indicators which indirectly relate to discharge management and admission to hospital. These are percentage of people admitted to hospital from home during the year, who are discharged to a care home; percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency; readmission to hospital within 28 days; emergency admission rate and emergency bed day rate.
- 1.1.4 This performance report considers National Indicators 19 and 22 at August 2016 as this is the most recent published discharge data from ISD Scotland.

2.0 CURRENT PERFORMANCE AGAINST NATIONAL HEALTH AND WELLBEING OUTCOMES AND THEIR INDICATORS

2.1 Discharge Data Types

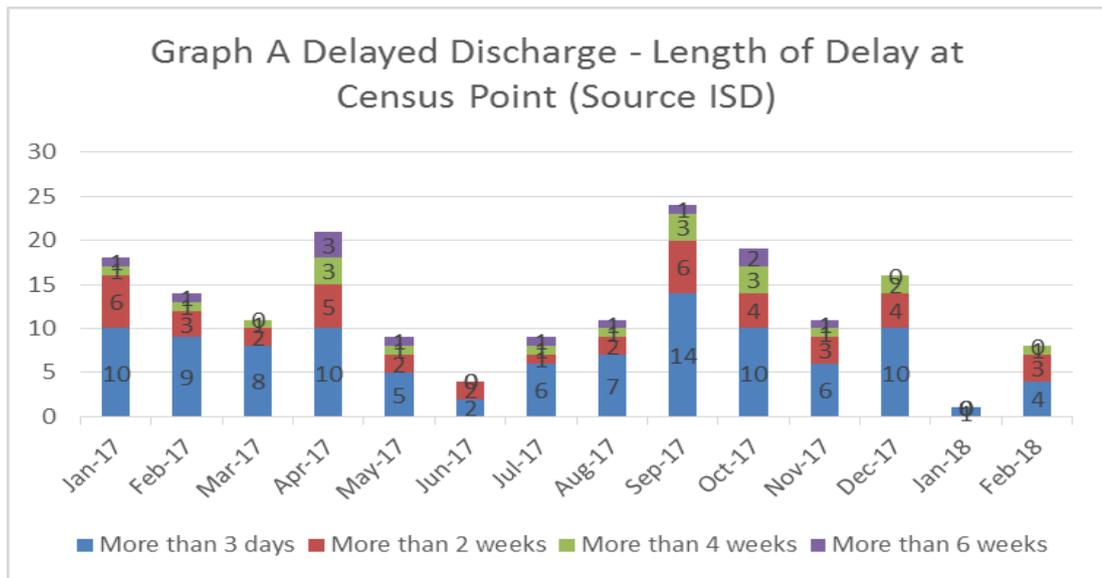
- 2.1.1 Information is presented in this report on discharge delays by both standard and code 9 complex delay types. By presenting information on both types of delays this provides a greater understanding about delay reasons and areas of improvement.
- 2.1.2 Standard delays are defined by ISD Scotland as delays where the standard maximum delay period applies. This includes Patients delayed due to awaiting assessment, housing, care home or nursing placements. The standard maximum delay period is now 72 hours. ISD now categorise this information as health and social care reasons in information provided by ISD about delays.
- 2.1.3 Code 9 Complex delays are used by ISD Scotland to describe delays where the standard maximum delay, therefore 72 hours, is not applicable. This is in recognition that there are some Patients whose discharge will take longer to arrange and would include Patients delayed due to awaiting place availability in a high level needs specialist facility and where an interim option is not appropriate, Patients for whom an interim move is deemed unreasonable or where an adult may lack capacity under adults with incapacity legislation.

2.2 National Health and Wellbeing Outcome Indicator 22: Performance against percentage of people who are discharged from hospital within 72 hours of being ready.

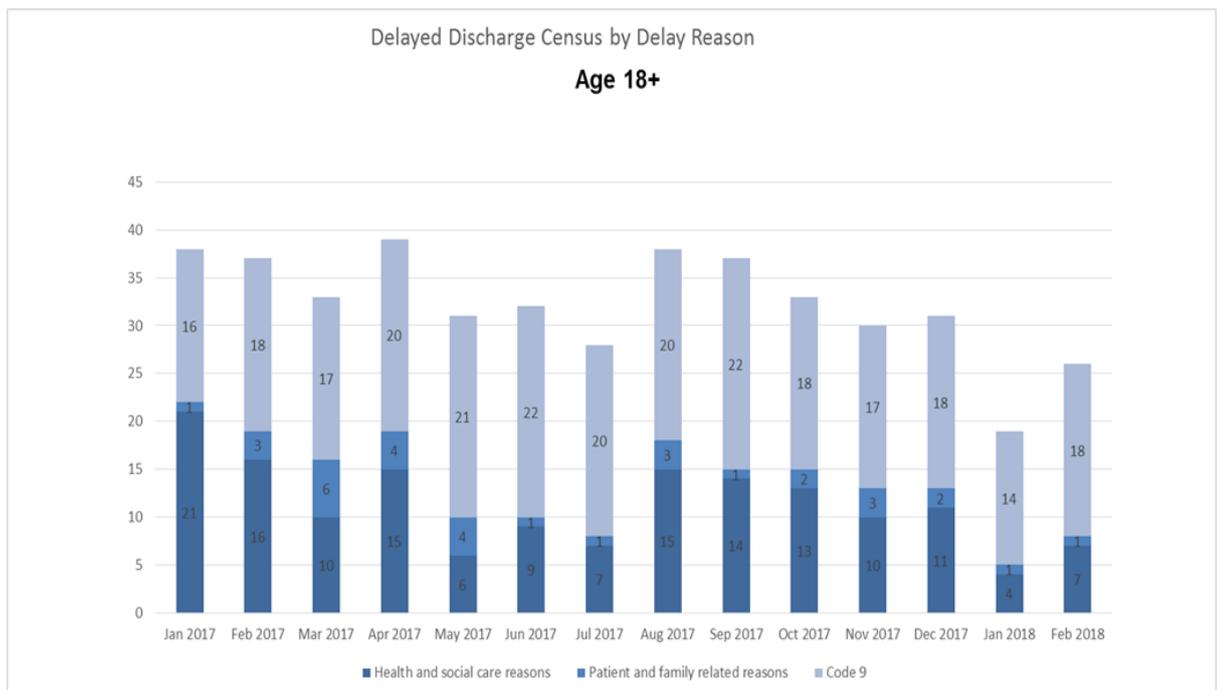
- 2.2.1 Previously approaches to reducing delays have been to focus on a target – first 6 weeks, then 4 and then 2, but the Delayed Discharge Task Force agreed that in future, focussing on increasing the % who can be discharged as soon as possible while allowing for the fact that there will be individual reasons that this is not appropriate will result in greater improvement. (Scottish Government, Core Suite of Indicators)

2.2.2 This indicator measures percentage of people who are discharge from hospital within 72 hours who are already delayed who are then discharged within 72 hours. For clarity, this measure does not calculate the percentage of people who were discharged within 72 hours from being an inpatient in hospital. It calculates patients who are already delayed and who have a wait over 72 hours of being discharged.

2.2.3 In this context, Graph A demonstrates our performance against the 72 target for people who already delayed for the period January 2017 to February 2018. The data identifies that we have reduced number of patients being delayed and for those delayed the majority of people are not waiting longer than 3 days before discharge.



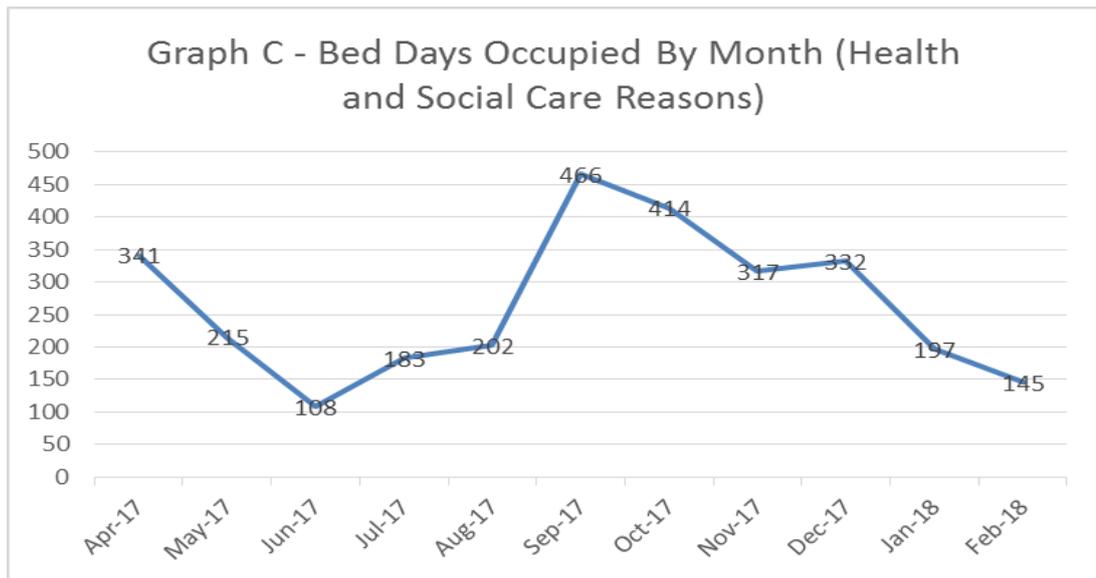
2.2.4 Length of delay for Dundee patients is provided in more detail in Graph B below for the period January 2017 to February 2018. This indicates that the majority of delays experienced are now Code 9 delays which relate to Adults who have a complexity of circumstances.



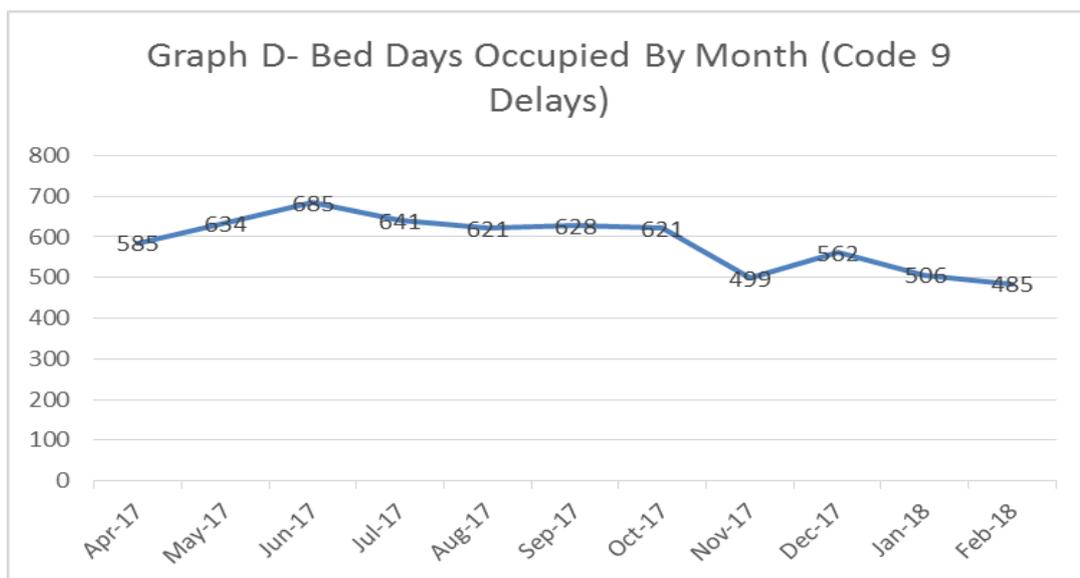
2.3 National Health and Wellbeing Outcome Indicator 19: Performance Against Number Of Days People Spend In Hospital When They Are Ready To Be Discharged.

2.3.1 This indicator counts the number of bed days occupied for all Patients (aged 18 years and over) who have met the criteria for a delayed discharge for each month.

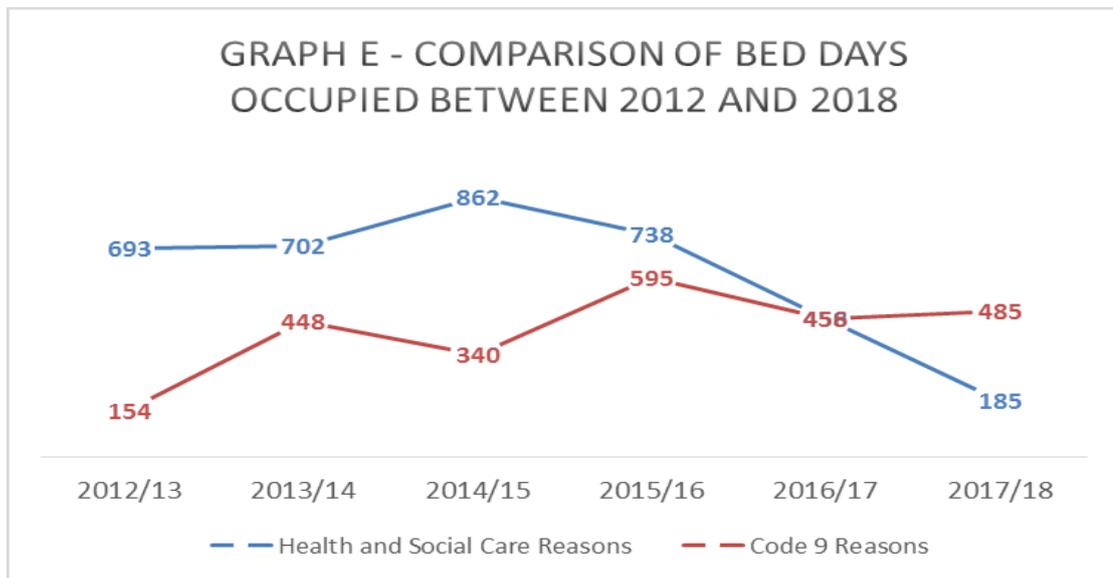
2.3.2 Graph C provides information about number of days people spend in hospital when they are ready to be discharged where the standard maximum delay period of 72 hours applies. This indicator highlights an increase in number of bed days occupied during period April 2017 – February 2018.



2.3.3 Graph D below provides information about number of days people spend in hospital when they are ready to be discharged where patients have a complexity of personal circumstances. The data indicates a deterioration in relation to our performance during period April 2017 – February 2018 where patients are ready to be discharged and who have a complexity of circumstances.



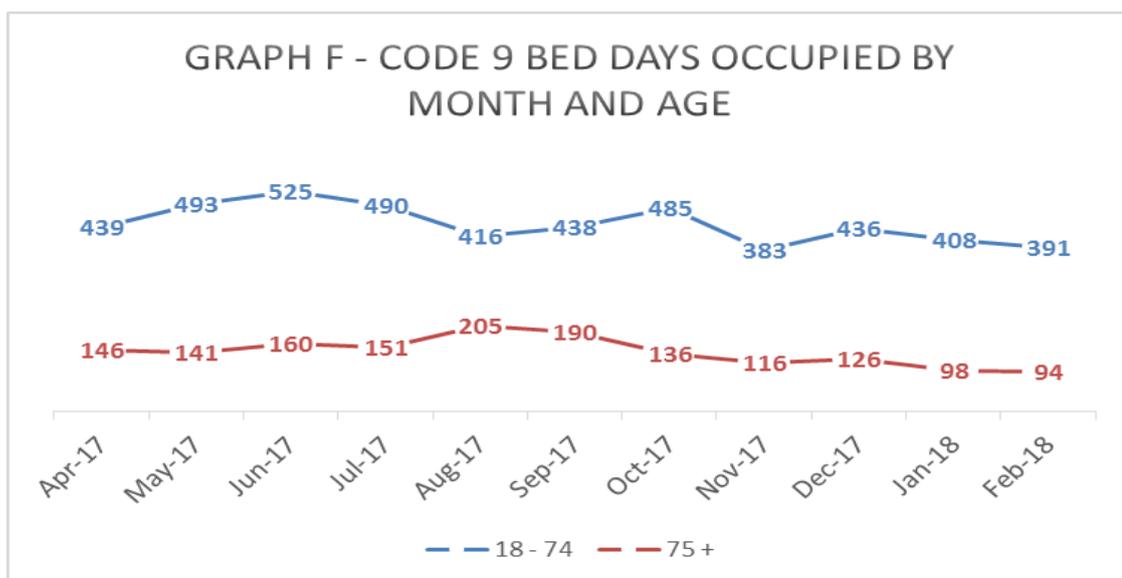
2.3.4 Graph E below provides information about number of days people spend in hospital when they are ready to be discharged as a comparison between health and social care reasons and where patients have a complexity of personal circumstances. This highlights the positive trend towards reducing standard delays.



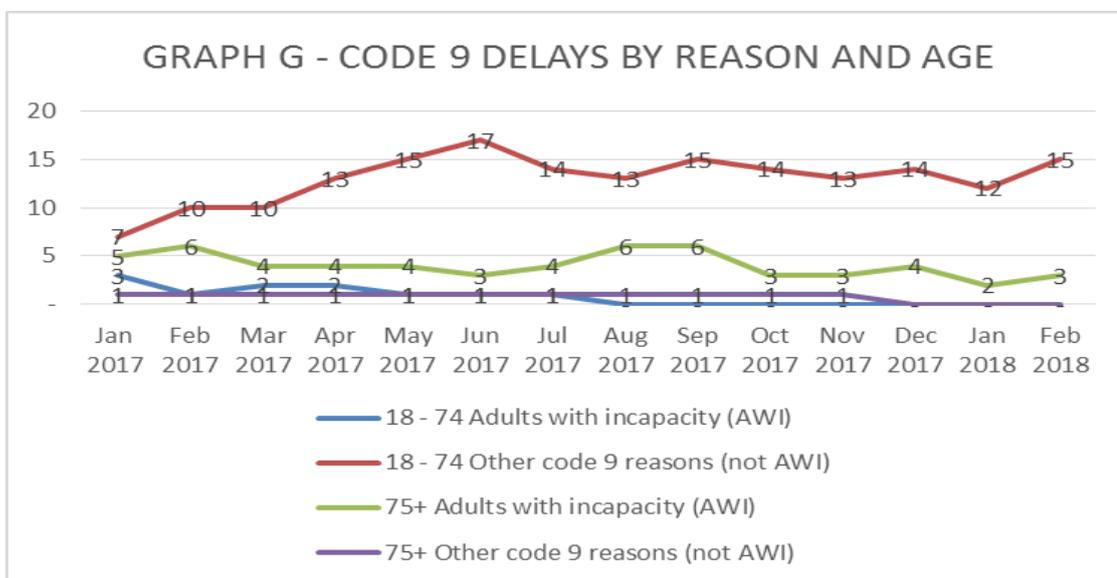
2.4 Complex Delays Information

2.4.1 Graph F highlights code 9 bed days occupied by month and age. This graph demonstrates that a positive trend relating to complex delays where people are aged over 75 and a positive trend for people aged between 18 - 74. This data, however, indicates that further work is required across all age groups to support a reduction in complex delays.

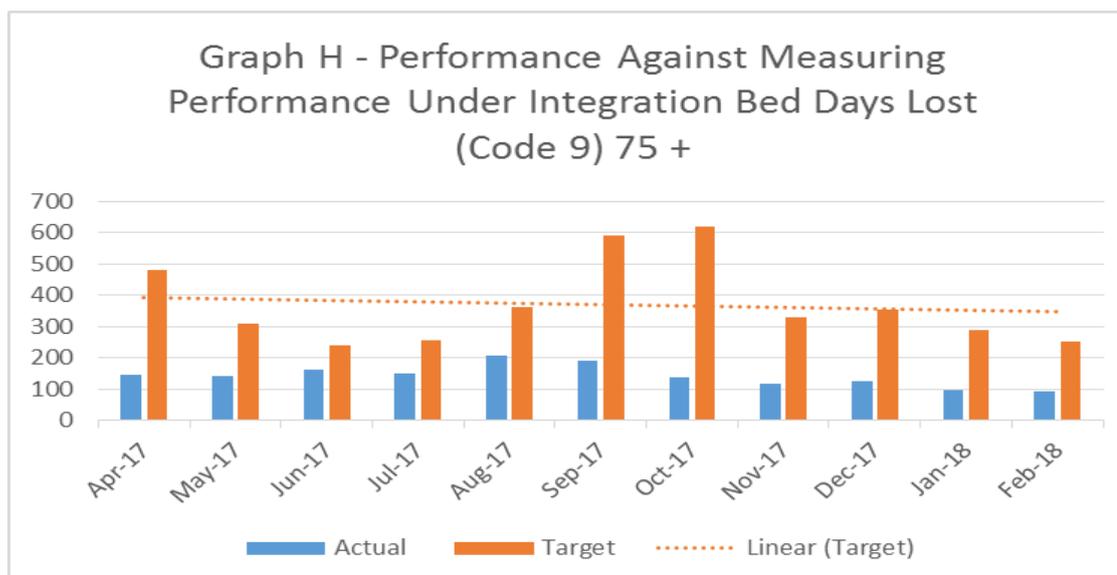
Graph F – Code 9 Bed Days Occupied by Month and Age



2.4.2 Graph G highlights comparison of Code 9 delays by Reason and Age for the period January 2017 – February 2018. This is split between delays due to adults with incapacity processes and delays due to people awaiting a specialist facility and awaiting completion of complex care arrangements. The Graph evidences that the main reason for delay in adults aged 75+ continues to be due to adults with incapacity processes and the main reason for delay in adults aged between 18 –74 is due to awaiting specialist facility or complex care arrangements.



2.4.3 Graph H demonstrates comparison of number of bed days occupied due to complex reasons for people aged 75+ between the period April 2017 to February 2018 against the target set in the Measuring Performance Under Integration submission. This data indicates that Dundee is exceeding the monthly targets within safe margins.





REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 29 MAY 2018

REPORT ON: NHS TAYSIDE – INTERIM EVALUATION OF INTERNAL CONTROL FRAMEWORK 2017/18

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC40-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to share with the Performance and Audit Committee, NHS Tayside's Interim Evaluation of Internal Control Framework 2017/18 report.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report and the content of the NHS Tayside Internal Audit Service's Interim Evaluation of Internal Control Framework (attached as Appendix 1) including the recommendations and corresponding management actions as set out in the appendix (page 30 onwards).
- 2.2 Instructs the Chief Finance Officer to take into consideration the outcome of this review when developing Dundee Integration Joint Boards Annual Governance Statement 2017/18.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 At its meeting on 11th January 2018, Tayside NHS Board's Audit Committee was presented with an Interim Evaluation of Internal Control Framework 2017/18 report by the Chief Internal Auditor. The purpose of the review is to provide a focus on the governance arrangements and processes in place within NHS Tayside in order to identify realistic corporate objectives and to support and ensure their delivery. The report built on the recommendations of previous reports and from the independent Assurance and Advisory Group (AAG), appointed by the Scottish Government to provide scrutiny and challenge on the deliverability of NHS Tayside's operational plans for 2017/18 and five year transformation programme.
- 4.2 Given the challenges facing NHS Tayside, the interim report's focus is on the key risks to the achievement of transformational change, taking into account previous Annual and Interim Internal Audit reports whilst retaining a holistic overview across all governance areas. The report considered the following key aspects of governance and identifies proposed changes designed to facilitate accelerated progress:
 - Performance Management;
 - Risk Management;
 - Strategic and Transformational Change;
 - Governance and Scrutiny;

- Health and Social Care Integration;
- Finance;
- Staff Governance and Workforce Planning;
- Clinical and Care Governance;
- Information Governance and eHealth.

4.3 Audit Opinion and Key Findings

4.3.1 The Chief Internal Auditors report noted the following as key findings:

“In common with other Scottish Boards, NHS Tayside is operating in an ever more challenging environment where it is becoming increasingly difficult to achieve both performance and financial targets. This is a critical point for an organisation which, with the support of the AAG and Transformation Support Team (TST), is striving to deliver real, sustainable and effective change, resulting in fundamental improvement.”

“Given the importance of achieving strategic change whilst achieving financial balance, NHS Tayside will need to maintain a rigorous focus on key issues and develop governance structures aligned to these fundamental matters, while de-prioritising and delegating less important matters to operational management. NHS Tayside will need to resist the natural inclination in difficult circumstances to require greater and more detailed scrutiny in favour of targeted, more purposeful governance; which will free officers to focus on delivery and members to focus on the areas of greatest risk.”

4.4 Action Plan

4.4.1 The conclusion to the report (as indicated in the appendix) notes a number of recommendations which are designed to highlight key areas and suggestions for change in some areas of governance to ensure they are commensurate with the current environment and associated risks. An action plan has been agreed with NHS Tayside’s management team in order to respond to these recommendations.

4.5 Consideration for Dundee Integration Joint Board

4.5.1 As part of the overall assurance process for Dundee Integration Joint Board, the IJB as the commissioner of services provided by the partner bodies needs to be satisfied that appropriate governance arrangements and processes are in place within these partner bodies to deliver services effectively. The level of assurance provided by the partner bodies is then reflected in the IJB’s Annual Governance Statement. The Chief Finance Officer will consider the findings of NHS Tayside’s annual internal audit report once complete, including progress made to deliver the actions set out within the interim review and report back to the PAC should any issues of concern arise.

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	Risk that the management actions are not delivered within the timescales identified in the management response, resulting in a reduction in the level of assurance NHS Tayside can provide to the IJB.
Risk Category	Governance
Inherent Risk Level	Likelihood (3) x Impact (4) = Risk Scoring (12) High Risk
Mitigating Actions (including timescales and resources)	Actions are to be delivered primarily by NHS Tayside however the Chief Internal Auditor will continue to monitor progress against timescales and advise through their annual internal audit report of any areas of concern
Residual Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6) Moderate Risk
Planned Risk Level	Likelihood (2) x Impact (4) = Risk Scoring (8) High Risk

Approval recommendation	Given the actions required to be undertaken by NHS Tayside and the focus being given to strengthen governance arrangements the risk levels are acceptable.
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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: 10 May 2018

NHS TAYSIDE
INTERNAL AUDIT SERVICE



**INTERIM EVALUATION OF INTERNAL
CONTROL FRAMEWORK 2017/18**

REPORT NO. T08/18

Issued To:

- L McLay, Chief Executive
- A Russell, Deputy Chief Executive
- L Wiggin, Chief Operating Officer
- L Bedford, Director of Finance
- IJB Chief Officers
- M Dunning, Board Secretary
- G Costello, Nurse Director
- G Doherty, Director of Human Resources and Organisational Development
- B Nicoll, Director of Strategic Change
- F Gibson, Head of Finance (Governance and Assurance)
- H Walker, Risk Manager
- L Green, Audit Committee Members' Library Copy
- Audit Committee
- External Audit

Date Reissued: 22 January 2018

Introduction & Scope

1. The Internal Audit 2012/13 annual report recognised that NHS Tayside's ability to deliver a 'gold standard' of management within the existing governance framework may be impacted by unprecedented financial pressure faced by both the organisation and by the NHS in Scotland. As the environment across NHSScotland became increasingly challenging, our 2015/16 Interim Review reflected that whilst many of NHS Tayside's governance arrangements were robust, they were operating within a system facing severe pressures. An overall diminution in the control environment did not necessarily reflect a decline in control, rather it indicated that the environment had become more difficult, associated risks had increased and therefore existing controls may not have been resilient to substantially different and increased pressures. Whilst the systems of control in place at that time were robust in principle, they failed to provide an early indication of the difficulties that the Board was facing. Subsequent Internal Audit annual and interim reports have developed this theme and highlighted the challenges facing NHS Tayside and the in particular the need for the Board to assure itself that it had sufficient capacity and capability to deliver long-term strategic change, whilst delivering significant short-term savings whilst continuing to deliver business as usual.
2. Previous internal audit annual and interim reports have identified a number of fundamental issues and contained a series of high priority recommendations, set in the context of an increasingly challenging local and national risk environment.
3. The Internal Audit Annual Report 2015/16 noted that whilst initiatives were being progressed which were intended to address deep-rooted issues previously identified by internal audit, there was a need for NHS Tayside Board to assure itself that it has the necessary capacity and capability to deliver transformational change whilst improving performance.
4. The Internal Audit Annual Report 2016/17 further highlighted that NHS Tayside needed to complete an extremely challenging transformation programme in the context of severe financial pressure and a rapidly rising risk profile and concluded that whilst progress had been made, the pace of change needed to accelerate.
5. In April 2017, the Scottish Government appointed an independent Assurance and Advisory Group (AAG) to provide scrutiny and challenge on the deliverability of NHS Tayside's operational plans for 2017/18 and the five-year transformation programme. The AAG's June 2017 staging report highlighted that, given the current pace of progress of the transformation programme, they were not confident that the board could return to financial balance within a five-year timescale. The report detailed ten recommendations that Tayside NHS Board were required to implement as a matter of priority. The next AAG report is expected in January 2018.
6. The Audit Scotland report 'NHS in Scotland 2017', published in October 2017, stated that maintaining the quality of care across Scotland is becoming increasingly difficult. The report stated that '*the NHS faces increasing challenges and crucial building blocks to*

enable change still need to be put in place' and illustrated the need for fundamental changes to the way that healthcare is planned, managed and delivered at all levels in Scotland.

7. Traditionally, Internal Audit interim reviews have provided a detailed overview of all governance areas and processes. Given the materiality and immediacy of the challenges facing NHS Tayside, this interim report focuses on key risks to achievement of transformational change, taking account of previous Annual and Interim reports (linked where appropriate to the ten AAG recommendations) whilst retaining a holistic overview across all governance areas. Our report identifies proposed changes to assurance processes and governance structures to facilitate accelerated progress, scoped under the following headings:
 - Performance Management;
 - Risk Management;
 - Strategic and Transformational Change;
 - Governance and Scrutiny;
 - Health and Social Care Integration;
 - Finance;
 - Staff Governance and workforce Planning;
 - Clinical and Care Governance;
 - Information Governance and eHealth.

Objective

8. This review focused on the governance arrangements and processes to identify realistic corporate objectives and support and ensure their delivery.

Risks

9. The following risks could prevent the achievement of the above objective and have been identified as within scope for this audit:
 - Current management and governance arrangements may not be sufficient to allow NHS Tayside to achieve its transformation and strategy objectives and reach a sustainable organisational model;
 - Assurances on transformational change provided to the Board and Standing Committees may not have the necessary focus on delivery and scrutiny mechanisms may not be appropriately focussed on progress and risks to delivery.

10. The status of recommendations from previous Interim and Annual reports is regularly reported to Audit Committee.

Audit opinion and key findings

11. In common with other Scottish Boards, NHS Tayside is operating in an ever more challenging environment where it is becoming increasingly difficult to achieve both performance and financial targets. This is a critical point for an organisation which, with the support of the AAG and Transformation Support Team (TST), is striving to deliver real, sustainable and effective change, resulting in fundamental improvement.
12. Given the importance of achieving strategic change whilst achieving financial balance, NHS Tayside will need to maintain a rigorous focus on key issues and develop governance structures aligned to these fundamental matters, while de-prioritising and delegating less important matters to operational management. NHS Tayside will need to resist the natural inclination in difficult circumstances to require greater and more detailed scrutiny in favour of targeted, more purposeful governance; which will free officers to focus on delivery and members to focus on the areas of greatest risk.

Action

13. This report highlights a number of ongoing key activities. We will consider the implementation of these activities as part of our year-end work to inform our annual report which in turn informs the governance statement in the Board's annual accounts. The recommendations within this report are designed to highlight key areas and suggest adaptations to governance arrangements to ensure they are commensurate with the current environment and risks. Given the changing control environment highlighted within this report, they are intended to enhance and replace previous recommendations which need no longer be monitored under the follow-up system.
14. An action plan has been agreed with management setting out the required actions and improvements arising from the issues identified in this report. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.
15. Given that this report covers all aspects of Governance, we would suggest that it is shared with all Standing Committees for detailed consideration of the relevant findings and monitoring of key recommendations as well as of key actions being instigated by management.

Acknowledgement

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

A Gaskin BSc. ACA
Chief Internal Auditor

NHS Tayside Performance Management

Internal Audit have previously highlighted the need for performance reports to highlight areas in which performance is not acceptable, identify action being taken to address performance and assess the effectiveness of actions taken to date. We also recommended a mid-year Board Development Event to take stock of progress to date and draw together the disparate strands of performance and risk for a holistic view of whether NHS Tayside is on track to achieve objectives; as well as recommending regular reporting against the LDP.

Background

The Audit Scotland 'NHS in Scotland 2017' report stated: *'Demand for health services continues to rise but previous approaches of treating more people in hospital are no longer enough. People are waiting longer to be seen with waiting lists for first outpatient appointment and inpatient treatment increasing by 15 per cent and 12 per cent respectively in the past year. The majority of key national performance targets were not met in 2016/17 and wider indicators of quality suggest that the NHS is beginning to struggle to maintain quality of care'*. As set out in the Audit Scotland report, in 2017 NHS Tayside performance was above the Scottish average for CAMHS, Drug & Alcohol treatment, Referral to Outpatient treatment within 12 weeks, A&E patients seen within 4 hours and the 62 day cancer target.

Current Activities and Looking Forward

Local Delivery Plans (LDPs) set out how boards intend to deliver services to meet performance indicators and targets, as well as setting out indicative spending plans for the next three years. Whilst the financial position has been closely monitored in year and the elements relating to national targets are reported to each meeting, the Board has not been provided with an update on progress against the LDP as a whole during 2017/18 as recommended by and agreed with Internal Audit.

In common with almost all mainland NHS Boards, NHS Tayside has ongoing difficulties in consistently meeting all of the national targets, albeit NHS Tayside has outperformed the national average in some areas.

Performance is not dissimilar to the position reported by Audit Scotland although some performance data is temporarily unavailable. NHS Tayside is required to present an LDP demonstrating that national targets will be met, although for many, there is no realistic prospect of them being achieved across NHS Scotland, which means that it is currently difficult to assess performance in any meaningful fashion.

NHS Tayside was not successful in appointing a Director of Performance earlier this year and took interim steps to mitigate this gap. We have been informed that that it is intended that an appointment will be made in the final quarter of this financial year .

Recommendation 1

The NHS Tayside Board should consider how best to maintain effective performance management in an environment where the majority of SGHSCD mandated targets are not being met by most mainland NHS Boards. It should also consider how the 2018/19 LDP can provide realistic, challenging targets achievable within available resources in the context of statutory requirements and national targets.

Recommendation 2

The Board should identify an independent senior officer with responsibility for the production of objective, comprehensive, transparent and balanced performance reports to the newly constituted Performance and Resource Committee which provide a holistic picture of performance across all areas including national targets, Finance, Resources, Staff, Clinical and eHealth, as well as making clear linkages between these in a format that:

- Allows periodic reporting on LDP targets;*
- Clearly Identifies issues;*
- Provides a summary of performance standards and targets that have not been met, challenges faced, barriers to achievement, potential solutions and an assessment of the impact of previous actions;*
- Identifies patterns and performance trajectories;*
- Overtly links to risks.*

The 29 September 2017 TST report set out the status of key actions taken to date to address the ten recommendations from the AAG Staging Report. NHS Tayside has responded pro-actively to the AAG report by producing an Action Tracker to monitor progress of implementation of the recommendations. The Action Tracker is reported to the TST on a weekly basis. The December 2017 Board meeting was informed that eight of the ten key recommendations were assessed as amber with only two at red , an improvement from the September position.

Whilst the action tracker has been valuable in demonstrating progress and creating an environment in which change can take place, its maintenance and monitoring, whilst necessary in the circumstances in which the Board found itself, has consumed considerable management time. The AAG noted that work now needs to focus on developing robust interventions to address any inappropriate variation and we would concur with this assessment.

Recommendation 3

The continued use of the Tracker Tool should be evaluated to determine whether it is the most efficient method of monitoring progress in delivering these key objectives, giving careful consideration to balancing the necessity of effective oversight against the time and effort required to maintain it.

Risk Management

Previous Internal Audit reports have reported the need for a regular horizon-scanning exercise to ensure the Board Assurance Framework (BAF) includes all fundamental risks as well as recommending that the Risk Management function is aligned with executive responsibility and that strategic management of the overall portfolio of risks is not compromised by quotidian clinical governance activities. Overall, we have concluded that risk identification and recording processes are generally strong but that actions to mitigate risk have not always been effective. The BAF as well as the Risk Profile for HSCI should be continuously reviewed and reported through the Strategic Risk Management Group and in regular reporting through Board and Committees.

Current Activities and Looking Forward

The Strategic Risk Profile was presented to the August 2017 Board meeting with 81% of risks rated 'High' or 'Very High', including the Strategic Financial Plan with the highest possible score of 25, and Infection Control, Capacity and Flow, the three Workforce risks, Mental Health and Managed 2C practices with scores of 20. As at October 2017, four (19%) of the 21 Strategic Risks exceeded the organisations' risk appetite.

While Strategic Risks are regularly and well reported through assurance structures, poor attendance at the Strategic Risk Management Group (SRMG) has been a recurring issue and has been periodically discussed by the Audit Committee. The SRMG has a key role in managing the strategic risk profile to the lowest possible level and ensuring that controls in place are sufficiently robust to mitigate risks, with a focus on operational / management actions. Whilst the group has met only twice in 2017/18, rather than the scheduled three meetings, we were pleased to note that the November 2017 meeting was well attended and a thorough review of the strategic risk profile undertaken. Review of Strategic Risks though the SRMG is key and it is vital that good attendance at the SRMG is maintained and that all members are actively and collectively contributing to the management of all corporate risks across NHS Tayside.

Whilst a number of informal discussions have taken place regarding strategic alignment of risk within the corporate structure, no formal outcome has yet been reached, possibly due the absence of a Director of Performance and interim arrangements have been put in place under the Board Secretary.

Strategic and Transformational Change

The 2015/16 Interim Review noted the introduction of the Five Year Transformation Programme with the key message that the pace of transformational change would need to be far greater than in previous years. The Internal Audit 2015/16 Interim Review recommended that the process for implementation of revised strategic planning arrangements should be completed and reported to Board, and that the Board should review the resources and capacity available to deliver the required improvements and specifically that the transformation workstreams had the capacity to implement the required changes within the necessary timescales.

Over the winter months, Internal Audit will complete two benefits realisation audits on Workforce and Medicines Management. The scope of these audits is currently being discussed with Management.

Background

- During 2015/16 NHS Tayside provided narrative to the Scottish Government setting out the planned Tayside Integrated Strategy (the corporate strategy) in line with the emerging National Clinical Strategy;
- In June 2015 NHS Tayside approved a clinical services strategy document 'NHS Tayside Draft Clinical Services Strategy - Reshaping Clinical Services for The Future'. Subsequent to this a number of individual service strategies were approved by the Board including Older People, Primary Care, Mental Health, Shaping Surgical Services, Maternity Services, Paediatric Services and Cancer Services. The next stage in this process was a collation of these individual service strategies with a view to describing an integrated strategy for 2017-2027, that will provide a 'master plan' for NHS Tayside, reflecting national policy drivers;
- The Board approved the Communications and Engagement Action Plan for the clinical strategy in August 2017 and an update was presented to Board on 26 October 2017;
- At the February 2015 Board, members supported Directors in carrying out a review of the organisation's strategic planning infrastructure to ensure that it was fit for purpose, although no output from this work has formally been received by the Board. The 25 June 2015 Board was informed that there was no dedicated planning function within NHS Tayside, and that the draft Clinical Services Strategy had been put together in a very short timescale. NHS Tayside has recognised that traditional approaches to making efficiencies are producing declining savings, and that new thinking was needed in 2015/16 and beyond to ensure services are sustainable.
- NHS Tayside's transformation programme 2017/18 to 2021/22 aims '*to improve the sustainability of services and enhance the quality of care*'. The programme is focused around six workstreams, underpinned by local clinical strategies and service redesign priorities and is overseen by the Transformation Programme Board. The Transformation Programme Annual Report was presented to Tayside NHS Board on 31 August 2017.

- The Scottish Government Transformation Support Team (TST) was created to provide expert advice and leadership support to the NHS Tayside Executive Team and Non-Executive Board members as they developed their plan to implement the ten AAG report recommendations. On 29 September 2017 NHS Tayside published their first Self Assessment Report and the TST issued their report on NHS Tayside's progress to date. The TST continue to support NHS Tayside. In relation to performance and delivery, the AAG recommended further and appropriate delegation of decision-making to managers and staff at operational level in order to ensure that executive director level capacity is released for strategic development and transformation of services.

Relevant AAG Recommendations included a realistic timeline for completion of the Integrated Clinical Strategy and early, meaningful and sustained engagement in partnership with its staff, its stakeholders and moreover the public and political representatives.

Current Activities and Looking Forward

The national Health and Social Care Delivery Plan was published in December 2016 and made a commitment to put in place new arrangements for the regional planning of services. NHS boards have been asked to work together in three regional groups, North, West and East and produce a first draft plan by September 2017. While NHS Tayside is aligned to the North, Tayside's relationship with Fife is recognised and the opportunity to work across regional boundaries still exists.

The Integrated Clinical Strategy (ICS) will support the work of the 'Five Year Transformation Programme' as well as the requirements of the 'Health and Social Care Delivery Plan', the Health and Social Care 'Joint Commissioning Plans' and the LDP. The programme of work to produce the ICS is being managed by the NHS Tayside Transformation Programme Board and supported by the TST.

Progress to date includes:

- development of a communication and engagement plan with a detailed timeline to ensure that engagement with key stakeholders is achieved;
- a two day event was held in September 2017, 'Building our Future Together', that brought over 100 people together from clinical teams, managers, staff side, local authority colleagues, members of the public and partner organisations.
- As reported to Board in October 2017, the Shaping Surgical Services and Mental Health redesign are in alignment with the governing principles of the ICS, underpinned by the 5 year Transformation Programme and One Year Operational Delivery Plan;
- The Leadership Team and the three HSCPs are exploring how Joint Commissioning Plans will inform pathways of care for the future commissioning of healthcare services;
- NHS Tayside has secured external input for advice on the overall content of the Strategy and specifically for the required public engagement prior to agreement of the Strategy.

- A Board Development Event focusing on the Strategy was held on 30 November 2017 with a focus on Strategic Principles which included examples of new strategies in progress as well as the engagement processes being adopted.

The Business Case for Shaping Surgical Services has been approved by the Transformation board and the F&RC, and will be presented to the January 2018 Board.

A staging report to the December 2017 Board meeting sets out the vision for the delivery of services across NHS Tayside which aligns with the National Clinical Strategy, Realistic Medicine, Draft Regional Plan and the Health and Social Care Delivery Plan and local priorities, including the strategic plans of the three Health and Social Care Partnerships. . The staging report indicates that extensive consultation has already taken place. Phase II of the ICS will incorporate the development of programme management including revised governance structures, a detailed programme plan, programme reporting and risk and issue management.

Management have identified that a critical success factor for the delivery of the ICS is the ability to secure dedicated resource for Strategic Planning and a related infrastructure. For a period, it was not possible to identify and secure strategic personnel with the skill, experience and knowledge to support this significant whole system transformation and the Board was informed that the Chief Executive was working collaboratively with the TST and colleagues across NHS Scotland on this issue. The December ICS staging report states that the Planning Team will be expanded to develop our new pathways of care, to re-model services and to ensure a whole system review of service delivery. A short-term Director level appointment has been made as part of this expansion.

While a variety of measures to make savings have been employed over the last three years, future transformation of services is necessary to achieve financial sustainability and improve performance in the long run. Much of the work of the Transformation Programme Board in this year has been focused on the savings programme for 2017/18 rather than on the longer-term strategic change necessary to achieve recurrent sustainability, albeit we note that recent meetings of the Transformation Board have had an increased focus on ensuring that the organisation has the building blocks for transformation in place including the approach to innovation, retention of staff and the continuing provision of safe care and clinical and care governance.

Recommendation 4

The revised governance structures should ensure that the role of the Transformation Programme Board is focused on NHS Tayside's ability to deliver transformation, as well as assurance on the adequacy and effectiveness of programme management.

NHS Tayside will also need to be assured that:

- *Senior Management time is focused on leadership and delivery of transformation with other issues appropriately delegated with the value and focus all senior management meetings reviewed;*
- *Managers are held to account for the timely and effective delivery of transformation;*

- *A dedicated Strategic Planning resource has been established with the necessary skills and experience;*
- *Financial, workforce, eHealth, capital and other key strategies are aligned to and support the ICS;*
- *Individual strategies are co-ordinated with each other and with regional and IJB strategies and appropriately reflect the consultation and engagement exercises;*
- *Timescales are realistic, risks appropriately recorded and mitigated and barriers to progress recognised and resolved timeously and lessons learned and shared between projects.*

Governance and Scrutiny

The need to ensure robust governance as a key component of the framework to effect transformational change has been at the core of Internal Audit recommendations in recent years. NHS Tayside has a good track record for maintaining robust governance arrangements. However, the performance landscape and risk environment have changed dramatically in recent years and governance arrangements must adapt accordingly. NHS Tayside has been proactive in reviewing governance arrangements through the ongoing integrated reporting review.

During 2015/16, Internal Audit highlighted concerns over the depth of information provided to allow readers to understand the intelligence within Board and Committee papers, particularly the risk and finance sections, and linkages to outputs. A new assurance report template, a revised Committee Chair's assurance report format and a revised Board agenda format were introduced to improve scrutiny and assurance. We have emphasised the requirement for each Committee to ensure that it understands the Best Value characteristics assigned to it, which ones it can verify and is comfortable that those elements which cannot be demonstrated are not fundamental.

Background

- A BDE on the national Board Diagnostic Toolkit was held on 12 January 2017. A master class on 'Culture and Collective Leadership' was held on 23 February 2017 with an update on the programme, as a key enabler of the five year transformation programme, provided to the Staff Governance Committee (SGC) in June 2017. The organisation continues to progress a Compassionate and Inclusive

Leadership and Culture Change programme and the TST have stated that they expect an analysis of the outcomes of coaching arrangements together with a detailed leadership development plan by December 2017.

- The Audit Scotland 'NHS in Scotland 2017' report included a 'Self Directed Support checklist for councillors and board members' which is designed to help non-executive directors with their role in overseeing the performance of NHS boards and is aimed at promoting good practice, scrutiny and challenge in decision-making.

Relevant AAG recommendations included the need to maximise opportunities for induction and development of non-executive members to ensure robust and effective governance and scrutiny of the executive function of the Board. Leadership and continuous scrutiny of a very high order will be required for all aspects of strategic planning to deliver sustainable transformation over the next five years and rigorous scrutiny and governance to ensure effective and timely delivery. The AAG also questioned why improvements in scrutiny had not lead to commensurate improvements in performance and delivery.

Current Activities and Looking Forward

Due to the complexity and range of issues facing NHS Tayside, Board meetings have extended to take up much of the day. This takes up the valuable time of members and officers and may mean that important issues considered towards the end of the meeting are adversely impacted. We do note that steps have been taken to make Board meetings shorter and therefore more effective, including separating items on which discussion is expected and those that are for approval or reporting and the use of the Committee Chairs' Assurance Reports; but we would still consider that further work is required to ensure shorter, focused agendas which give priority to key issues.

A Short Life Working Group with membership including the Board Secretary, the Chairs of the Audit Committee and Finance & Resources Committee (F&RC) and with the Chief Internal Auditor (CIA) in attendance, has reviewed the Standing Committee accountability and reporting structure, with a revised structure approved at the December 2017 Board meeting. Key within this redesign is the creation of a Performance & Resources Committee (P&RC) which we would commend, noting as above, that much of the work of the Transformation Board this year has been focused on short-term savings rather than longer-term strategic change. Creation of a P&RC will allow the Transformation Board to monitor progress in delivering strategic change. However, we would view this as the start of a process which should culminate in revised agendas which free up management and member time and focus on key issues and risks, noting that work to review Standing Committee remits has been completed and approved by the Board.

We have identified a number of areas where the same or similar reports have been presented to a number of Committees and or/ the Board, resulting in a reduction in the time available for officers to focus on delivery of strategic change. Given the range of challenges facing NHS Tayside it is essential that there is no duplication of effort on the part of officers or non-executives and that attention is focused on the most urgent and important issues facing the Board. There is no formal evidence from Committee papers and minutes that Committees or their Chairs

have formally discussed the issue raised by AAG in relation to scrutiny, or the options available to a Committee if they are not satisfied with progress or performance. Equally, it is not clear that Committees have undertaken a prioritisation exercise to ensure that they focus on the areas of highest importance and risk, or that agendas have changed to reflect current risks and priorities.

Good governance has always been a priority for NHS Tayside but there needs to be a recognition that the risk profile for NHS Tayside is exceptionally high at present and that governance structures and processes must adapt accordingly. Governance and accountability arrangements must be designed to support and respond to the changing needs of the organisation. Non Executive Directors have a key role in providing robust scrutiny and have a responsibility to ensure that they are effective in their review of assurances on key risks and actions, and have a sufficient understanding of whether actions being taken are working with sufficient assurance on plans to remedy poor performance.

The Board and Standing Committees should have collective clarity on governance, culture and principles that are acceptable to them and action should be taken to ensure that the following principles are overtly evident in all aspects of business, many of which are in place at present but should be formally acknowledged:

- *Clear expectations of acceptable progress and delivery, tempered with an understanding of risks and acknowledgement that risks may crystallise;*
- *Communication of a positive message that officers are empowered to take informed, calculated risks to achieve delivery, and this will be supported by the Board;*
- *An expectation that officers will notify and address poor performance in a timely way;*
- *A clear communication that in circumstances where officers are aware of a fundamental problem and fail to escalate the issue and take necessary action, this is unacceptable;*
- *A collective understanding from members that NHS Tayside must deliver on realistic targets which requires the Board and its Committees to ensure that targets are meaningful and realistic and then to ensure that all possible actions have been taken to meet them.*

Recommendation 5

As part of the integrated reporting review, the current cycle of performance and assurance reporting should be evaluated to ensure that there is no over reporting or duplication, that Committees are focused on the issues of highest priority and risk and that it is fully aligned to the new Standing Committee structure.

Previous audit reports recommended that all Board and Standing Committee business should be driven by high priority objectives, associated risks, legislation, Standing Orders or the opportunity to add value. In the current circumstances, consideration should also be given to whether items are of sufficient materiality and urgency to merit inclusion on agendas. The Board and its Standing

Committees should review their agendas and workplans to delegate low-priority issues, with a ruthless focus on key priorities and reflecting the creation of the new P&RC, as well as the principles articulated above. In particular, the role of the Transformation Programme Board should focus on long-term strategic change with short-term financial savings being monitored by the P&RC.

Recommendation 6

- *The integrated reporting review should include ensuring that the Board and Standing Committees are provided with the right level and number of reports which provide an appropriate level of detail and do not contain extraneous information. As a guide, reports should:
 - *Continue to include objective and informative risk assessments;*
 - *Be focused on the key issues, actions taken to address key issues and whether or not these actions are working;*
 - *If required, an explanation of why actions to address key issues were not successful and what remedial action needs to be taken to achieve success, along with associated resource implications;**
- *Wherever possible, there should be adherence of the Standing Orders in terms of the length of meetings. Agenda planning meetings should include consideration of the order of agendas to ensure priority issues are given the care and attention they command and that all agenda items justify their inclusion.*

Health and Social Care Integration (HSCI)

Previous Internal Audit reports highlighted the requirement for substantial further work to reflect the impact of HSCI on NHS Tayside's governance arrangements, including update of the Standing Orders and Scheme of Reservation & Delegation to take account of both revised management structures and HSCI and the need for a clear, consistent and coherent understanding of accountabilities so that all parties can design comprehensive assurance systems which reflect that shared understanding, minimise duplication as far as possible and ensure that there are no omissions. We also recommended update of the HSCI corporate risk and alignment, as far as practicable, of the IJB and NHS Tayside risk registers.

A working group comprising the Chief Officers and Chief Financial Officers of the three IJBs and the NHS Tayside Board Secretary has been established to take forward the issues relating to HSCI identified within previous Internal Audit reports. The Chief Internal Auditor is also in attendance and has prepared a set of HSCI Governance principles to inform the process. These principles have been agreed by the IJB representatives subject to minor amendments and were included in a paper to the December 2017 Audit Committee, which also included a potential resolution to the two different models of integration propounded by the Perth and Kinross and Dundee/Angus IJBs. The paper sets out an action plan to take forward the governance principles as set out above in practical steps. Following this, an update to the Code of Corporate Governance and assurance arrangements to reflect integration will be taken forward. In order to implement the principles agreed at the December 2017 Audit Committee and allow governance arrangements to be updated, an action plan assigning officers to take forward arrangements for their areas of responsibilities was agreed and a working group established to progress each strand of governance.

Finance

Previous reports recommended a refocusing of the role of the Finance & Resources Committee (F&RC) to ensure better oversight of the financial position and highlighted a number of financial risks including the lack of benchmarking, the use of deferred income, failure to achieve recurrent savings and the need for significant changes to the financial planning and budget-setting processes. We also recommended that the F&RC should have an overarching role of monitoring of all capital issues with clear lines of reporting from any sub-groups established to focus on specific issues. The F&RC should receive regular, comprehensive capital reports encompassing the delivery of the PAMS and associated KPIs, backlog maintenance, disposals and capital spend.

Our reports also recommended changes to finance reports including specific reporting of recurrent and non-recurrent savings and clearer explanations of technical terms so that they are fully understood by all Committee members and provide a clear and unequivocal view of the financial position and impending issues and risks.

We also highlighted the need for the capability of the Finance Department to be reviewed to ensure that it has the required resources, configured in the best way to meet the significant financial challenges faced by NHS Tayside.

Background

- NHS Tayside has recognised that traditional approaches to making efficiencies were producing declining savings, and that new thinking will be needed to ensure services are sustainable;
- The 2016/17 Audit Scotland s22 report noted that NHS Tayside has needed financial assistance from the Scottish Government for five successive years in order to achieve financial balance. The report also highlighted the scale of the challenge NHS Tayside continues to face in meeting its financial targets and provided an update on the work currently under way to address these pressures;
- The Audit Scotland 'NHS in Scotland 2017' report, also published in October 2017, noted that NHS Tayside was the only Board to require brokerage from the Scottish Government in 2016/17, receiving £13.2 million, but also highlighted the significant financial pressures facing all NHS Boards and the need for a longer-term financial framework. The national financial position remains extremely challenging in 2017/18, with a number of NHS Boards projecting a deficit;
- The F&RC has reviewed its operations and the content and format of finance reports and, as noted above, the Committee will be replaced by a Performance & Resources Committee which will receive integrated finance and performance reports to allow a holistic view of overall performance.

Relevant AAG recommendations included urgent and robust action to maximise the likelihood of achieving the planned in-year savings and delivery of NHS Tayside's projected financial outturn for 2017/18, a rigorous and comprehensive review of the financial planning framework and restructuring the financial framework control systems ensuring that budgetary control is assured for all functions.

Current Activities and Looking Forward

NHS Tayside submitted a 2017/18 LDP which was unbalanced by £4m, recognising a level of unidentified efficiency savings. In addition, a £5.0 million element of the cost reduction programme was categorised as high risk, reflecting uncertainties around the timing of implementation and delivery.

The December 2017 Board received the Corporate Financial Report to 31 October 2017 as well as a presentation reflecting the key actions taken since July to improve the financial position and providing an update position for November. The October 2017 position reported an overspend of £6.5 m with a year-end forecast deficit of £5m, a considerable improvement from previous forecasts. The achievement of this target will be dependent on the achievement of £10.3m service actions; most of these are now assessed at Green or Green/amber with the exception of prescribing savings which are red/amber. Some of these service actions are reduced estimates of previously identified savings in prescribing and workforce.

Given that many savings were weighted towards the second half of the year there is still risk attached to the achievement of the projected deficit but the Board has achieved considerable savings and the direction of travel is positive.

We would particularly highlight the following aspects:

- The service actions include some elements which are not new but are essentially revised estimates for planned savings schemes. Whilst the original planned savings schemes were agreed by the relevant Directors, there are some elements which have not delivered in this or previous years. As noted above assignment plans have been agreed for internal audit reviews of both prescribing and workforce savings which will consider this in more detail;
- With operational expenditure above planned and recurrent savings currently below 35% instead of the planned 50%, the Board is reliant on a number of non-recurrent measures, which will create the requirement for greater savings in future years unless further inroads can be made this year;
- We welcome assurances from the Director of Finance that the Board intends to achieve its planned significant reduction in deferred expenditure, as outlined in the financial framework 2017/18 and monitored by the F&RC. Whilst we accept that it is too early to provide a complete narrative on this area, we would highlight that, whilst assurance on this area has been provided in other fora, the finance

report itself does not provide an immediate and clear understanding of the position with regard to deferred expenditure and financial flexibility;

- The service plan includes a proposal to defer capital expenditure including eHealth developments. This is not immediately reconcilable with the Board's stated intention to make the use of eHealth a fundamental element of future service redesign but we have been assured that this deferment will not impact on the future investment in eHealth required to deliver strategic change;
- From 2018/19 onwards the proportion contributed by the Board to cover health overspends within delegated functions will change, albeit the Board may now be exposed to overspends by Local Authority partners. The DoF has formally stated to the TPB and P&RC that this area of risk will be added to the Finance BAF for 2018/19;
- The clarity and comprehensiveness of financial reporting has improved but the greater detail provided may not be appropriate or necessary for all recipients. The introduction of consolidated financial and performance reporting provides an opportunity to tailor financial reports for specific audiences, allowing a greater focus on clear and easy to understand headline figures, particular risks to achievement of savings, trajectory of savings actually achieved and a clear distinction between recurring and non-recurring savings, and whether savings are incorporated in original annual budgets or savings are to be additionally identified.
- 2018/19 savings within the five year financial plan approved at the start of the year were predicated on the delivery of strategic change. Whilst the ICS should be approved before the start of the year, the achievement of material recurrent savings to the level previously anticipated from strategic change is doubtful, which will mean that a greater contribution is required from the drive to deliver optimal efficiency based on the use of benchmarking via the cost book and NSS Discovery.

A detailed Finance Workforce Plan was completed by September 2017, and new staff have been recruited, with the revised structure almost wholly operational. Discussions have taken place with IJBs over the level of financial support they require.

A revised business planning and budgeting process for NHS Tayside was agreed at an F&RC development session, including engagement and involvement of service teams in the build of business planning and budgeting to progressively restore ownership, responsibility and accountability at clinical and operational level. A truncated approach has been in place during 2017/18, laying the foundations for full implementation of the process in 2018/19. An update on the new Business Planning and Budgeting process was provided to the August 2017 Board meeting where it was noted that a process had been established to engage with service areas and in particular those at the clinical and operational levels of responsibility. The Board agreed the programme cycle for business planning and budgeting for preparation of the financial planning framework for 2018/19 and future years. The establishment of a Business Planning and Reporting Group with executive and non-executive membership to provide oversight and scrutiny of the process was agreed with meetings scheduled for October 2017 and January 2018. The overall process will be governed and monitored by the F&RC.

The December 2017 Board meeting was informed that the full Business Planning and Budgeting process was progressing, with the first series

of meetings due for completion in mid December with further follow up review meetings scheduled for January 2018. In considering the Financial Framework the 2018/19 financial plan will identify planned performance against the statutory requirements of national targets and the available elements of the ICS. We have also been informed that, in presenting the 2018/19 financial plan, the Director of Finance will confirm and demonstrate that savings targets are evidence based, realistic and supported by appropriate and relevant professional judgement and include learning from the successes and challenges experienced in previous initiatives.

Staff Governance and Workforce Planning

Previous internal audits reported that whilst staffing issues, particularly supplementary staff spend, were having a significant impact on NHS Tayside's financial position, in line with national guidance the work of the Staff Governance Committee (SGC) was primarily focused on the Staff Governance Standard. We reported the vital role of the SGC in ensuring that key workforce issues impacting on performance and finance are identified and mitigated so that NHS Tayside has the right staff in the right place for the right cost.

The Internal Audit 2016/17 Annual Report recommended that the revised senior leadership structure, in totality, should be presented to Board with assurance on capability, including business as usual, strategy production with delivery targets, delivery of strategies and working with and supporting IJBs. This action was initially scheduled for completion by 31 December 2017.

Internal Audit recommended that Health & Safety Governance responsibilities be included within the 2017/18 SGC work plan and that an annual report should be presented to the SGC. We also raised concerns over the availability and accuracy of figures for Secondary Care Doctors' appraisal and recommended that assurances be provided to the SGC including an update on the action plan to address issues raised by HIS in 2015/16.

Current Activities and Looking Forward

The Corporate Workforce Plan was presented to the Staff Governance Committee on 22 June 2017 but was based on current service models rather than future needs and provision, which had not yet been established.

Our 2016/17 annual report commended the development of a Workforce Dashboard to be reported to both the F&RC and the SGC. Links between the SGC and Clinical & Care Governance Committee have also been established. These actions have helped to ensure staff, clinical and financial aspects of key risks being considered by disparate Standing Committees are linked in a meaningful way and duplication is avoided.

NHS Tayside has developed the means to produce a detailed analysis of the workforce and will use this to build a full workforce profile, enabling the service to determine revised workforce trajectories and to inform recruitment planning and effective use of staff turnover to reshape the workforce.

As well as reports on the Workforce Review and Workforce Plan and Projections, the Staff Governance Committee and Board have been

regularly updated on a significant risk on PRI staffing and organisational workforce pressures.

NHS Tayside continues to undertake a wider workforce efficiency programme and benchmarking exercise to re-profile the workforce within available personnel and affordable resourcing by the end of December 2017.

The TST commented that 'NHS Tayside has developed improved workforce reporting which enables monitoring of actual workforce levels against establishment. More work remains to be done to analyse benchmark information and to grasp the opportunities for bringing establishment levels more into line with relevant benchmarks. However, many of the outputs of these immediate actions will also be essential to properly inform the longer term development and assessment of scenarios for redesigned services which will emerge through the Integrated Clinical Strategy'.

Eight Workforce KPIs have been developed and were approved as part of the wider suite of KPIs at the F&RC on 19 October 2017.

AAG Recommendations included the requirement to undertake an early and comprehensive review of staffing levels across all services and sites, including those delegated to or utilised by HSCPs, to build on current restructuring of the senior executive team and recruitment of non-executive members, addressing skill-mix gaps, particularly for effective strategic planning and oversight and to continue to foster and enable leadership development at all levels.

Recommendation 7

The Staff Governance Committee should again consider its remit and work plan, in conjunction with the ongoing integrated reporting review, to ensure that it is appropriately sighted and assured on workforce planning issues. As previously recommended, there should be a rigorous focus on demonstrating that workforce planning effectively supports the achievement of the Board's operational and strategic objectives, and is overtly linked to the organisation's financial position and the achievement of organisational objectives.

Rather than being based on the current service model, the Workforce Plan will need to take account of the Transformation Programme, the Integrated Clinical Strategy and associated Service Redesign, as well as the demographic challenges these highlight which will impact on the availability of suitable staff as well as future need.

During 2015/16 the Chief Executive commissioned a review of the NHS Tayside leadership model to match capacity and capability to the key strategic objectives. A revised senior leadership structure was approved by the Remuneration Committee on 12 April 2016 and on 14 March 2017 the Board paper 'Development of Senior Management Sub-Structure for NHS Tayside' provided an update on progress. At the 4 May 2017 Board meeting the Chief Executive gave a short update presentation on the Senior Management Substructure, highlighting key principles, including the commitment to grow talent, skill and leadership capability. The development of the Senior Manager Sub-Structure is ongoing, with the Corporate Nursing, Finance and Human Resources and Organisational Development restructures nearing completion. Significant work is being undertaken on the workforce planning projections to inform the ongoing Corporate Services review, focusing on the Board Secretariat.

The Chief Operating Officer's sub-structure review is in progress and the finance department restructure is largely complete. Whilst comprehensive assurance on capacity and capability has not yet been presented to the Board, there has been significant progress since our January 2016 report.

The Operational Unit Medical Director, who has been a major asset to NHS Tayside in the resolution of significant operational issues retired at the end of December 2017 and an interim appointment has been made to this post.

On the basis of the above, consideration of capacity and capability will specifically need to take into account performance and strategic planning arrangements and identification of resources to resolve operational difficulties so that Director's can focus on strategic change.

Recommendation 8

As previously recommended, the overall NHS Tayside senior leadership structure and the supporting sub structure should be finalised and presented to Board with clear assurance on capability, including Business as Usual arrangements, Transformation and Strategy production. Assurance on the essential question of whether NHS Tayside has the capacity and capability to deliver its operational and strategic objectives should be provided to Board.

The TST have set out their expectation that by end December 2017 they would wish to see evidence that:

- establishment control is being strictly maintained with all business areas operating within establishment;
- plans to reduce the establishment have been developed and are being implemented;
- clear arrangements have been agreed for modelling and assessing the workforce requirements in relation to redesigned services;
- robust proposals, developed in partnership, are in place to respond to the results of benchmarking as well as clear arrangements for feeding in robust workforce information to inform the further development of any service reconfiguration proposals arising from the next stage of the Integrated Clinical Strategy work.

Internal Audit T15 & 22/18 – Workforce Benefits realisation will review this area in detail. The scope of this audit is currently being finalised by Management and it has already been agreed it will focus on Supplementary Staffing and rostering compliance.

Whilst the Staff Governance Committee minutes reflect detailed discussion on nursing and midwifery workforce, medical workforce discussions are not as prominent. The issues reported by Internal Audit around the accuracy of data on the number of Secondary Care Doctors who have undergone appraisal and the availability of appraisers is being taken forward with the Chair of the Clinical & Care Governance Committee.

A Health & Safety Annual Report was presented to the Staff Governance Committee on 22 June 2017. However, the Health & Safety Strategy is currently under review and as NHS Tayside had been unable to recruit to the role of Head of Health and Safety through two recruitment processes, it took steps to secure a dedicated professional support through an external provider. The Board was successful in securing a permanent appointee to the Head of Health & Safety post in December 2017. A Health & Safety Strategic Management Group has been established and is chaired by the Chief Operating Officer.

Clinical and Care Governance

Previous internal audit reports highlighted the need to provide regular and robust assurance on clinical and care governance following integration and that the R1 Group was a key element of 'Getting it Right For Everyone'. We also highlighted the need for sufficient capacity to support performance reviews across all departments, in particular Mental Health services where we identified a range of issues of concern. Previous Internal Audit reports had highlighted the high quality of NHS Tayside's clinical governance strategy and supporting arrangements.

The Mental Health Service Redesign Transformation Programme Option Review was the sole focus of the Clinical & Care Governance Committee meeting on 12 June 2017 and focused on key Issues including:

- The national shortage of Consultant Psychiatrists and reduced numbers of trainee doctors coming forward;
- The ongoing need for locum doctors to ensure safe rotas, at high risk and cost;
- The age profile of nurses working within Mental Health services and the significant number of retirements likely in the next five years.

The Clinical and Care Governance Committee assessed and provided assurances on a preferred option to provide safe, sustainable, high quality Mental Health and Learning Disability inpatient services for the people of Tayside into the future following which Perth and Kinross agreed a three month period of formal public consultation. Tayside NHS Board has also endorsed the progression to a single-site acute receiving unit on the Ninewells Hospital site as the proposal for Shaping Surgical Services. As noted above, the strategy is due to be presented to the January 2018 Board meeting prior to consideration by Perth and Kinross IJB.

There is a high risk associated with the Mental Health service which is being monitored in detail by the CCGC.

Performance reviews are still being undertaken and regular reviews have resumed within Mental Health.

After some considerable delay, NHS Tayside has decided that the R1 group should be superseded by an Integration Clinical and Care Governance Forum, convened under the auspices of the CQF. This forum first met in November 2017 and further meetings are scheduled for January and March 2018. Integrated Clinical and Care Governance will be discussed three times per calendar year, in line with the group's agreed through terms of reference. The latest CCGC meeting considered the clinical governance risk and highlighted the need to monitor the emerging integrated clinical and care governance structures and related relationships within the three IJBs. We have recently conducted audits of Clinical and Care Governance within Dundee and Perth and Kinross IJBs, these will be reported to the NHS Tayside Audit Committee following consideration at their respective Audit Committees.

Information Governance and eHealth

Internal Audit recommended that progress on DL (2015) 17 should be monitored through a robust implementation plan, reported to the IG Committee with oversight by the F&R Committee with any delays in progress included in the IG BAF. We also recommended that the eHealth Plan be approved by the Area Business IM&T Committee as a matter of priority, and then formally approved by the F&RC and that future iterations of the eHealth Delivery Plan should incorporate the NHSScotland Information Security Policy Framework with the governance arrangements for eHealth formalised within the Standing Orders of the Board.

Information Governance

The F&RC now receives Information Security Improvement and Action Plan reports which include progress on DL (2015) 17 – Information Governance and Security Measures 2015 – 2017. The eHealth plan has been approved and Standing Orders now assign its approval to the F&RC.

NHS Tayside has continued to progress development of the Information Asset Register (IAR) which will identify key assets and identify their owners. The top 21 systems within NHS Tayside have been identified and information to populate the IAR has been received for approximately 50% of the 21 critical systems. This will continue to be monitored by the IGC through the Information Security Improvement and Action Plan.

The General Data Protection Regulation (GDPR) becomes operational on 25 May 2018 and will replace the Data Protection Directive 1995. The UK Data Protection Act 1998 (DPA) will be superseded by a new DPA that enacts the GDPR's requirements. The Information Commissioner's Office has published '12 Steps for compliance with GDPR' and a programme of work to address these requirements is being progressed on an NHSScotland wide basis by the Information Governance Leads Forum. Boards are working together in a 'Once for Scotland' approach and the first GDPR checklist was submitted to Scottish Government in October 2017. A further checklist will be submitted at end January 2018.

The Scottish Cyber Resilience Strategy for Scotland: Public Sector Action Plan was published on 8 November 2017. The NHS Tayside Information Governance department is currently working to identify responsible officers for each area within the action plan and accompanying resources.

eHealth

The implementation and adoption of TrakCare has led to a range of operational issues and associated risks which are being monitored by the TrakCare Programme Board and have been considered by the F&RC and the Board. Major issues include an inability to produce accurate reports on a range of services and a lack of compatibility with existing IT systems. The Chief Executive has directed all established governance and operational groups to consider the TrakCare Risks associated with their work and take action accordingly, and that an action plan should

be prepared and executed to ensure improved adoption and mitigation for any clinical risk. The Business Unit team are liaising with Information Services Division and colleagues in other Scottish Boards to develop a solution and timescales are currently being defined.

Recommendation 9

The ICS makes it clear that eHealth will be an essential enabler for future change. NHS Tayside should learn the lessons from Trakcare to ensure that delivery of the ICS will be supported by robust eHealth developments.

Ref.	Audit Recommendation	Management Response/ Action	Action by/Date
1.	<p>The NHS Tayside Board should consider how best to maintain effective performance management in an environment where the majority of SGHSCD mandated targets are not being met by most NHS mainland Boards. It should also consider how the 2018/19 LDP can provide realistic, challenging targets achievable within available resources in the context of statutory requirements and national targets.</p>	<p>As part of the North Boards regional working arrangements the development of LDPs for 2018/19 this will be considered at an early juncture in 2018. These will reflect the Draft Scottish Budget settlement announced in late December and will also consider performance delivery.</p> <p>This also remains an active feature of discussions between Board Chief Executives and Scottish Government</p> <p>The 2018/19 LDP will provide clear trajectories on its planned performance against the statutory requirements of national targets and engage with Scottish Government where it anticipates these will not be met.</p>	<p>Chief Executive</p> <p>March 2018</p>
2.	<p>The Board should identify an independent senior officer with responsibility for the production of an objective, comprehensive, transparent and balanced performance reports to the newly constituted Performance and Resource Committee which provide a holistic picture of performance across all areas including national targets, Finance, Resources, Staff, Clinical and eHealth, and makes clear linkages between these in a format that:</p> <ul style="list-style-type: none"> ➤ Allows periodic reporting on LDP targets; ➤ Clearly Identifies issues; ➤ Provides a summary of performance standards and targets that have not been met, challenges faced, barriers to achievement, potential solutions and an assessment of the impact of previous actions; 	<p>The Board is committed to developing an Integrated Performance Report for the newly constituted Performance & Resources Committee (P&RC) from April 2018.</p> <p>The appointed Lead Officer and Chair of the P&RC will jointly in the lead up to the new financial year consider best practice in order to ensure the report developed will meet the requirements set out.</p>	<p>Chair of P&RC/ Director of Finance</p> <p>March 2018</p>

Ref.	Audit Recommendation	Management Response/ Action	Action by/Date
	<ul style="list-style-type: none"> ➤ Identify patterns and performance trajectories; ➤ Overtly links to risks 		
3.	<p>The continued use of the Tracker Tool should be evaluated to determine whether it is the most efficient method of monitoring progress in delivering these key objectives, giving careful consideration to balancing the necessity of effective oversight against the time and effort required to maintain it.</p>	<p>The use of the Tracker Tool will be considered in the early part of 2018.</p>	<p>Director of Strategic Change/ Transformation Programme Director</p> <p>March 2018</p>

Ref.	Audit Recommendation	Management Response/ Action	Action by/Date
4.	<p>The revised governance structures should ensure that the role of the Transformation Board is focused on NHS Tayside’s ability to deliver transformation, as well as assurance on the adequacy and effectiveness of programme management.</p> <p>NHS Tayside will also need to be assured that:</p> <ul style="list-style-type: none"> • Senior Management time is focused on leadership and delivery of transformation with other issues appropriately delegated with the value and focus all senior management meetings reviewed; Managers are held to account for the timely and effective delivery of transformation; • A dedicated Strategic Planning resource has been established with the necessary skills and experience; • Financial, workforce, eHealth, capital and other key strategies are aligned to and support the ICS; • Individual strategies are co-ordinated with each other and with regional and IJB strategies and appropriately reflect the consultation and engagement exercises; • Timescales are realistic, risks appropriately recorded and mitigated and barriers to progress recognised and resolved timeously and lessons learned and shared between projects. 	<p>The Tayside NHS Board considered and approved a revision to its committee governance structure at its meeting in December 2017.</p> <p>This provides clarity on the focus and remit of the Transformation Programme Board.</p> <p>The workplan of the Transformation Programme Board will be designed to ensure the necessary assurances are delivered.</p> <p>The revised committee structure is effective from April 2018.</p>	<p>Chief Executive</p> <p>March 2018</p>

Ref.	Audit Recommendation	Management Response/ Action	Action by/Date
5.	<p>As part of the integrated reporting review, the current cycle of performance and assurance reporting should be evaluated to ensure that there is no over reporting or duplication, that Committees are focused on the issues of highest priority and risk and that it is fully aligned to the new Standing Committee structure.</p>	<p>Early in 2018 the Deputy Chief Executive together with Internal Audit will be meeting with Committee Lead Officers and Chairs to consider the year end Annual Reports and Best Value Assurance of each standing committee.</p> <p>This will provide the opportunity to discuss, review and agree with officers the key priorities, annual workplans and the resulting agenda setting practices.</p>	<p>Deputy Chief Executive/ Board Secretary April 2018</p>
	<p>Previous audit reports recommended that all Board and Standing Committee business should be driven by high priority objectives, associated risks, legislation, Standing Orders or the opportunity to add value. In the current circumstances, consideration should also be given to whether items are of sufficient materiality and urgency to merit inclusion on agendas. The Board and its standing Committees should review their agendas and workplans to delegate low-priority issues, with a ruthless focus on key priorities and reflecting the creation of the new P&RC. In particular, the role of the Transformation Board should focus on long-term strategic change with short-term financial savings being monitored by the P&RC.</p>		

Ref.	Audit Recommendation	Management Response/ Action	Action by/Date
6.	<p>The integrated reporting review should include ensuring that the Board and Standing Committees are provided with the right level and number of reports which provide an appropriate level of detail and do not contain extraneous information. As a guide, reports should:</p> <ul style="list-style-type: none"> ➤ Continue to include objective and informative risk assessments; ➤ Be focused on the key issues, actions taken to address key issues and whether or not these actions are working; ➤ If required, an explanation of why actions to address key issues were not successful and what remedial action needs to be taken to achieve success, along with associated resource implications; 	<p>The Board Secretary's Team will update the best practice guidance with regards to agenda setting meetings to ensure these issues are addressed.</p> <p>This will be discussed with Committee Lead Officers and Chairs when the Deputy Chief Executive and Internal Audit meet to discuss Best Value early in 2018.</p>	<p>Deputy Chief Executive/ Board Secretary</p> <p>March 2018</p>

Wherever possible, there should be adherence of the Standing Orders in terms of the length of meetings. Agenda planning meetings should include consideration of the order of agendas to ensure priority issues are given the care and attention they command and that all agenda items justify their inclusion.

Ref.	Audit Recommendation	Management Response/ Action	Action by/Date
7.	<p>The Staff Governance Committee should again consider its remit and work plan, in conjunction with the ongoing integrated reporting review, to ensure that it is appropriately sighted and assured on workforce planning issues. As previously recommended, there should be a rigorous focus on demonstrating that workforce planning effectively supports the achievement of the Board’s operational and strategic objectives, and is overtly linked to the organisation’s financial position and the achievement of organisational objectives.</p> <p>Rather than being based on the current service model, the Workforce Plan will need to take account of the Transformation Programme, the Integrated Clinical Strategy and associated Service Redesign, as well as the demographic challenges these highlight which will impact on the availability of suitable staff as well as future need.</p>	<p>The SGC as part of its regular review will consider its remit and workplan recognising the introduction of the P&RC from April 2018. Effective workforce planning and the support it provides to the achievement of operational and strategic objectives remains a core part of the remit of the SGC.</p>	<p>Chair of SGC/Director of Human Resources & Organisational Development</p> <p>March 2018</p>
8.	<p>As previously recommended, the overall NHS Tayside senior leadership structure and the supporting sub structure should be finalised and presented to Board with clear assurance on capability, including Business as Usual arrangements, Transformation and Strategy production. Assurance on the essential question of whether NHS Tayside has the capacity and capability to deliver its operational and strategic objectives should be provided to Board.</p>	<p>The Chief Executive will present the overall NHS Tayside senior leadership structure. With the Nursing/HR&OD/Finance structures implemented the remaining aspects are being progressed through appropriate organisational change processes.</p>	<p>Chief Executive/Director of Human Resources & Organisational Development</p> <p>March 2018</p>
9.	<p>The ICS makes it clear that ehealth will be an essential enabler for future change. NHS Tayside should learn the lessons from Trakcare to ensure that delivery of the ICS will be supported by robust ehealth developments.</p>	<p>A review of the TrakCare implementation will be undertaken.</p>	<p>Director of Finance/Director of eHealth</p> <p>June 2018</p>



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 29 MAY 2018

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

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC38-2018

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 & Audit Committee (PAC):

- 2.1 Notes the progress of the current Internal Audit Plan as outlined in this report and the appendix which is attached.

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 2016/17 plan as approved by the Performance and Audit Committee (PAC) at its meeting held on the 17 January 2017 (report number PAC2-2017) and the planned internal audit activity as part of the 2017/18 Internal Audit Plan as approved by the PAC at its meeting of the 28 November 2017 (report number PAC37-2017).

- 4.2 In relation to the substantive reviews as part of the 2017/18 plan, Risk Management and Transformation and Redesign; the Risk Management review is underway with the planning and scoping of the Transformation and Redesign also in progress. The findings of these are scheduled to be presented to the 31 July 2018 Performance & Audit Committee.

- 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 Performance and Audit Committee held on 12 September 2017 (report number 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: 8 May 2018

Appendix 1

	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		
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	July 2018	Complete	In Progress			

	Audit	Indicative Scope	Target Audit Committee	Planning Commenced	Work in Progress	Draft Issued	Completed	Grade
D03-19	Annual Internal Audit report 2017/18	Chief Internal Auditor's annual assurance statement to the IJB and review of governance self-assessment	July 2018	In Progress				

ITEM No ...15.....



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 29 MAY 2018

REPORT ON: AUDIT SCOTLAND ANNUAL REPORT 2016/17 – PROGRESS ON ACTION PLAN

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC11-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to provide the Performance and Audit Committee with an update of progress of the actions identified and agreed as a response to the recommendations outlined by Audit Scotland in their Annual Review of Dundee Integration Joint Board 2016/17.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the contents of this report and progress of the actions agreed as part of Audit Scotland's Annual Review 2016/17 as set out in Appendix 1 to this report.
- 2.2 Instructs the Chief Finance Officer to progress the outstanding actions to ensure the completion of the action plan prior to the completion of the 2017/18 Audit Scotland Annual Review.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND INFORMATION

- 4.1 At the meeting held on 12 September 2017, the Performance and Audit Committee considered report number PAC21-2017 (Audit Scotland Annual Report and Integration Joint Board Annual Accounts 2016/17) which included the external auditor's report for 2016/17. Appendix 1 of the external auditor's report highlighted issues/risks identified by Audit Scotland as part of their review of the IJB's activities and governance frameworks with recommendations for improvement. Agreed actions by management alongside timescales for completion were set out in response to these recommendations.
- 4.2 The PAC received a progress report at its meeting on the 27th March 2018 in relation to the specific Performance Management improvements identified as recommendation 5 of the Audit Scotland Report (report number PAC14-2018 – Audit Scotland Annual Report 2016/17 – Performance Management Improvements Update) which provided detail of the range of improvements in developing the IJB's performance management framework. An update of progress for the remaining actions from the 2016/17 report are set out in Appendix 1 to this report.
- 4.3 Members of the PAC will note that there has been progress with a number of the recommendations with others having not progressed in line with the agreed timescales. The Chief Finance Officer will progress the remaining actions prior to completion of the 2017/18 annual audit review.

5.0 RISK ASSESSMENT

Risk 1 Description	The risk that insufficient progress is made in responding to the recommendations made by Audit Scotland which may result in further comments/recommendations made by the external auditor as part of the 2017/18 annual audit review.
Risk Category	Governance
Inherent Risk Level	Likelihood 3 x Impact 4 = overall risk score 12 – High Risk
Mitigating Actions (including timescales and resources)	Implementation of the agreed actions as set out within the action plan
Residual Risk Level	Likelihood 3 x Impact 3 = overall risk score 9 – High Risk
Planned Risk Level	Likelihood 2 x Impact 3 = overall risk score 6 – Moderate Risk
Approval recommendation	Given the mitigating actions and progress made to date the risk is deemed to be acceptable.

6.0 POLICY IMPLICATIONS

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

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 8 May 2018

Issue / Risk	Recommendation	Agreed Management Action/Timing	Status Update – May 2018
<p>1. Hospital acute services (set aside) Included within the total IJB expenditure of £258.821 million is £21.059 million ‘set aside’ costs for hospital acute services. The figure is, essentially an estimate, based on 2014/2015 activity levels for hospital inpatient and day case activity and provided by NHS National Services Scotland’s Information Services Division.</p> <p>Risk In future years the sum set aside recorded in the annual accounts will not reflect actual hospital use.</p>	<p>NHS Tayside and the IJB should prioritise establishing revised processes for planning and performance management of delegated hospital functions and associated resources in 2017/18.</p>	<p>Action: Work is progressing locally and nationally to determine the most appropriate methodology for calculating and monitoring the value of the Large Hospital Set Aside.</p> <p>Responsible officer: Chief Finance Officer</p> <p>Action by: March 2018</p>	<p>Work has continued throughout 2017/18 both locally and nationally to further develop the Large Hospital Set Aside methodology. Agreement has been reached across Tayside as to the methodology and calculation for 2017/18 based on activity levels provided nationally through Information Services Division (ISD) and local cost data which will be reflected in the 2017/18 annual accounts.</p> <p>Further guidance is anticipated nationally to support the use of the Large Hospital Set Aside as a commissioning budget as intended within the legislation.</p> <p>Revised Timescale For Completion: September 2018</p>
<p>2. Annual Governance Statement and Management Commentary: noncompliance with guidance and regulations A number of disclosures required by extant guidance and Regulations had not been presented appropriately in the Annual Governance Statement and Management Commentary in the draft annual accounts.</p> <p>Risk The annual accounts may not comply with current guidance and Regulations.</p>	<p>The IJB should ensure that there is a process in place to ensure that the requirements of existing guidance and Regulations are met.</p>	<p>Action: The Management Commentary and Annual Governance have been amended to ensure compliance with guidance and Regulations. Any further requirements will be reflected in future years.</p> <p>Responsible officer: Chief Finance Officer</p> <p>Action by: June 2018</p>	<p>As noted, the 2016/17 Management Commentary and Annual Governance Statement have been amended accordingly.</p> <p>Further guidance, including a Good Practice Note on Improving the Quality of Local Authority Annual Accounts – Integration Joint Boards issued by Audit Scotland is being considered in drafting the 2017/18 annual accounts (to be presented to the 26 June 2018 Integration Joint Board).</p>

Issue / Risk	Recommendation	Agreed Management Action/Timing	Status Update – May 2018
<p>3. Financial Planning The IJB has financial projections for 2017/18 but financial planning does not currently extend beyond one year.</p> <p>Risk The IJB does not have robust financial plans to support the delivery of its longer term objectives.</p>	<p>The IJB should develop a robust medium to long term financial planning framework, in conjunction with its partners, to support delivery of its Strategic Plan.</p>	<p>Action: We will develop longer term financial planning in partnership with Dundee City Council and NHS Tayside as part of 2018/19 revenue budget setting process and beyond.</p> <p>Responsible officer: Chief Finance Officer</p> <p>Action by: March 2018</p>	<p>Local Authorities and NHS Boards continue to receive annual budget settlements from the Scottish Government which restricts the ability to plan ahead with certainty. Given the challenging financial settlement for the IJB in 2018/19, the focus has been to develop a balanced budget position for this year. However work is progressing to model the level of resources required to meet future demographic demand for services such as social care which will be incorporated into a longer term financial planning process.</p> <p>Revised Timescale for Completion: March 2019</p>
<p>4. Delivery of internal audit plan The delivery of the 2016/17 internal audit plan has slipped, with the remaining planned outputs to be delivered to the November 2017 Performance and Audit Committee.</p> <p>Risk The IJB is not provided with timely information on the appropriateness of its current and developing governance arrangements.</p>	<p>Delivery of the internal audit plan should be kept under review to ensure reports are delivered in a timely manner.</p>	<p>Action: Monitoring of the Internal Audit Plan to become a standing item on the Performance and Audit Committee agenda.</p> <p>Responsible officer: Chief Finance Officer</p> <p>Action by: November 2017</p>	<p>Action complete – an updated Internal Audit Plan Progress Report is presented to each Performance and Audit Committee.</p>
<p>5. Performance management improvements Although the IJB has developed a range of different mechanisms to scrutinise the performance and quality of services over the last year, it recognises that there is further work to be done during 2017/18.</p>	<p>An action plan should be prepared to deliver the improvements identified for the performance management framework. The action plan should be monitored by the Performance and Audit</p>	<p>Action: Work is progressing to assess required improvements and service capacity to inform the development of an action plan. This will be completed by the end of the calendar year for presentation to the Integrated Strategic Planning Group and Performance and Audit Committee, including recommendations around monitoring processes.</p>	<p>A report was presented to the March PAC outlining the detail of progress made within the IJB’s performance management framework (Report PAC14-2018 – Audit Scotland Annual Report 2016/17 – Performance Management Improvements Update).</p> <p>Revised Timescale for Completion: Various – see PAC14-2018</p>

Issue / Risk	Recommendation	Agreed Management Action/Timing	Status Update – May 2018
<p>Risk: The IJB may not be fully effective in assessing its performance in delivering services.</p>	Committee.	<p>Responsible officer: Chief Finance Officer</p> <p>Action by: December 2017</p>	
<p>6 Audit Scotland national reports The IJB can be commended for considering and acting on Audit Scotland national reports on Health and Social Care Integration. Audit Scotland produces a number of other national reports that, whilst they do not relate specifically to the IJB, contain information that could be relevant to the IJB. There is no formal mechanism to ensure members have the opportunity to consider these reports.</p> <p>Risk Members may not be fully aware of emerging national issues in the public sector that may impact on their ability to deliver services locally.</p>	The Chief Finance Officer should develop a system to allow for the consideration of relevant national performance reports and to report the main findings to members as appropriate.	<p>Action: National performance reports to become a standing item on the Dundee Health and Social Care Partnership's Senior Management Team meeting agenda to consider appropriate reporting and information sharing forum.</p> <p>Responsible officer: Chief Officer</p> <p>Action by: September 2017</p>	<p>Action to be implemented immediately following review of frequency and agendas of Health and Social Care Partnership's Senior Management Team and Extended Management Team.</p> <p>Revised Timescale for Completion: May 2018</p>

