

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

City Chambers
DUNDEE
DD1 3BY

24th September, 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 refer to the agenda of business issued in relation to the meeting of the Committee to be held on Tuesday, 25th September, 2018 and now enclose the undernoted report which was not received at time of issue.

Yours faithfully

DAVID W LYNCH
Chief Officer

**6 AUDIT SCOTLAND ANNUAL REPORT AND DUNDEE INTEGRATION JOINT BOARD
AUDITED ACCOUNTS 2017/18 - Page 1**

(Report No PAC52-2018 by the Chief Finance Officer, copy attached).



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE - 25 SEPTEMBER 2018

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

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC52-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to present the Integration Joint Board's (IJB) Draft Audited Annual Statement of Accounts for the year to 31 March 2018 for approval, to note the draft external auditor's report in relation to these accounts and approve the response to this report.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee:

- 2.1 Notes the contents of the attached Audit Scotland cover letter (attached as Appendix 1) and the draft external auditor's report (attached as Appendix 2) including the completed action plan outlined on pages 23-28 of the report, and in particular that Audit Scotland have indicated they will issue an unqualified audit opinion on the IJB's 2017/18 Annual Accounts;
- 2.2 Endorses this report as the IJB's formal response to the external auditor's report;
- 2.3 Instructs the Chief Finance Officer to provide an update on progress of the action plan noted in Appendix 1 of the external auditor's report by January 2019;
- 2.4 Approves the attached Audited Annual Accounts (attached as Appendix 3) for signature and instructs the Chief Finance Officer to return these to the external auditor;
- 2.5 Instructs the Chief Finance Officer to arrange for the above Annual Accounts to be published on the Dundee Health & Social Care Partnership website by no later than 31 October 2018.

3.0 FINANCIAL IMPLICATIONS

- 3.1 There are no direct financial implications arising from this report.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The IJB's Draft Annual Accounts 2017/18 were presented and approved by the IJB at its meeting on 27 June 2018 (Report DIJB28-2018). The IJB is required to prepare financial statements for the financial year ending 31 March 2018 following the Code of Practice on Local Authority Accounting in the United Kingdom ("the Code"). The Annual Accounts report the financial performance of the IJB. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to the IJB for the delivery of the IJB's vision and its core objectives.

- 4.1.2 The report also considered and approved an Annual Audit Plan for 2017/18 provided by the IJB's assigned external auditor, Audit Scotland. This described how the auditor would deliver their audit to the IJB, outlined their responsibilities and their intended approach.

4.2 External Auditors Report

- 4.2.1 Audit Scotland has now completed their audit work and, in accordance with auditing standards (ISA 260: Communication with those charged with governance), are required to report the outcome of their work in relation to their review of the financial statements, prior to formally issuing their audit opinion. This requirement has been addressed in the attached External Auditor's Report.

- 4.2.2 The report summarises the findings in relation to the overall audit of the IJB for the year ended 31 March 2018. It describes the scope of audit work undertaken during 2017/18 and the issues arising from that work are divided into four key audit dimensions:

- Financial Sustainability
- Financial Management
- Governance and Transparency
- Value for Money

- 4.2.3 The main elements of Audit Scotland's audit work in 2017/18 have been:

- an audit of the IJB's 2017/18 annual accounts including the issue of an independent auditor's report setting out their opinions;
- obtaining auditor assurances from the auditors of NHS Tayside and Dundee City Council;
- consideration of the four audit dimensions.

- 4.2.4 In addition to the members of the IJB, the external auditor's report is also addressed to the Controller of Audit of the Accounts Commission for Scotland.

- 4.2.5 In relation to the four key audit dimensions noted above, the Audit Scotland has identified no major issues and are of the opinion that the financial statements give a true and fair view of the state of the IJB's affairs and of its net expenditure for the 2017/18 financial year. A number of recommendations have been made which are reflected in the action plan. Audit Scotland has issued an unqualified independent auditor's report on the Dundee Integration Joint Board's Accounts for 2017/18.

4.3 Significant Findings from the audit of the Annual Accounts

- 4.3.1 As part of the audit of the 2017/18 annual accounts the following areas were noted and adjustments to the accounts made accordingly where relevant:

- The unaudited financial statements misrepresented the financial position for the year as a £0.029 million surplus when £0.432 million of reserves had been used to fund services. Changes have now been made to reflect the correct financial performance for the year. The IJB is now reporting a deficit of £0.403 million which has been funded from its general reserve.
- The IJB did not advertise the accounts in accordance with the timetable in the statutory regulations (the accounts were published on the website 3 days later than required).

4.4 Key Messages Arising from the External Audit Report

- 4.4.1 Audit Scotland have noted a number of judgements in relation to the audit dimensions as set out in Parts 2 and 3 of their report. Under Financial management and sustainability, they have noted elements of uncertainty over the IJB's financial position given the reliance in 2018/19 on non-recurring savings and use of reserves to fund the budget gap for the year and the relatively low residual uncommitted general reserve. In addition, it notes there is currently no medium to long term financial plan in place. While recognising there are adequate financial monitoring arrangements in place, recommended improvements to combine performance, budget reporting and final outturn reporting have been made. In relation to Governance, transparency and value for money, Audit Scotland recognised the arrangements in place to support scrutiny and

governance by the IJB and the commitment to transparency, while noting the overall performance through measurement of the national indicators. Audit Scotland have noted there is no reporting to the IJB on arrangements in place to demonstrate services are delivering Best Value.

4.5 Action Plan

- 4.4.1 Audit Scotland's 2017/18 recommendations for improvement and associated response by the IJB are noted in the Action Plan set out in Appendix 1 of the Audit Scotland Report.

It is recommended that the Chief Finance Officer provides an update on the progress of the agreed actions to meet these recommendations prior to the end of the current financial year in order to support the 2018/19 audit process.

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	There is a risk that failure to progress the Audit Scotland recommendations may weaken the IJB's governance arrangements and result in a negative future years audit opinion
Risk Category	Financial / Governance
Inherent Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (which is High Risk Level)
Mitigating Actions (including timescales and resources)	The development and implementation of the action plan as set out in Appendix 1 to the Audit Scotland Report by the timescales as stated will reduce the risk
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the nature of the risks, these are deemed to be acceptable

7.0 CONSULTATIONS

The Chief Officer, External Auditor and the Clerk have been consulted in the preparation of this Report.

8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

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

9.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 21 September 2018

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Performance and Audit Committee

20 September 2018

Dundee City Integration Joint Board Audit of 2017/18 annual accounts

Independent auditor's report

1. Our audit work on the 2017/18 annual accounts is now substantially complete. Subject to receipt of a revised set of annual accounts for final review, we anticipate being able to issue unqualified audit opinions in the independent auditor's report on 25 September 2018 (the proposed report is attached at **Appendix A**).

Annual audit report

2. Under International Standards on Auditing in the UK, we report specific matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action. We present for the Performance and Audit Committee's consideration our draft annual report on the 2017/18 audit. The section headed "Significant findings" sets out the issues identified in respect of the annual accounts.
3. The report also sets out conclusions from our consideration of the four audit dimensions that frame the wider scope of public audit as set out in the Code of Audit Practice.
4. This report will be issued in final form after the annual accounts have been certified.

Unadjusted misstatements

5. We also report to those charged with governance all unadjusted misstatements which we have identified during the course of our audit, other than those of a trivial nature and request that these misstatements be corrected.
6. We have no unadjusted misstatements to be corrected.

Representations from Section 95 Officer

7. As part of the completion of our audit, we are seeking written representations from the Chief Finance Officer on aspects of the annual accounts, including the judgements and estimates made.
8. A draft letter of representation is attached at [Appendix B](#). This should be signed and returned to us by the Section 95 Officer with the signed annual accounts prior to the independent auditor's report being certified.

Fiona Mitchell-Knight, Audit Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

APPENDIX A: Proposed Independent Auditor's Report

Independent auditor's report to the members of Dundee City Integration Joint Board and the Accounts Commission

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice approved by the Accounts Commission, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Dundee City Integration Joint Board for the year ended 31 March 2018 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income & Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18 (the 2017/18 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2017/18 Code of the state of affairs of Dundee City Integration Joint Board as at 31 March 2018 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2017/18 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of Dundee City Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Finance Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about Dundee City Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Responsibilities of the Chief Finance Officer and Performance and Audit Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing Dundee City Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Performance and Audit Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to achieve reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report

thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

Fiona Mitchell-Knight, Audit Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT
25 September 2018

APPENDIX B: Letter of Representation (ISA 580)

Fiona Mitchell-Knight
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

Dear Fiona

Dundee City Integration Joint Board Annual Accounts 2017/18

1. This representation letter is provided in connection with your audit of the annual accounts of Dundee City Integration Joint Board for the year ended 31 March 2018 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the remuneration report, management commentary and annual governance statement.
2. I confirm to the best of my knowledge and belief, and having made appropriate enquiries of the Performance and Audit Committee, the following representations given to you in connection with your audit of Dundee City Integration Joint Board's annual accounts for the year ended 31 March 2018.

General

3. Dundee City Integration Joint Board and I have fulfilled our statutory responsibilities for the preparation of the 2017/18 annual accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit. All transactions undertaken by Dundee City Integration Joint Board have been recorded in the accounting records and are properly reflected in the financial statements.
4. I confirm that the effects of uncorrected misstatements are immaterial, individually and in aggregate, to the financial statements as a whole. I am not aware of any uncorrected misstatements other than those reported by you.

Financial Reporting Framework

5. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18 (2017/18 accounting code), mandatory guidance from LASAAC, and the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003 and The Local Authority Accounts (Scotland) Regulations 2014.

6. In accordance with the 2014 regulations, I have ensured that the financial statements give a true and fair view of the financial position of the Dundee City Integration Joint Board at 31 March 2018 and the transactions for 2017/18.

Accounting Policies & Estimates

7. All significant accounting policies applied are as shown in the notes to the financial statements. The accounting policies are determined by the 2017/18 accounting code, where applicable. Where the code does not specifically apply, I have used judgement in developing and applying an accounting policy that results in information that is relevant and reliable. All accounting policies applied are appropriate to Dundee City Integration Joint Board's circumstances and have been consistently applied.
8. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. Judgements used in making estimates have been based on the latest available, reliable information. Estimates have been revised where there are changes in the circumstances on which the original estimate was based or as a result of new information or experience.

Going Concern Basis of Accounting

9. I have assessed Dundee City Integration Joint Board's ability to continue to use the going concern basis of accounting and have concluded that it is appropriate. I am not aware of any material uncertainties that may cast significant doubt on Dundee City Integration Joint Board's ability to continue as a going concern.

Liabilities

10. All liabilities at 31 March 2018 of which I am aware have been recognised in the annual accounts.
11. There are no plans or intentions that are likely to affect the carrying value or classification of the liabilities recognised in the financial statements.

Fraud

12. I have provided you with all information in relation to:
 - my assessment of the risk that the financial statements may be materially misstated as a result of fraud
 - any allegations of fraud or suspected fraud affecting the financial statements
 - fraud or suspected fraud that I am aware of involving management, employees who have a significant role in internal control, or others that could have a material effect on the financial statements.

Laws and Regulations

13. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

Related Party Transactions

14. All material transactions with related parties have been disclosed in the financial statements in accordance with the 2017/18 accounting code. I have made available to you the identity of all the Dundee City Integration Joint Board's related parties and all the related party relationships and transactions of which I am aware.

Remuneration Report

15. The Remuneration Report has been prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014, and all required information of which I am aware has been provided to you.

Management commentary

16. I confirm that the Management Commentary has been prepared in accordance with the statutory guidance and the information is consistent with the financial statements.

Corporate Governance

17. I confirm that the Dundee City Integration Joint Board has undertaken a review of the system of internal control during 2017/18 to establish the extent to which it complies with proper practices set out in the Delivering Good Governance in Local Government: Framework 2016. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.
18. I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2018, which require to be reflected.

Balance Sheet

19. All events subsequent to 31 March 2018 for which the 2017/18 accounting code requires adjustment or disclosure have been adjusted or disclosed.

Yours sincerely

Dave Berry
Chief Finance Officer

Dundee City Integration Joint Board

2017/18 Proposed Annual Audit Report

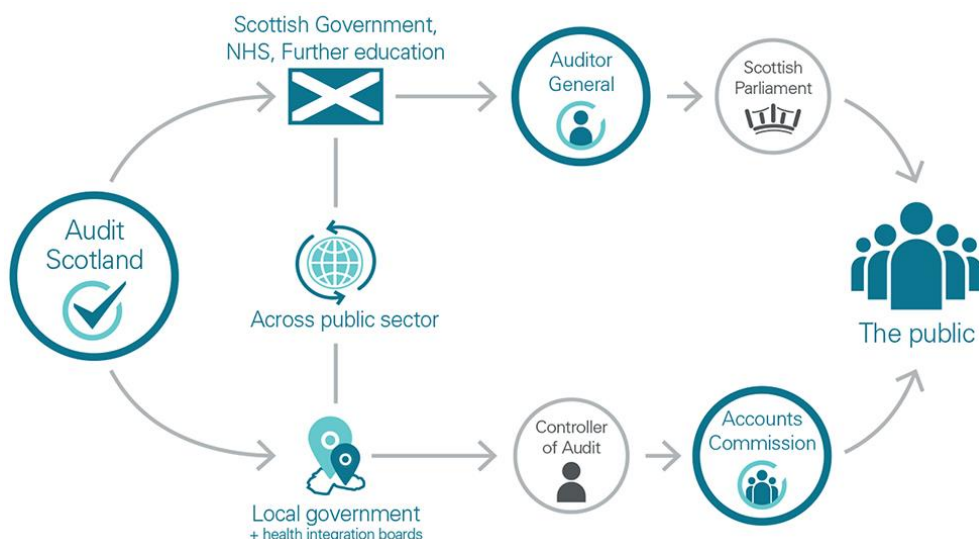


Prepared for the Dundee City Integration Joint Board and the Controller of Audit
25 September 2018

Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- The Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance.
- The Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government.
- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



About us

Our vision is to be a world-class audit organisation that improves the use of public money.

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

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Key messages

2017/18 annual report and accounts

- 1 Dundee City Integration Joint Board's financial statements give a true and fair view and were properly prepared.
- 2 The management commentary, remuneration report and annual governance statement are consistent with the financial statements and prepared in accordance with applicable guidance.
- 3 The unaudited financial statements misrepresented the financial position for the year as a £0.029 million surplus when £0.432 million of reserves had been used to fund services. Changes have now been made to reflect the correct financial performance for the year. The IJB is now reporting a deficit of £0.403 million which has been funded from its general reserve.
- 4 The IJB did not advertise the accounts in accordance with the timetable in the statutory regulations

Financial management and sustainability

- 5 There remains an element of uncertainty over the IJB's financial position. The planned service redesign initiatives for 2018/19 will not be sufficient to balance the budget. The IJB plans to fund the budget gap of £4.787 million through use of £2.337 million of its general reserve and £2.450 million of savings. Of the savings, £1.150 million are classified as medium risk and £1.375 million are non-recurring.
- 6 The IJB's uncommitted general reserve is low at £0.230 million (0.09% of its net expenditure). The IJB's reserve policy allows a reserve balance of up to 2%. This indicates that the IJB may not be financially sustainable beyond the short term.
- 7 The IJB has yet to develop medium to long term financial plans to demonstrate how it will fund services in the future.
- 8 Once the budget is agreed, the IJB has adequate budget monitoring arrangements in place. However, improvements could be made by combining performance and budget reporting and final outturn reporting.

Governance, transparency and value for money

- 9 The IJB has governance arrangements in place that support the scrutiny of decisions by the Board.
- 10 There is evidence from a number of sources which demonstrates the IJB's commitment to transparency, including holding all Board and Performance and Audit Committee meetings in public and the existence of the IJB's own website.
- 11 A summary version of the IJB's annual performance report was published in July 2018 to meet the IJB's legislative requirements on performance reporting. The full 2017/18 Annual Performance Report was approved for publication by the Board in August 2018.
- 12 Overall, performance against national performance indicators has deteriorated against the Dundee 2015/16 baseline, although comparison with the national position has improved. Inspectorate reports on care establishments have been positive.

- 13** An inspectorate review of adult support and protection in Dundee's multi-agency partnership assessed performance in key areas as weak - adequate.
- 14** While there is evidence of elements of Best Value being demonstrated by the IJB, there is no reporting to the the Board on the arrangements in place to demonstrate services are delivering Best Value.

Introduction

1. This report is a summary of our findings arising from the 2017/18 audit of Dundee City Integration Joint Board, hereby referred to as 'the IJB'.

2. The scope of our audit was set out in our Annual Audit Plan presented to the March 2018 meeting of the Performance and Audit Committee. This report comprises the findings from:

- an audit of the IJB's annual accounts
- consideration of the four audit dimensions that frame the wider scope of public audit set out in the [Code of Audit Practice 2016](#) as illustrated in [Exhibit 1](#).

Exhibit 1

Audit dimensions



Source: Code of Audit Practice 2016

3. The main elements of our audit work in 2017/18 have been:

- an audit of the IJB's 2017/18 annual accounts including issuing an independent auditor's report setting out our opinions
- obtaining service auditor assurances from the auditors of NHS Tayside and Dundee City Council
- consideration of the four audit dimensions.

4. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices.

5. The IJB is also responsible for compliance with legislation, and putting arrangements in place for governance, propriety and regularity that enable it to successfully deliver its objectives.
6. Our responsibilities as independent auditor appointed by the Accounts Commission are established by the Local Government (Scotland) Act 1973, the [Code of Audit Practice \(2016\)](#), supplementary guidance, and International Standards on Auditing in the UK.
7. As public sector auditors we give independent opinions on the annual accounts. We also review and provide conclusions on the effectiveness of the IJB's performance management arrangements, suitability and effectiveness of corporate governance arrangements, and financial position and arrangements for securing financial sustainability. In doing this, we aim to support improvement and accountability.
8. The weaknesses or risks identified in this report are only those that have come to our attention during our normal audit work, and may not be all that exist.
9. Our annual audit report contains an agreed action plan at [Appendix 1](#) setting out specific recommendations, responsible officers and dates for implementation. It also includes outstanding actions from last year and progress against these.
10. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We have not undertaken any non-audit related services and therefore the 2017/18 audit fee of £24,000, as set out in our Annual Audit Plan, remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

Adding value through the audit

11. Our aim is to add value to the IJB by increasing insight into, and offering foresight on financial sustainability, risk and performance and by identifying areas of improvement and recommending / encouraging good practice. In so doing, we aim to help the IJB promote improved standards of governance, better management and decision making and more effective use of resources.
12. This report is addressed to both the board and the Controller of Audit and will be published on Audit Scotland's website www.audit-scotland.gov.uk.
13. We would like to thank all management and staff who have been involved in our work for their co-operation and assistance during the audit.

Part 1

Audit of 2017/18 annual accounts



Main judgements

Our audit opinions were all unqualified. These covered the financial statements, the audited part of the remuneration report, the management commentary and the annual governance statement.

The unaudited financial statements misrepresented the financial position for the year as a £0.029 million surplus when £0.432 million of reserves had been used to fund services. Changes have now been made to reflect the correct financial performance for the year. The IJB is now reporting a deficit of £0.403 million which has been funded from its general reserve.

The IJB did not advertise the accounts in accordance with the timetable in the statutory regulations.

Audit opinions on the annual accounts

14. The annual accounts for the year ended 31 March 2018 were approved by the Performance and Audit Committee on 25 September 2018. We reported within our independent auditor's report that in our opinion:

- the financial statements give a true and fair view and were properly prepared
- the audited part of the remuneration report, management commentary, and annual governance statement were all consistent with the financial statements and properly prepared in accordance with proper accounting practices.

15. Additionally, we have nothing to report in respect of the other information in the annual accounts, the adequacy of accounting records, and the information and explanations we received.

Submission of annual accounts for audit

16. We received the unaudited annual accounts on 29 June 2018 in line with our agreed audit timetable. The working papers provided were of an adequate standard.

Risks of material misstatement

17. [Appendix 2](#) provides a description of those assessed risks of material misstatement that were identified during the planning process, wider dimension risks, how we addressed these and our conclusions. These risks had the greatest effect on the overall audit strategy, the allocation of staff resources to the audit and directing the efforts of the audit team.

The annual accounts are the principal means of accounting for the stewardship of the board's resources and its performance in the use of those resources.

Materiality

18. The assessment of what is material is a matter of professional judgement. It involves considering both the amount and nature of the misstatement. It is affected by our perception of the financial information needs of users of the financial statements.

19. Our initial assessment of materiality for the financial statements was undertaken during the planning phase of the audit. We assess the materiality of uncorrected misstatements, both individually and collectively, in forming our opinions on the financial statements.

20. On receipt of the annual report and accounts we reviewed our materiality calculations. Our final materiality levels are summarised at [exhibit 2](#).

Exhibit 2

Materiality values

Materiality level	Amount
Overall materiality - This is the calculated figure we use in assessing the overall impact of audit adjustments on the financial statements. It has been set at 1% of gross expenditure for the year.	£2.622 million
Performance materiality – This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality this would indicate that further audit procedures should be considered. Using our professional judgement we have calculated performance materiality at 60% of planning materiality	£1.416million
Reporting threshold – We are required to report to those charged with governance on all unadjusted misstatements in excess of a predetermined reporting threshold. This has been calculated at 2% of planning materiality.	£0.026 million

Source: Audit Scotland

Evaluation of misstatements

21. All misstatements identified during the audit, which exceeded our reporting threshold, have been amended in the financial statements.

22. We identified several presentational and disclosure issues which were discussed with management. These were adjusted and reflected in the audited annual accounts.

Significant findings


23. International Standard on Auditing (UK) 260 requires us to communicate significant findings from the audit to those charged with governance. These are summarised in [Exhibit 3](#). Where a finding has resulted in a recommendation to management, a cross reference to the Action Plan in [Appendix 1](#) has been included

24. The findings include our views about significant qualitative aspects of the board's accounting practices including:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Accounting policies • Significant financial statements disclosures • The impact on the financial statements of any uncertainties • Misstatements in the annual report and accounts | <ul style="list-style-type: none"> • Accounting estimates and judgements • Timing of transactions and the period in which they are recorded • The effect of any unusual transactions on the financial statements • Disagreement over any accounting treatment or financial statements disclosure |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Exhibit 3

Significant findings from the audit of the financial statements

Issue	Resolution
<p>1. (Surplus) or deficit on Provision of Services</p> <p>The unaudited financial statements misrepresented the financial position of the IJB for 2017/18. A surplus of £0.029 million was recorded in the Consolidated Income and Expenditure Statement (CIES). This incorrectly included an approved transfer from the general reserve of £0.432 million as funding contributions (from Dundee City Council).</p> <p>The transfer from the general reserve of £0.432 million has therefore been recognised by the IJB as income in 2017/18. However, this income has already been recognised in the 2016/17 financial statements and does not represent new income to the IJB. The £0.432 million income has therefore double counted through the CIES.</p> <p>Exclusion of this sum from the CIES changes the surplus of £0.029 million to a deficit of £0.403 million. This error has also been reflected in the Movement in Reserves Statement.</p>	<p>The audited financial statements have been amended. Income has been reduced by £0.432 million, resulting in a deficit of £0.403 million. The deficit of £0.403 million has been properly reflected in the Movement in Reserves Statement. The amendment has no impact on the general reserve balance.</p>
<p>2. Public Notice of Accounts: pre-audit inspection</p> <p>The IJB must give public notice of the right of interested persons to inspect and object to its accounts in accordance with The Local Authority Accounts (Scotland) Regulations 2014. This public notice must be given no later than 17 June immediately following the financial year to which the accounts relate.</p> <p>The public notice was published on the IJBs website on 20 June 2018, 3 days after the latest date allowable under the statutory regulations.</p>	<p>The IJB should ensure the 2018/19 public notice is on the website within the timeframe prescribed in the 2014 regulations.</p> <p> Recommendation 1 (refer appendix 1, action plan).</p>

Follow up of prior year recommendations

25. We have followed up actions previously reported and assessed progress with implementation, these are reported in [Appendix 1](#).

26. In total, 6 agreed actions were raised in 2016/17. Of these:

- 2 have been fully implemented
- 3 have only partly been actioned (1 of which awaits a national solution)
- 1 has not been actioned.

27. For those actions not yet implemented, revised responses and timescales have been agreed with management in [Appendix 1](#).

Part 2

Financial management and sustainability



Main judgements



There remains an element of uncertainty over the IJB's financial position. The planned service redesign initiatives for 2018/19 will not be sufficient to balance the budget. The IJB plans to fund the budget gap of £4.787 million through use of £2.337 million of its general reserve and £2.450 million of savings. Of the savings, £1.150 million are classified as medium risk and £1.375 million are non-recurring.

The IJB's uncommitted general reserve is low at £0.230 million (0.09% of its net expenditure). The IJB's reserve policy allows a reserve balance of up to 2%. This indicates that the IJB may not be financially sustainable beyond the short term.

The IJB has yet to develop medium to long term financial plans to demonstrate how it will fund services in the future.

Once the budget is agreed, the IJB has adequate budget monitoring arrangements in place. However improvements could be made by combining performance and budget reporting and final outturn reporting.

Financial management

28. As auditors, we need to consider whether audited bodies have established adequate financial management arrangements. We do this by considering several factors, including whether:

- the Chief Financial Officer has sufficient status to be able to deliver good financial management
- standing financial instructions and standing orders are comprehensive, current and promoted within the IJB
- reports monitoring performance against budgets are accurate and provided regularly to budget holders
- monitoring reports do not just contain financial data but are linked to information about performance
- IJB members provide a good level of challenge and question budget holders on significant variances.

29. The Chief Finance Officer is responsible for ensuring that appropriate financial services are available to the Board and the Chief Officer. He is suitably qualified for the role and has appropriate status within the organisation.

30. The Board is responsible for scrutinising financial and operational performance and ensuring that prompt corrective actions are taken where appropriate. To

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

discharge this duty, it needs timely and comprehensive budget monitoring information, including projections of the year end position.

31. The 2018/19 provisional budget was submitted to the Board in March 2018 but the budget was not approved until August 2018. This was due to the late approval by NHS Tayside of its own 2018/19 budget.



[Recommendation 2 \(refer appendix 1, action plan\)](#)

32. Budget monitoring reports are regularly reported to the Board from August (position as at June). Financial information is generally of good quality to facilitate scrutiny and challenge by members on the financial position of the IJB and from our attendance at Board meetings we have concluded that members provide a good level of challenge on the reports.

33. . There is some scope for improvement in the budget monitoring processes in relation to:

- reporting changes to net budgets. Changes to net budgets totalling £4.1 million (as at February 2018) have been made since the original approved budget, but there is no explanation for the changes in the reports.
- monitoring of the year end financial position. The latest monitoring position reported to members is as at February 2018. There is no monitoring information to advise of the final outturn against budget.



[Recommendation 3 \(refer appendix 1, action plan\)](#)

34. The opportunity for comprehensive scrutiny could be further enhanced by combining performance reporting with financial reporting. Currently, regular financial reporting and performance reporting are considered separately at meetings of the Board and Performance and Audit Committee respectively. Having embedded financial and performance reporting, the IJB should take the opportunity to combine these to ensure that members have clear sight of the impact of variances against budget in terms of service performance.



[Recommendation 4 \(refer appendix 1, action plan\)](#)

35. Although the IJB has adequate budget monitoring arrangements in place, improvements could be made by combining performance and budget reporting and final outturn reporting.

Financial performance in 2017/18

36. The IJB does not have any assets, nor does it directly incur expenditure or employ staff, other than the Chief Officer. All funding and expenditure for the IJB is incurred by partner bodies and processed in their accounting records. Satisfactory arrangements are in place to identify this income and expenditure and report this financial information to the Board.

37. The IJB budgeted for a break even position for 2017/18, however an overspend of £0.403 million is reported in the financial statements for 2017/18, as noted in exhibit 4. The overspend is in the main a result of 2016/17 expenditure on social services that was not identified until after the 2016/17 financial statement had been approved. An overspend of £2.119 million was also incurred on NHS activities, mainly as a result of overspend on prescribing costs. An additional contribution of £2.119 million was made by NHS Tayside under the risk sharing agreement set out in the IJB's integration scheme.

38. The £0.403 million overspend was met from the IJB's general reserve.

Exhibit 4

Actual outturn against budget 2016/17

	Original Budget £m	Additional Funding £m	Actual Outturn £m
Funding from NHS Tayside	174.752	2.119	176.871
Funding from Dundee City Council	74.694	10.187	84.881
External Funding	249.446	12.306	261.752
Net Expenditure			262.155
Deficit funded from general reserve			(0.403)

Source: 2017/18 Dundee City IJB audited accounts.

Efficiency savings

39. The IJB is required to make efficiency savings to maintain financial balance. In 2017/18 the IJB planned to make efficiency savings of £5.0 million. However, budget monitoring reports presented to the Board do not provide details of the efficiency savings achieved for the year.

40. Based on the proposed settlement from Dundee City Council and NHS Tayside, the IJB anticipates a funding gap of £4.7 million for 2018/19. Further savings will be required to help achieve financial balance. Further details on the level of savings required is set out at paragraph 43 below. The ability of the IJB to achieve its savings target is dependent on the success of its own transformation programme and the transformation programmes of NHS Tayside and Dundee City Council to deliver on their related programmes.

41. Failure to achieve these savings may have serious implications to the delivery of core services for 2018/19 as there are little contingency reserves available. It is therefore crucial that the Board receive detailed updates on its transformation programme and associated efficiency savings on a regular basis. The financial sustainability of the IJB should be a core focus during 2018/19.



[Recommendation 5 \(refer appendix 1, action plan\)](#)

Financial Planning

42. The 2018/19 delegated budget allocation to the IJB was agreed at the August 2018 Board meeting at £232.3 million (including £4.8 million for hosted services). This sum included £73.5 million from Dundee City Council and £158.8 million from NHS Tayside. The amount from NHS Tayside excludes the set aside for acute hospital sites.

43. As part of the 2018/19 budget setting, a £4.787 million funding gap was identified. The Board were advised that the range of service redesign initiatives over 2018/19 will not be sufficient to balance the budget therefore the Board approved the use of £2.337 million of its general reserve. For the remaining £2.450 million gap, savings have been identified, of which £1.150 million are reported as medium risk. £1.375 million of the £2.450 million savings are non-recurring in nature.

Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.

44. In our 2016/17 Annual Audit Report we highlighted the importance of a medium to long term financial plan to support longer term planning for the IJB. This was included as an action point in our report and the IJB agreed to develop this as part of its 2018/19 revenue budget setting process and beyond. However, a medium to long term financial plan has yet to be developed. The action point was to be implemented in 2017/18 but has been carried forward to 2018/19.



[Recommendation 6 \(refer appendix 1, action plan\)](#)

Reserves strategy

45. Dundee City IJB has a reserves policy that allows it to carry reserves of up to 2% of net expenditure. The policy was approved by the Board in April 2017.

46. As a result of the deficit in 2017/18, the IJB's general reserve has fallen by £0.403 million to £4.560 million. The IJB has committed £4.330 million of its general reserve for integration and transformation purposes. This leaves an uncommitted reserve of £0.230 million carried forward.

47. This level of uncommitted reserves is 0.09% of the IJB's net expenditure, which is low compared to the IJB's policy of holding reserves up to 2%.

48. A report on the 2018/19 budget was submitted to the Board in August 2018 which included additional NHS Tayside funding of £1.971 million which had been held as committed funding from a range of historical change funds. This funding has been included in NHS Tayside's 2018/19 budget. After taking account of this additional funding and further commitment of the IJB's general reserve the projected uncommitted general reserve balance in 2018/19 is £0.826 million (0.36% of budgeted net expenditure).

49. The 2018/19 budget report submitted to the Board in March 2018 recognised that the low level of uncommitted reserves reduces the IJBs capacity to respond to emerging risks and cost pressures, and fund tests of change and transformation activities.



[Recommendation 7 \(refer appendix 1, action plan\)](#)

50. The use of general reserves to fund current services leads us to conclude that there is uncertainty over the financial sustainability of the IJB. The projected use of reserves to balance the 2018/19 budget puts at risk the pace of transformational change. This reinforces the need for the IJB to prepare longer term financial plans.

Workforce planning

51. Although the IJB does not directly employ staff, it is responsible for co-ordinating the delegated services detailed in the Integration Scheme and acknowledges that the vision and priorities within its Strategic Plan will only be achieved by the actions and behaviours of the integrated workforce.

52. The IJB has developed a Workforce and Organisational Development Strategy for integrated functions, in line with the requirements of its integration scheme. The Strategy sets out how support and development will be provided for and with the workforce in order to achieve the IJB's vision and priorities.

53. There is a significant risk to the IJB around its ability to develop and sustain the required workforce to deliver effective health and social care services given a profile of an ageing workforce, recruitment difficulties for particular professions such as nurses and competing demands within the traditional social care labour market through the projected growth in the hospitality sector in Dundee. The Workforce and Organisational Development Strategy has been developed to

ensure that the IJB recruits, develops and retains the right people, in the right place, at the right time to deliver positive outcomes for the people of Dundee.

54. Internal audit undertook a review of workforce planning and reported their findings in March 2018. The report classified the workforce planning arrangements as “adequate” and highlighted three key areas for improvement:

- regular reporting to the Board on progress towards implementing the Workforce and Organisational Development Strategy together with steps to ensure the Strategy’s culture is fully embedded in the organisation through the Locality Managers.
- the development of a formal Service Level Agreement (SLA) or similar formal agreement for key corporate support services to be provided to the IJB by Dundee City Council and NHS Tayside.
- the development of workforce plans for all areas of the IJB’s delegated responsibility.

55. An action plan was agreed with management to address these key areas, however due to a lack of resources progress has not been made as planned. Work on the action plan is ongoing.

Part 3

Governance, transparency and value for money



Main judgements

The IJB has governance arrangements in place that support the scrutiny of decisions by the Board.



There is evidence from a number of sources which demonstrates the IJB's commitment to transparency, including holding all Board and Performance and Audit Committee meetings in public and the existence of the IJB's own website.

A summary version of the IJB's annual performance report was published in July 2018 to meet the IJB's legislative requirements on performance reporting. The full 2017/18 Annual Performance Report was approved for publication by the Board in August 2018.

Overall, performance against national performance indicators has deteriorated against the Dundee 2015/16 baseline, although comparison with the national position has improved. Inspectorate reports on care establishments have been positive.

An inspection of adult support and protection in Dundee's multi-agency partnership assessed performance in key areas as weak - adequate.

While there is evidence of elements of Best Value being demonstrated by the IJB, there is no reporting to the the Board on the arrangements in place to demonstrate services are delivering Best Value.

Governance arrangements

56. The IJBs integration scheme sets out its governance arrangements. The Board is responsible for establishing arrangements for ensuring the proper conduct of the affairs of the IJB and for monitoring the adequacy of these arrangements. The IJB's governance arrangements and procedures are regulated by a set of procedural documents including Standing Orders, a Scheme of Delegation and Financial Regulations.

57. The Board is responsible for the strategic commissioning of health and social care services in Dundee and for setting priorities and policies in the context of legislative requirements. It comprises 6 voting members and a wide range of service users and partners. The voting members consist of 3 elected councillors nominated by Dundee City Council and 3 non-executive directors nominated by NHS Tayside.

58. The Board is supported by the Performance and Audit Committee and a number of groups including the Clinical, Care and Professional Governance Framework, the Strategic Planning Group and the Transformation Programme Delivery Group. The Transformation Programme Delivery Group was established to monitor the implementation of the transformation efficiency programme.

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision-making and transparent reporting of financial and performance information.

59. On the 14 September 2018 NHS Tayside announced that two of the nominated non-executive members of Tayside NHS Board had decided to step down from the Health Board and would be leaving over the next few weeks. This means that all three of NHS Tayside's voting member roles will be vacant on the Integration Joint Board, as one of the positions has already been vacant since June 2018.

60. The level of change in the voting membership from NHS Tayside on the Board presents a risk to the effectiveness of the governance and scrutiny arrangements whilst new members become familiar with the IJB. Induction training for new members will be crucial. There is also a risk that the Integration Joint Board may not be able to operate and make decisions if NHS Tayside is unable to fill the positions in the short term.

61. We reviewed minutes of the Board and the Performance and Audit Committee to ensure they are fulfilling their responsibilities. We also attend meetings of the Board and the Performance and Audit Committee and observe how they perform. We concluded that these meetings have been well attended and demonstrate an appropriate level of discussion and scrutiny.

62. The IJB's Chief Officer provides overall strategic and operational advice to the Board and is directly accountable for the delivery of services. The Chief Officer is also accountable to both the Chief Executive of Dundee City Council and the Chief Executive of NHS Tayside and sits on the management team at both organisations.

63. A number of improvements to the IJB's governance arrangements are reported in the 2017/18 Annual Governance Statement as carried forward including:

- risk and performance management for hosted services
- review of the local Code of Governance
- a review the governance arrangements and principles of working together between the IJB, the Council and NHS Tayside
- updating the IJB's participation and engagement strategy
- further delegation in relation to delegated services to the IJB

64. These have been delayed primarily due to resource capacity and the impact of other priorities across the wider partnership and are now planned to be taken forward in 2018/19.

65. The Care Inspectorate and Health Improvement Scotland carried out their first joint inspection into the effectiveness of strategic planning and commissioning of health and social care services for all adults in the Dundee City Partnership. Their findings were published in February 2018.

66. The inspection covered the leadership of the IJB and concluded that strong foundations are being laid down to support more integrated working. It also reported positive relationships between and across voting members and chief officers, with a shared undertaking to work together to achieve desired outcomes. Our observations at the Board and Committee meetings support this.

67. The arrangements in place continue to support good governance and accountability.

Transparency

68. Transparency means that the public has access to understandable, relevant and timely information about how the IJB is taking decisions and how it is using resources.

69. There is evidence from a number of sources which demonstrate the IJB's commitment to transparency. All its meetings are held in public and full details of the meetings of the Board and the Performance and Audit Committee are available through the Dundee Health & Social Care Partnership [website](#), including Board/Committee papers and minutes of meetings.

70. We have identified some areas where the IJB could improve current arrangements including:

- minutes of meeting to reflect discussion as well as recording decisions taken
- publication of the IJB register of interests on the IJB's website. Publication of the register of interests would enhance the transparency of decision making in situations where members or senior officers have a personal interest on matters being discussed.



[Recommendation 8 \(refer appendix 1, action plan\)](#)

71. Overall, we concluded that the IJB conducts its business in an open and transparent manner but there are some areas where current arrangements could be improved.

Internal audit

72. Internal audit provides the Board and the Chief Officer with independent assurance on the IJB's overall risk management, internal control and corporate governance processes.

73. The Chief Internal Auditor of NHS Tayside's FTF Audit and Management Service (FTF) is also the Chief Internal Auditor for the IJB. He draws on dedicated resources for the IJB audit from both FTF and Dundee City Council's internal audit section. We carried out a review of the adequacy of the internal audit function and concluded that it generally operates accordance with the Public Sector Internal Audit Standards (PSIAS) and has appropriate documentation standards and reporting procedures in place.

74. Following a recommendation in our 2016/17 Annual Audit Report on monitoring slippage in the internal audit programme, an internal audit progress report has become a standing agenda item at each Performance and Audit Committee meeting. The latest report in July 2018 noted that all 2016/17 audits had been concluded and reported. There continued to be some slippage on the 2017/18 programme.

75. To avoid duplication of effort we place reliance on the work of internal audit wherever possible. In 2017/18 we placed no formal reliance on internal audit's work for our financial statements work.

76. We did, however, plan to consider the work of internal audit in the following areas for our wider dimension work:

- Workforce (2016/17 programme - reported in 2017/18)
- Clinical Care & Professional Governance (2016/17 programme - reported in 2017/18)
- Risk Management (2017/18 programme)
- Transformation & Service Redesign (2017/18 programme).

77. Internal audit's findings on Workforce is referenced at paragraph 54 of this report. The findings from the review of Clinical Care & Professional Governance was reported to the performance and Audit Committee in February 2018 and

concluded that there was an adequate and effective system of risk management, control and governance in this area.

78. The findings from the review of Risk Management are scheduled to be reported to the Performance and Audit Committee in September 2018 and Transformation & Service Redesign in November 2018. We shall consider the findings from these reviews in our 2018/19 audit.

79. Progress has been made during 2017/18 in the delivery of the internal audit plan, however, there continues to be some slippage in the completion of the 2017/18 plan. We will continue to monitor the delivery of the internal audit plan.

Standards of conduct and arrangements for the prevention and detection of bribery and corruption

80. The IJB has its own Code of Conduct for Members which requires that all members must comply with the Standards in Public Life - Code of Conduct for Members of Devolved Public Bodies.

81. Based on our review of these arrangements we concluded that the IJB has effective arrangements in place for the prevention and detection of corruption. We are not aware of any specific issues that we need to record in this report.

Cyber security

82. The Scottish Government issued a [*Public Sector Action Plan on Cyber Resilience*](#) in November 2017 and actively encouraged all public sector bodies to seek independent assurance of critical technical controls, which in their view was possible by obtaining Cyber Essentials or Cyber Essentials Plus accreditation.

83. This requires all public sector bodies to carry out a review to ensure their cyber security arrangements are appropriate. The IJB does not have any of its own systems so relies on the ICT arrangements in the partner bodies.

84. NHS Tayside has formed a group to work toward the cyber essentials plus certification required by the Scottish Government by the end of 2018. The Council obtained its Cyber Essentials accreditation in June 2018 and has yet to decide if it is applying for the Cyber Essentials Plus accreditation

General Data Protection Regulation

85. The new General Data Protection Regulation (GDPR) came into force on 25 May 2018. Superseding the Data Protection Act 1998, the regulation introduced new and significantly changed data protection concepts pertaining to the processing of personally identifiable information.

86. The Chief Finance Officer provided an update to the Board in April 2018 on the preparations being undertaken by the partner bodies NHS Tayside and Dundee City Council. The report also noted that discussions were ongoing between the Data Protection Officers at the partner bodies to identify a Data Protection Officer for the IJB.

87. Since April 2018, the Chief Internal Auditor, in his 2017/18 Annual Internal Audit Report recommended that management should give further consideration to GDPR. They noted that “it is not clear that, under its current configuration, the IJB itself owns the data it uses. There is a need for a wider discussion around information sharing, GDPR and ownership of information that clarifies responsibilities and accountabilities in this area; the Health and Social Care Integration governance principles also highlight the need for urgent clarification of these matters.”

88. Management agreed to incorporate this item into its Governance Action Plan which will be presented to the Performance and Audit Committee at its September

2018 meeting. We will monitor developments in this area as part of our 2018/19 audit.

Value for money and performance management

89. Local government bodies, including Integrated Joint Boards, have a statutory duty to make arrangements to secure Best Value, through the continuous improvement in the performance of their functions. The characteristics of a Best Value organisation are laid out in Scottish Government Guidance issued in 2004.

90. While there is evidence of elements of Best Value being demonstrated by the IJB, there is no mechanism for formal review. Mechanisms and reporting arrangements should be implemented to provide assurance to the Chief Officer and the Board that the IJB has arrangements in place to demonstrate that services are delivering Best Value.



[Recommendation 9 \(refer appendix 1, action plan\)](#)

91. The Performance and Audit Committee receives quarterly performance reports at appropriate intervals throughout the year. These reports are available on the IJBs website as part of the committee papers. The reports provide details of performance against the Scottish Governments nine National Health and Wellbeing outcomes and against the IJBs six high level service delivery areas (emergency admissions, emergency bed days, accident and emergency, delayed discharges, balance of care and end of life).

92. The Public Bodies (Joint Working) (Scotland) Act 2014 requires that an annual performance report is completed within four months of the year end. The IJB did not publish its formal Annual Performance Report until August in 2018 due to difficulties around the availability of data and the timing of meetings. Similarly to last year, a summary version of the annual performance report was considered by the Performance and Audit Committee at its meeting in July 2018.

93. We have reviewed the Annual Performance Report for 2017/18 and identified that it complies with the prescribed content set out in The Public Bodies (Joint Working) (Scotland) Act 2014 (Content of Performance Reports) (Scotland) Regulations 2014.

94. The annual performance report details the IJB's performance against the nine National Health and Wellbeing outcomes using 23 national indicators and a further 6 local indicators. The 2017/18 report shows data for 17 of the national indicators.

95. Comparison against Dundee's baseline performance in 2015/16 shows improvements in 5 areas, similar performance in 2 areas and worse performance in 10 areas. Good improvement in the national indicators included delayed discharges (national indicator 19), while worsening performance was reported in the emergency admission rate (national indicator 12) and readmission to acute hospital within 28 days (national indicator 14).

96. Although there is a general deterioration in performance since 2015/16 the IJB compares well nationally, with 10 indicators being better than the national results, 2 remaining the same and 5 deteriorating.

97. The Annual Performance Report includes information on financial performance on a locality basis and notes that the next step in 2018/19 is to expand the use of data to better understand how resources should be allocated taking into account a number of factors including health inequalities, demand on services and demographic projections.

98. Following scrutiny of the Annual Performance Report in August 2018, the Performance and Audit Committee requested additional analytical reports in areas

Value for money is concerned with using resources effectively and continually improving services.

where performance was poor in order to obtain an improved understanding of underlying challenges and the development of more detailed improvement plans.

99. The Annual Performance Report also references statutory inspections of services delivered directly by the partnership. 12 inspections were concluded during the year, with the vast majority graded as very good and some as excellent.

100. In our 2016/17 annual audit report we reported that although the IJB had developed a range of different mechanisms to scrutinise the performance and quality of services, the IJB recognised that further work was required. An action plan containing 19 actions was prepared and action was scheduled to be complete by September 2018. There has been some slippage in the action plan and it is now scheduled for completion in March 2019.

101. We have concluded that there is good evidence to demonstrate the IJBs commitment to effective performance management and reporting, however some improvements are still required which are being taken forward in the IJB's performance management improvement plan.

National performance audit reports

102. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2017/18 we published some reports which are of direct interest to the Board as outlined in [Appendix 3](#).

103. The consideration of national reports was introduced as a standing item on the Senior Management Team (SMT) agenda, following our 2016/17 recommendation to consider a formal mechanism for considering the IJB's reporting of relevant reports to members. The format of the SMT meetings was subsequently changed however and there is no longer a visible mechanism for considering these reports. Further consideration should be given to how this process is formalised under the current arrangements.

Health and Social Care Integration performance audit

104. Audit Scotland, as part of a series of reports, has undertaken a national study to examine the impact of the integration of health and social care services. The report is due to be published in November 2018 and will reflect on leadership and collaboration, integrated finances and strategic planning.

Joint Inspection of Adult Support and Protection

105. The Care Inspectorate and Her Majesty's Inspectorate of Constabulary Scotland carried out a joint review of Adult Support and Protection in six partnerships and published their findings in July 2018. The Dundee City partnership was one of the Partnerships included in the review.

106. The report assessed the Partnership's performance in three areas. Performance was assessed as weak-adequate, as follows:

- Outcomes for adults at risk of harm: Adequate
- Key processes for adult support and protection: Weak
- Leadership for adult support and protection: Adequate

107. A report on the publication was submitted to the Board by Dundee City Council's Chief Social Worker in August 2018. Recommended actions from the review will be part of the Partnership's Transforming Public Protection Programme, which is supported by the Care Inspectorate. The Board instructed the Chief Finance Officer to submit a report detailing progress in this area to the Performance and Audit Committee by 31 December 2018.

Appendix 1

Action plan 2017/18

2017/18 recommendations for improvement



No.	Issue/risk	Recommendation	Agreed management action/timing
1	<p>Public Notice of Accounts</p> <p>The IJB must give public notice of the right of interested persons to inspect and object to its accounts in accordance with The Local Authority Accounts (Scotland) Regulations 2014. This public notice must be given no later than 17 June immediately following the financial year to which the accounts relate. The public notice was uploaded to the IJB's website on 20 June 2017, 3 days after the latest date allowable under the statutory regulations.</p> <p>Risk</p> <p>The IJB may be open to legal challenge if it does not comply with regulations.</p>	<p>The joint board should ensure the public notice is made available on the website within the timeframe allowable under the 2014 regulations.</p> <p>Paragraph 24</p>	<p>Agreed action: Ensure public notice uploaded to website by 17th June.</p> <p>Responsible officer: Chief Finance Officer.</p> <p>Agreed date: By 17th June 2019.</p>
2	<p>Budget setting</p> <p>The 2018/19 provisional budget was submitted to the Board in March 2018 but the budget was not approved until August 2018. This was due to the late approval by NHS Tayside of its own 2018/19 budget. Much of the year will have passed before financial monitoring is capable of being undertaken.</p> <p>Risk</p> <p>Without an agreed budget, excessive costs may not be contained.</p>	<p>The IJB should liaise with its partner organisations to ensure an agreed budget is approved prior to the start of the year.</p> <p>Paragraph 31</p>	<p>Agreed action: Continue to work with partner bodies to align budget setting processes as far as practicable.</p> <p>Responsible officer: Chief Finance Officer.</p> <p>Agreed date: March 2019.</p>



No.	Issue/risk	Recommendation	Agreed management action/timing
3	<p>Budget monitoring</p> <p>Some scope for improvement in the budget monitoring processes has been identified regarding providing explanation for changes to the approved budget and final out-turn monitoring. .</p> <p>Risk</p> <p>Members may not be sufficiently informed to effectively scrutinise the IJB's financial performance.</p>	<p>Budget monitoring processes should be amended to include:</p> <ul style="list-style-type: none"> • explanations within monitoring reports to members in relation to changes to the approved budget • monitoring reports on the final out-turn for the year. <p>Paragraph 33</p>	<p>Agreed action: Budget monitoring reports to be developed according to recommendation.</p> <p>Responsible officer: Chief Finance Officer.</p> <p>Agreed date: December 2018.</p>
4	<p>Budget and performance monitoring arrangements</p> <p>Budget and performance monitoring arrangements are currently reported separately to the Board and Performance and Audit Committee which means that it can be challenging to link the impact of budget variances on service performance.</p> <p>Risk</p> <p>Members may not be fully sighted on the impact of budget variances on service performance.</p>	<p>The IJB should seek to combine financial and performance reporting to ensure that members have clear sight of the impact of variances against budget in terms of service performance.</p> <p>Paragraph 34</p>	<p>Agreed action: Explore options as recommended around ensuring combined financial and performance reporting is provided in a format which is useful to the reader.</p> <p>Responsible officer: Chief Finance Officer.</p> <p>Agreed date: March 2019.</p>
5	<p>Transformation and efficiency savings</p> <p>Detailed updates on the IJB's transformation programme and associated efficiency savings are not reported to the Board on a regular basis.</p> <p>Risk</p> <p>Transformation and savings may not be delivered in accordance with decisions taken by the Board.</p>	<p>The IJB should develop a formal mechanism to demonstrate how transformation is being achieved and planned efficiency savings are being met.</p> <p>Paragraph 41</p>	<p>Agreed action: Transformation Delivery Group to determine appropriate reporting arrangements to the IJB.</p> <p>Responsible officer: Chief Finance Officer.</p> <p>Agreed date: March 2019.</p>



No.	Issue/risk	Recommendation	Agreed management action/timing
6	<p>Medium to long term financial plans</p> <p>There are no medium to long term financial plans in place. Audit Scotland is encouraging organisations to develop medium and long term financial plans including IJBs.</p> <p>Risk</p> <p>The IJB may not be planning adequately over the medium to long term to manage or respond to significant financial risks.</p>	<p>We recommend that a long term financial strategy (5 years or more) supported by clear and detailed financial plans (3 years or more) is prepared. This is increasingly important as demand pressures increase, financial settlements continue to reduce and fundamental service redesign over a longer time frame becomes necessary. Plans should set out scenario plans (best, worst, most likely).</p> <p>Paragraph 44</p>	<p>Agreed action: Will work with partner bodies to align longer term financial planning processes, incorporating assumptions around funding levels, inflation, growth and other factors and incorporate longer term financial plan as part of the IJB's budget setting process.</p> <p>Responsible officer: Chief Finance Officer.</p> <p>Agreed date: 31st March 2019.</p>
7	<p>Reserve balances</p> <p>Level of uncommitted reserves at March 2018 is forecast to be £0.826 million. This level of reserves falls far short of the IJB's approved reserve policy.</p> <p>Risk</p> <p>A low level of uncommitted reserves reduces the IJBs capacity to respond to emerging risks and cost pressures and fund tests of change and transformation activities.</p>	<p>The IJB should review its reserves to ensure they are adequate.</p> <p>Paragraph 49</p>	<p>Agreed action: Reserves can only be generated through year end surpluses of funding. Ensure robust budgeting and financial monitoring processes in place to identify opportunities to enhance reserves position.</p> <p>Responsible officer: Chief Finance Officer.</p> <p>Agreed date: 31st March 2019.</p>
8	<p>Transparency</p> <p>Some areas have been identified where the IJB could improve current arrangements for transparency. These include improved minute taking to reflect the discussions at meetings and publication of the register of interests of Board members and senior management on the IJB's website.</p> <p>Risk</p> <p>Decisions of the Board may not be transparent.</p>	<p>The IJB should:</p> <ul style="list-style-type: none"> • review its processes for minute taking. • Publish the register of interests covering Board members and senior management on the IJB's website. <p>Paragraph 70</p>	<p>Agreed action:</p> <ul style="list-style-type: none"> • Undertake a review of minute taking. • Register of interests developed and will be shown on the IJB's website. <p>Responsible officer: Clerk to the Board.</p> <p>Agreed date:</p> <ul style="list-style-type: none"> • Register of Interests – 31st October 2018. • Minute Taking review – 31st March 2019.
9	<p>Best Value</p> <p>While there is evidence of elements of Best Value being demonstrated by the IJB, there is no mechanism for formal</p>	<p>Mechanisms and reporting arrangements should be implemented to provide assurance to the Chief Officer and the Board that the IJB has arrangements in place to</p>	<p>Agreed action: Develop Best Value assurance process as recommended</p> <p>Responsible officer: Chief Finance Officer.</p>



No.	Issue/risk	Recommendation	Agreed management action/timing
	<p>review to provide assurance to the Chief Officer and the Board.</p> <p>Risk</p> <p>The IJB may not be able to demonstrate that it is meeting its best value obligations</p>	<p>demonstrate that services are delivering Best Value.</p> <p>Paragraph 90</p>	<p>Agreed date: 31st March 2019</p>

Follow up of prior year recommendations

PY1	<p>Hospital acute services (set aside)</p> <p>Included within the total IJB expenditure of £258.821 million is £21.059 million 'set aside' costs for hospital acute services.</p> <p>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</p> <p>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>Partly actioned: 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 is 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>Responsible officer: Chief Finance Officer</p> <p>Revised date: December 2018</p>
PY2	<p>Annual Governance Statement and Management Commentary: non-compliance with guidance and regulations</p> <p>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</p> <p>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>Fully implemented: The action agreed in 2016/17 has been fully implemented, however, going forward, there is scope for further improvement in the Management Commentary, including reporting in year financial performance (details of budget over and underspends).</p>



No.	Issue/risk	Recommendation	Agreed management action/timing
PY3	<p>Financial Planning</p> <p>The IJB has financial projections for 2017/18 but financial planning does not currently extend beyond one year.</p> <p>Risk</p> <p>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>Not yet actioned: The focus for 2018/19 has been to develop a balanced budget position for the 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>Responsible officer: Chief Finance Officer</p> <p>Revised date: Carried forward as recommendation 6 above.</p>
PY4	<p>Delivery of internal audit plan</p> <p>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</p> <p>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>Fully implemented: an updated Internal Audit Plan Progress Report is presented to each Performance and Audit Committee. Although there has been an improvement in delivery of the plan, there remains an element of slippage. None of the slippage has impacted on our audit opinion.</p>
PY5	<p>Performance management improvements</p> <p>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>Risk</p> <p>The IJB may not be fully effective in assessing its performance in delivering services.</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 Committee.</p>	<p>Partly actioned: a report was presented to the Performance and Audit Committee outlining the detail of progress made with the IJB's performance management framework. The scheduled completion date for the action plan in the report was September 2018. There has been some slippage with the action plan and it is now scheduled for completion by March 2019.</p> <p>Responsible officer: Chief Finance Officer.</p> <p>Revised date: March 2019</p>
PY6	<p>Audit Scotland national reports</p> <p>The IJB can be commended for considering and acting on</p>	<p>The Chief Finance Officer should develop a system to allow for the consideration of relevant national performance reports and to report the main</p>	<p>Partially actioned: National reports were introduced as a standing item on the Senior Management Team (SMT) agenda following our 2016/17</p>



No.	Issue/risk	Recommendation	Agreed management action/timing
	<p>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</p> <p>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>	<p>findings to members as appropriate.</p>	<p>recommendation. This was to consider the IJB's reporting of relevant reports to members. The format of the SMT meetings was subsequently changed however and there is no longer a visible mechanism for considering these reports. Further consideration should be given to how this process is formalised under the current arrangements</p> <p>Responsible officer: Chief Officer</p> <p>Revised date: December 2018</p>

Appendix 2

Significant audit risks identified during planning

The table below sets out the audit risks we identified during our planning of the audit and how we addressed each risk in arriving at our conclusion. The risks are categorised between those where there is a risk of material misstatement in the annual accounts and those relating to our wider responsibility under the Code of Audit Practice 2016.

Audit risk	Assurance procedure	Results and conclusions
Risks of material misstatement in the financial statements		
<p>1 Risk of management override of controls</p> <p>ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. This includes consideration of the risk of management override of controls.</p>	<p>In view of the nature of this risk, assurances from management are not appropriate.</p>	<p>Audit procedures were undertaken at the year end to ensure the figures in the accounts are accurate.</p> <p>Conclusion: No issues were identified as part of the year end audit regarding management override of controls.</p>
<p>2 Risk of fraud over income and expenditure</p> <p>ISA 240 includes an assumption on fraud over income. The Code of Audit Practice expands the ISA 240 assumption on fraud over income to aspects of expenditure.</p> <p>The income and expenditure of the IJB is processed through the financial systems of Dundee City Council and NHS Tayside. There is a risk that non IJB related income and expenditure is incorrectly coded to IJB account codes.</p>	<p>Robust budget monitoring.</p> <p>Assurances to be provided to the IJB by Dundee City Council and NHS Tayside on the completeness and accuracy of transactions coded to IJB account codes.</p>	<p>Assurances have been obtained from the Dundee City Council and NHS Tayside auditors.</p> <p>Conclusion: No issues identified in either of the assurances.</p>
<p>3 Hospital acute services (set aside)</p> <p>The “set aside” budget is the IJBs share of the budget for delegated acute services provided by large hospitals on behalf of the IJB.</p> <p>The budget and actual expenditure reported for the “set aside” were equal in 2016/17: the amount set aside,</p>	<p>The IJB has been working with NHS Tayside to agree an appropriate mechanism (Scottish Government guidance provided to NHS Directors of Finance on this matter on 21 February 2018).</p>	<p>We engaged with officers to ascertain whether a robust mechanism was developed to quantify the IJBs set aside income and expenditure.</p> <p>We monitored Scottish Government guidance on the treatment of set aside in the 2017/18 financial statements to establish whether the financial statements are compliant.</p>

Audit risk	Assurance procedure	Results and conclusions
<p>was based on 2014/15 activity levels and provided by NHS National Services Scotland's Information Services Division.</p> <p>There is a risk that the income and expenditure of the IJB is misstated due to the lack of current activity information.</p>		<p>Conclusion: No issues were identified.</p>
<p>4 Annual Governance Statement and Management Commentary</p> <p>A number of disclosures required by extant guidance and Regulations had not been presented appropriately in the 2016/17 annual accounts. There is a risk that the accounts may not comply with current guidance and Regulations.</p>	<p>Officers will liaise with external audit to ensure requirements are met.</p>	<p>We reviewed the annual governance statement and management commentary against the requirements of relevant regulations and guidance.</p> <p>Conclusion: No issues were identified, although there is scope for further improvement with the Management Commentary.</p>












Risks identified from the auditor's wider responsibility under the Code of Audit Practice

<p>5 Financial sustainability</p> <p>NHS Tayside and Dundee City Council face significant financial pressures with challenging funding levels and increasing costs. Associated with this the IJB has not been able to develop financial projections beyond one year which can undermine the delivery of longer term objectives.</p> <p>Latest 2017/18 financial results reported in February 2018 (as at 31 December 2017) project an overspend of £2.3 million, mainly arising from the NHS Tayside related prescribing budget. Recent budget data indicates that further cost pressures are also emerging within the Dundee City Council related budgets.</p> <p>There is a risk that the IJB in partnership with NHS Tayside and Dundee City Council may not be able to identify and deliver sustainable savings measures or meet cost pressures as they arise.</p>	<p>Strong working relationships between the council and the health board.</p> <p>Regular financial monitoring and reporting to the IJB.</p> <p>Integration Joint Board Transformation Programme and associated infrastructure established in response to the financial challenges.</p>	<p>The latest financial budget position notes that there is a funding gap of £5.0 million for 2018/19. This is to be funded from the use of the general reserve of £2.337 million and £2.663 million of savings.</p> <p>The uncommitted General Reserve balance will fall short of the IJB's reserve policy. We have also reported that the IJB has yet to develop medium to long term financial plans.</p> <p>Conclusion: We will continue to monitor the achievement of savings targets and the introduction of medium to long term financial plans as part of the audit process.</p>
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Audit risk	Assurance procedure	Results and conclusions
<p>6 Demonstrating the delivery of Best Value</p> <p>The statutory duty of Best Value applies to all public bodies in Scotland. There is a risk that, the IJB is unable to demonstrate that it is meeting its statutory duty to deliver Best Value.</p>	<p>Integration Joint Board Transformation Programme also aims to identify where best value is not being delivered.</p>	<p>We considered the IJB's arrangements for demonstrating Best value arrangements.</p> <p>Conclusion: We have recommended that mechanisms and reporting arrangements should be implemented to provide assurance to the Chief Officer and the Board that the IJB has arrangements in place to demonstrate that services are delivering Best Value. This has been included in Appendix 1, number 9.</p>

Appendix 3

Summary of national performance reports 2017/18

		 2017/18 Reports	
		Apr	
		May	
Common Agricultural Policy Futures programme: further update		Jun	 Scotland's colleges 2017
		Jul	 NHS workforce planning
Self-directed support: 2017 progress report		Aug	
Equal pay in Scottish councils		Sept	
Transport Scotland's ferry services		Oct	 NHS in Scotland 2017
Local government in Scotland: Financial overview 2016/17		Nov	
		Dec	
		Jan	
Early learning and childcare		Feb	
Managing the implementation of the Scotland Acts		Mar	

Reports relevant to Integration Joint Boards

[NHS workforce planning](#) – July 2017

[Self-directed support: 2017 progress report](#) – August 2017

[Equal pay in Scottish councils](#) – September 2017

[NHS in Scotland 2017](#) – October 2017

[Local government in Scotland: Financial overview 2016/17](#) – November 2017

Dundee City Integration Joint Board

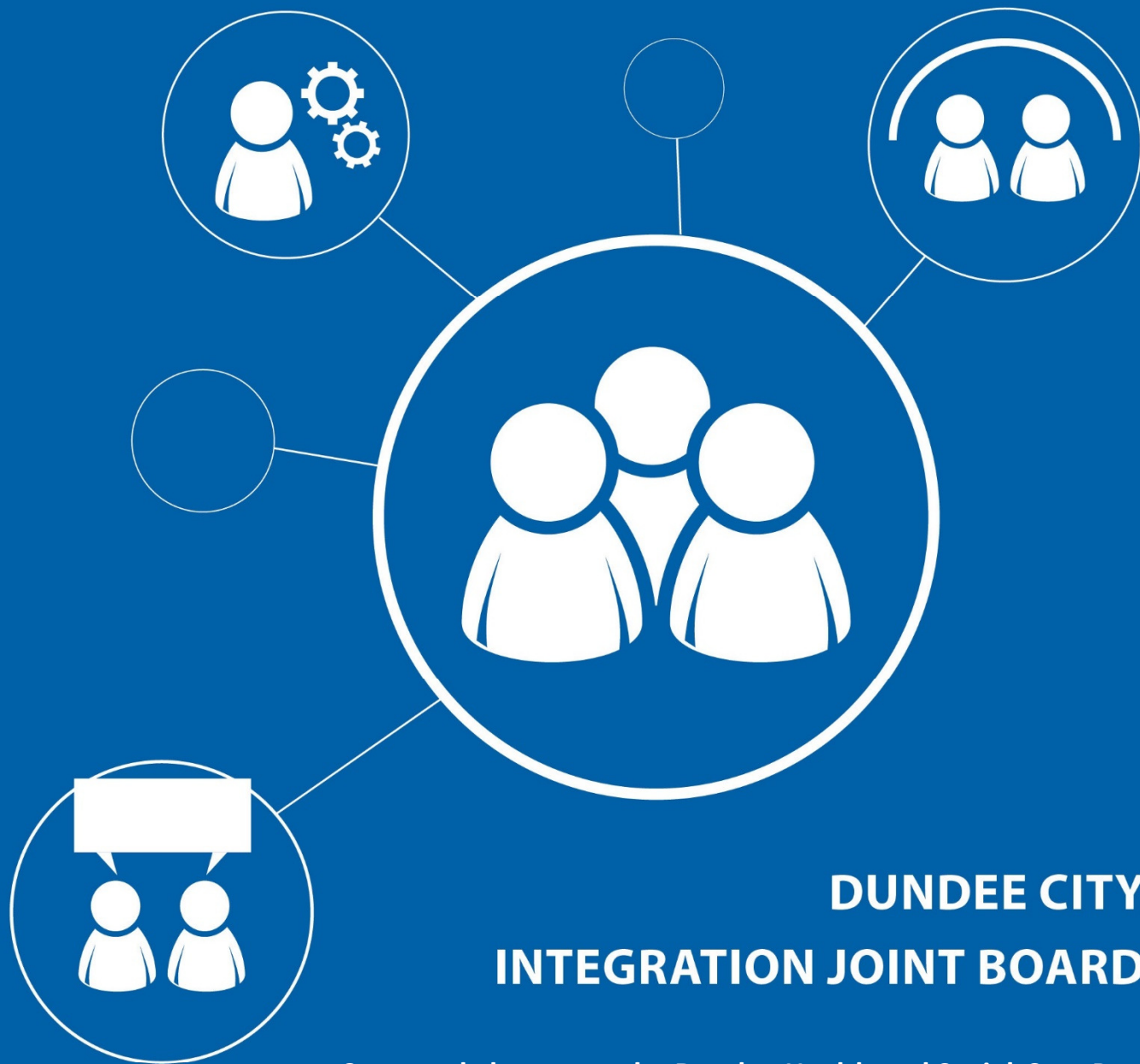
2017/18 Proposed Annual Audit Report

If you require this publication in an alternative format and/or language, please contact us to discuss your needs: 0131 625 1500 or info@audit-scotland.gov.uk

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**DUNDEE CITY
INTEGRATION JOINT BOARD**

Commonly known as the Dundee Health and Social Care Partnership

ANNUAL ACCOUNTS

2017-18

Audited

Dundee City Integration Joint Board
Annual Accounts 2017-18
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Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and received Royal Assent in April 2014. This established the framework for the integration of health and adult social care in Scotland, to be governed by Integration Joint Boards with responsibility for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements.

Following approval from Dundee City Council and NHS Tayside, the Dundee Integration Scheme, the formal legal partnership agreement between the two parent organisations, was submitted to the Scottish Ministers in August 2015. On 3 October 2015 Scottish Ministers legally established Dundee's Integration Joint Board as a body corporate by virtue of the Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Amendment (No 3) Order 2015. The Integration Scheme was subsequently amended and approved by the Scottish Government with effect from 3rd April 2018 to take account of The Carers (Scotland) Act 2016.

Dundee City Integration Joint Board formally became responsible for the operational management and oversight of delegated health and social care functions with effect from 1 April 2016.

This publication contains the financial statements for Dundee City Integration Joint Board for the year ended 31 March 2018. The Management Commentary highlights the key activities carried out to date and looks forward, outlining the anticipated financial outlook for the future and the challenges and risks facing health and social care services over the medium term.

Role and Remit of Dundee City Integration Joint Board

Dundee City Integration Joint Board (commonly known as Dundee Health and Social Care Partnership) has responsibility for providing defined health care and social care services for the residents of Dundee encompassing an area of 60 square kilometres and a population of 148,000. Like other parts of Scotland, Dundee is expected to see a significant rise in the number of older people with an increase of 45% in those over 75 anticipated over the next 20 years. Deprivation in Dundee is high with just over 29% of the population living in the 15% most deprived areas of Scotland. Overall Dundee is the third most deprived local authority area in Scotland, with only Glasgow and Inverclyde having higher deprivation. Dundee has the second lowest life expectancy in Scotland, with factors such as prevalence of substance misuse, mental health problems, smoking, and obesity all contributing to the reduced life expectancy. These factors highlight the scale of the challenges Dundee City Integration Joint Board faces over the coming years.

The voting membership of Dundee City Integration Joint Board is drawn from three elected members nominated by the Council and three non-executive members nominated by the Health Board.

The table below notes the membership of Dundee City Integration Joint Board in 2017/18:

Voting Members:

Role	Member
Nominated by Health Board	Doug Cross
Nominated by Health Board	Judith Golden
Nominated by Health Board	Munwar Hussain
Councillor Nominated by Dundee City Council	Councillor Ken Lynn
Councillor Nominated by Dundee City Council	Councillor David Bowes*
Councillor Nominated by Dundee City Council	Councillor Stewart Hunter**
Councillor Nominated by Dundee City Council	Bailie Helen Wright***
Councillor Nominated by Dundee City Council	Councillor Roisin Smith***

- Until 4 May 2017 **Until 22 May 2017 ***From 22 May 2017

Non-voting members:

Role	Member
Chief Social Work Officer	Jane Martin (Dundee City Council)
Chief Officer	David W Lynch
Proper Officer Appointed under section 95 (Chief Finance Officer)	Dave Berry
Registered medical practitioner whose name is included in the list of primary medical performers prepared by the Health Board	Frank Weber
Registered nurse who is employed by the Health Board	Sarah Dickie (NHS Tayside)
Registered medical practitioner employed by the Health Board and not providing primary medical services	Cesar Rodriguez (NHS Tayside)
Staff of the constituent authorities engaged in the provision of services provided under integration functions	Raymond Marshall (NHS Tayside Staff Side Representative) Jim McFarlane (Dundee City Council Trade Union Representative)
Director of Public Health	Drew Walker (NHS Tayside)
Third Sector Representative	Christine Lowden (Dundee Voluntary Action)
Service user residing in the area of the local authority	Andrew Jack (Public Partner, NHS Tayside)
Persons providing unpaid care in the area of the local authority	Martyn Sloan (Carer, Dundee Carers Centre)

The Chair of Dundee City Integration Joint Board rotates on a two yearly basis with the current arrangements due to change in October 2018. Councillor Ken Lynn is the current Chair with Doug Cross acting as Vice Chair. Dundee City Integration Joint Board is supported through the appointment of the Chief Officer, the Head of Finance and Strategic Planning (as Chief Finance Officer) and the Head of Health and Community Care who provide the strategic leadership and management of delegated operational services.

Operations for the Year

2017/18 represents the second full financial year of Dundee City Integration Joint Board (commonly known as Dundee Health and Social Care Partnership) being formally responsible for planning and delivering community based health and social care services. The development and delivery of these services is in line with the Integration Joint Board's Strategic and Commissioning Plan which sets out the context within which integrated services in Dundee operates and is shaped around the Health and Social Care Partnership's vision that "Each Citizen of Dundee will have access to the information and support that they need to live a fulfilled life." Dundee Integration Joint Board's Strategic and Commissioning Plan for 2016-2021 can be found at:

https://www.dundeehscp.com/sites/default/files/publications/dhscp_strategic_and_commissioning_plan_0.pdf

The Strategic & Commissioning Plan focusses on delivering on the following eight strategic priorities:



These priorities are consistent with and support the Scottish Government nine National Health and Wellbeing Outcomes which apply across all health and social care services. These are:

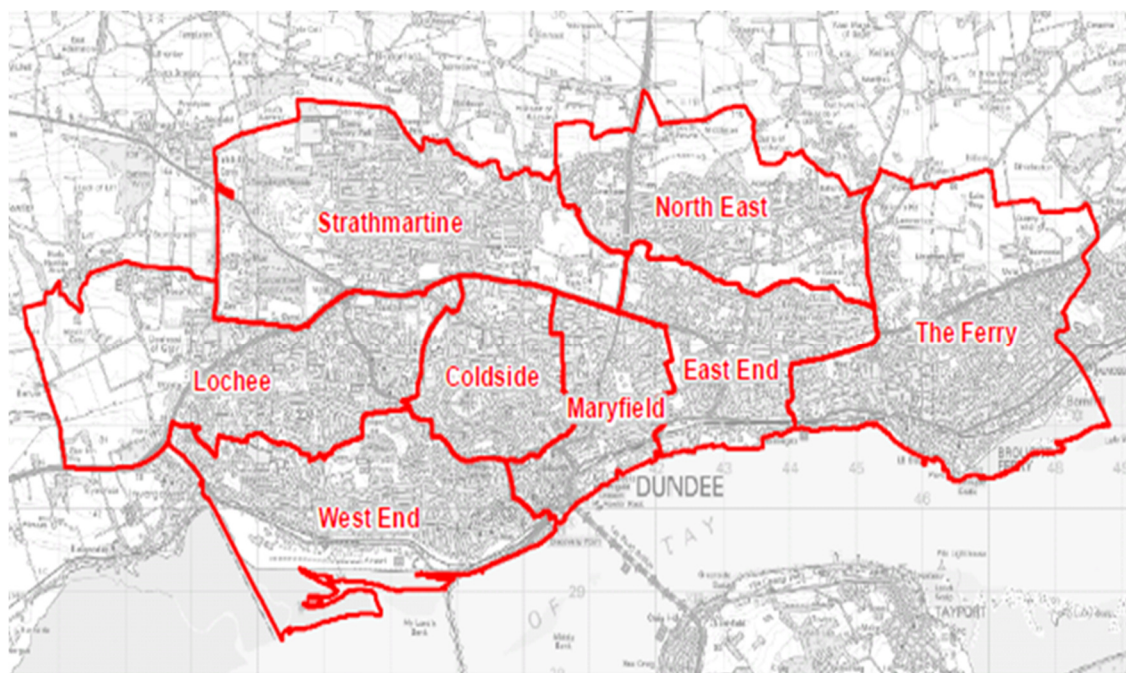
Table 1 National Outcomes

1. Healthier Living	People are able to look after and improve their own health and wellbeing and live in good health for longer
2. Independent Living	People, including those with disabilities, long term, conditions, or who are frail, are able to live as far as reasonably practicable, independently at home or in a homely setting in their community.
3. Positive Experiences and Outcomes	People who use health and social care services have positive experiences of those services and have their dignity respected.
4. Quality of Life	Health and social care services are centred on helping to maintain or improve the quality of life of service users. Everyone should receive the same quality of service no matter where they live.
5. Reduce Health Inequality	Health and social care services contribute to reducing health inequalities.
6. Carers are Supported	People who provide unpaid care are supported to look after their own health and wellbeing, and to reduce any negative impact of their caring role on their own health and wellbeing.
7. People are Safe	People who use health and social care services are safe from harm.
8. Engaged Workforce	People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
9. Resources are used Efficiently and Effectively	Best Value is delivered and scarce resources are used effectively and efficiently in the provision of health and social care services.

Operational Delivery Model

During 2017/18, Dundee Health and Social Care Partnership continued to develop its operational delivery structure with a view to embedding a full locality based model of integrated health and social care services to support the delivery of the Integration Joint Board's strategic priorities. This structure is based around the eight Local Community Planning Partnership areas within the city as noted below.

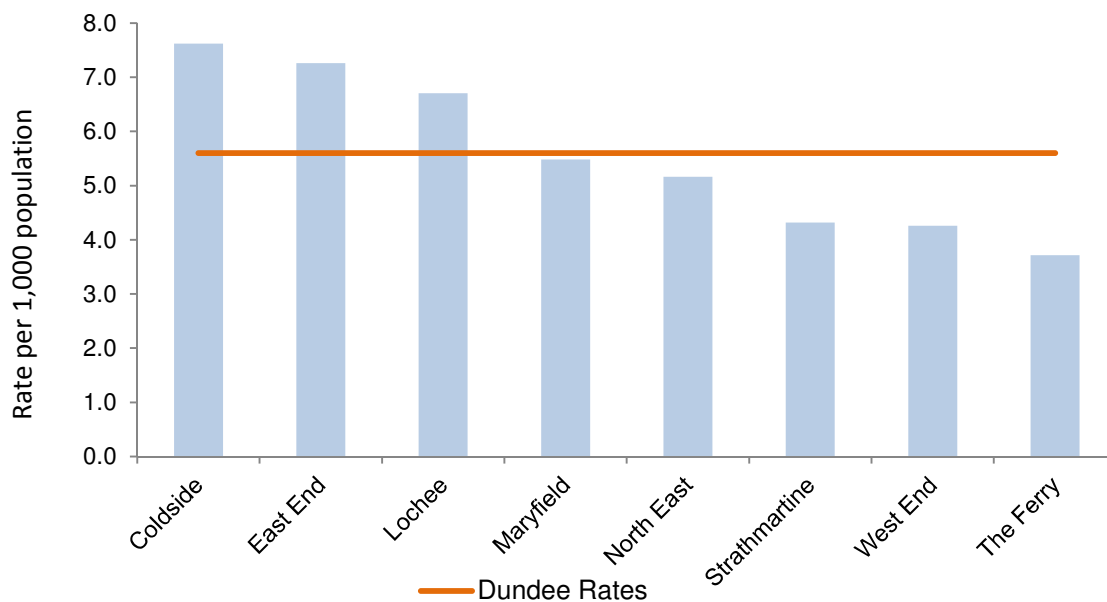
Map of Eight Local Community Planning Partnership Areas



Locality managers' portfolios currently include a combination of service specific responsibilities which are city wide (e.g. older people care at home, learning disabilities) as well as an overview of the needs of their locality areas as part of the transition to fully locality based integrated health and social care services.

One of the key challenges in delivering on the Integration Joint Board's Strategic Priorities and National Health and Wellbeing Outcomes is the high levels of inequalities which exist within the city with significant variances across locality areas, driven by high levels of deprivation and resultant impact on higher prevalence levels of health and multiple long term conditions. In addition to the frailty and ill health which is prevalent in the ageing population, many younger adults in Dundee are experiencing health conditions earlier in life as a result of deprivation and associated impact of substance misuse and mental health issues. In Dundee life expectancy is 77.6 years which is the second lowest in Scotland compared with an average of 79.1 years across the country. However the variance between localities within the city is considerable as highlighted in **chart 1** below. The combined effects of these are evidenced by the increased demand and usage of health and social care services in Dundee.

Chart 1 Premature Mortality Age Standardised Rates per 1,000 Population <75 in 2015



Source: NHS Tayside

The Integration Joint Board's developing response to these challenges over 2017/18 include the following locality focussed initiatives:

- Development of a locality approach to carers in Coldside and Strathmartine
- Roll out of the Macmillan Improving the Cancer Journey in Coldside and Lochee
- The whole system approach to supporting children and families in Lochee
- An East End Health and Wellbeing drop in initiative offering a free service with a focus on wellbeing information, activities and support.

Scrutiny and Performance

The Integration Joint Board's Performance and Audit Committee (PAC) provides the opportunity for committee members to better understand the needs of communities and to monitor and scrutinise performance of delegated services against delivering the strategic priorities through a range of performance indicators and benchmarking. Throughout 2017/18, the Integration Joint Board's Performance and Audit Committee received regular performance reports which quantified Dundee's health and social care challenges in relation to the baseline data against a range of performance indicators, designed to capture the progress made under integration over time. This includes nationally and locally set indicators, a number of which are reflected at locality level to assist the Integration Joint Board in determining the areas of greatest need and to inform the targeting of resources. Dundee's 2017/18 performance against a range of national indicators is noted in Table 2 below. This shows good progress is being made in relation to reducing emergency bed days, hospital readmissions and delayed discharges from hospital however challenges still remain in relation to emergency admissions to hospital, readmissions and falls. These have been subject to further in-depth scrutiny through the PAC. Further information regarding the performance of Dundee Integration Joint Board can be found at the Annual Performance Report:

https://www.dundeehscp.com/sites/default/files/publications/dhscp_annual_report_aug17.pdf

Table 2

National Indicator	Dundee 15/16 (Baseline Year)	Dundee 16/17	Dundee 17/18	Scotland 2017/18
Emergency admissions rate to hospital per 100,000 people aged 18+	12,154	12,411	12,790	11,959
Emergency bed days rate per 100,000 people aged 18+	142,407	136,059	131,673	115,518
Readmissions to acute hospital within 28 days of discharge rate per 1,000 population	121	125	123	97
Falls rate per 1,000 population aged 65+	25	26	28	22
Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (Delayed Discharge bed days)	832	755	347	772

Transforming Services

Through the Integration Joint Board's Transformation Programme, a range of service redesign initiatives have been developed in line with the priorities in the strategic plan which have improved patient and service user pathways in order to reduce hospital admissions and shorten hospital stays, including undertaking early intervention and prevention approaches. One of the most significant shifts in service provision commissioned by the Integration Joint Board over 2017/18 has been to re-design and reduce the bed base at Royal Victoria Hospital and re-invest the resources released into a multi-disciplinary, Enhanced Community Support model of care while contributing to efficiency savings and reducing cost pressures. An example of the outcomes of such an approach is reflected below:

EARLY INTERVENTION AND PREVENTION

75 year old lady living in a care home with complex needs being admitted to hospital as a result of frequent diabetic attacks.

Through the collaborative work of the General Nurse and Review Officer within the team and in conjunction with care home staff, GP and Specialist Diabetes Nurse they were able to devise an appropriate management plan; provide care home staff with training as well as updating her anticipatory care plan that allowed the care home to better support the lady and prevent further hospital admissions.

Developments such as this have had a positive impact in improving performance in some indicators such as a reduction in delayed discharges for Dundee service users. However as noted in **Table 2** above there are a range of indicators where Dundee's position is among the lowest performing across Scotland.

The Integration Joint Board's Transformation Programme is key to the Integration Joint Board continuing to deliver change in the way in which health and social care services are provided and connects the overarching strategic priorities with service redesign opportunities. During 2017/18, a Transformation Delivery Group was established, consisting of a range of professionals, officers, the voluntary sector and staff side representation to provide oversight, governance and support to the delivery of the Transformation Programme. This group is also tasked with developing and bringing forward service change proposals to the Integration Joint Board for consideration. The challenge for the group is to be able to develop and sustain levels of change at scale and pace to meet the growing demographic needs with continuing financial restrictions.

A summary of the key achievements over 2017/18 is as follows:

- Achieving a further shift to locality working
- The redesign of Mental Health and Substance Misuse services
- Increased collaborative work with carers
- A continued focus on reducing health inequalities and expansion of services through additional Scottish Government funding for Community Link Workers and redesign of the health inequalities service
- New resources secured around employability
- Continued improved performance around delayed discharge.

Analysis of Financial Statements

The Annual Accounts report the financial performance of Dundee City Integration Joint Board. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to the Integration Joint Board for the delivery of its vision and its core objectives. The requirements governing the format and content of local authorities' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The 2017/18 Accounts have been prepared in accordance with this Code.

Integration Joint Boards need to account for their spending and income in a way which complies with our legislative responsibilities and supplementary Local Authority (Scotland) Accounts Advisory Committee (LASAAC) guidance.

The 2017/18 Annual Accounts comprise:-

- a) Comprehensive Income and Expenditure Statement – This statement shows that Dundee City Integration Joint Board made an overall deficit of £403k in 2017/18 (surplus of £4,963k in 2016/17). This overall deficit is funded through the Integration Joint Board's reserves.
- b) Movement in Reserves – Dundee City Integration Joint Board has year-end reserves of £4,560k (£4,963k in 2016/17). These are held in line with the Integration Joint Board's reserves policy.
- c) Balance Sheet – In terms of routine business Dundee City Integration Joint Board does not hold non-current assets.

- d) Notes - Comprising a summary of significant accounting policies, analysis of significant figures within the Annual Accounts and other explanatory information.

The Annual Accounts for 2017/18 do not include a Cash Flow Statement as Dundee City Integration Joint Board does not hold any cash or cash equivalents.

Financial Position at the End of March 2018

The overall financial performance consists of an underlying deficit of £403k in Social Care budgets (surplus of £4,963k in 2016/17) and an underlying deficit of £2,119k in NHS budgets (£3,462k in 2016/17). The NHS position consisted of an overspend of £2,407k in prescribing, £448k net effect overspend in charges for hosted services, with an underspend of £533k on services directly managed by the Integration Joint Board and underspend of £203k in General Medical and Family Health Services. However in line with the risk sharing agreement agreed with NHS Tayside and Dundee City Council for the first two years of Dundee City Integration Joint Board, NHS Tayside devolved further non-recurring budget to the Integration Joint Board to balance income with expenditure.

The impact of the overall financial position for integrated services in Dundee for 2017/18 has resulted in the level of reserves held by Dundee City Integration Joint Board decreasing to £4.560m at the year ended 31 March 2018 (as against £4.963m at the year ended 31 March 2017). The deficit position is mainly due to additional expenditure of £431k charged to Dundee Integration Joint Board from Dundee City Council in relation to costs incurred on behalf of Dundee Integration Joint Board for 2016/17 which were identified during 2017/18. These were not considered material therefore do not require a prior year adjustment to be reflected in the accounts. An approved, planned draw down from reserves of £431k was made to cover these additional costs. This is reflected in the Movement in Reserves Statement. Without these additional costs, the underlying operational services financial performance would have been a small underspend of £28k for the year.

Of the reserves, £4.330m has been committed by the Integration Joint Board for integration and transformation purposes. The reserve balance at the year ended 31 March 2018 is £4.560m which is close to the level of reserve of 2% of the Integration Joint Board's net expenditure as set out within its reserves policy. However the uncommitted balance is £230k which represents 0.09%. Given the commitments noted above, the level of reserves are likely to remain short of the 2% during the 2018/19 financial year.

Key Risks and Uncertainties

Looking forward, the impact of Dundee's demographic growth with an increasingly frail population following evidence that Dundee citizens have poor health at an earlier age, the prevalence of disabilities and high numbers of people with substance misuse and mental health problems will continue to present risks that the availability of resources will not be able to meet that demand.

While service redesign and development will continue to provide opportunities to deliver services more effectively and efficiently with better outcomes for individuals, the continuing funding restrictions and cost pressures facing the Integration Joint Board will limit the ability to release and shift resources from traditional models of care (such as the Large Hospital Set Aside) for reinvestment. The impact of a flat cash budget settlement from Dundee City Council to Dundee City Integration Joint Board for 2018/19 and continued cost pressures around the GP Prescribing budget and In-Patient Mental Health services within the NHS delegated budget provide real risks that the Integration Joint Board will be unable to sustain current levels of activity in order to deliver a balanced budget.

The Integration Joint Board's budget efficiency plans for 2018/19 are reliant on a range of non-recurring interventions such as the use of uncommitted reserves to cover known expenditure pressures. There is a risk that the Integration Joint Board is unable to drive change at the scale and pace necessary to replace these with sustainable and recurring plans from 2019/20 onwards.

During 2017/18, the Integration Joint Board made a number of decisions around the use of its reserves in order to support transformational change through transition funding. The application of uncommitted reserves to balance the 2018/19 budget severely restricts the ability of the Integration Joint Board to support these in the future, or to meet unforeseen cost pressures.

The new GP Contract the Scottish Government has introduced from 2018/19 to develop a sustainable model of general practice, changes the demands and relationship between the NHS Board, Integration Joint Boards (as delegated services) and GP Practices. This will see the development of multi-disciplinary, community based support teams working in and around general practices to support areas previously the responsibility of GPs. To deliver this operational change new competencies and skills of the workforce would be required. However, there are challenges in that Dundee may not be able to recruit or develop the workforce to deliver all the expectations or create instability across other services as staff move to the new services.

There is a wider risk around the ability to develop and sustain the required workforce to deliver effective health and social care services given a profile of an ageing workforce, recruitment difficulties for particular professions such as nurses and competing demands within the traditional social care labour market through the projected growth in the hospitality sector in Dundee.

The impact of NHS Tayside's financial challenges in addition to recent leadership changes has created some uncertainty around the impact this will have on the Integration Joint Board over the coming year and beyond. However, through our Transformation Change Programme and the established Transformation Delivery Group we continue to review models of service delivery to ensure we remain fit for the future and be able to meet the needs of the citizens of Dundee.

Conclusion

We are pleased to present the annual accounts for the year ended 31 March 2018 for Dundee City Integration Joint Board as the second full operational year of the Integration Joint Board. The accounts show that Dundee City Integration Joint Board has delivered its operational services in line with financial expectations set out during the year through the financial monitoring process and has established a level of reserves to support its remodelling activities over the short term.

Going forward, Dundee Integration Joint Board has a significant financial challenge ahead to deliver the Strategic & Commissioning Plan in a climate of growing demand and limited resources. In order to achieve this we must ensure this resource is used effectively, identifying, testing and implementing innovative ways to deliver more personalised and well co-ordinated services, building the resilience of people and their communities and reducing unnecessary hospital admissions and delayed discharges from hospital. This will require the confidence of professionals and the public, to further shift resources from intensive, high cost services to a focus on more preventative service provision to ensure best value for public funds.



Signed:

25 September 2018

Dave Berry CPFA
Chief Finance Officer
Dundee City
Integration Joint Board

David W Lynch
Chief Officer
Dundee City
Integration Joint Board

Councillor Ken Lynn
Chair
Dundee City
Integration Joint Board

STATEMENT OF RESPONSIBILITIES

Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the Board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). For this Board, that officer is the Chief Finance Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature at a meeting of the Performance and Audit Committee on 25 September 2018.

Signed on behalf of the Dundee City Integration Joint Board

Councillor Ken Lynn
Chair
Dundee City Integration Joint Board

25 September 2018

STATEMENT OF RESPONSIBILITIES

Responsibilities of the Chief Finance Officer

The Chief Finance Officer is responsible for the preparation of Dundee City Integration Joint Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom ("the Code of Practice").

In preparing the Annual Accounts, the Chief Finance Officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation).

The Chief Finance Officer has also:

- kept proper accounting records which were up to date
- taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of the Dundee City Integration Joint Board as at 31 March 2018 and the transactions for the year then ended.

Dave Berry CPFA
Chief Finance Officer
Dundee City Integration Joint Board

25 September 2018

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified Integration Joint Board members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Remuneration: Integration Joint Board Chair and Vice Chair

The voting members of Dundee City Integration Joint Board are appointed through nomination by Dundee City Council and Tayside NHS Board. Nomination of the Integration Joint Board Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative.

Dundee City Integration Joint Board does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the Integration Joint Board. The Chair and Vice Chair are remunerated by their relevant Integration Joint Board partner organisation. Dundee City Integration Joint Board does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. No taxable expenses were paid to the Chair or Vice Chair of the Integration Joint Board in 2017/18.

Dundee City Integration Joint Board does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting Integration Joint Board members. Therefore no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of Dundee City Integration Joint Board

Dundee City Integration Joint Board does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Board.

Senior Employees

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the Integration Joint Board has to be appointed and the employing partner has to formally second the officer to the Integration Joint Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the Integration Joint Board. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below. The Chief Officer and Chief Finance Officer are both employed by Dundee City Council.

REMUNERATION REPORT

Total 2016/17 £	Post	Senior Employees	Salary, Fees & Allowances 2017/18 £
96,040	Chief Officer	David Lynch	99,956
67,023	Chief Finance Officer	Dave Berry	69,874
163,063		Total	169,830

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the Integration Joint Board balance sheet for the Chief Officer or any other officers.

Dundee City Integration Joint Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the Integration Joint Board. The following table shows the Integration Joint Board's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/17 £	For Year to 31/03/18 £		Difference from 31/03/17 £000	As at 31/03/18 £000
D Lynch Chief Officer	16,327	16,993	Pension	1	37
			Lump sum	(3)	96
D Berry	11,394	11,879	Pension	2	26
Chief Finance Officer			Lump sum	2	44
Total	27,721	28,872	Pension	3	63
			Lump Sum	(1)	140

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band 2016/ 17	Remuneration Band	Number of Employees in Band 2017/ 18
1	£65,000 - £69,999	1
1	£95,000 - £99,999	1
2	Total	2

Exit Packages

There were no exit packages payable during the financial year.

Councillor Ken Lynn
Chair
Dundee City Integration Joint Board

25 September 2018

David W Lynch
Chief Officer
Dundee City Integration Joint Board

25 September 2018

Introduction

The Annual Governance Statement explains Dundee City Integration Joint Board's governance arrangements and reports on the effectiveness of the Integration Joint Board's system of internal control.

Scope of Responsibility

Dundee City Integration Joint Board is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

To meet this responsibility, the Integration Joint Board has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the Integration Joint Board's policies, aims and objectives. Reliance is also placed on the NHS Tayside and Dundee City Council systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the Integration Joint Board.

The system can only provide reasonable and not absolute assurance of effectiveness.



The Governance Framework and Internal Control System

Dundee City Integration Joint Board comprises six voting members, three nominated by Dundee City Council and three nominated by Tayside NHS Board, as well as non-voting members including a Chief Officer and Chief Finance Officer appointed by the Integration Joint Board. During 2017/18, the Integration Joint Board continued to develop and enhance its governance arrangements as it moved through its second year of being responsible for the strategic planning and operational delivery of integrated health and social care services. This included progressing areas highlighted as developments in the 2016/17 Annual Governance Statement.

The main features of the governance framework in existence during 2017/18 were:

- The Integration Scheme as the overarching agreement between the Integration Joint Board, NHS Tayside and Dundee City Council as to how the planning for and delivery of delegated health and social care services is to be achieved reflecting a range of governance arrangements required to support this arrangement.
- The senior leadership team consisting of the Chief Officer, Head of Finance and Strategic Planning (Chief Finance Officer) and Head of Health and Community Care. The Chief Finance Officer has overall responsibility for the Integration Joint Board's

financial arrangements and is professionally qualified and suitably experienced to lead the Integration Joint Board's finance function and to direct staff accordingly.

- Monthly meetings of the senior leadership team.
- Standing Orders, Financial Regulations and a Code of Conduct including the publication of Register of Member's Interests and the nomination of the Clerk to the Integration Joint Board as Standards Officer were all in place during 2017/18.
- The Integration Joint Board met on eight occasions throughout the year to consider its business.
- The Integration Joint Board's Performance and Audit Committee met on five occasions throughout the year to enhance scrutiny of the performance of the Integration Joint Board and audit arrangements in line with regulations and good governance standards in the public sector.
- Internal Audit arrangements for 2017/18 were approved including the appointment of the Chief Internal Auditor of FTF Internal Audit and Management Services to the role of Chief Internal Auditor of the Integration Joint Board supported by Dundee City Council's Internal Audit Service. An Internal Audit Plan for 2017/18 was approved drawing on resources from both organisations.
- The assurances provided from internal audit through their independent review work of the Integration Joint Board's internal control systems.
- The Clinical, Care and Professional Governance Framework continued to evolve as an action identified as an area of improvement from the 2016/17 annual governance statement through the leadership of the Dundee Health and Social Care Clinical, Care and Professional Governance Forum (R2). An Internal Audit Review found these arrangements as being broadly satisfactory.
- The Integrated Strategic Planning Group met on three occasions during the year.
- The establishment of the Transformation Delivery Group, consisting of senior leaders from the health and social care partnership, the voluntary sector, staff side representation and Dundee City Council and NHS Tayside transformation leads to provide oversight and governance to the developing range of service redesign and transformation projects.
- The Chief Finance Officer complied fully with the five principles of the role of the Chief Finance Officer, as set out in CIPFA guidance.

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2017/18 this included the following:

- The enhancement of risk management arrangements through the clear identification of risks in relation to Integration Joint Board decisions reflected in reports presented to the Integration Joint Board and Performance and Audit Committee, subsequently included within the High Level Risk Register with regular reviews provided to the Performance and Audit Committee as an area of improvement identified within the 2016/17 Annual Governance Statement.
- The approval and progressing of the Annual Internal Audit Plan.
- Continued development of the performance management framework with a range of performance reports published and scrutinised by the Performance and Audit Committee throughout the year, including more detailed reviews of specific areas of concern as requested by the committee.
- A process of formal regular reporting of financial performance and monitoring to the Integration Joint Board was in place throughout 2017/18.
- The provision of regular budget development reports for 2018/19 to the Integration Joint Board.

- The provision of an assurance report from the chair of the Performance and Audit Committee outlining the key issues raised at the previous Performance and Audit Committee meeting to the following Integration Joint Board meeting.
- In-year reporting on issues relating to Clinical, Care and Professional Governance in line with the overarching strategy: Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework with no major issues reported.
- The development of a process for issuing directions to NHS Tayside and Dundee City Council reflected in Integration Joint Board reports during the year.
- Regular reporting to the Performance & Audit Committee of external scrutiny reports relating to delegated services from scrutiny bodies such as the Care Inspectorate and Mental Welfare Commission and supporting subsequent action plans.
- Development and reporting of the Integration Joint Board's Complaint's Handling Procedure.
- Assurances on the procedures, processes and systems of NHS Tayside and Dundee City Council.

Continuous Improvement

The following areas for improvement have been identified through the self-assessment process and Annual Internal Audit Report. Progress against these will be monitored by the Performance and Audit Committee during 2018/19. Some of these are outstanding from the 2016/17 continuous improvement plan (marked as *) and have primarily been delayed due to resource capacity and the impact of other priorities across the wider partnership with NHS Tayside and the other Tayside Integration Joint Boards.

Area for Improvement	Lead Officer	Planned Completion Date
2016/17 Actions Carried Forward		
Development of improved Hosted Services arrangements around risk and performance management for hosted services*	Chief Officer / Chief Finance Officer	December 2018
Further develop the Integration Joint Board's local Code of Governance*	Chief Officer / Chief Finance Officer	December 2018
Present the governance principles adopted by the Health and Social Care Integration Governance Working Group to the PAC to be taken forward by all parties (*Governance principles agreed in December 2017 by NHS Tayside Audit Committee however have yet to be presented to the local authority)	Chief Finance Officer	November 2018
Update the Integration Joint Board's Participation and Engagement Strategy*	Chief Officer / Chief Finance Officer	December 2018
Develop Scheme of further delegation in relation to delegated services to the Integration Joint Board*	Chief Officer / Chief Finance Officer	December 2018

2017/18 Areas for Improvement Identified		
Development of Large Hospital Set Aside arrangements in conjunction with the Scottish Government, NHS Tayside and Angus and Perth and Kinross Integration Joint Boards	Chief Officer / Chief Finance Officer	December 2018
Implementation of an action points update to each meeting of the IJB and PAC in addition to an annual workplan to be agreed for both meetings	Chief Officer / Chief Finance Officer	October 2018
Development of an overall Governance Action Plan to progress previous recommended areas for improvement	Chief Finance Officer	October 2018
Development of regular IJB and PAC member induction and development process	Chief Officer / Chief Finance Officer	December 2018
Development of multi-year financial plan as part of the review of the Strategic and Commissioning Plan	Chief Finance Officer	March 2019
Clarify responsibilities and accountabilities around the impact of General Data Protection Regulations (GDPR) legislation with partner bodies	Chief Finance Officer	October 2018
Update and enhance the IJB's Risk Management Strategy and further develop the IJB's operational risk register	Chief Finance Officer	December 2018

Dundee City Integration Joint Board complies in full with "The Role of the Head of Internal Audit in Public Organisations" (CIPFA) and operates in accordance with "Public Sector Internal Audit Standards" (CIPFA). The Head of Internal Audit reports directly to the Performance and Audit Committee with the right of access to the Chief Finance Officer, Chief Officer and Chair of the Performance and Audit Committee on any matter. The annual programme of internal audit work is based on a strategic risk assessment, and is approved by the Performance & Audit Committee.

Review of Adequacy and Effectiveness

Dundee City Integration Joint Board is required to conduct, at least annually, a review of the effectiveness of its governance framework including the system of internal control.

The review is informed by the work of the Senior Management Team (who have responsibility for the development and maintenance of the internal control framework environment), the work of the internal auditors and the Chief Internal Auditor's annual report, and reports from external auditors and other review agencies and inspectorates.

The review of Dundee City Integration Joint Board's governance framework is supported by a process of self-assessment and assurance certification by the Chief Officer. The Chief Officer completes a "Self-assessment Checklist" as evidence of review of key areas of the Integration Joint Board's internal control framework. The Senior Management Team has input to this process through the Chief Finance Officer. There were no significant internal control issues identified by the self-assessment review.

In addition, the review of the effectiveness of the governance arrangements and systems of internal control within the Health Board and Local Authority partners places reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control. Due to ongoing concerns during 2017/18, NHS Tayside has been subject to a number of internal (e.g. Internal Audit) and external (e.g. Scottish Government) commissioned reviews. These reviews have reported back to NHS Tayside and the Scottish Government with a series of actions set out to address identified weaknesses. These actions will be monitored locally by NHS Tayside's leadership team and through the Scottish Government. A number of the weaknesses identified may have an impact on the Integration Joint Board and its ability to deliver on its strategic objectives. In particular, the Integration Joint Board is supported by NHS Tayside in relation to financial management and strategic planning capacity, with both of these regarded as weaknesses in NHS Tayside's own review of governance. The Integration Joint Board will continue to work in partnership with NHS Tayside to mitigate the impact of these issues.

In preparing the Annual Governance Statement, the Integration Joint Board gave consideration to both NHS Tayside and Dundee City Council's Annual Governance Statements. We note that the NHS Tayside Chief Executive has stated in the NHS Tayside Governance Statement that he is unable to conclude that, taking into account the governance framework and the assurances and evidence received from the Board's committees, that corporate governance was operating effectively throughout the financial year ended 31 March 2018. However, these do not impact on the financial statements of Dundee Integration Joint Board. There were no other issues arising which require any further disclosure in the Integration Joint Board's Governance Statement.

Throughout the year, the Performance and Audit Committee has considered a range of issues which cover its core responsibilities in providing the Integration Joint Board with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and governance arrangements. The Chair of the Performance and Audit Committee provides an update to the next available Integration Joint Board meeting on the issues raised and any areas of concern which the Integration Joint Board should be made aware of. Over the course of 2017/18, no such areas of concern were noted by the Chair of the Performance and Audit Committee.

The Chief Internal Auditor has carried out his review of the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk management and control. The findings of this review are reflected in the Annual Internal Audit Report 2017/18 which was reported to the Performance and Audit Committee on 31st July 2018. The Annual Internal

Audit Report supports the outcome of the self-assessment process noted above and concludes that reliance can be placed on the Integration Joint Board's governance arrangements and systems of internal controls for 2017/18. The Chief Internal Auditor has noted a number of areas for further consideration by management and an action plan to meet these has been developed and is to be submitted to the Performance and Audit Committee for approval at its meeting on 25th September 2018. These actions are noted under the continuous improvement section above and the action plan will be monitored by the Performance and Audit Committee.

Conclusion and Opinion on Assurance

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of Dundee City Integration Joint Board's governance arrangements.

We consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the Integration Joint Board's principal objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment.

Councillor Ken Lynn
Chair
Dundee City Integration Joint Board

25 September 2018

David W Lynch
Chief Officer
Dundee City Integration Joint Board

25 September 2018

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COMPREHENSIVE INCOME & EXPENDITURE STATEMENT

The Comprehensive Income and Expenditure Statement shows the cost of providing services which are funded by budget requisitions from the partners for the year according to accepted accounting practices.

2016/17		2017/18
Net Expenditure (Income) £000		Net Expenditure (Income) £000
66,987	Older People Services	71,201
18,593	Mental Health	18,996
29,427	Learning Disability	31,215
7,433	Physical Disability	8,923
3,666	Substance Misuse	3,945
12,009	Community Nurse Services / AHP* / Other Adult Services	12,412
10,184	Community Services (Hosted)	10,151
4,851	Other Services / Support / Management	5,799
35,450	Prescribing	35,818
24,533	General Medical Services (FHS**)	24,163
20,048	FHS – Cash limited & Non Cash Limited	17,155
233,181	Net Cost of Operational Services during the Year	239,778
229	IJB Operational Costs	267
4,352	Central Support	4,658
21,059	Large Hospital Set Aside	17,452
258,821	Total Cost of Services	262,155
(263,784)	Taxation and Non- Specific Grant Income (Note 6)	(261,752)
(4,963)	(Surplus) or Deficit on Provision of Services	403
(4,963)	Total Comprehensive Income & Expenditure	403

Notes

* AHP – Allied Health Professionals

** FHS – Family Health Services

Dundee City Integration Joint Board's Comprehensive Income and Expenditure Statement shows the net commissioning expenditure provided to partners to support services. It does not detail income received from service users as this remains the statutory responsibility of the partners.

There are no statutory or presentation adjustments which affect the IJB's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently an Expenditure and Funding Analysis is not provided in these annual accounts.

THE FINANCIAL STATEMENTS 2016-17

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the Dundee City Integration Joint Board's reserves.

Total Reserves 2016-17 £000	Movements in Reserves During 2017/18	General Fund Balance Total Reserves £000
0	Opening Balance at 31 March 2017	4,963
4,963	Total Comprehensive Income and Expenditure	(403)
4,963	Increase/(Decrease) in 2017/18	(403)
4,963	Closing Balance at 31 March 2018	4,560

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BALANCE SHEET

The Balance Sheet shows the value as at the Balance Sheet date of the assets and liabilities recognised by Dundee City Integration Joint Board.

31 March 2017 £000		Notes	31 March 2018 £000
4,975	Short Term Debtors	Note 6	4,596
4,975	Current Assets		4,596
(12)	Short Term Creditors	Note 7	(36)
(12)	Current Liabilities		(36)
4,963	Net Assets		4,560
4,963	Usable Reserve: General Fund	Note 8	4,560
4,963	Total Reserves		4,560

The unaudited accounts were issued on 27 June 2018 and the audited accounts were authorised for issue on the 25th September 2018.

Dave Berry, CPFA
Chief Finance Officer
Dundee City Integration Joint Board

25 September 2018

1. Significant Accounting Policies

General Principles

The Financial Statements summarises Dundee City Integration Joint Board's transactions for the 2017/18 financial year and its position at the year-end of 31 March 2018. The Dundee City Integration Joint Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18, supported by International Financial Reporting Standards (IFRS), and statutory guidance issued under Section 12 of the 2003 Act.

The accounts are prepared on a going concern basis, which assumes that the Dundee City Integration Joint Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the Dundee City Integration Joint Board.
- Income is recognised when the Dundee City Integration Joint Board has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

Funding

Dundee City Integration Joint Board is primarily funded through funding contributions from the statutory funding partners, Dundee City Council and NHS Tayside. Expenditure is incurred as the Integration Joint Board commission's specified health and social care services from the funding partners for the benefit of service recipients in the Dundee City Integration Joint Board area.

Cash and Cash Equivalents

Dundee City Integration Joint Board does not operate a bank account or hold cash. Transactions are settled on behalf of Dundee City Integration Joint Board by the funding partners. Consequently Dundee City Integration Joint Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March 2018 is represented as a debtor or creditor on Dundee City Integration Joint Board's Balance Sheet.

Employee Benefits

Dundee City Integration Joint Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. Dundee City Integration Joint Board therefore does not present a Pensions Liability on its Balance Sheet. Dundee City Integration Joint Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs.

Changes in Accounting Policies and Estimates and Errors

Changes in accounting policies are only made when required by proper accounting practices or when the change provides more reliable or relevant information about the effect of transactions, other events and conditions on the Dundee City Integration Joint Board's financial position or financial performance. Where a change is made and it is material to the financial statements, it is applied retrospectively (unless stated otherwise) by adjusting opening balances and comparative amounts for the prior period as if the new policy had always been applied. Changes in accounting estimates are accounted for prospectively, i.e. in the current and future years affected by the change. Material errors discovered in prior period figures are corrected retrospectively by amending opening balances and comparative amounts for the prior period. There were none for 2017/18.

Charges to Revenue for Non-Current Assets

Dundee City Integration Joint Board does not hold non-current assets and therefore is not subject to direct depreciation charges. However Dundee City Integration Joint Board does receive a charge for property for the use of assets. These assets enable Dundee City Integration Joint Board to deliver their priorities. Contained within this recharge amongst other costs, is an element of depreciation associated with the assets that help support the Board's activities.

Accounting Standards that have been issued but not adopted

There were no relevant accounting standards that have been issued but are not yet adopted in the 2018/2019 Code of Practice on Local Authority Accounts in the United Kingdom.

Reserves

The Dundee City Integration Joint Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March 2018 shows the extent of resources which the IJB can use in later years to support service provision.

VAT

Due to its legal status Dundee City Integration Joint Board is not registered for VAT. As a result VAT payable is included as an expense as it is not recoverable from Her Majesty's Revenue and Customs. In addition where consideration is received by Dundee City Integration Joint Board for services provided income will include the associated VAT.

Indemnity Insurance

Dundee City Integration Joint Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Tayside and Dundee City Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide. Unlike NHS Boards, Dundee City Integration Joint Board does not have any 'shared risk' exposure from participation in Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). Dundee City Integration Joint Board participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration, is provided for in the Dundee City Integration Joint Board's Balance Sheet. The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset. The IJB currently has no known or potential claims against it.

2. Critical Judgements and Estimation Uncertainty

Critical Judgements in Applying Accounting Policies

In applying the accounting policies set out in Note 1, the Dundee City Integration Joint Board has had to make certain judgements about complex transactions or those involving uncertainty about future events. The critical judgements made in the Annual Accounts are:

There is a continuing high degree of uncertainty about future levels of public spending, particularly ahead of the Scottish Government's 2019-2020 Spending Review. However, the Dundee City Integration Joint Board has determined that this uncertainty is not yet sufficient to provide an indication that the assets of the constituent bodies, Dundee City Council and NHS Tayside, might be impaired as a result of a need to close facilities and reduce levels of service provision.

The value of the Large Hospital "set aside" expenditure reported within the total Integration Joint Board expenditure of £17.452m is based on the most recently available activity levels for hospital inpatient and day case activity as provided by NHS Services Scotland's Information Services Division and direct cost information provided by NHS Tayside. This is a transitional arrangement for 2017/18 agreed locally between NHS Tayside and the three Tayside Integration Joint Boards and with the Scottish Government. Work is progressing at a national and local level to refine the methodology for calculating and planning the value of this in the future.

On behalf of all IJBs within the NHS Tayside area, Dundee IJB acts as the lead partner under hosting arrangements for a range of services including Palliative Care, Brain Injury, Dietetics, Sexual and Reproductive Health and Psychology. It commissions services on behalf of the three Tayside IJB's and is responsible for the strategic planning and operational budget of those hosted services. The IJB reclaims the cost of these services using an agreed methodology based around population shares from the other IJB's. The IJB will also receive a corresponding charge from the other Tayside IJB's for the services they host on Dundee's behalf. This arrangement is treated as an agency arrangement.

Assumptions Made About the Future and Other Major Sources of Estimation Uncertainty

The Annual Accounts contains estimated figures that are based on assumptions made by the Dundee City Integration Joint Board about the future or that are otherwise uncertain. Estimates are made taking into account historical experience, current trends and other relevant factors. However, because balances cannot be determined with certainty, actual results could be materially different from the assumptions and estimates.

3. Events after the Reporting Period

There were no events that occurred between 1 April 2018 and 25 September 2018 that would have an impact on the 2017/18 financial statements.

4. Expenditure and Income Analysis by Nature

2016/17 £000	Description	2017/18 £000
160,924	Services commissioned from NHS Tayside	155,535
97,668	Services commissioned from Dundee City Council	106,353
212	Other IJB Operating Expenditure	243
17	Auditor Fee : External Audit Work	24
(179,717)	Partners Funding Contributions – NHS Tayside	(176,871)
(84,067)	Partners Funding Contributions – Dundee City Council	(84,881)
(4,963)	Surplus or Deficit on the Provision of Services	403

5. Taxation and Non-Specific Grant Income

2016/17 £000	Description	2017/18 £000
(179,717)	Funding Contribution from NHS Tayside	(176,871)
(84,067)	Funding Contribution from Dundee City Council	(84,881)
(263,784)	Taxation and Non-Specific Grant Income	(261,752)

The funding contribution from the NHS Board shown above includes £17.452m in respect of 'set aside' resources relating to acute hospital and other resources (Large Hospital Set Aside). Dundee City Integration Joint Board has responsibility for the strategic planning of the amount set aside based on the local population's consumption of these resources. NHS Tayside has the responsibility to manage the costs of providing these services. The value of the set aside noted above is based on activity information provided by the Scottish Governments Information Services Division, set against direct expenditure figures provided by NHS Tayside.

NOTES TO THE FINANCIAL STATEMENTS

The methodology of calculating future values of the Large Hospital Set Aside is being developed locally and nationally.

6. Debtors

2016/17 £000	Description	2017/18 £000
0	NHS Tayside	0
4,975	Dundee City Council	4,596
4,975	Total Debtors	4,596

Amounts owed by the funding partners are stated on a net basis. Debtor balances relating to income yet to be received by the funding partners but not yet settled are offset against the funds they are holding on behalf of the Integration Joint Board.

7. Creditors

2016/17 £000	Description	2017/18 £000
0	NHS Tayside	6
12	Other Bodies	30
12	Total Creditors	36

Amounts owed are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding partners but not yet settled are offset against the funds they are holding on behalf of the Integration Joint Board.

8. Usable Reserve: General Fund

Dundee City Integration Joint Board holds a general reserve balance for two main purposes:

- To commit, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the Integration Joint Board's risk management framework.

2016/17	Balance at 1 April 2016 £000	Transfers Out 2016/17 £000	Transfers In 2016/17 £000	Balance at 31 March 2017 £000
Uncommitted	0	0	632	632
Committed	0	0	4,331	4,331
Total – General Fund Balances	0	0	4,963	4,963

NOTES TO THE FINANCIAL STATEMENTS

2017/18	Balance at 1 April 2017 £000	Transfers Out 2017/18 £000	Transfers In 2017/2018 £000	Balance at 31 March 2018 £000
Uncommitted	632	(402)	0	230
Committed	4,331	(1)	0	4,330
Total – General Fund Balances	4,963	(403)	0	4,560

Committed Balances

Dundee Integration Joint Board's Committed Balances serve the following purposes

- a) Integration - To assist in the integrating of Social Care and Health Service provisions (balance at 31 March 2018 is £3,930k).
- b) Transformation - To assist in the development of service provisions to meet ongoing and future demand (balance at 31 March 2018 is £400k).

9. Related Party Transactions

The Dundee City Integration Joint Board has related party relationships with NHS Tayside and Dundee City Council. In particular the nature of the partnership means that the Dundee City Integration Joint Board may influence or be influenced by, its partners. The following transactions and balances included in Dundee City Integration Joint Board's accounts are presented to provide additional information on the relationships. Dundee City Integration Joint Board is required to disclose material transactions with related parties – bodies or individuals that have the potential to control or influence Dundee City Integration Joint Board or to be controlled or influenced by Dundee City Integration Joint Board. Related party relationships require to be disclosed where control exists, irrespective of whether there have been transactions between the related parties. Disclosure of these transactions allows readers to assess the extent to which the Dundee City Integration Joint Board may have been constrained in its ability to operate independently or might have secured the ability to limit another party's ability to bargain freely with Dundee City Integration Joint Board.

Dundee City Integration Joint Board Members

Board members of Dundee City Integration Joint Board have direct control over the Board's financial and operating policies. The Dundee City Integration Joint Board membership is detailed on page 4 of these statements. Board members have the responsibility to adhere to a Code of Conduct, which requires them to declare an interest in matters that directly or indirectly may influence, or be thought to influence their judgement or decisions taken during the course of their work. In terms of any relevant parties, board members with declarations of interest did not take part in any discussion or decisions relating to transactions with these parties.

NOTES TO THE FINANCIAL STATEMENTS

Officers

Senior Officers have control over Dundee City Integration Joint Board's financial and operating policies. The total remuneration paid to senior officers is shown in the Remuneration Report. Officers have the responsibility to adhere to a Code of Conduct, which requires them to declare an interest in matters that directly or indirectly may influence, or be thought to influence their judgement or decisions taken during the course of their work. In terms of any relevant parties, officers with declarations of interest did not take part in any discussion or decisions relating to transactions with these parties.

Key Management Personnel

The Non-Voting Board members employed by Dundee City Council and recharged to the Dundee City Integration Joint Board include the Chief Officer and the Chief Finance Officer. Details of the remuneration for these post-holders is provided in the Remuneration Report.

Transactions with NHS Tayside

2016/17 £000	Description	2017/18 £000
179,717	Funding Contributions received from the NHS Tayside Board	176,871
(160,924)	Net Expenditure on Services Provided by the NHS Tayside Board	(155,535)
18,793	Net Transactions with NHS Tayside	21,336

Balances with NHS Tayside

2016/17 £000	Description	2017/18 £000
0	Debtor balances: Amounts due from the NHS Board	0
0	Creditor balances: Amounts due to the NHS Board	6
0	Net Balance with the NHS Board	6

Transactions with Dundee City Council

2016/17 £000	Description	2017/18 £000
84,067	Funding Contributions received from Dundee City Council	84,881
(93,316)	Net Expenditure on Services Provided by Dundee City Council	(101,962)
(4,352)	Support Services from Dundee City Council	(4,658)
(13,601)	Net Transactions with Dundee City Council	(21,739)

The Central Support cost of £4,658 is made up of charges for use of property and other support services which enabled services commissioned by the Dundee City Integration Joint Board to be delivered. No support services benefits in kind have been provided.

NOTES TO THE FINANCIAL STATEMENTS

Balances with Dundee City Council

2016/17 £000	Description	2017/18 £000
4,975	Debtor balances: Amounts due from Dundee City Council	4,596
0	Creditor balances: Amounts due to Dundee City Council	0
4,975	Net Balance with Dundee City Council	4,596

10. Value Added Tax (VAT)

Non recoverable VAT is limited to costs incurred directly by Dundee City Integration Joint Board where these costs are outwith any special legal regime. The only incumbent special legal regime relates to the role of the Board's Chief Officer. All costs attributable to the special legal regime are outwith the scope of VAT.

The commissioning of services by Dundee City Integration Joint Board from the constituent bodies are outwith the scope of VAT.

The net expenditure incurred by the two constituted bodies in respect of services commissioned by Dundee City Integration Joint Board is subject to different VAT regimes as defined by Value Added Tax Act 1994.

Dundee City Council is classified as Section 33 body for VAT purposes and can recover VAT on taxable supplies (including zero-rated) in the course of the furtherance of business. In addition a Section 33 body can where appropriate, recover VAT on non-business activities and based on a prescribed limit, recover VAT on exempt business activities. In general terms a Section 33 body can recover VAT on most activities.

Where Dundee City Council is a provider of services commissioned by Dundee City Integration Joint Board the cost of the commissioned services will exclude VAT unless it is determined to be irrecoverable to the Council as a result of its status as a Section 33 body.

NHS Tayside is classified as Section 41 body for VAT purposes. This VAT status makes VAT recovery somewhat more restricted. VAT is only recoverable on a restricted list of activities. Where VAT is paid on activities outwith the prescribed list, VAT is irrecoverable and forms part of the service expenditure. This means that services commissioned by Dundee City Integration Joint Board from NHS Tayside will where appropriate include irrecoverable VAT.

11. Agency Income and Expenditure

On behalf of all Integration Joint Boards within the NHS Tayside area, the Dundee City Integration Joint Board acts as the lead manager for a variety of Community, Older People, Physical Disability, Mental Health and Learning Disability Services. It commissions services on behalf of the other Integration Joint Boards (Perth & Kinross and Angus) and reclaims the costs involved. The payments that are made on behalf of the other Integration Joint Boards, and the consequential reimbursement, are not included in the Comprehensive Income and Expenditure Statement (CIES) since the Dundee City Integration Joint Board is not acting as principal in these transactions.

NOTES TO THE FINANCIAL STATEMENTS

The amount of expenditure and income relating to the agency arrangement is shown below.

2016/17 (£000)	Description	2017/18 (£000)
10,928	Expenditure on Agency Services	10,870
(10,928)	Reimbursement for Agency Services	(10,870)
0	Net Agency Expenditure Excluded from CIES	0

12. Provisions

Dundee City Integration Joint Board has currently made no provisions. This does not prohibit Dundee City Integration Joint Board making provisions in the future and will where necessary consider the needs for a provision based on the merits of the incumbent circumstances at a relevant future point.

Independent Auditor's Report

Independent auditor's report to the members of Dundee City Integration Joint Board and the Accounts Commission

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice approved by the Accounts Commission, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Dundee City Integration Joint Board for the year ended 31 March 2018 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income & Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18 (the 2017/18 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2017/18 Code of the state of affairs of Dundee City Integration Joint Board as at 31 March 2018 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2017/18 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of Dundee City Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that

the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Finance Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about Dundee City Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Responsibilities of the Chief Finance Officer and Performance and Audit Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing Dundee City Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Performance and Audit Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to achieve reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

Fiona Mitchell-Knight, Audit Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

25 September 2018

GET IN TOUCH:

Further information on the accounts can be obtained on the
Dundee Health & Social Care Partnership website
www.dundeehscp.com

If you have any questions about the information
contained in this document, please email:
dundeehscp@dundeecity.gov.uk



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

City Chambers
DUNDEE
DD1 3BY

18th September, 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, 25th September, 2018 at 2pm.

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

Yours faithfully

DAVID W LYNCH
Chief Officer

AGENDA**1 APOLOGIES FOR ABSENCE****2 DECLARATIONS OF INTEREST**

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

3 MINUTE OF PREVIOUS MEETING - Page 1

The minute of previous meeting of the Committee held on 31st July, 2018 is attached for approval.

4 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – QUARTER 1 2018/19 - Page 7

(Report No PAC50-2018 by the Chief Finance Officer, copy attached).

5 DISCHARGE MANAGEMENT PERFORMANCE UPDATE (INCLUDING CODE 9 ANALYSIS) - Page 37

(Report No PAC51-2018 by the Chief Finance Officer, copy attached).

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

(Report No PAC52-2018 by the Chief Finance Officer, to follow).

7 CLINICAL, CARE AND PROFESSIONAL GOVERNANCE GROUP CHAIR'S ASSURANCE REPORT - Page 47

(Report No PAC53-2018 by the Chief Finance Officer, copy attached).

8 ANNUAL COMPLAINTS PERFORMANCE - Page 51

(Report No PAC54-2018 by the Chief Finance Officer, copy attached).

9 RISK MANAGEMENT INTERNAL AUDIT REPORT - Page 57

(Report No PAC36-2018 by the Chief Finance Officer, copy attached).

10 MENTAL WELFARE COMMISSION REPORT – THEMED VISIT TO PEOPLE WITH DEMENTIA IN COMMUNITY HOSPITALS - Page 69

(Report No PAC46-2018 by the Chief Finance Officer, copy attached).

11 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT - Page 141

(Report No PAC56-2018 by the Chief Finance Officer, copy attached).

12 DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT REPORT – 2017/18 ACTION PLAN - Page 145

(Report No PAC57-2018 by the Chief Finance Officer, copy attached).

13 MEETING OF THE PERFORMANCE AND AUDIT COMMITTEE 2018 – ATTENDANCES – PAC58-2018 - Page 151

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

14 DATE OF NEXT MEETING

The next meeting of the Committee will be held in Committee Room 1, 14 City Square, Dundee on Tuesday 27th November, 2018 at 2pm.

PERFORMANCE AND AUDIT COMMITTEE
PUBLIC DISTRIBUTION LIST

(a) DISTRIBUTION – PERFORMANCE AND AUDIT COMMITTEE

(* - DENOTES VOTING MEMBER)

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

(b) DISTRIBUTION – FOR INFORMATION ONLY

<u>Organisation</u>	<u>Recipient</u>
NHS Tayside (Chief Executive)	Chief Executive
Dundee City Council (Chief Executive)	David R Martin
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee City Council (Members' Support)	Sharron Wright
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership	Diane McCulloch
NHS Tayside (Communications rep)	Jane Duncan
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
NHS (PA to Tony Gaskin)	Carolyn Martin
Audit Scotland (Senior Audit Manager)	Bruce Crosbie



At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 31st July, 2018.

Present:-

<u>Members</u>	<u>Role</u>
Doug CROSS (<i>Chairperson</i>)	Nominated by Health Board (Non Executive Member)
Roisin SMITH	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Dave BERRY	Chief Finance Officer
Jane MARTIN	Chief Social Work Officer
Cesar RODRIGUEZ	Registered Medical Practitioner (not providing primary medical services)
Raymond MARSHALL	Staff Partnership Representative

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

Tony GASKIN	Chief Internal Auditor
Diane MCCULLOCH	Dundee Health and Social Care Partnership
Jenny HILL	Dundee Health and Social Care Partnership
Alexis CHAPPELL	Dundee Health and Social Care Partnership
Rosalind GUILD	Dundee Health and Social Care Partnership
Lynsey WEBSTER	Dundee Health and Social Care Partnership

Doug CROSS, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence was submitted on behalf of:-

David LYNCH, Chief Officer.

II DECLARATION OF INTEREST

No declarations of interest were made.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of the Committee held on 29th May, 2018 was submitted and approved.

IV ANNUAL PERFORMANCE REPORT 2017/18 UPDATE

There was submitted Report No PAC43-2018 by the Chief Finance Officer updating on progress towards producing the 2017/18 Health and Social Care Partnership's Annual Performance Report.

The Committee agreed:-

- (i) to note the updates contained within the report;
- (ii) to note that the summary version of the Annual Performance Report, which was attached to the report as Appendix 1, would be published on the Health and Social Care Partnership website on 31st July, 2018;

- (iii) to note that the full version of the Annual Performance Report had been developed and would be submitted to the meeting of the Integration Joint Board on 28th August, 2018 for approval; and
- (iv) that thanks would be passed on to all staff involved in the production of the Annual Performance Report.

V PERFORMANCE REPORT – CARE INSPECTORATE GRADINGS – DUNDEE REGISTERED CARE HOMES FOR ADULTS 2017/18

There was submitted Report No PAC26-2018 by the Chief Finance Officer summarising the gradings awarded by the Care Inspectorate to Dundee Registered Care Homes for Adults in Dundee for the period 1st April, 2017 to 31st March, 2018.

The Committee agreed:-

- (i) to note the content of the report and the gradings awarded as detailed in the Performance Report which was attached as Appendix A and highlighted in section 4.2 of the report;
- (ii) to note the range of continuous improvement activities progressed during 2017-18 as described in section 4.3 of the report;
- (iii) to note that the position in relation to Helenslea and Bughties would continue to be monitored with a view to maintaining and improving on the level of performance;
- (iv) to note that future reports would be set in the context of new standards now operated by the Care Inspectorate in terms of preparations; and
- (v) that a report would be submitted to a future meeting of the Committee giving assurances that preparations were in hand in terms of the introduction of Care Standards.

VI PERFORMANCE REPORT – CARE INSPECTORATE GRADINGS – DUNDEE REGISTERED CARE SERVICES FOR ADULTS 2017/18 (EXCLUDING CARE HOMES)

There was submitted Report No PAC39-2018 by the Chief Finance Officer summarising the gradings awarded by the Care Inspectorate to Dundee Registered Care Services for Adults (excluding Care Homes) for the period 1st April, 2017 to 31st March, 2018.

The Committee agreed:-

- (i) to note the content of the report and the gradings awarded as detailed in the Performance Report which was attached to the report as Appendix A and highlighted in section 4.2 of the report;
- (ii) to note the range of continuous improvement activities progressed during 2017-18 as described in section 4.3 of the report; and
- (iii) that a copy of the Care Inspectorate's self-assessment framework would be issued to the Committee for their information.

VII PERFORMANCE REPORT – QUARTERLY COMPLAINTS 2018/19 – QUARTER 1

There was submitted Report No PAC27-2018 by the Chief Finance Officer providing an analysis of complaints received by the Health and Social Care Partnership over the first quarter of 2018/19.

The Committee agreed:-

- (i) to note the content of the report in relation to the performance of Dundee Health and Social Care Partnership's complaints process; and
- (ii) to note that information in relation to complaints would be examined to ascertain what could be shared with the Committee.

VIII OUTCOME OF CARE INSPECTORATE INSPECTION – CARE AT HOME CITY WIDE

There was submitted Report No PAC42-2018 by the Chief Finance Officer advising of the outcome of the Care Inspectorate Inspection of the Home Care City Wide Service which was undertaken between 5th March, 2018 and 21st March, 2018. The report outlined the findings of the Care Inspectorate and gave a summary of the grades achieved.

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 the care at Home City Wide Service as detailed at paragraph 4.11 of the report and the submitted action plan 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 positive comments made by service users, relatives and staff as described in paragraph 4.13 of the report.

IX MENTAL WELFARE COMMISSION REPORT ON HOMELESS PEOPLE WHO EXPERIENCE MENTAL ILL HEALTH

There was submitted Report No PAC44-2018 by the Chief Finance Officer updating on progress in responding to recommendations made by the Mental Welfare Commission themed investigation report into homelessness and mental ill health.

The Committee agreed:-

- (i) to note the content of the report and the recommendations made by the Mental Welfare Commission for Health and Social Care Partnerships outlined at section 4.1.2 and in Appendix 1 of the report;
- (ii) to note progress made in response to the recommendations through the work of the Dundee Housing Options and Homeless Partnership and the implementation of the Housing Options and the Homelessness Strategic Plan as outlined in section 5.0 of the report; and
- (iii) to note that a copy of the report on Not Just a Roof: Housing Options and Homelessness Strategic Plan 2017-2020 which was considered by the meeting of the Integration Joint Board at their meeting on 31st October, 2017 would be distributed to the Committee for their information.

X OUTCOME OF MENTAL WELFARE COMMISSION FOR SCOTLAND VISIT TO KINGSWAY CARE CENTRE

There was submitted Report No PAC45-2018 by the Chief Finance Officer advising of the outcome of the recent Mental Welfare Commission visit to Kingsway Care Centre.

The Committee agreed:-

- (i) to note the content of the Mental Welfare Commission's report following their recent visit to Kingsway Care Centre which was attached to the report as Appendix 1;
- (ii) to note the positive comments made in the report and the good practice identified in relation to service delivery contained within the report as described in sections 4.1 to 4.5 of the report;
- (iii) to note the actions in relation to the formal recommendations contained within the report as described in section 4.6 of the report;
- (iv) to note the wish of the Chair that staff be commended for their efforts in achieving the outcomes indicated in the report; and
- (v) to note that the position would be monitored, that Dave Berry was a member of the NHS Asset Management Group and that reports on the outcome on the recommendation would be submitted to a future meeting of the Committee.

XI DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT REPORT 2017/18 AND ANNUAL GOVERNANCE STATEMENT

There was submitted Report No PAC47-2018 by the Chief Finance Officer advising of the outcome of the Chief Internal Auditor's Report on the Integration Joint Board's internal control framework for the financial year 2017/18 and to agree the Integration Joint Board's revised Annual Governance Statement following this assessment.

The Committee agreed:-

- (i) to note the content and findings of the Annual Internal Audit Report 2017/18 which was attached to the report as Appendix 1;
- (ii) to instruct the Chief Finance Officer to develop an overall Governance Action Plan as recommended by the Chief Internal Auditor to be presented to the Performance and Audit Committee meeting to be held on 25th September, 2018;
- (iii) to note and agree the revised Annual Governance Statement which was attached to the report as Appendix 2 to be incorporated into the Integration Joint Board's Draft Annual Accounts following the Chief Internal Auditor's conclusion that reliance could be placed on the Integration Joint Board's governance arrangements and systems of internal control for 2017/18;
- (iv) to note that Raymond Marshall would identify some of the areas not currently governed by NHS and Dundee City Council in terms of staff governance and process this through the Partnership Forum; and
- (v) to note that the governance framework for Chief Social Work Officers would be considered by Dundee City Council's Scrutiny Committee in September and would thereafter be reported to a meeting of the Performance and Audit Committee.

XII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN 2018/19 AND AUDIT ARRANGEMENTS

There was submitted Report No PAC48-2018 by the Chief Finance Officer on the proposed Dundee Integration Joint Board's 2018/19 Internal Audit Plan.

The Committee agreed:-

- (i) to recommend approval to the Integration Joint Board of the continuation of the Internal Audit arrangements as outlined in section 4.1 of the report and appoints the Chief Internal Auditor of FTF Audit and Management Services as the Integration Joint Board's auditor for 2018/19; and
- (ii) to note and approve the proposed Dundee Integration Joint Board 2018/19 Internal Audit Plan as outlined in Appendix 1 of the report.

XIII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC37-2018 by the Chief Finance Officer providing a progress update in relation to the current Internal Audit Plan.

The Committee agreed:-

- (i) to note the progress of the current Internal Audit Plan as outlined in the report and Appendix 1 of the report; and
- (ii) to note that the remaining outstanding actions would be reported to the Performance and Audit Committee to be held on 25th September, 2018.

XIV MEETING OF THE PERFORMANCE AND AUDIT COMMITTEE 2018 – ATTENDANCES – PAC49-2018

There was submitted Agenda Note PAC49-2018 providing a copy of the attendance return for meetings of the Performance and Audit Committee held to date over 2018.

The Performance and Audit Committee noted the position as outlined.

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, 25th September, 2018 at 2 pm.

Doug CROSS, Chairperson.



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 25 SEPTEMBER 2018

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

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC50-2018

1.0 PURPOSE OF REPORT

The purpose of the report is to update the Performance and Audit Committee on Quarter 1 (Q1) 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 Appendix 1 and section 5.0.
- 2.3 Notes the performance of Dundee Health and Social Care Partnership against the National Health and Wellbeing Indicators as outlined in Appendix 2 and section 6.0.

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 IV of the minute of meeting of the Dundee IJB held on 13 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 Q1 2018/19. It was agreed at the PAC held on 19 July 2017 (Article VIII of the minute of the meeting refers) that local data, provided by the NHS Tayside Business Unit will be used to produce more timeous quarterly performance reports. NHS Tayside Business Unit provided data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls.
- 4.3 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 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 2018/19 Q1 performance report includes 2017/18 Q4 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. Q4 benchmarking data has been published, therefore Partnerships have been identified. It is likely that this will not be the case for Q1 benchmarking data, therefore other Partnerships will be numbered 1-32 and Partnerships in the same family group as Dundee will be highlighted.

- 4.5 The Q1 Performance Report (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 health and social care needs in individual LCPPs.
- 4.6 The Q1 Performance Report covers local performance against National Indicators 1-23. Under these indicators there is an analysis of what the data is telling us and a summary of 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 which are not reported using The Health and Social Care Experience Survey. The Scottish Government and NSS ISD are 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, by NSS ISD, to assist with monitoring against targets, showing rolling monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously NSS ISD were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+.
- 5.2 Rolling data from July 2017 to June 2018 has demonstrated that performance exceeded 'Measuring Performance Under Integration' targets for emergency admissions, accident and emergency attendances and delayed discharges. Targets were not met for emergency bed days and the number of emergency admissions from accident and emergency.

6.0 QUARTER 1 PERFORMANCE 2018/19

- 6.1 Between the baseline year 2015/16 and 2018/19 Q1 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 10.5% for Dundee, which is an improvement. Every LCPP showed an improvement in Q1 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.
- 6.3 The rate of standard bed days lost to delayed discharges for people aged 75+ has decreased by 41.2% in Dundee since 2015/16, which is an improvement. In Q1 there were decreases across all LCPP areas and the decrease in the rate ranged from 29.2% in West End to 53.2% in North East.
- 6.4 The rate of complex bed days lost to delayed discharges for people aged 75+ has decreased by 63.4% in Dundee since 2015/16, which is an improvement. In Q1 there were decreases in 6 out of 8 LCPP areas and the decrease in the rate ranged from 56.6% in North East to 91.3% in West End. There were increases in Coldside (13.1%) and The Ferry (30.1%).
- 6.5 Emergency admission rates have increased by 4.7% for Dundee since 2015/16 and there were increases in 6 out of 8 LCPP areas: Lochee, East End, Coldside, North East, West End and

The Ferry. The lowest increase was in East End (0.5% increase) and the highest increase was in West End (14.1% increase).

- 6.6 The rate of readmissions has increased by 9% since 2015/16. The rate increased in six out of eight LCPPs (Lochee, The Ferry, West End, North East, East End and Coldside) and decreased in two LCPPs (Maryfield and Strathmartine) The biggest decrease was in Maryfield (6.5% decrease) and the greatest increase was in West End (19.5% increase).
- 6.7 The rate of hospital admissions as a result of a fall for people aged 65+ has increased by 17% since 2015/16, which is a deterioration. The biggest increases were in West End (41%) and Maryfield (40%). The rate increased in seven LCPPs and only decreased in Strathmartine.

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, spend associated with poor performance and the reputation if the Partnership's performance is not good.
Risk Category	Financial, Governance, Political
Inherent Risk Level	15 – Extreme Risk (L=3 (possible), I=5 (extreme))
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	9 – High Risk (L=3(possible), I=3 (moderate))
Planned Risk Level	6 – Moderate Risk (L=2(unlikely), I=3(moderate))
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.

DATE: 03 September 2018

Dave Berry
Chief Finance Officer

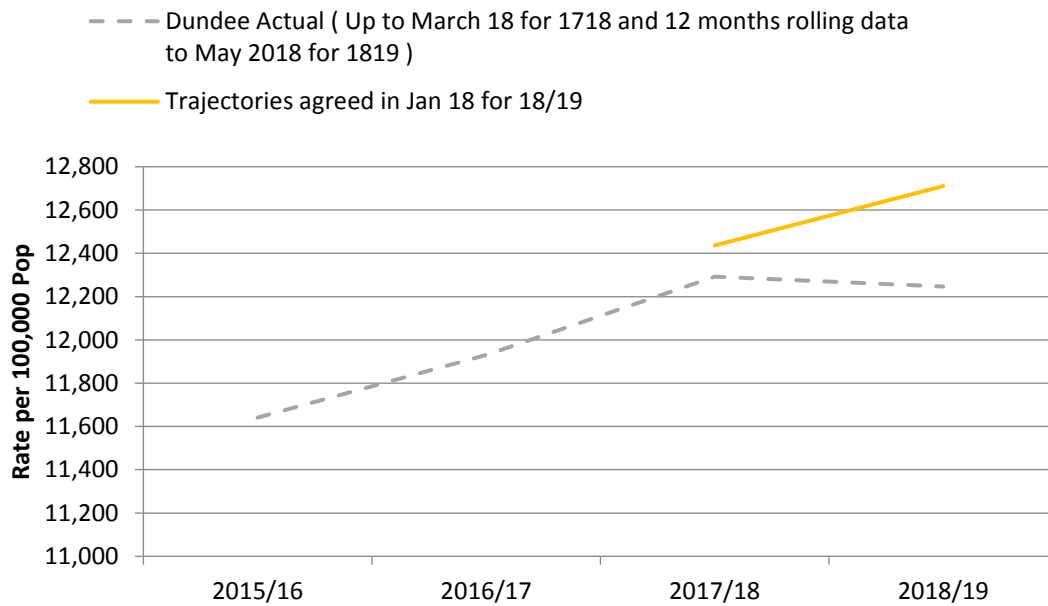
Lynsey Webster
Senior Officer

Appendix 1 - Measuring Performance under Integration Update

Note – Published MSG data has been used to measure performance therefore there may be a discrepancy when comparing with the local performance data provided by NHS Tayside Business Unit in Appendix 2

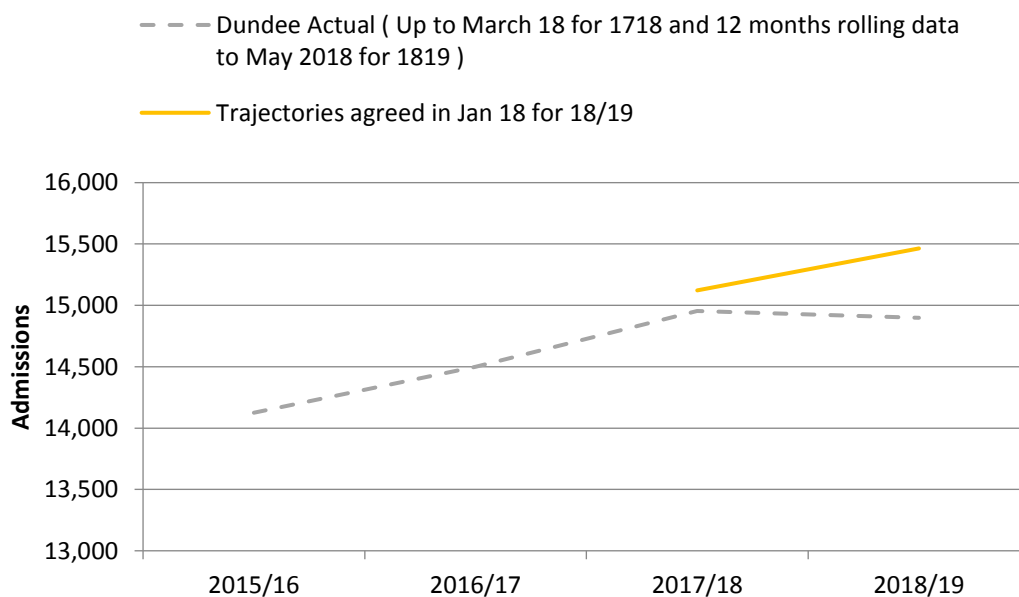
Service Delivery Area - Emergency Admissions

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



- Expected increase by 9% from 11,641 in 2015/16 to 12,710 target in 2018/19.
- Based on rolling 12 months data, there was an actual decrease of 5% (12,446 emergency admissions per 100,000 population).
- Based on current performance, we are on track to meet the 2018/19 trajectory.

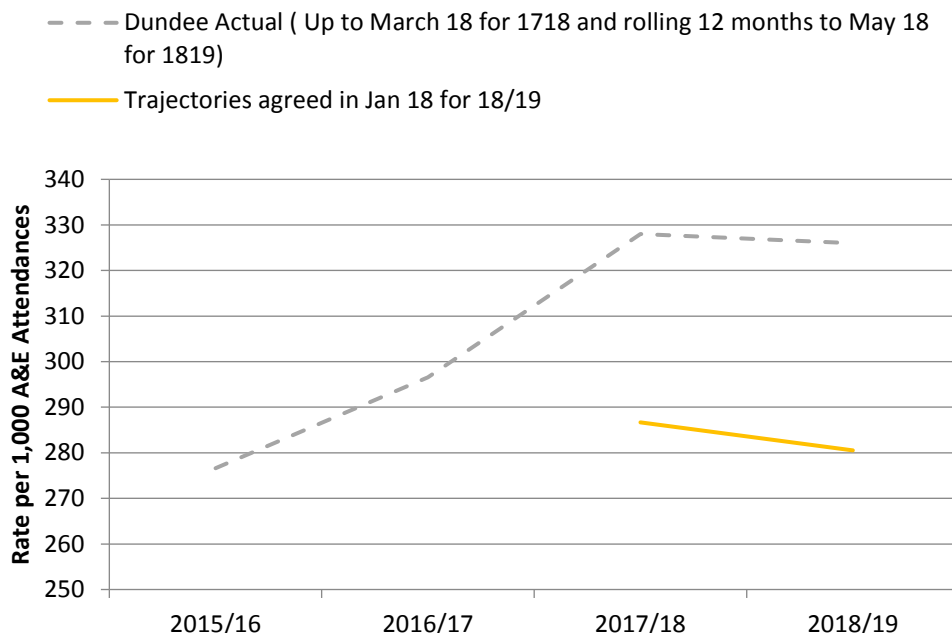
Chart 2: Emergency Admission Numbers- Annual



- Expected increase by 9% from 14,125 in 2015/16 to 15,464 target in 2018/19.

- Based on rolling 12 months data, there was an increase of 5% in 2018/19 (14,899 emergency admissions).
- Based on current performance, we are on track to meet the 2018/19 trajectory.

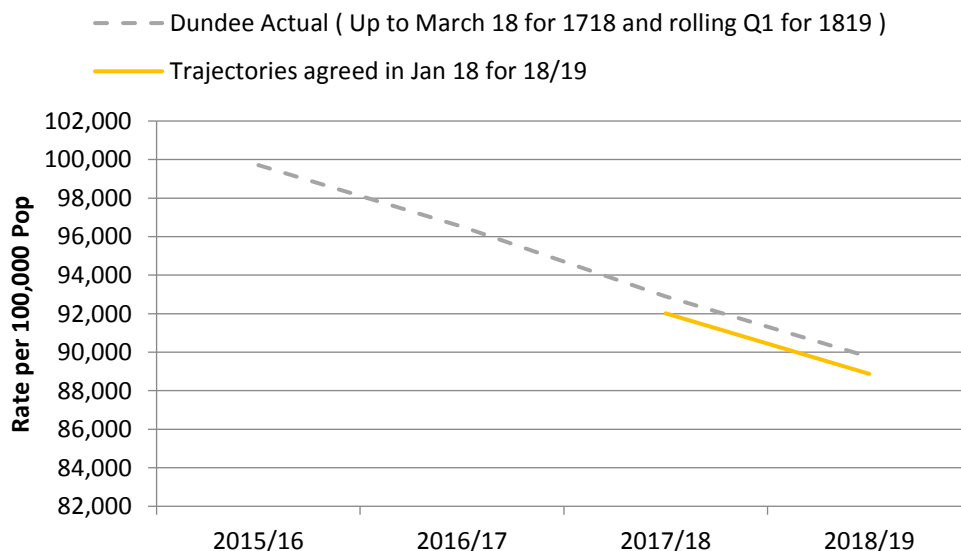
Chart 3: Emergency Admissions as a Rate per 1,000 of All Accident and Emergency Attendances (18+)- Annual



- Expected increase in the rate of emergency admissions from accident and emergency by 1.44% from 277 in 2015/16 to 281 target in 2018/19.
- Based on rolling 12 months data, there was an actual increase of 17.69% (rate of 326 emergency admissions from A+E in 18/19).
- Based on current performance, we are not on track to meet the 2018/19 trajectory.

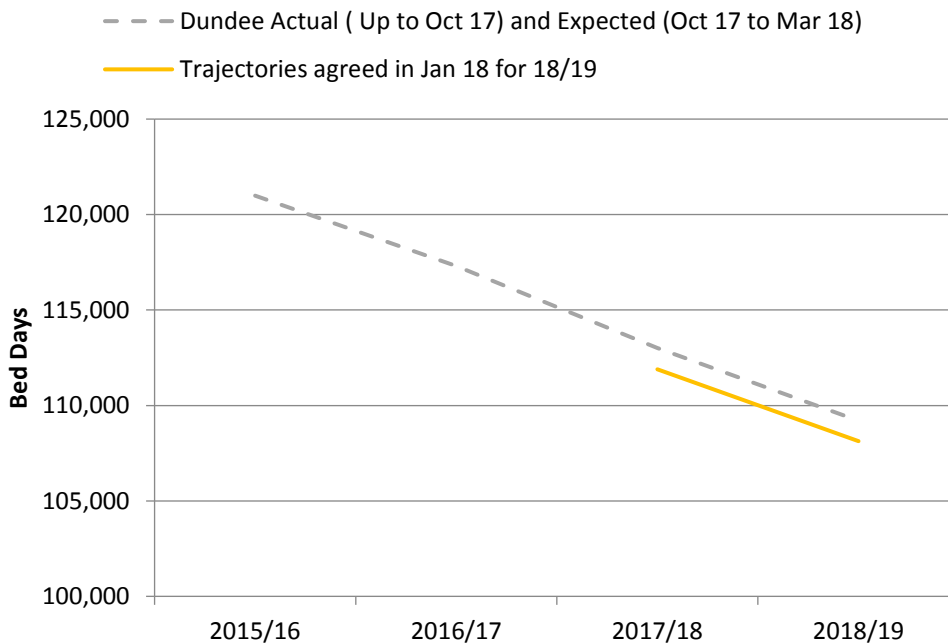
Service delivery area – Emergency Bed Days

Chart 4: Emergency Bed Day Rate per 100,000 Population (18+) – Annual



- Expected decrease by 11% from 99,712 in 2015/16 to 88,875 target in 2018/19.
- Based on rolling 12 months data, there was a decrease of 10.0% (89,754 emergency bed days per 100,000 population).
- Based on current performance, we are not on track to meet the 2018/19 trajectory.

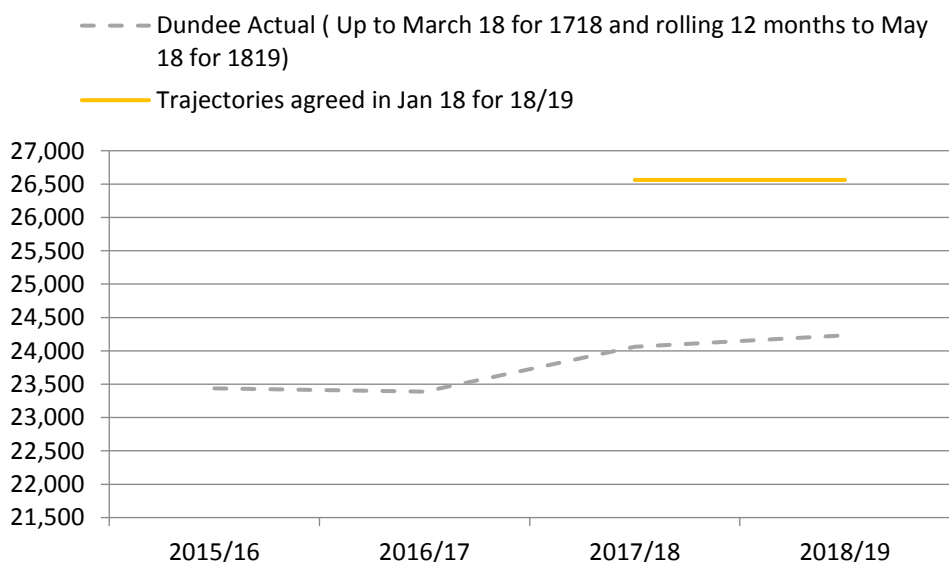
Chart 5: Emergency Bed Day Numbers - Annual



- Expected decrease by 11% from 120,989 in 2015/16 to 108,129 target in 2018/19.
- Based on rolling 12 months data, there was a decrease of 10.0% (109,199 emergency bed days per 100,000 population).
- Based on current performance, we are not on track to meet the 2018/19 trajectory.

Service delivery area – Accident and Emergency

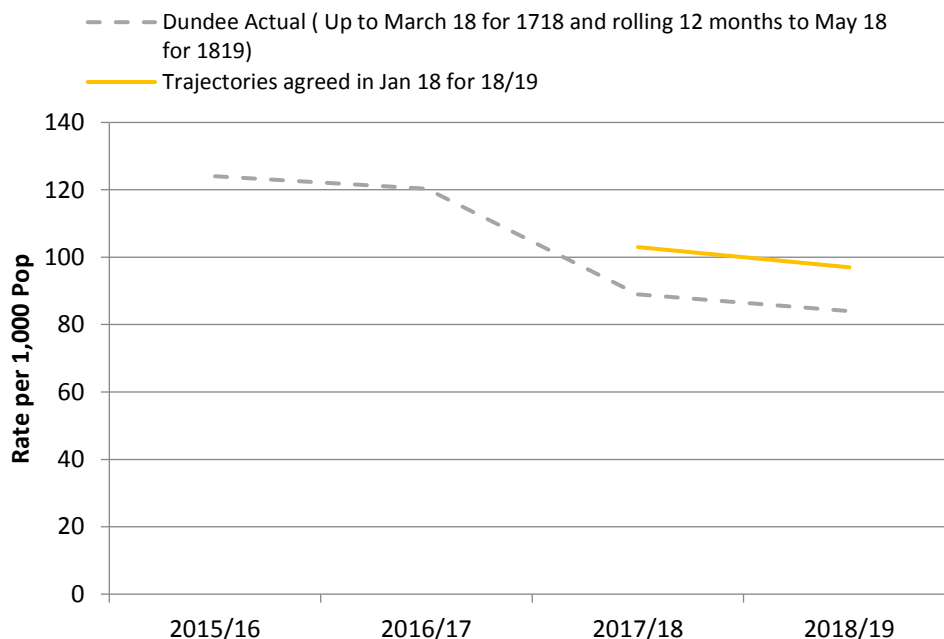
Chart 6: Accident and Emergency Attendances - Annual



- Expected increase by 13% from 23,437 in 2015/16 to 26,562 target in 2018/19.
- Based on rolling 12 months data, the actual increase was 3.39% (24,232 accident and emergency attendances in 2018/19).
- Based on current performance, we are on track to meet the 2018/19 trajectory.

Service delivery area – Delayed Discharges

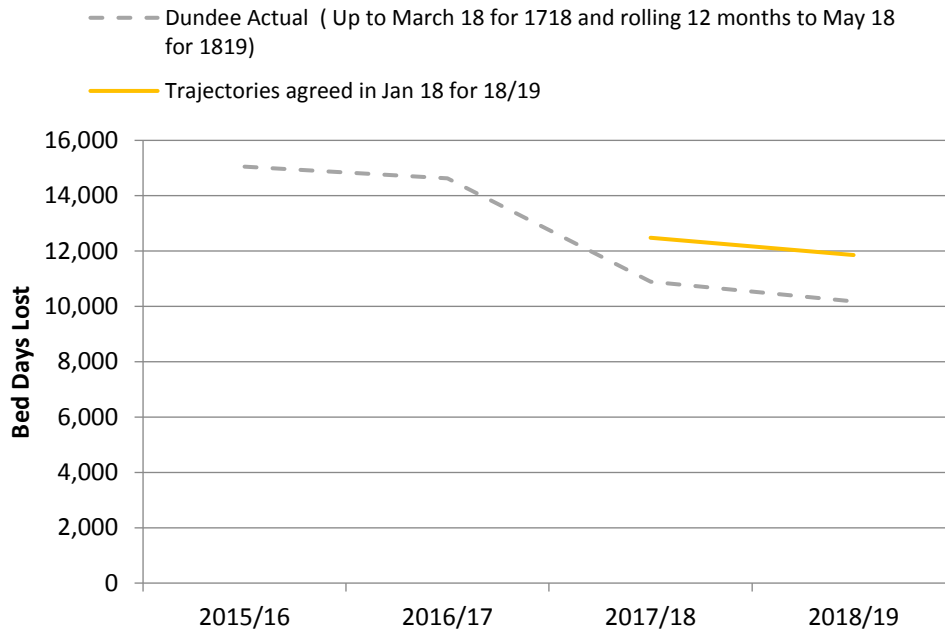
Chart 7: Number of Bed Days Lost to Delayed Discharges (All Reasons) for Dundee 18+ - Annual, as a rate per 1,000 population



- Expected decrease by 22% from rate of 124 in 2015/16 to 97 target in 2018/19.
- Based on rolling 12 months data there was an actual decrease of 32% (rate of 84 bed days lost in 2018/19, per 1,000 population 18+).
- Based on current performance, we are on track to meet the 2018/19 trajectory.

Chart 8: Number of Bed Days Lost to Delayed Discharges (All Reasons) for Dundee

18+ - Annual



- Expected decrease by 21% from 15,050 in 2015/16 to 11,856 target in 2018/19.
- Based on rolling 12 months data, there was an actual decrease of 32% (10,179 bed days lost in 2018/19).
- Based on current performance, we are on track to meet the 2018/19 trajectory.

Dundee LCPP Performance Report 2018/19 Q1

Executive Summary

- The Q1 performance report assesses performance against the National Health and Wellbeing Indicators. 9 of these indicators are reported biennially 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 those that are part of Dundee's Family Group.
- In order for quarterly data to be compared with financial years rolling quarterly data is presented for each quarter. This means that data for Q1 shows the previous 12 months of data including the current quarter. Q1 data includes data from 1 July 2017 to 30 June 2018.
- Q1 data regarding the 5 national health and wellbeing performance indicators was provided by the NHS Tayside Business Unit. Data provided by NHS Tayside differs from data provided by NSS ISD; the main difference being that NHS Tayside uses 'board of treatment' and NSS uses 'board of residence'. 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 health and social care needs in these areas.
- Between the baseline year 2015/16 and 2018/19 Q1 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 10.5% for Dundee, which is an improvement. Every LCPP showed an improvement in Q1 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 standard bed days lost to delayed discharges for people aged 75+ has decreased by 41.2% in Dundee since 2015/16, which is an improvement. In Q1 there were decreases across all LCPP areas and the decrease in the rate ranged from 29.2% in West End to 53.2% in North East.
- The rate of complex bed days lost to delayed discharges for people aged 75+ has decreased by 63.4% in Dundee since 2015/16, which is an improvement. In Q1 there were decreases in 6 out of 8 LCPP areas and the decrease in the rate ranged from 56.6% in North East to 91.3% in West End. There were increase in Coldside (13.1%) and The Ferry (30.1%).
- Emergency admission rates have increased by 4.7% for Dundee since 2015/16 and there were increases in 6 out of 8 LCPP areas, Lochee, East End, Coldside, North East, West End and The Ferry. The lowest increase was in East End (0.5% increase) and the highest increase was in West End (14.1% increase).
- The rate of readmissions has increased by 9% since 2015/16. The rate increased in six out of 8 LCPPs (Lochee, The Ferry, West End, North East, East End and Coldside) and decreased in two LCPPs (Maryfield and Strathmartine) The biggest decrease was in Maryfield (6.5% decrease) and the greatest increase was in West End (19.5% increase).
- The rate of hospital admissions as a result of a fall for people aged 65+ has increased by 17% since 2015/16, which is a deterioration. The biggest increases were in West End (41%) and Maryfield (40%). The rate increased in seven LCPPs and only decreased in Strathmartine.

Performance in Dundee's LCPPs

	Improved
	Stayed the same
	Declined

Table 1: % change in 2018/19 Q1 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+	+4.7%	+8.7%	+0.5%	+2.7%	+10.0%	-0.1%	-0.7%	+14.1%	+5.8%
Bed days rate per 100,000 18+	-10.5%	-1.7%	-24.5%	-14.4%	-6.3%	-4.1%	-12.6%	-13.1%	-5.1%
Readmissions rate per 1,000 All Ages	+9%	+19.2%	+8.7%	+13.0%	+8.0%	-1.4%	-6.5%	+19.5%	+14.9%
Falls rate per 1,000 18+ (Q3)	+17.2%	+12.1%	+6.3	+20.5%	+22.1%	-19.1%	+39.7%	+41.1%	+27.8%
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	-41.2%	-48.3%	-34.4%	-41.9%	-53.2%	-42.9%	-38.5%	-29.2%	-46.1%
Delayed Discharge bed days lost rate per 1,000 75+ (complex)	-63.4%	-70.7%	-79.1%	+13.1%	-56.6%	-76.9%	-60.6%	-91.3%	+30.1%

- Between the baseline year 2015/16 and 2018/19 Q1 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 admission rates have increased by 4.7% for Dundee since 2015/16 and there were increases in 6 out of 8 LCPP areas, Lochee, East End, Coldside, North East, West End and The Ferry. The lowest increase was in East End (0.5% increase) and the highest increase was in West End (14.1% increase).
- The rate of readmissions has increased by 9% since 2015/16. The rate increased in six out of 8 LCPPs (Lochee, The Ferry, West End, North East, East End and Coldside) and decreased in two LCPPs (Maryfield and Strathmartine) The biggest decrease was in Maryfield (6.5% decrease) and the greatest increase was in West End (19.5% increase).
- The rate of hospital admissions as a result of a fall for people aged 65+ has increased by 17% since 2015/16, which is a deterioration. The biggest increases were in West End (41%) and Maryfield (40%). The rate increased in seven LCPPs and only decreased in Strathmartine.

Table 2: Performance in 2018/19 Q1 and comparison between performance in LCPPs and the Dundee average

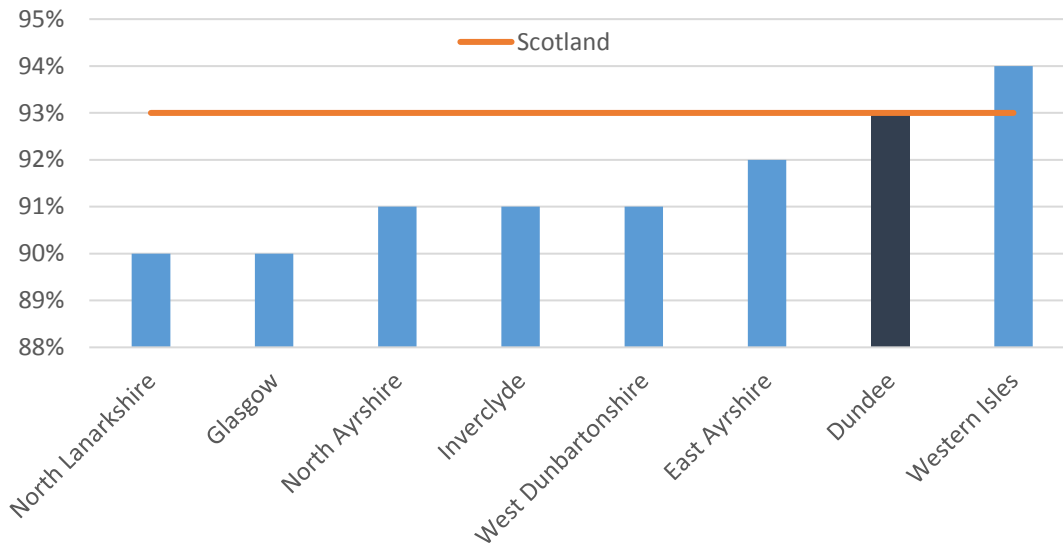


National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Admissions rate per 100,000 18+	12,499	14,962	15,906	14,087	12,793	13,081	9,846	9,130	11,658
Bed days rate per 100,000 18+	118,996	159,332	137,592	139,446	105,539	118,818	93,241	85,290	119,837
Readmissions rate per 1,000 All Ages	122	124	135	129	119	114	114	123	113
Falls rate per 1,000 18+ (Q3)	29.2	29.8	29.1	36.0	25.1	20.4	32.4	38.9	25.9
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	218.4	298.7	223.9	231.9	251.3	225.4	229.8	198.7	144.5
Delayed Discharge bed days lost rate per 1,000 75+ (complex)	106.5	188.4	111.9	131.3	247.4	94.5	70.4	19.2	53.4

- There continues to be variation in the performance of LCPPs, with the most deprived LCPPs generally displaying the poorest performance.
- There are however exceptions. The more affluent LCPPs, The Ferry and West End, performed amongst the poorest for bed day, readmission and falls rates. East End, which is the 2nd most deprived LCPP, performed above the Dundee average for hospital admissions due to a fall.

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

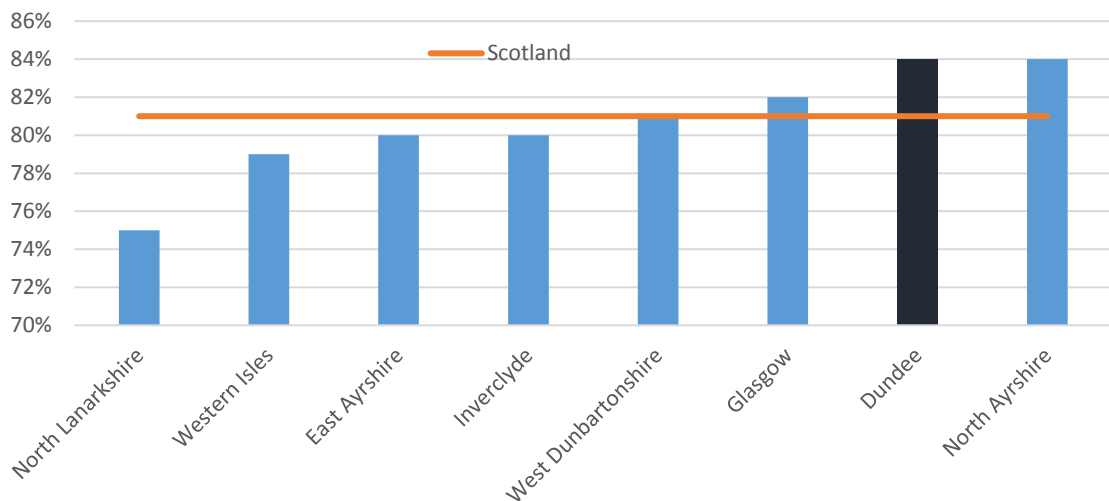
Chart 1



- 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.

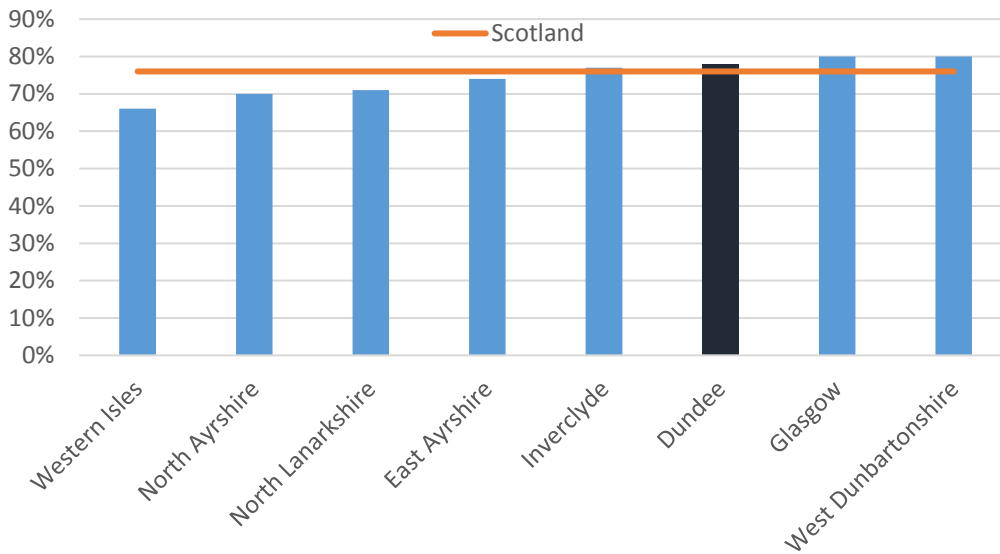
Chart 2



- 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.

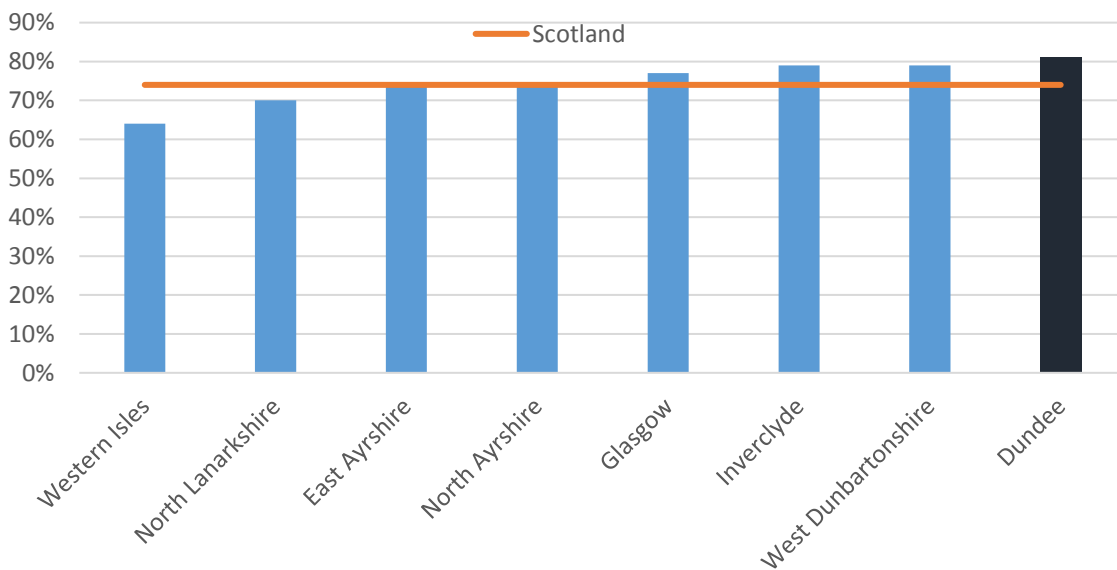
Chart 3



- 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

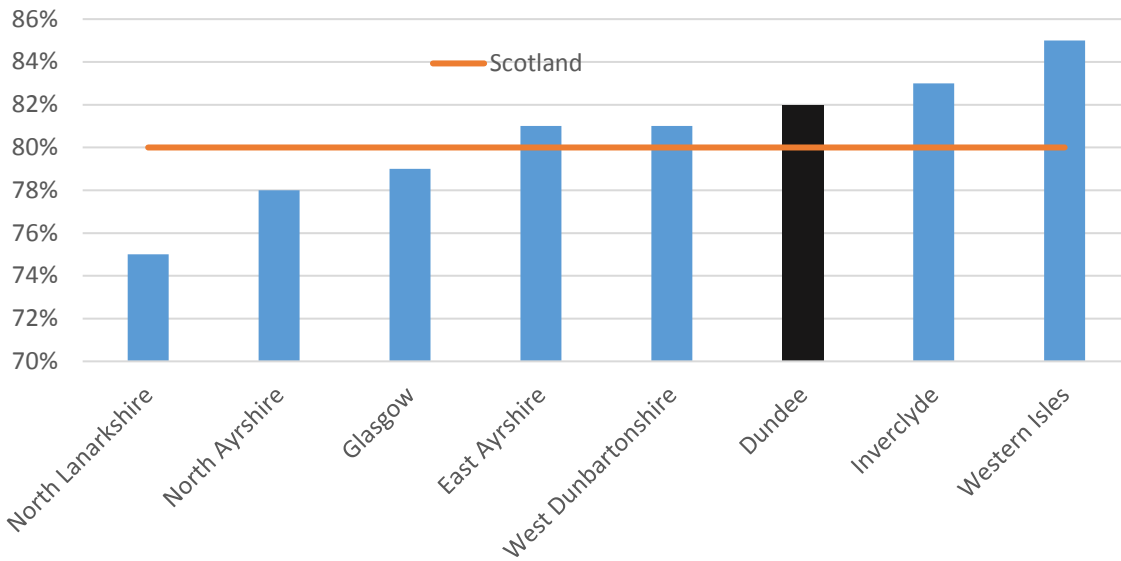
Chart 4



- 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

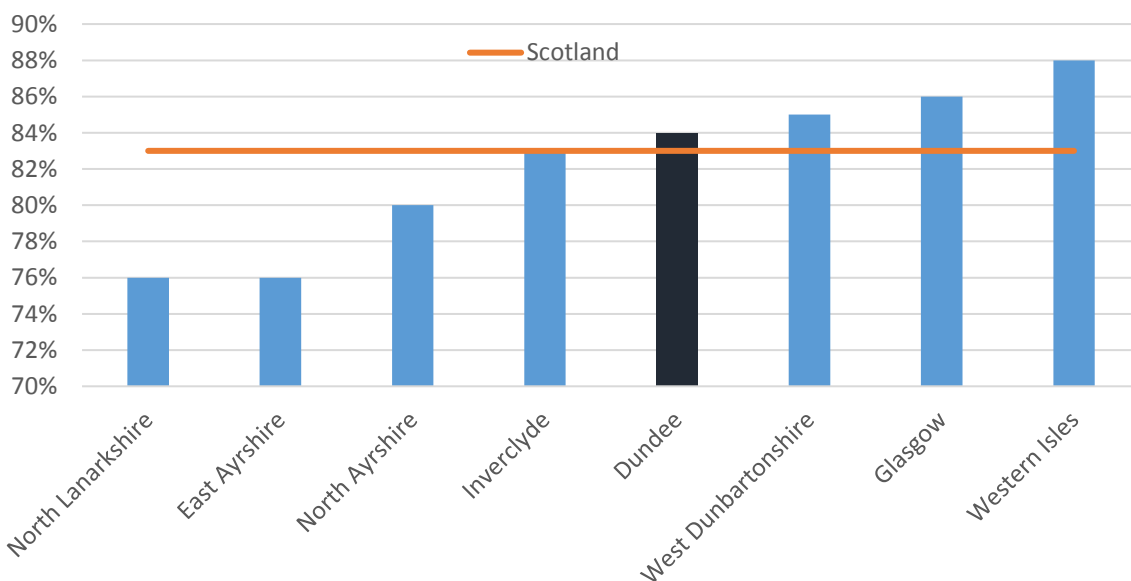
Chart 5



- 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

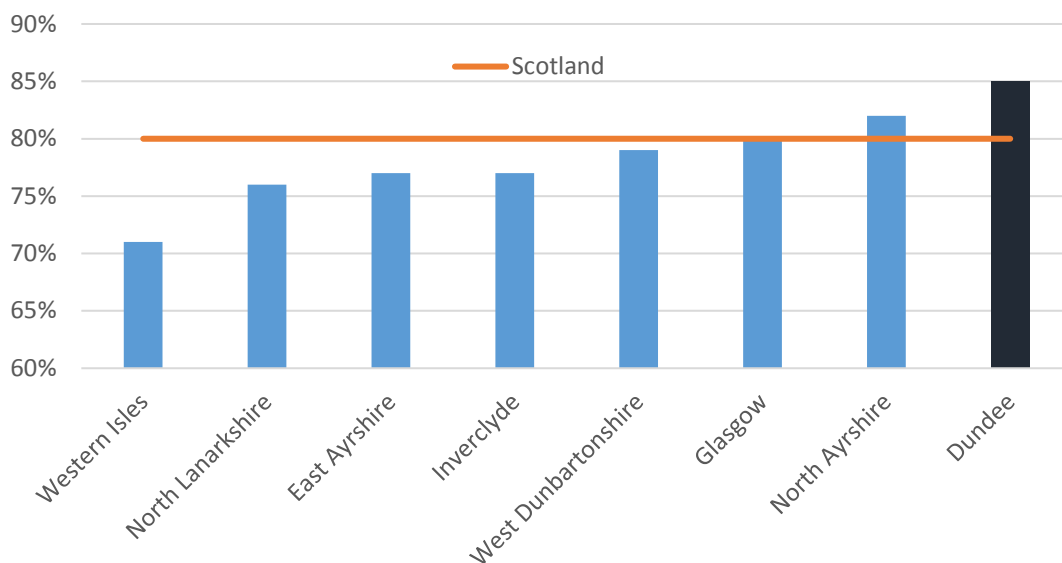
Chart 6



- 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.

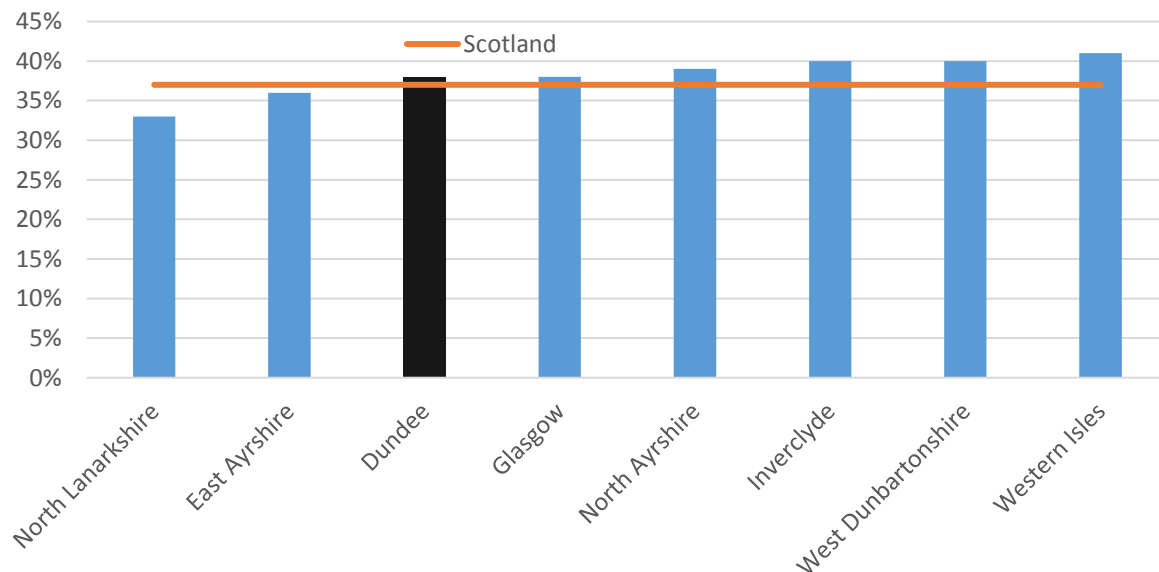
Chart 7



- 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

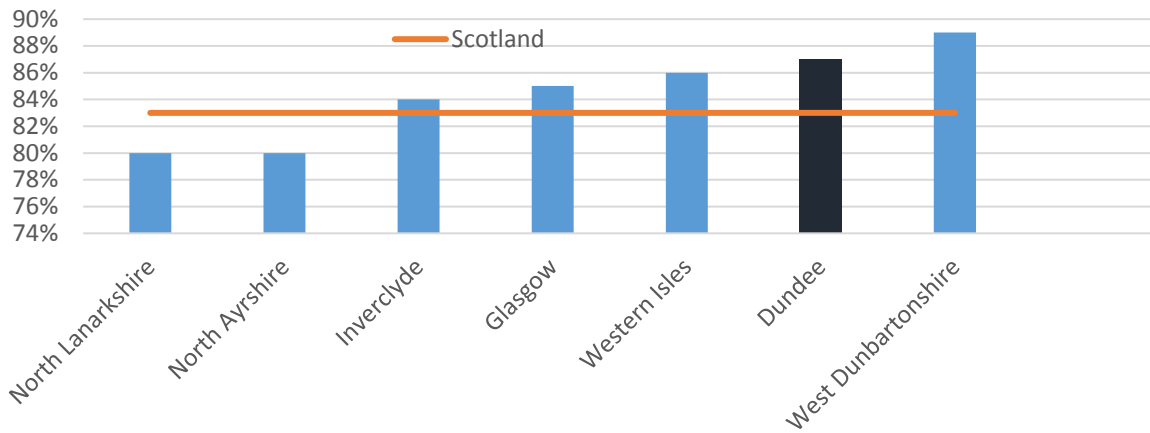
Chart 8



- 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

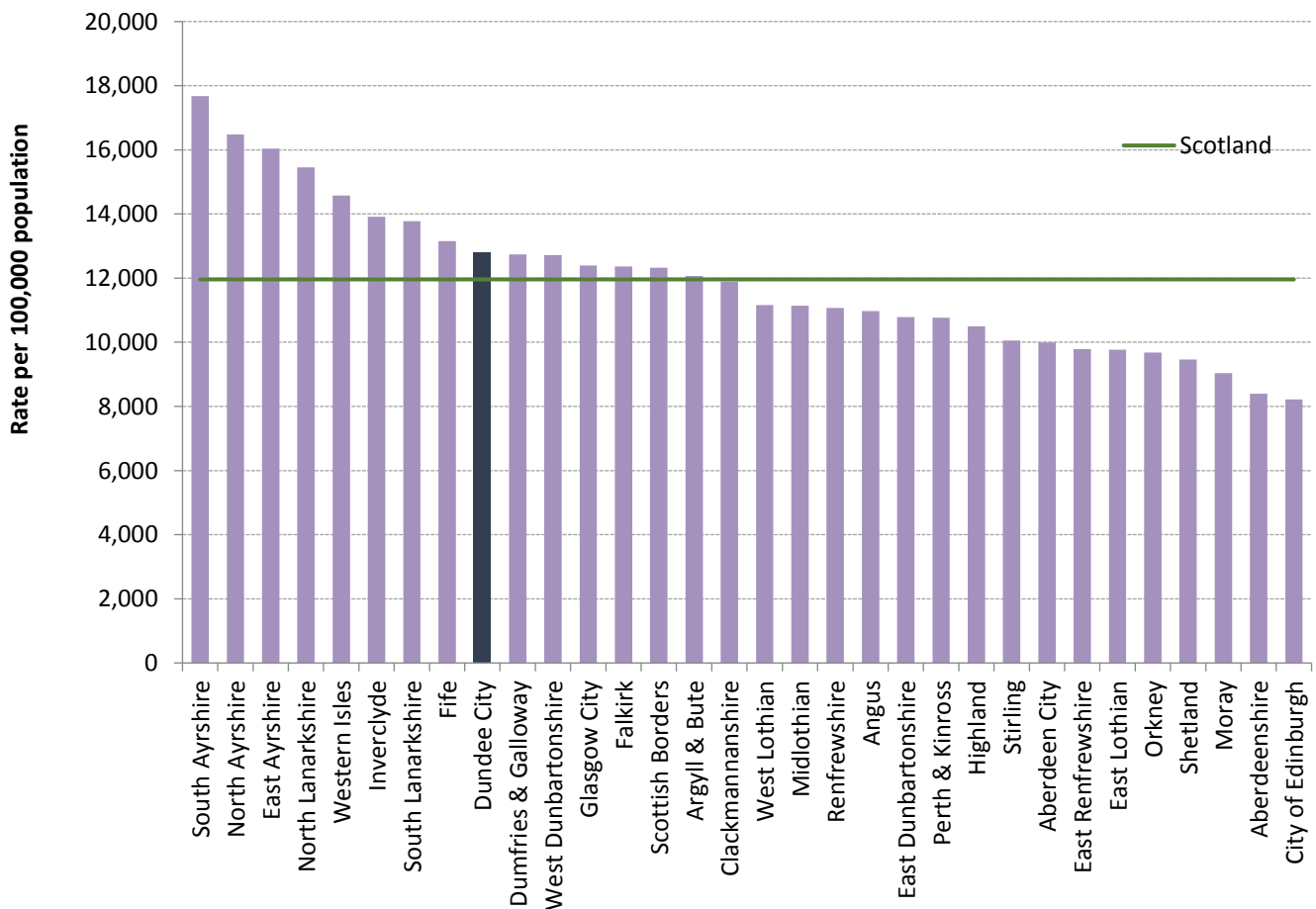
Chart 9



- 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

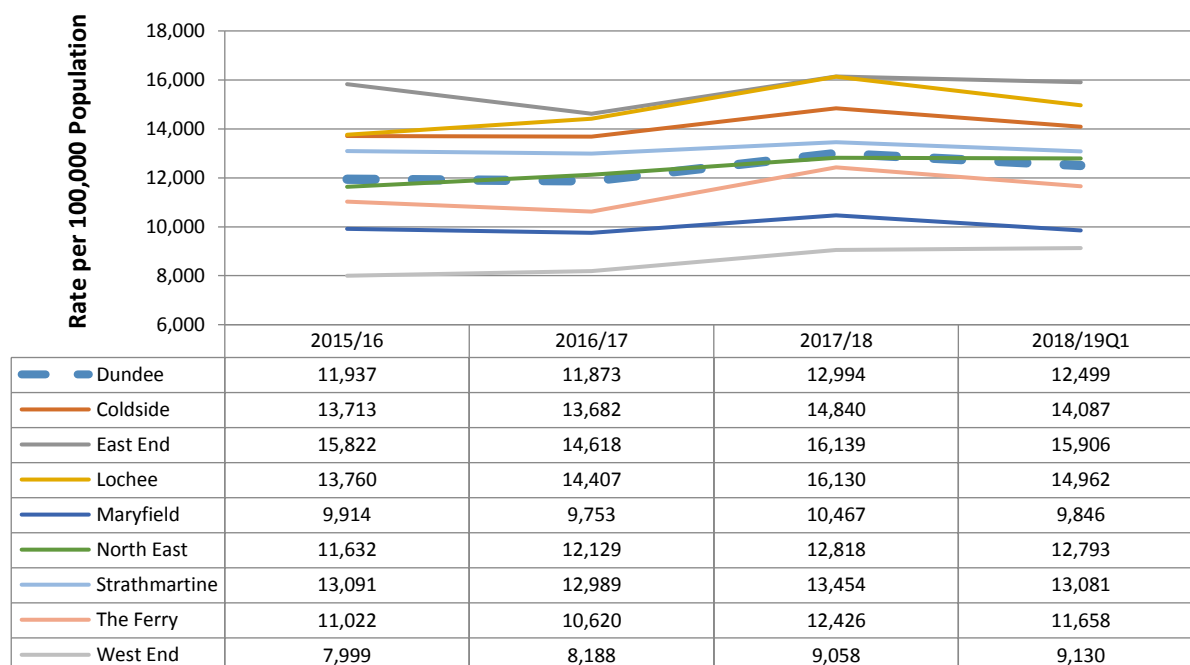
Chart 10: Rate of Emergency Admissions for Adults 18+ per 100,000 population Q4 - Benchmarked



- The rate of emergency admissions was higher in Dundee than the Scottish rate in quarter 4.

- Dundee has been creeping up the rankings from 13th highest in Q1 17/18 to 10th highest in Q1 18/19.
- Dundee performed better than 5 of the other 7 family group Partnerships. (North Lanarkshire, East Ayrshire, North Ayrshire, Inverclyde, Western Isles)

Chart 11: Rate of Emergency Admissions for Adults 18+ per 100,000 population Q1 by Locality and Financial Year



Source: NHS Tayside BSU

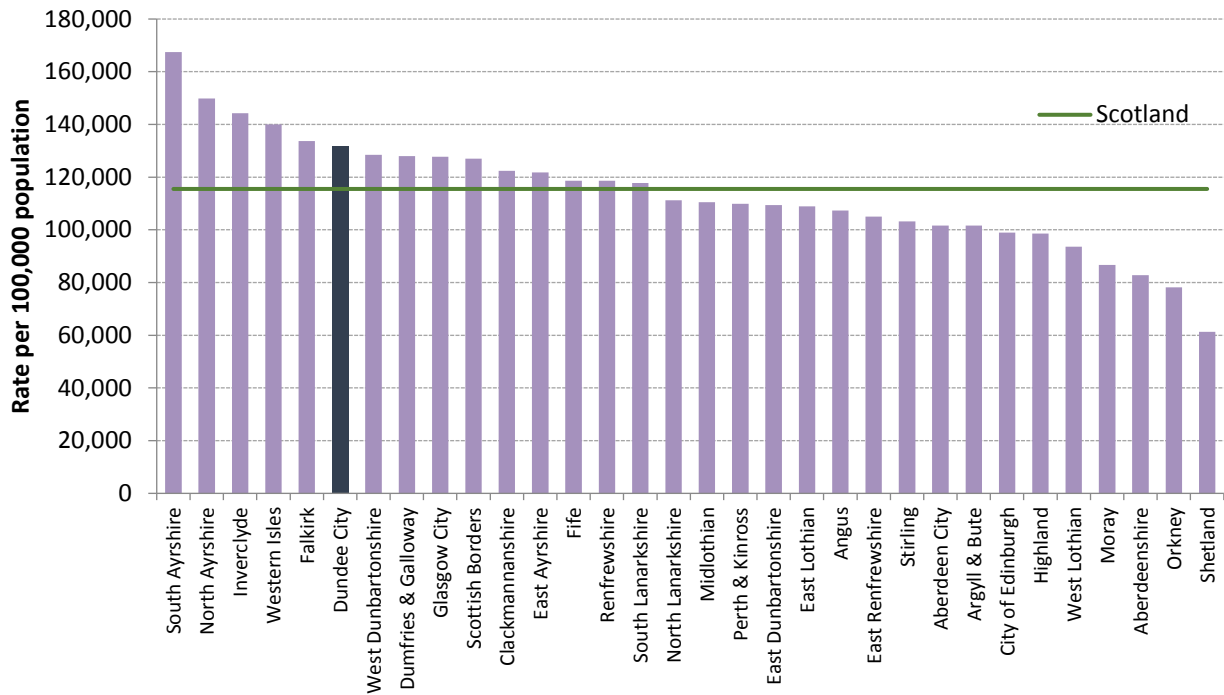
Q1 18/19 Analysis

Indicator	Rate of Emergency Admissions for Adults 18+ per 100,000 population Q1 by Locality and Financial Year
HSCP Operational Lead (s)	Jenny Hill and Mike Andrews
Purpose	<p>Excellent emergency services are necessary when people are at a point of crisis or suffer serious injury. But many people who come to hospitals in emergencies could potentially have been offered better support or services earlier on, which would have prevented the need for them to go to hospital, or may have involved a planned visit to hospital instead.</p> <p>A reduction in this indicator should demonstrate improved partnership working. It should represent a shift from a reliance on hospital care towards proactive and coordinated care and support in the community. It should demonstrate the effectiveness of anticipatory care, identifying people who are at risk of emergency hospital admission, supporting people to be more confident in managing their long term conditions and providing coordinated care and support at home where safe and appropriate. Safe and suitable housing for people will also be important.</p> <p>Other service aspects include: the options open to GPs in referring patients; decisions made by ambulance crews on arrival at an emergency situation; mental health service provision in the community; and for older people in particular the availability of alternatives such as short term rapid response services; and whether local systems are linked in a way that supports older people at critical times. Improvements in peoples overall health, and reducing health</p>

	inequalities should also lead to fewer emergencies (the emergency admission rate is strongly related to patient age and to deprivation).
Difference from 2015/16 Baseline	The rate for Dundee increased from 11,937 per 100,000 in 2015/16 to 12,994 per 100,000 in 2017/08 Q4, however decreased in 2018/19 Q1.
Locality Variation	<ul style="list-style-type: none"> • West End had the lowest rate with 9,130 emergency admissions per 100,000 people in 2018/19 Q1, followed by Maryfield and The Ferry. The West End rate was approximately 75% less than the East End rate. • East End had the highest rate with a rate of 15,906. 6 out of 8 LCPPs saw an increase in their rates since the 2015/16 baseline year. The lowest increase was in East End (0.5% increase) and the highest increase was in West End (10% increase). There were very small decreases in Strathmartine (-0.1%) and Maryfield (-0.7%)
Improvement Actions	<ul style="list-style-type: none"> • Use Unscheduled Care Information to clarify and understand local performance, gaps in service and redesign pathways in one specialist area. • Further develop use of technology enabled care as a means of enabling people to live independently and look after their own health. • Further embed Enhanced Community Model for support for Older Adults and consider the Community Model for Support with Adults as a means of reducing emergency admissions and enabling people to live independently and look after their health in their own home or homely setting. • Further develop awareness and use of anticipatory care plans for all Adults where a plan would be of benefit to the Adult. • Test and further develop models of self-care. • Increase our investment in intermediate forms of care such as step up/step down accommodation and support for all adults. • Review and remodel care at home services to provide more flexible responses. • Further develop post discharge support to people with long term conditions in order to contribute to a reduction in emergency hospital admission and readmission to hospital. • Work with the Unscheduled Care Board to implement the Unscheduled Care board Action Plan
Timescale for Improvement	TBA

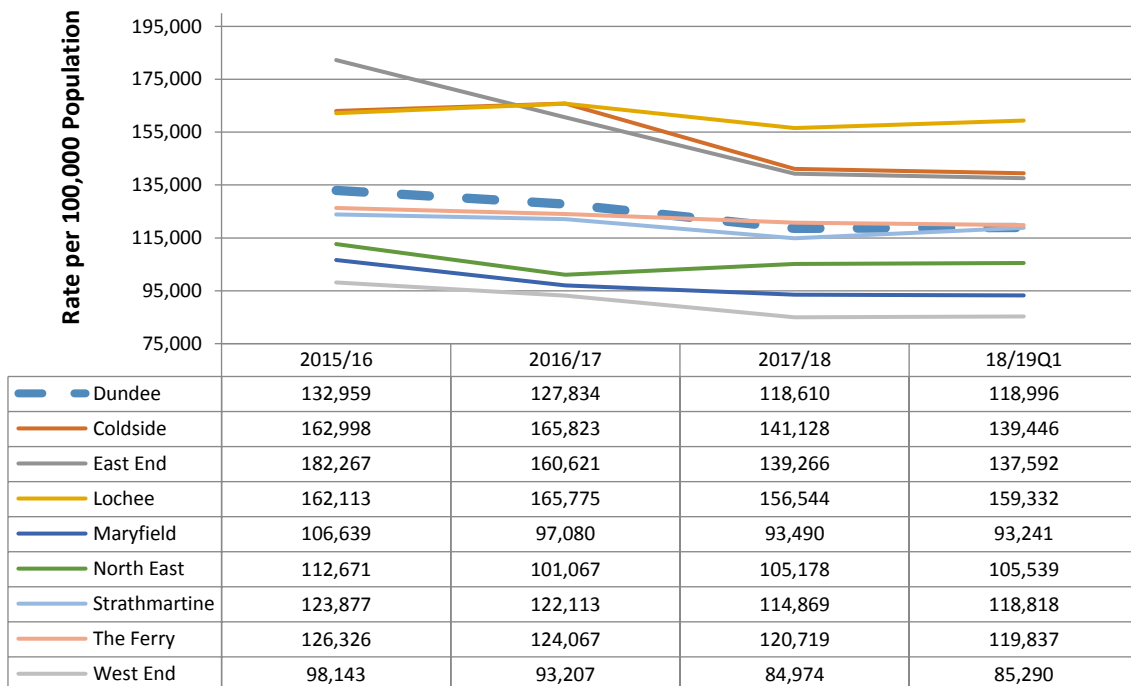
National Health and Wellbeing Indicator 13 – Emergency Bed Days

Chart 12: Rate of Emergency Bed Days for Adults 18+ per 100,000 population Q4 - Benchmarked



- The rate of emergency admissions was higher in Dundee than the Scottish rate in quarter 4.
- Dundee dropped one position in Q1, from 8th highest in Q4 17/18 to 7th highest in Q1 18/19.
- Dundee performed better than 3 of the other 7 family group Partnerships. (North Ayrshire, Inverclyde and Western Isles).

Chart 13: Rate of Emergency Bed Days for Adults 18+ Q1

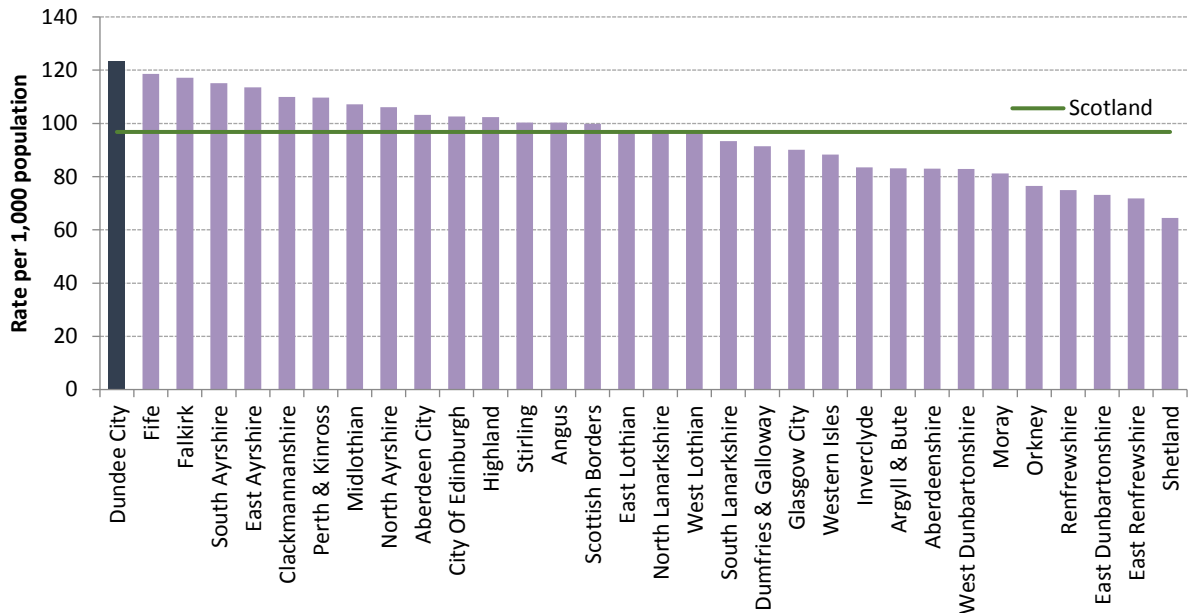


Q1 18/19 Analysis

Indicator	Rate of Emergency Bed Days for Adults 18+
HSCP Operational Lead (s)	Jenny Hill and Mike Andrews
Purpose	<p>It is possible for the number of admissions to increase and bed days to reduce and vice versa, so this measure is included to ensure a balanced view. Once a hospital admission has been necessary in an emergency, it is important for people to get back home as soon as they are fit to be discharged to avoid the risk of them losing their confidence and ability to live independently.</p> <p>Integration Authorities have a central role in this by providing community-based treatment and support options, “step down” care and home care packages to enable people to leave hospital quickly once they are well enough. Additionally, care homes should where appropriate be able to support people with a wider range of physical and mental frailty and needs.</p> <p>Hospitals also have a role to play, by streamlining their processes and sharing best practice to ensure more people can leave hospital quickly once they are well enough. This will include improving rehabilitation and also reducing the possibility of infections, harm and injury all of which can result in longer stays.</p>
Difference from 2015/16 Baseline	The rate for Dundee decreased from 132,959 per 100,000 in 2015/16 to 118,10 per 100,000 in 2017/08 Q4, however increased slightly to 118,996 in 2018/19 Q1.
Locality Variation	Lochee had the highest bed day rate (159,332) and the West End has the lowest bed day rate (85,290). Four LCPPs have seen a decrease in the last quarter. There were increases in four LCPPs between Q4 17/18 and Q1 2018/19 (Lochee, North East, Strathmartine and West End)
Improvement Actions	<ul style="list-style-type: none"> • Use Unscheduled Care Information to clarify and understand local performance, gaps in service and redesign pathways in one specialist area. • Further develop use of technology enabled care as a means of enabling people to live independently and look after their own health. • Further embed Enhanced Community Model for support for Older Adults and consider the Community Model for Support with Adults as a means of reducing emergency admissions and enabling people to live independently and look after their health in their own home or homely setting. • Further develop awareness and use of anticipatory care plans for all Adults where a plan would be of benefit to the Adult. • Test and further develop models of self-care. • Expand the ‘Moving Assessment into the Community’ project for older people to develop a frailty model for people of all ages. • Expand the ‘Moving Assessment into the Community’ project to specialist areas and test pathways. • Increase our investment in intermediate forms of care such as step up/step down accommodation and support for all adults. • Evaluate current project and seek further investment in resources which support assessment for 24 hour care taking place at home or home like settings. • Work with the Unscheduled Care Board to implement the Unscheduled Care board Action Plan
Timescale for Improvement	TBA

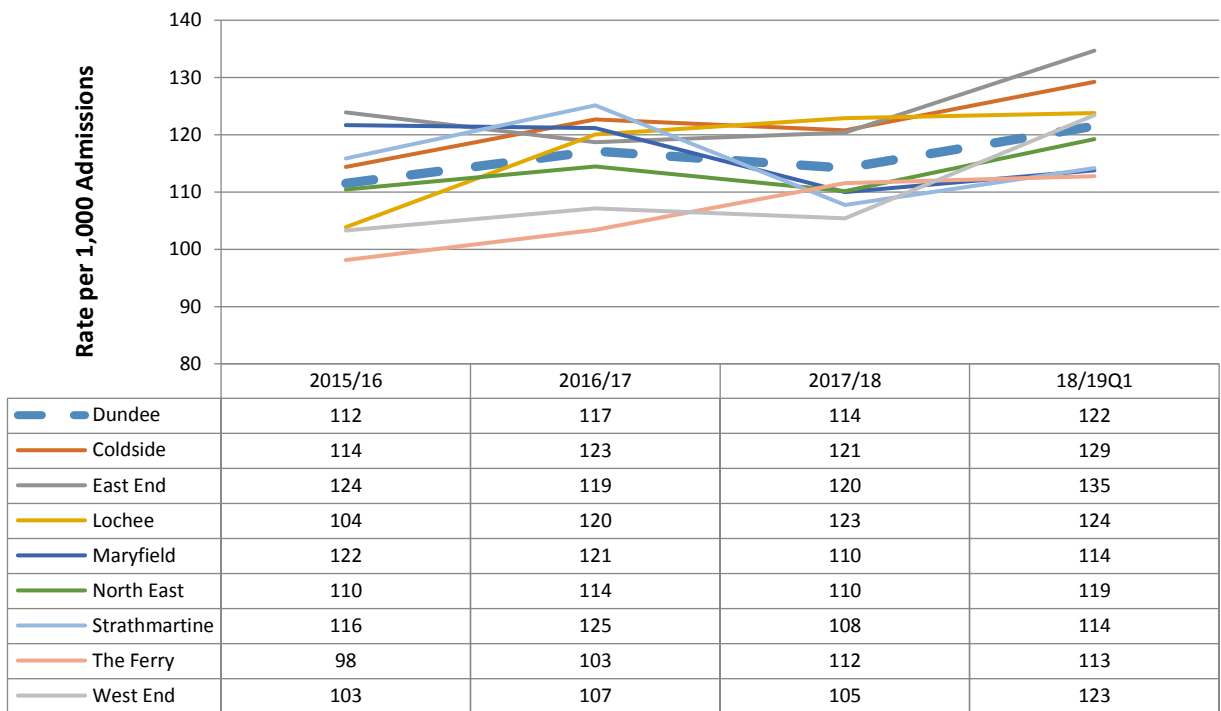
National Health and Wellbeing Indicator 14 – Readmissions

Chart 14 Readmission to hospital within 28 days of discharge per 1,000 admissions Q4 17/18 benchmarking



- The rate of emergency bed days was higher in Dundee than the Scottish rate.
- 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 17/18 to 5 readmissions per 1,000 admissions in Q1 18/19.

Chart 15: Readmissions within 28 days of discharge as a rate per 1,000 admissions, all ages by LCPP Q1



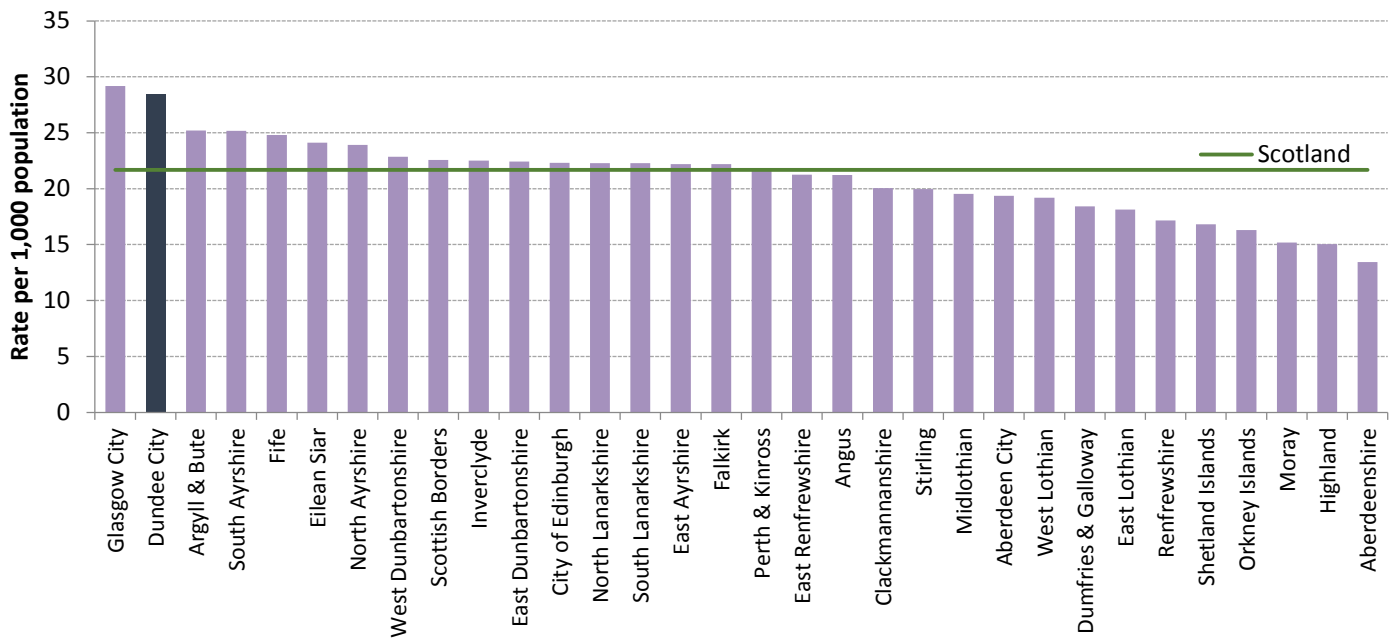
Source: NHS Tayside BSU

Q1 18/19 Analysis

Indicator	Readmissions within 28 days of discharge as a rate per 1,000 admissions, all ages
HSCP Operational Lead (s)	Diane McCulloch, Unscheduled Care Board
Purpose	<p>This indicator is one of the national suite of Primary Care Indicators, and data are being made available for each General Practice in Scotland. As well as GP services, it reflects the links with other aspects of primary care in particular pharmacy and district nursing as well as social services.</p> <p>It will be important that Integration Authorities understand this data for their local area and identify any areas for improvement to support GP Practice efforts to improve on this.</p> <p>The readmission rate reflects several aspects of integrated health and care services – including discharge arrangements and co-ordination of follow up care underpinned by good communication between partners. The 28 day follow-up was selected as this is the time that the initial support on leaving hospital, including medicines safety, could have a negative impact and result in readmission. A longer period of follow up would be more likely to include admissions that are unrelated to the initial one, whereas a shorter period (e.g. 7 days) is more likely to only pick up immediate issues linked to the hospital care.</p>
Difference from 2015/16 Baseline	The rate of readmissions within 28 days has fluctuated since 2015/16 however at Q1 18/19 it was higher than it's been since before the 15/16 baseline
Locality Variation	<p>The highest readmission rate was in East End (135) and the lowest was The Ferry (113).</p> <p>Over the last quarter the rate increased from 114 to 122 with rates increasing in all LCPPs.</p>
Improvement Actions	<ul style="list-style-type: none"> • Further implement the planned date of discharge model so that patients , carers are involved in a well-planned discharge and have coordinated follow up care where required upon discharge. • Further develop post discharge support to people with long term conditions in order to contribute to a reduction in emergency hospital admission and readmission to hospital. • Further develop local fall pathway initiatives to reduce risk of falls. • Work with the Unscheduled Care Board to implement the Unscheduled Care board Action Plan.
Timescale for Improvement	TBA

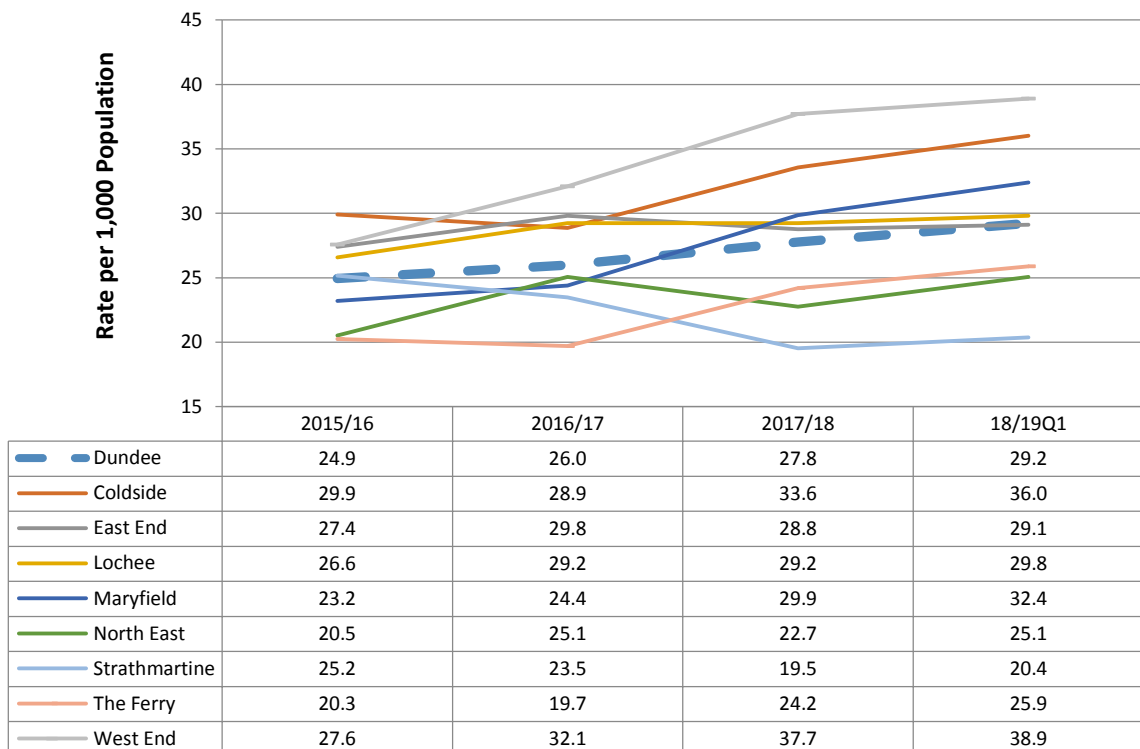
National Health and Wellbeing Indicator 14 – Falls

Chart 16: Falls rate per 1,000 population aged 65+ Q4 benchmarking



- The rate of hospital admissions due to a fall in Dundee was higher than the Scottish rate.
- Dundee continues to be the 2nd poorest performing partnership and poorer than 6 of the other 7 family group partnerships.
- The gap between Dundee and the 3rd poorest performing partnership closed slightly over 2017/18, however in Q4 widened to a difference of 3 falls related admissions per 1,000 population.

Chart 17: Rate per 1,000 Population of Fall Admissions for People aged 65+ Q1



Source: NSS ISD

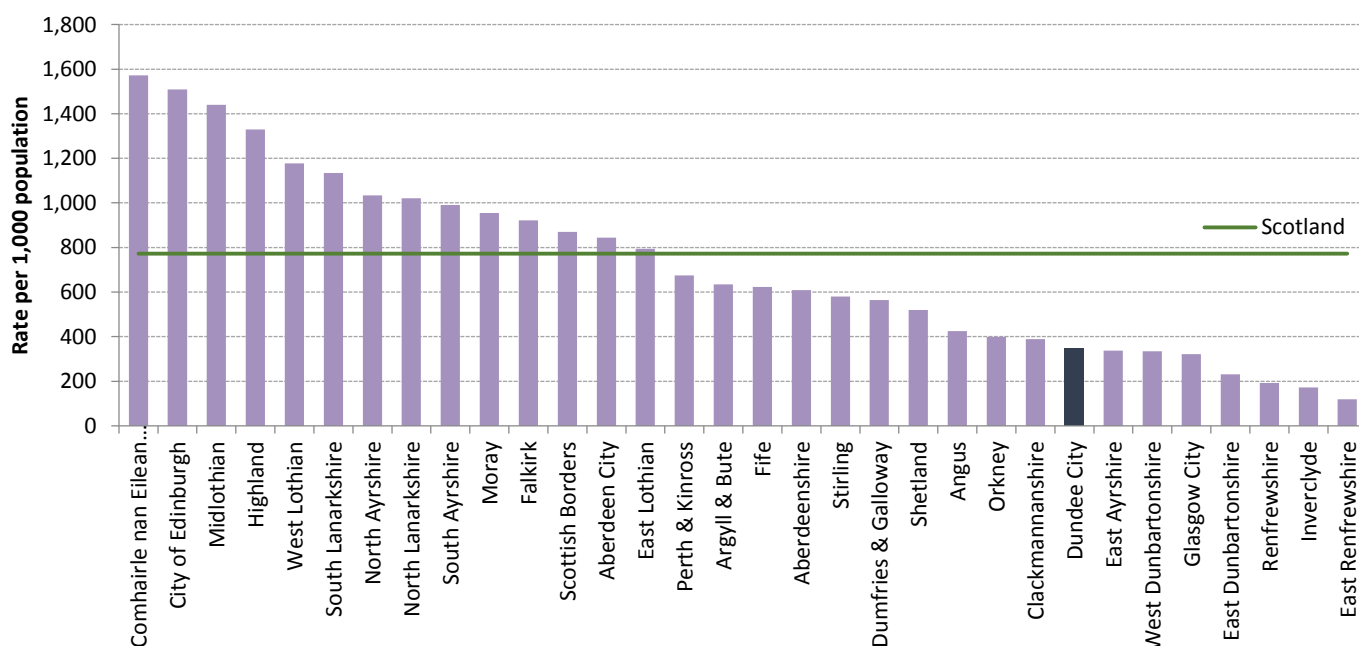
Q1 18/19 Analysis

Indicator	Rate per 1,000 Population of Fall Admissions for People aged 65+
HSCP Operational Lead (s)	Matthew Kendall
Purpose	<p>With health and social care services striving to address the challenge of demographic change and rising demands on public services, falls among older people are a major and growing concern.</p> <p>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 the community setting. Rehabilitation services are also key to preventing repeat falls. In addition, the safety of a person's immediate environment as well as their prescribed medicines will be important. 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: in excess of £470 million (http://www.ncbi.nlm.nih.gov/pubmed/24215036) and without intervention is set to rise over the next decade as our population ages and the proportion with multimorbidity and polypharmacy grows.</p>
Difference from 2015/16 Baseline	<p>Since the baseline year 2015/16 the rate has increased from 24.9 to 29.2. 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 19%). The highest increase was in West End (41% increase).</p>
Performance Trend	<p>The rate of falls related hospital admissions increased in all 8 LCPPs between Q4 17/18 and Q1 18/19.</p>
Locality Variation	<p>West End had the highest rate of falls in Dundee with 38.9 falls related hospital admissions per 1,000 population. Strathmartine had the lowest rate with 20.4 falls related hospital admissions per 1,000 population.</p>
Improvement Actions	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> 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. <p>This framework will be implement in Dundee and stage 1 will be prioritised.</p> • 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:

	<ul style="list-style-type: none"> - 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. <ul style="list-style-type: none"> • Further develop local fall pathway initiatives to reduce risk of falls. • Develop an 'early indicator of deteriorating health and well-being tool', for use by front line social care staff to reduce the instances of hospital admissions, increase the use of preventative interventions, and assist people to look after their health and well-being. • Work with Partners to develop the 2018/19 Winter Pressures Plan and ensure arrangements are in place to support any escalation of the plan.
Timescale for Improvement	TBA

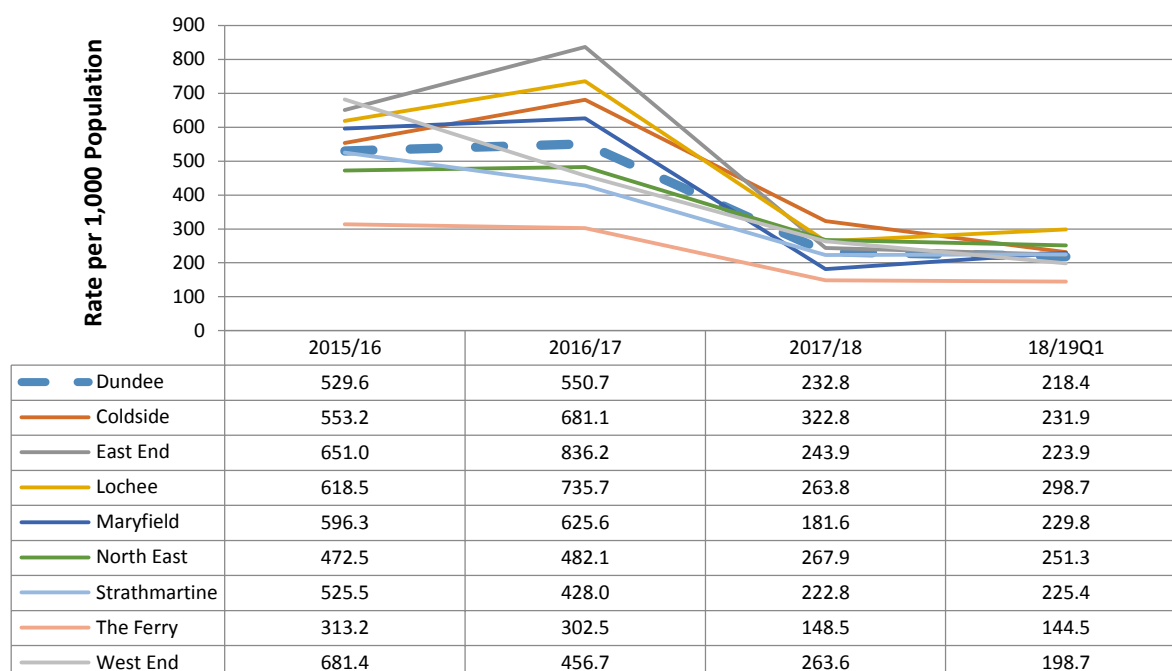
National Health and Wellbeing Indicator 19 – Bed Days Lost

Chart 18: Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population Q4 benchmarking



- The rate of bed days lost due to a delayed discharge in Dundee was lower than the Scottish rate in every quarter during 2017/18.
- Dundee performed better than 2 of the other 7 family group Partnerships. (Western Isles and North Lanarkshire).

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 Q1 Standard Delays



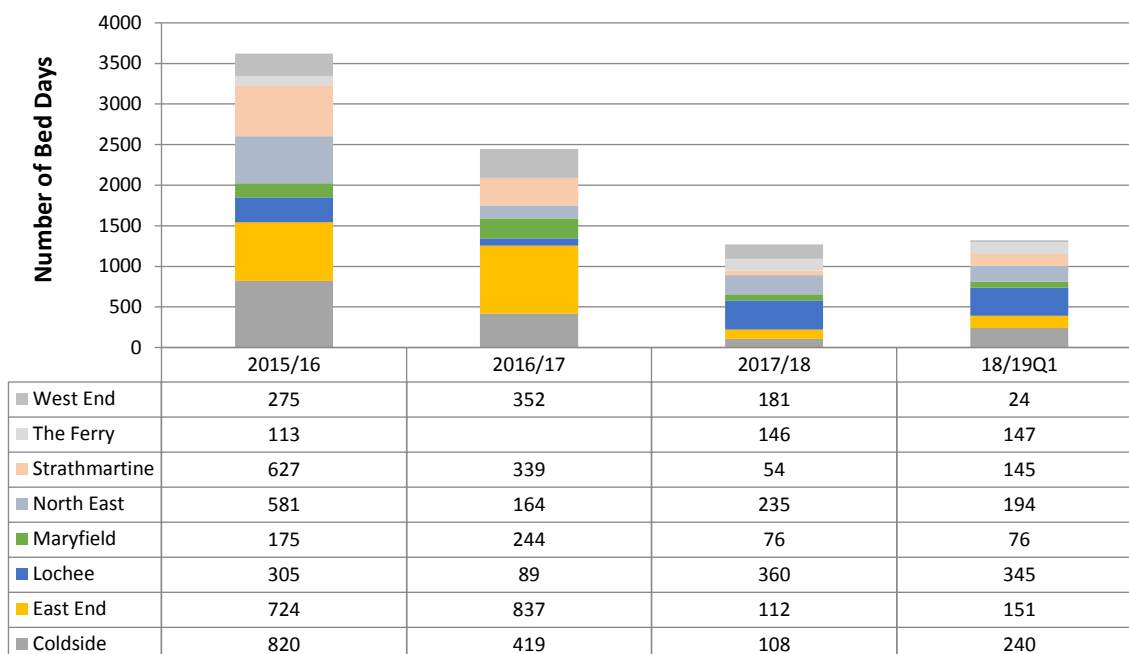
Source: Edison (excludes codes 100, 42T, ESDS and ICF)

Q1 18/19 Analysis (Standard Delays)

Indicator	Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged (Standard)
HSCP Operational Lead (s)	Alexis Chappell and Lynne Morman
Purpose	<p>People should not have to wait unnecessarily for more appropriate care to be provided after treatment in hospital. Waiting unnecessarily in hospital is a poor outcome for the individual, is an ineffective use of scarce resource and potentially denies an NHS bed for someone else who might need it.</p> <p>Older people admitted to hospital are more likely to be delayed there once their treatment is complete. This, in turn, is particularly bad for their health and independence.</p> <p>The indicator on its own however does not tell us about the outcomes, as people need to be discharged to an appropriate setting that is best for their reablement. Focusing on discharging patients quickly at the expense of this is not desirable, and improvements need to be achieved by better joint working and use of resources.</p>
Difference from 2015/16 Baseline	The rate is now the lowest it has been in over 3 years, having dropped from 529.6 in 15/16 to 218.4 in Q1 18/19.
Performance Trend	The rate of bed days lost to delayed discharge for people aged 75+ dropped considerably in Q1 18/19.
Locality Variation	<p>The rate in 3 LCPP areas increased between Q4 17/18 and Q1 18/19. (Lochee, Maryfield and Strathmartine)</p> <p>The East End was historically one of the poorest performing LCPP areas for this indicator although the Q1 figure shows a considerable improvement since the baseline year in 2015/16 from 651.0 in 15/16 to</p>

	223.9 in Q1 18/19. The rate in Lochee is approximately double the rate in The Ferry which has the lowest rate of 144.5.
Improvement Actions	<ul style="list-style-type: none"> • 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. • Evaluate current project and seek further investment in resources which support assessment for 24 hour care taking place at home or home like settings. • Review patient pathways between Carseview Hospital and the community. • Support the redesign of specialist services discharge pathways through redesign of referral and response models. • Further expand the fully Integrated Discharge Management Team by incorporating specialist workers to improve communication, facilitate better outcomes and further develop opportunity for discharge assessment for all patients at Ninewells. • Further develop models of Community Rehabilitation to support transitions between home and hospital • Further embed seven day discharge. • Develop and implement discharge management procedures and guidance to promote consistency in practice in relation to discharge management and use of planned date of discharge. • Establish and implement a Discharge Management Learning Framework and Learning Networks as a means of promoting and enabling consistency in practice and ensuring effective person centred communication during transition between hospital and home • Implement a statement and pathway for involving Carers in discharge planning process in line with section 28 of the Carers (Scotland) Act 2016 in partnership with Carers and Carers Organisations • Further implement the planned date of discharge model so that patients , carers are involved in a well-planned discharge and have coordinated follow up care where required upon discharge • Review the systems and mechanisms for reporting around discharge management and provide regular reports into the Performance and Audit Committee.
Timescale for Improvement	TBA

Chart 20: Number of Bed Days Lost to Complex Delayed Discharges for People of all Ages in Dundee by Locality and Financial Year Q1



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

Q1 18/19 analysis (Complex)

Indicator	Number of Bed Days Lost to Complex Delayed Discharges (Complex)
HSCP Operational Lead (s)	Arlene Mitchell
Purpose	<p>People should not have to wait unnecessarily for more appropriate care to be provided after treatment in hospital. Waiting unnecessarily in hospital is a poor outcome for the individual, is an ineffective use of scarce resource and potentially denies an NHS bed for someone else who might need it.</p> <p>Older people admitted to hospital are more likely to be delayed there once their treatment is complete. This, in turn, is particularly bad for their health and independence.</p> <p>The indicator on its own however does not tell us about the outcomes, as people need to be discharged to an appropriate setting that is best for their reablement. Focusing on discharging patients quickly at the expense of this is not desirable, and improvements need to be achieved by better joint working and use of resources.</p>
Difference from 2015/16 Baseline	The number of bed days lost to delayed discharges for complex reasons has decreased since 2015/16 from 3,20 to 1,322 in Q1 18/19.
Locality Variation	The number of bed days lost to delayed discharges for complex reasons increased in four of the eight LCPPs between Q4 17/18 and Q1 (Coldside, East End, Strathmartine and The Ferry). The number of bed days lost

	decreased in three LCPPS (West End, North East and Lochee) and stayed the same in Maryfield.
Improvement Actions	<ul style="list-style-type: none"> • Promote Power of Attorney through local campaigns as a means of increasing number of Power of Attorneys so that Adults are not waiting in hospital settings for decisions about their care upon discharge. • Review the systems and mechanisms for reporting around discharge management and provide regular reports into the Performance and Audit Committee. • Further develop discharge planning arrangements for adults with mental ill-health and learning disabilities. • Further develop discharge planning arrangements for adults with physical disability and acquired brain injury.
Timescale for Improvement	TBA



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 25 SEPTEMBER 2018

REPORT ON: DISCHARGE MANAGEMENT PERFORMANCE UPDATE, INCLUDING CODE 9 ANALYSIS

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC51-2018

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATIONS

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

2.1 Notes the current position in relation to discharge management performance as outlined in section 5.2 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 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.

2.4 Instructs the Chief Finance Officer to present a further analysis and robust action plan in relation to the complex care delays to the Performance and Audit Committee of the 27th of November 2018.

3.0 FINANCIAL IMPLICATIONS

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

4.0 MAIN TEXT

4.1 Background to Discharge Management

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

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

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

- 4.1.3 Within Dundee a Home and Hospital Transitions Group, chaired by the Head of Health and Community Care, oversees performance and improvement actions in relation to Discharge Management. The Group aims to ensure that citizens of Dundee are supported at home, but when people do have to go to hospital they are only there as long as they need to be.
- 4.1.4 On a weekly basis, an update is provided to the Chief Officer, the Chief Operating Officer and key Home and Hospital Transitions Group members on delay position. This information is used to maintain an ongoing focus on enabling patients to be discharged from hospital when they are ready as well as to inform improvements.

5 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 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 3 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 delays 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 demonstrates the improvement in practice in relation to the management of standard delays, specifically when seeking a package of care to support discharge.

Mr X had been referred to the Resource Matching Unit (RMU) on 12th March with a planned date of discharge of 15th March. He had had several previous hospital admissions over an 18 month period as a result of poor mobility, COPD and treatment for cancer.

Mr X's case was discussed at the Integrated Discharge Hub (IDH) daily huddle and agreement was reached that he should be discussed at the daily conference call with the Resource Matching Unit where daily priorities are discussed relating to capacity and flow/availability of social care resource.

The IDH was able to advise the following day that the planned date of discharge had changed to the 16th, so the RMU continued to seek a care package with the most up to

date information available to them. This involved a request to the Urgent Support List which is sent to all domiciliary care providers on a daily basis to ensure all attempts are made to meet the planned date of discharge. In addition, social care organisers contacted care providers individually to highlight Mr X's circumstances and planned date of discharge. Although a package of care was sourced, the times available were not suitable to meet Mr X's needs and so it was declined. Fortunately the RMU was able to source a package of care through the Enablement Service which enabled Mr X to return home on his planned date of discharge.

With the additional support of a key safe, Social Care Response Service alarm and hoisting equipment, Mr X continues to live independently at home. He continues to have social care support and has accessed additional support from the Community Rehabilitation Team. The provision of social care has been reduced and Mr X has not been readmitted into hospital since his discharge on 16th March 2018.

5.3 Complex Delays Current Situation

5.3.1 Through analysis of our performance data, the Home and Hospital Transition Group identified a positive downward trend from June 2017 to June 2018, 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. A further analysis is provided in Appendix 1.

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 MHO. 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 campaign 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 We have made progress in Dundee in relation to enabling people to be discharged when they are ready but we also recognise that further work is needed to support patients who have a complexity of needs.

5.4.2 We have made a commitment to increasing the number of people who have a complexity of needs who are discharged when they are ready and with that a number of improvement actions and investment has been secured to support realisation of this commitment.

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 4 = Risk Scoring 12 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (High Risk)
Approval recommendation	The risk should be accepted 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: 3 September 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 June 2018 as this is the most recent published discharge data from ISD Scotland.

2 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.

2.2.2 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.

2.2.3 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.

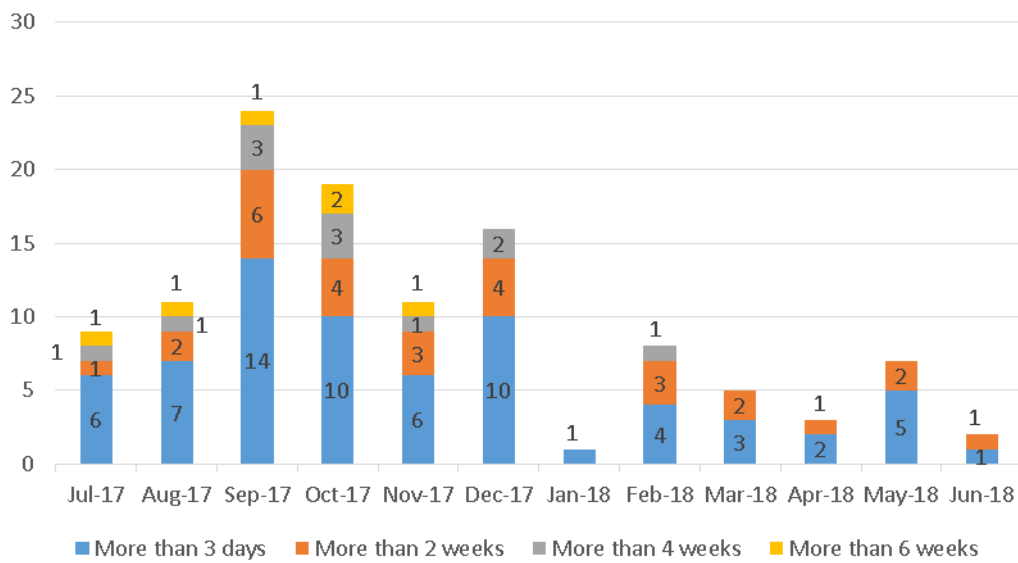
2.2 National Health and Wellbeing Outcome Indicator 22: Performance against percentage of people who are discharged from hospital within 72 hours of being ready.

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 discharged 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 hour target for people who already delayed for the period July 2017 to June 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.

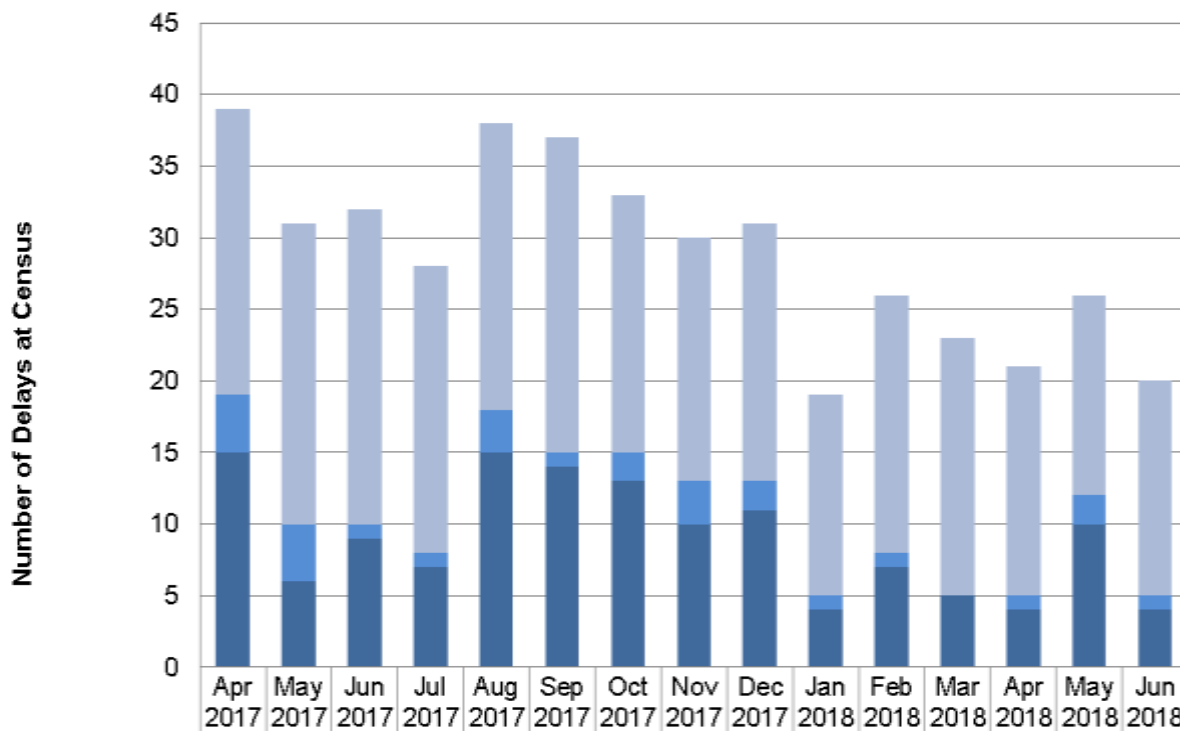
Graph A: Delayed Discharge – Length of Delay at Census Point



Source: NSS ISD

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

Chart B - Delayed Discharge Census by Delay Reason (Age 18+)



	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018
Code 9	20	21	22	20	20	22	18	17	18	14	18	18	16	14	15
Patient and family related reasons	4	4	1	1	3	1	2	3	2	1	1	-	1	2	1
Health and social care reasons	15	6	9	7	15	14	13	10	11	4	7	5	4	10	4

Source: NSS ISD

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 a decrease in the number of bed days occupied between September 17 and June 18.

Graph C – Bed Days Occupied by Month (Health and Social Care Reasons)



Source: NSS ISD

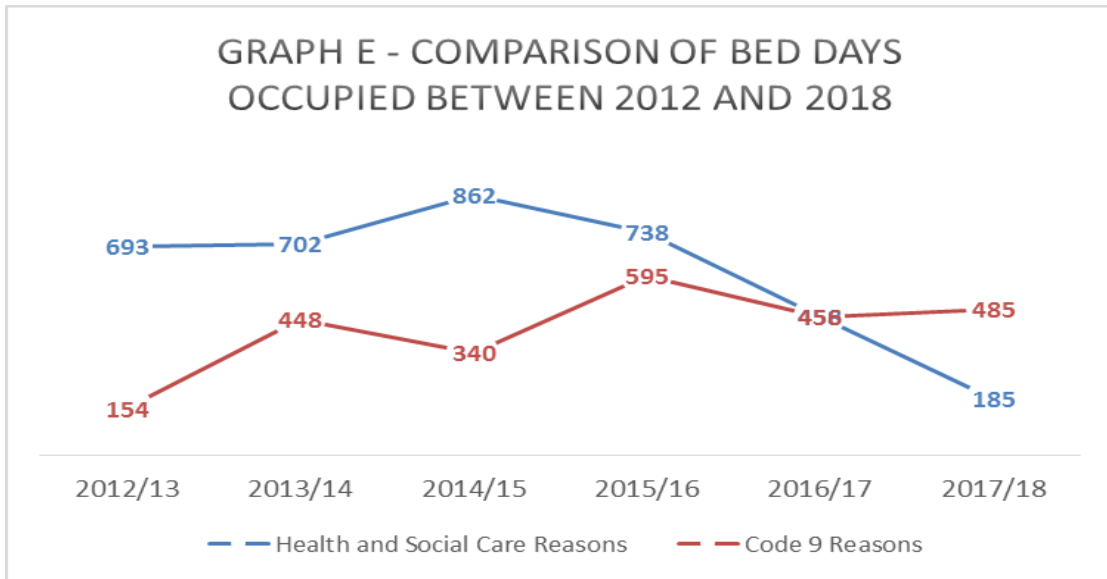
2.3.3 Graph D below provides information about number of days people spend in hospital when they are ready to be discharged where patients have a complexity of personal circumstances. The data indicates an improvement in relation to our performance during period June 17 to June 18 where patients are ready to be discharged and who have a complexity of circumstances.

Graph D – Bed Days Occupied by Month (Code 9 Complex)



Source: NSS ISD

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 a positive trend relating to complex delays where people are aged 18-74. For the 75+ age group there was a reduction in occupied bed days between April 2017 and February 2018, however the number of bed days rose between February 2018 and June 2018. This data indicates that further work is required across all age groups to support a reduction in complex delays.

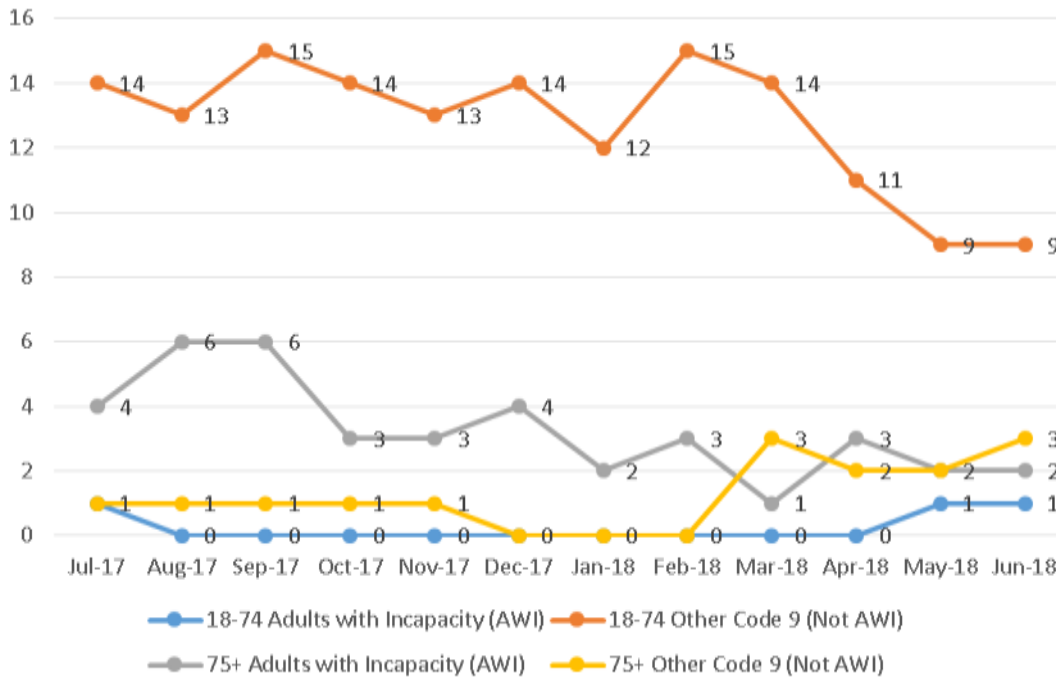
Chart F – Code 9 Bed Days Occupied by Month and Age



Source: NSS ISD

2.4.2 Graph G highlights comparison of Code 9 delays by Reason and Age for the period July 2017 – June 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.

Graph G – Code 9 Delays by Reason and Age



2.4.3 Graph H demonstrates comparison of number of bed days occupied due to complex reasons for people aged 75+ between the period June 2017 - May 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.

Graph H – Performance against Measuring Performance Under Integration Bed Days Lost (Code 9) 75+





REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 25 SEPTEMBER 2018

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

REPORT BY: CLINICAL DIRECTOR

REPORT NO: PAC53-2018

1.0 PURPOSE OF REPORT

To provide an update to the Performance and Audit Committee on the business of the latest Clinical, Care and Professional Governance (CCPG) Group, held on 22 August 2018. An update report will be submitted following each Clinical, Care and Professional Governance Meeting to provide assurance of the governance systems and processes within the Dundee Health and Social Care Partnership.

2.0 INSTRUCTIONS ISSUED BY THE CCPG GROUP

The chair of the CCPG Group issued no instructions for full reports to be submitted to the PAC for their consideration.

3.0 BUSINESS OF THE CCPG GROUP

The CCPG Group:

- Considered the SPSO Informed Consent Report. The group reviewed the recommendations outlined in the report and noted that the majority of the recommendations were represented in the NHS Tayside Informed Consent Policy. A review of the NHS Tayside Policy has commenced and the SPSO recommendations will be further considered throughout the review process.
- Considered the Changes in NHS Culture recommended following Holyrood Committee Investigation document which highlighted the need to make the NHS more open and transparent allowing staff to feel confident about speaking out about their concerns. The group focussed on the clinical governance aspect of the document around the use of clinical standards and guidelines, the use of continuing professional development for nurses and midwives during their working day and the complaints process and reducing barriers for patients to make complaints. The group have tasked the Clinical, Care and Professional Governance Forum to consider how best the clinical teams can provide evidence to support implementation of these findings.
- Reviewed the General Data Protection Regulation (GDPR) management information submitted from Dundee City Council. The Group have sought assurance that systems are in place to address and record actions taken as a result of any data breaches to inform learning and mitigation of future breaches. The Group will continue to monitor and will also seek to include GDPR breaches from the NHS alongside the Council report.
- Considered a Chief Nursing Officer Letter regarding new standards of proficiency for registered nurses and midwives and for student supervision and assessment. The letter outlined the plan to aim to deliver the new standards from the 2020-21 academic session.

The group were supportive of the content of the letter and will work towards the 2020-21 implementation date.

- Reviewed the service risks currently listed across the DATIX system. The group raised concern that the review dates of some risks were either not set, or were in the past. They also raised that concerns that the report did not provide sufficient detail on the ongoing management of each risk. The CCPG Forum have commenced work to ensure greater detail for each risk is incorporated into the two monthly Governance reports submitted to the Forum which will in turn allow for greater assurance to be provided to the CCPG Group. The group will continue to monitor the quality of the report in terms of providing assurance to the Group.
- Considered a briefing report from an incident at a care centre concerning inappropriate behaviour from a staff member. This incident is still being investigated. The Group were assured that swift and decisive action was taken to ensure safety to residents and the position will continue to be monitored.
- There are a number of areas of concern that the group continues to monitor on an ongoing basis as part of ensuring effective ongoing service delivery and scanning for potential concerns in the future. These include the concerns regarding the availability of staff to deliver services across a range of professional groups including, at this stage, GPs, Allied Health Professions and Nursing staff. Actions are being taken at both local and national level to ensure service continuity and the group continue to monitor service impact. There are ongoing concerns regarding the integration of IT systems within and across the Health and Social Care Partnership and this continues to be monitored by the group.

4.0 SERVICE REPORTS

- Received update reports from three services within the Partnership; Centre for Brain Injury Rehabilitation, Adult Physical Disabilities and Community Nursing. Each service provided an overview of the service, the governance processes in place, challenges faced within the service and mitigating actions. The group noted the exceptional work undertaken by all teams, often in difficult circumstances, and the positive outcomes experiences by service users.
- The Integrated Substance Misuse Service provided an update report on death notifications within the service. Significant work has been undertaken reviewing various aspects of the service and the drug regimes prescribed. There is no reduction in the number of deaths recorded at this time and the service have updated their recommendations from the December 2017 report and will continue to report through the CCPG Group on progress made.

5.0 HIGHLIGHTS

- Staff at the Corner and the Centre for Brain Injury Rehabilitation (CBIR) worked together to produce a film and resources that were launched in March this year at The Shore. The resources were developed in partnership with the staff and a patient and family at CBIR and aim to raise awareness of brain injury and risk taking behaviour with young people.
- The CBIR and The Corner team were nominated for a STAR award and were shortlisted to the final 6 in The Innovation in Practice Category.
- A physiotherapist from CBIR has completed their Non Medical Prescribing Qualification and will support the development of spasticity management work across Tayside.
- A Speech and Language Therapist won a NHS Tayside silver STAR award in the innovation in practice category.
- CBIR and Allied Health Professions staff have been supporting the development of the Major Trauma Centre, which is to be housed in Ninewells Hospital and is due to 'go live' in November 2018 with patients receiving rehabilitation in CBIR and across the community.

6.0 Reporting Arrangements

- The CCPG Group reports through the Clinical Quality Forum (CQF), chaired by the Nurse and Medical Directors. The purpose of the CQF is to manage the clinical governance and quality assurance activities within NHS Tayside, through prioritising and agreeing a work programme in order to provide assurance to the NHS Tayside Board through the Clinical and Care Governance Committee (CCGC) that appropriate systems and processes for clinical governance and quality activities are in place and effective throughout the whole system (NHS Tayside and the Integration Joint Boards).
- The CCPG Group also reports in to the IJB's Performance and Audit Committee
- The CCPG Group reports directly to the IJB on an annual basis through the presentation of the CCPG's Annual Report.

Dr David Shaw
Clinical Director
Dundee Health and Social Care Partnership
17 September 2018



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 25 SEPTEMBER 2018

REPORT ON: ANNUAL COMPLAINTS PERFORMANCE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC54-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to provide an analysis of complaints received by the Dundee Health and Social Care Partnership over the past financial year 2017/2018. This includes complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

2.0 RECOMMENDATIONS

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

- 2.1 Note the analysis of 2017/18 Social Work complaint performance as set out in section 5 of this report
- 2.2 Note the analysis of 2017/18 NHS complaint performance as set out in section 6 of this report

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND INFORMATION

- 4.1 From the 1st April 2017 both NHS and social work complaints follow the Scottish Public Service Ombudsman Model Complaint Handling Procedure. Both NHS Tayside Complaint Procedure and the Dundee Health and Social Care Partnerships Social Work Complaint Handling Procedures have been assessed as complying with the model complaint handling procedure by the SPSO.
- 4.2 Complaints are categorised by 2 stages: Stage 1: Frontline Resolution and Stage 2: Investigation. If a complainant remains dissatisfied with the outcome of a Stage 1: Frontline Resolution complaint, it can be escalated to a Stage 2. Complex complaints are handled as a Stage 2: Investigation complaint. If a complainant remains dissatisfied with the outcome of Stage 2: Investigation complaint they can contact the Scottish Public Services Ombudsman who will investigate the complaint, including professional decisions made.

5.0 SOCIAL WORK COMPLAINTS

- 5.1 In 2017/18 a total of 46 complaints (50 in 2016/17) were received about social work or social care services in the Dundee Health and Social Care Partnership.

This is comparable to the numbers in previous years.

	2013/14	2014/15	2015/16	2016/17	2017/18
Number of complaints received	38	48	26	50	46

5.2 Complaints by Reason for Concern

The top 5 complaint category reasons for Social Work and Social Care complaints were:

Failure to meet our service standards	18 (39%)
Treatment by, or attitude of, a member of staff	18 (39%)
Delay in responding to enquiries and requests	4 (9%)
Dissatisfaction with policy	5 (11%)
Failure to follow the proper administrative process	1 (2%)

For 18 of the total complaints received, (39%) we agreed that the complainant had reason to complain, so the complaints were resolved as upheld or partially upheld.

The two highest complaint categories were:

- failure to meet our service standards
- treatment by, or attitude of, a member of staff

For the failure to meet our service standards complaints we agreed that the complainant had reason to complain in 11 out of these 18 complaints.

In comparison, for the treatment by, or attitude of, a member of staff complaints, only 2 out of these 18 complaints were upheld.

5.3 Complaint Stages

25 complaints were handled at a Frontline Resolution stage with 21 handled at an Investigation stage.

Stage 1 : Frontline Resolution	25
Stage 2: Investigation	21

Only one complaint was referred to the Scottish Public Services Ombudsman. However this figure may change as complainants can refer to the SPSO up to a year after the time of the complaint reason.

5.4 Complaints resolved within timescales

65% of the total Social Work complaints received by the Partnership were able to be resolved within target dates set out in our own procedures or agreed directly with the complainant. This is an improvement in the previous year's performance where only 46% of complaints were resolved within target dates.

Within timescales	30
Outwith timescales	16

It is recognised that resolving complaints within timescales is a priority area for improvement. Weekly reports on open complaints will be provided to the Locality Managers for action.

5.5 Planned Service Improvements following complaints

Where a complaint is upheld or partially upheld, the officer responsible for investigating the complaint explores with the managers involved, the reasons that led to the complaint and

identifies any necessary planned service improvements. Some of the planned service improvements that have been implemented include:

- improved communication
- streamlining systems and processes
- review of communication between teams

6.0 NHS COMPLAINTS

6.1 Complaint Reasons

In 2017-18 a total of 114 complaints about Dundee Health and Social Care Partnership health services were received.

In future annual reports we will provide previous years' figures as a comparison. Please note further detailed information on the reasons for complaints is not currently readily accessible.

6.2 Complaints by Reason for Concern

The top 5 complaint category reasons for Health complaints were:

Staff attitude
Disagreement with treatment/care plan
Problem with medication
Unacceptable time to wait for appointment
Lack of support

For 28 complaints (25%) we agreed that the complainant had reason to complain, resulting in these complaints being upheld.

6.3 Complaint Stages

50 complaints were handled as a Frontline resolution, and 64 were handled as an Investigation.

Frontline Resolution	50
Escalated to Stage 2 Complaint	20
Non escalated Stage 2 complaints	44

It has not been possible to report on health complaints forwarded to the Scottish Public Service Ombudsman for this annual report. It is planned to gather this information for future reports.

6.4 Complaints resolved within timescales

82% of stage 1 complaints were responded to within the timescales of 14 days.

In comparison only 35% of stage 2 complaints were responded to within timescales. Measures are put in place to improve the performance of complaint resolution timescales, including active monitoring of open complaints by the NHS Tayside Complaint and Feedback Team.

7.0 COMPLAINTS ABOUT THE INTEGRATION JOINT BOARD

7.1 No complaints were received about the functions of the Integration Joint Board in 2017/18.

8.0 QUALITY ASSURANCE MEASURES

8.1 Monthly meetings are undertaken as a wider part of quality assurance measures, where a selection of NHS and Social Work complaints are analysed to look at the quality of the complaint response and whether timescales are met.

8.2 For situations where responses to complaints have been outwith the required timescales and / or the quality of the complaint response is not sufficient, actions will be taken to alert Senior Managers and complaint management materials and training will be made available to complaint handlers where appropriate.

9.0 COMPLIMENTS

9.1 The Partnership also regularly receives compliments from the people who use our services, their families and carers.

This compliment was received about the blue badge service:

"Thank you for your quick response the service has been great"

This compliment was received about a Care Management Team for Older People:

"I wanted to let you know that the work and empathy of my mum's Care Manager was second to none. Although he was only involved for a short time prior to her passing, he showed the care and commitment that made those last weeks for her as comfortable and the best they could be by way of ensuring that her care was met by those she knew and trusted. So often we only hear the negatives but I wanted you to know that on behalf of her family and friends that her care was superb"

These compliments were received about the Equipment Store at the Dundee and Angus Independent Living Centre:

"Thank you. I am delighted at the speed of the refurbishment for the shower chair so I just wanted to pass on my thanks to all involved for this."

"Would you please convey my appreciation and thanks you to each and every one of you who are making my life so much easier. It is absolutely fantastic to be able to get equipment in before I've even turned around, the patients really like the telephone calls beforehand and my patient... is absolutely tickled pink at now being able to go home instead of long term care."

This compliment was received about Ward 4, Victoria Hospital:

"Please note I must take time to compliment all nursing staff & doctors at ward 4 for all the attention and care I received during my stay which was second to none..."

This compliment was received about staff at a Partnership care home:

"My mother-in-law was a resident for eight months until she died. Staff at the care home welcomed her into the home and respected her and valued her uniqueness. The staff provided excellent care and support for her from day 1, they encouraged us as a family to make it as homely as possible so that she would feel more comfortable. They had shown her and the family compassion - dignity and were always respectfully present without being intrusive during her last days, they made a very difficult situation so much easier not only for my mother-in-law but for all her family."

10.0 RISK ASSESSMENT

Risk 1 Description	The risk of not improving our Complaint resolution timescales will result in increased customer dissatisfaction and non-compliance with our complaint procedure which may result in improvement recommendations from the SPSO.
Risk Category	Governance
Inherent Risk Level	Likelihood 4 x Impact 3= 12 High risk
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Weekly reporting on open complaints to Locality Managers, and Head of Service - Regular Quality Assurance meetings - Exception reporting of complaints outwith timescales to the Chief Officer - Increased staff awareness of the complaint procedures. - Recruitment of staff member with focus on complaint administration by the DHSCP

Residual Risk Level	Likelihood 3 x Impact 3 = 9 High Risk
Planned Risk Level	Likelihood 2 x Impact 3 = 6 Moderate Risk
Approval recommendation	The risk should be accepted with the expectation that the mitigating actions make the impacts which are necessary to improve the complaint resolution timescales.

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.

Dave Berry
Chief Finance Officer

DATE: 5th September 2018

Clare Lewis Robertson
Senior Officer, Business Planning and Information Governance



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 25 SEPTEMBER 2018

REPORT ON: RISK MANAGEMENT INTERNAL AUDIT REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC36-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Performance and Audit Committee of the outcome of the Internal Audit assessment of the Risk Maturity of the IJB.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of the Internal Audit Assessment of the IJB's Risk Maturity as set out in Appendix 1.
- 2.2 Remits the Chief Finance Officer to provide an action plan to respond to the issues raised within the report at the PAC to be held on 27th November 2018.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 Dundee Integration Joint Board's current Internal Audit plan includes a review of the development of the IJB's Risk Management arrangements and the current risk maturity of the organisation.
- 4.2 Risk management arrangements within the IJB are currently under review as part of a wider consideration of Health and Social Care Integration governance and the intention of the review is to assist in the further development of Risk Management processes and assurances.
- 4.3 Following the assessment, the Chief Internal Auditor commends the IJB for its progress to date and the priority given to Risk Management, whilst highlighting the need for significant further work to be undertaken as the organisation matures. In particular, the Chief Internal Auditor welcomes the introduction of a process to create an integrated IJB Operational Risk Register as a necessary corollary to the IJB'S agreed model of governance.
- 4.4 The report notes a number of developments and improvements which will be taken forward as part of an action plan to be presented to the November PAC.

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 development of an action plan in line with the findings of the Annual Internal Audit Report.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 5th September 2018

DUNDEE IJB
INTERNAL AUDIT SERVICE



RISK MATURITY ASSESSMENT

REPORT NO. D04/18

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

C Lewis Robertson, Senior Officer (Business Planning and Information Governance)
[A Chappell, Locality Manager]

[Chief Executive NHS Tayside]
[Chief Executive Dundee City Council]

P Redpath, Senior Manager- Internal Audit, Dundee City Council

[Audit Committee]
[External Audit]

Date Draft Issued: 29 August 2018
Date Response Required: 10 September 2018
Target Audit Committee Date: 25 September 2018

INTRODUCTION & SCOPE

1. Integrated Resources Advisory Group Finance guidance states that '*The Chief Officer will be responsible for establishing the Integration Joint Board's risk strategy and profile and developing the risk reporting arrangements. There should be regular reporting on risk management to the Integration Joint Board*'.
2. The CIPFA 'Delivering Good Governance' in Local Government Framework 2016 places a responsibility on the authority to ensure additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor.
3. The Public Sector Internal Audit Standards (PSIAS) 2010 state that '*the internal audit activity must evaluate the effectiveness and contribute to the improvement of risk management processes*'.
4. Dundee IJB noted the finalised IJB Risk Management Policy & Strategy in May 2016.
5. The scope of this review is to evaluate and report on the risk maturity of the organisation. The Institute of Internal Auditors (IIA) document 'An approach to implementing Risk Based Internal Auditing' provides guidance on assessing the organisation's risk maturity and Annex F of the Audit Committee Handbook 2008 sets out Key Lines of Enquiry for an Audit Committee including assessment of risk management processes.
6. Risk management arrangements within the IJB are currently under review as part of a wider consideration of HSCI governance and this review is intended to assist in the further development of Risk Management processes and assurances.

OBJECTIVES

7. Our audit work was designed to evaluate whether appropriate systems were in place and operating effectively to mitigate risks to the achievement of the objective identified below.
8. As stated in the IJB Risk Management Policy & Strategy, '*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*'.
9. The Policy & Strategy also sets out the 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.*

RISKS

10. The following risks could prevent the achievement of the above objectives and were identified as within scope for this audit:

- ✧ The organisation may not be managing risks appropriately because it does not have a comprehensive risk management framework, congruent with those of its partner organisations in place comprising appropriate strategy, structures, policies and procedures based on sound risk management principles appropriate to integrated working;
- ✧ Risks are not considered and addressed as part of all decision making activities.
- ✧ All relevant strategic and operational risks may not be accurately identified, assessed, evaluated, recorded and monitored;
- ✧ The quality of data including risks, controls and assurance may not be to the required standard;
- ✧ Risk responses may not be appropriate and aligned with an appropriately defined and approved risk appetite;
- ✧ Relevant risk information may not be captured and communicated in a timely manner across the organisation, enabling staff, management and the Board to carry out their responsibilities;
- ✧ Users may not have appropriate knowledge of, and access to, robust risk management systems which are structured to allow partnership working;
- ✧ Training and awareness for all stakeholders of the risk management process may be insufficient;
- ✧ Adequate resources may not available to support the risk management process;
- ✧ Risks with partner organisations may not be appropriately managed in that;
 - Responsibility for managing operational risks may not clearly assigned
 - Effective assurance and reporting arrangements may not be in place over all risks relating to delegated functions
 - Appropriate assurances may not be provided to all relevant bodies and their Audit Committees on the operation of risk management and the integrity of systems

AUDIT OPINION AND FINDINGS

11. Dundee IJB is currently developing its Risk Management arrangements. This review is intended to assist management by identifying key areas to be taken forward as part of that process and therefore no audit opinion is expressed. However, we would commend the IJB for its progress to date and the priority given to Risk Management, whilst highlighting the need for significant further work to be undertaken as the organisation matures. In particular, we welcome the introduction of a process to create an integrated IJB Operational Risk Register as a necessary corollary to the IJB'S agreed model of governance.

12. The Senior Officer (Business Planning and Information Governance) has been delegated with operational responsibility for Risk Management with the Chief Officer having overall accountability for the IJB's 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.

13. The IJB Risk Management Strategy was approved by the IJB in May 2016. It is based on an NHS Tayside wide format but with the following specific amendments to ensure that the shared nature of the risk between the IJB, NHS Tayside and Dundee City Council is explicit and that the terms of the strategy are consistent with the Dundee Integration Scheme as well as to ensure the shared nature of the risk management process reflects the respective responsibilities of all the partners.

“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 and the IJB will share responsibility for managing operational risks and the development of activities and controls to respond to these. Where a number of operational risks impact across multiple services areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to ‘strategic risk’ status as above.”

‘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 NHS Chief Executive and the Chief Executive of Dundee City Council.’

These amendments, in our view, appropriately reflect the governance model of the IJB.

14. The organisation’s high-level risk register was reported to the Performance & Audit Committee (PAC) in February 2018 and again in June 2018 as part of the Annual Risk Management overview. The risk register identifies the ten key strategic risks for the partnership and provides a description, alongside the original, current and target risk scores, mitigating actions and a narrative section.
15. All reports requiring a decision now include an enhanced risk assessment section. The report template includes a mandatory narrative section which provides a framework for ensuring that all decisions are informed by appropriate risk assessments.
16. Work has been ongoing during the year to develop a local operational risk register. This work was originally planned to include business continuity planning and to be monitored by the PAC, but this has not yet been presented. The Dundee IJB Annual Risk Management report presented to the 29 May 2018 PAC identified areas of further development. These should be supplemented by additional recommendations arising from this review and we would recommend the production of a timetable to ensure that the implementation of these developments is prioritised and can be monitored by the PAC.

Detailed findings

17. Neither parent body Risk Management Strategy (RMS) fully recognises the complex relationships with IJBs in terms of shared risk and a range of other activities. However, the NHS Tayside Risk Management Strategy does reference the risk management policy and strategy for use within Health and Social Care Partnerships, and the Dundee City Council Strategy is being redrafted. The current strategies are not consistent with those of the IJB and therefore do not set out the arrangements between the bodies for the ownership, identification and escalation of risk. All three Risk Management Strategies (RMS) should be updated within a common set of principles to ensure consistency and congruence, noting that the Dundee City Council RMS is currently under review.

18. Whilst the RMS does not have a formal review date s10.4 states that '*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 Integrated Joint Board's business environment.*' It is not apparent that this review has taken place and, in any event, the IJB should take responsibility for reviewing its own RMS, albeit in consultation with the parent bodies.
19. The update of the Dundee IJB RMS should consider the following potential enhancements:
- ✧ The 'Governance, roles and responsibilities' section should be amended to:
 - Recognise the responsibility of the Board to consider the Risk Register at least bi-annually (see below);
 - Reflect the role of the Performance and Audit Committee for reviewing the overall system of Risk Management, consistent with its Terms of Reference;
 - Enhance the section in relation to the role of the Senior Management Team (SMT) in reviewing risks and considering current scores, controls and tolerance; and in escalating risks to the IJB, Strategic Risk Register and to partner bodies. This section should also make reference to the role of groups below the SMT;
 - Completely revise section 4.6 which currently states '*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.*' This section should be replaced by an appropriate mechanism for formal escalation of risks to the parent bodies and vice versa;
 - Incorporate a set of agreed Risk Management principles, including as a minimum those topics covered within the Risk Management section of the HSCI governance principles agreed with NHS Tayside, whilst ensuring that the views of Dundee City Council are also incorporated.
 - ✧ Similarly, s8.3 states '*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.*' This section should also be reviewed in consultation with the officers responsible for Risk Management within the partner bodies to ensure that it can operate effectively in practice and in accordance with the agreed principles referred to above;
 - ✧ As systems develop, consideration should be given to the creation of operational procedures/policies to provide guidance to managers and support the delivery of the RMS.
20. The approved format for the risk register is set out in Appendix 2 of the RMS. However, this format was not considered practicable and the risk register does not currently contain information on assurances in place over the controls mitigating each risk, nor timescales for actions designed to reduce those risks. Risk reporting arrangements should be reviewed, specifically in relation to explicitly linking objectives, risks, controls/actions and assurances/performance reporting within the context of the IJB governance structures.

21. Although reported to the February 2018 PAC meeting, the Risk Register was not presented to the IJB itself during 2017/18 and was not taken to the June 2018 IJB as intended.
22. The Risk Management Annual report was presented to the May 2018 PAC and included an updated risk register. However, whilst it outlined developments during the year it did not provide formal assurance to the PAC. Best practice would involve the use of a recognised methodology to form the basis for an overt opinion on the adequacy and effectiveness of risk management arrangements.
23. The report also highlighted proposed improvements including addressing the issue identified above in relation to presenting the Strategic and Operational Risk Registers to the Integration Joint Board following detailed scrutiny by the Performance and Audit Committee and working with the IJB to set the IJB's risk appetite. It also proposed the development of Key Performance Indicators to provide assurance on the operation of the Risk Management system throughout the year. We would recommend that the full IJB review the Risk Register at least bi-annually and that any risks above risk appetite be reported more frequently, together with an associated plan to mitigate the risk to tolerable levels.
24. S4.3 of the RMS sets out the duties of the SMT but there is currently no regular mechanism for the formal review of the Risk Register or for ensuring that any current issues are considered for inclusion within the operational or strategic risk registers. In this regard, we would highlight the risk relating to drug and alcohol treatment waiting times which has an inherent, current and planned risk rating of 25, but which was not overtly considered for escalation to the IJB, inclusion within the Strategic Risk Register or for escalation to the parent bodies.
25. During our review we were pleased to note the work being undertaken to produce a coherent, integrated risk register within one locality, as a precursor to an exercise to be undertaken across the IJB. In our view, this entirely consistent with and appropriate for the model Dundee IJB's governance model.
26. Once completed, there would be benefit in recording an agreed methodology for this approach in the form of a formal policy/procedure to ensure consistency and to build iteratively on the good work already undertaken.
27. Whilst the work above is a step forward, it cannot be completed without agreement with the partners as it would not be efficient to maintain three risk registers containing duplicate or similar risks and there is the inevitable prospect that one or more would not be maintained effectively. This should be the subject of detailed discussion with the parent bodies and the agreed solution should be recorded within the RMS.
28. The Strategic Risk register is high-level and reflects a number of risks envisaged at the establishment of the IJB. As noted above, there is not yet evidence of material operational risks percolating through to the Strategic Risk Register and we note that there is no overt linkage to the Strategic Plan. In the longer term, we would recommend consideration of a horizon scanning process possibly through an annual Board Development Event at a suitable point in the year, predicated around risks to the delivery of the Strategic Plan, also informed by the risk registers of the Health Board and Council. This would enhance Board understanding and ownership of the Risk Register and allow newer members, who were not in place when the Risk Register was formulated, to participate fully.

29. In the fullness of time it would be preferable to identify and formalise the links between the strategic/operational risk registers and the following sources of information on risk, recognising the key roles of the R2 group and the PAC:
- Complaints & Claims
 - Losses and Compensation Register
 - Incident reporting & associated investigation
 - Internal Audit Reports
 - External Audit Reports
 - Internal reviews such as Fire Safety, H&S, Clinical Audit
 - External reviews such as HSE, HIS, MWC, Care Commission
 - Other legal or regulatory reviews
30. Again, in the longer term, the IJB should consider training in IJB risk management systems and procedures for staff with responsibility for risk.
31. Whilst the IJB has made considerable progress, there is a significant amount of work to be undertaken before the IJB has a fully integrated risk management system aligned to its governance model and vision. As highlighted above, this work will require to be carefully planned and prioritised and should be monitored by the PAC. Whilst the IJB has shown commitment to Risk Management and has staff dedicated to the delivery of appropriate Risk Management systems, it should ensure that support from the parent bodies, as required by the Integration Scheme, is sufficient to support the IJB in this work.

ACTION

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

ACKNOWLEDGEMENT

33. 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

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
1.	Dundee IJB has already identified some future enhancements to the system of Risk Management. This report highlights a number of additional areas developments.	The findings of this report, together with the proposed enhancements presented to the May 2018 PAC should be prioritised so that a timetable can be presented to the PAC for approval and monitoring.	2	An action plan and associated timetable addressing all of the findings of this report will be presented to the November Performance and Audit Committee.	Head fo Finance and Strategic Planning November 2018

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

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

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

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

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

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

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

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



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 25 SEPTEMBER 2018

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

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC46-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Performance & Audit Committee of the outcome of the recent Mental Welfare Commission Report “Themed Visit to People with Dementia in Community Hospitals”.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of the Mental Welfare Commission’s report (attached as Appendix 1);
- 2.2 Notes the good practice identified within Royal Victoria Hospital in relation to provision of activities contained within the report as described in section 4.4 of this report;
- 2.3 Notes the actions in relation to the report recommendations with regards to Royal Victoria Hospital as described in section 4.5 & 4.6 below (and attached as Appendix 2).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 The Mental Welfare Commission visited Royal Victoria Hospital Medicine for the Elderly wards on 26 July 2018. This visit was part of a wider programme of themed visits to community hospitals within Scotland to review the care and treatment of people with dementia. In total 78 wards were visited across 56 of the 89 community hospitals across Scotland. The report identified that the care and treatment provided within community hospitals is generally good and these facilities are valued by patients and carers
- 4.2 The report highlighted that much of the focus of care is on the physical reasons for which most patients were initially admitted, and identified a range of recommendations for ways in which care, treatment and the environment could be improved in relation to meeting the needs of patients with dementia.
- 4.3 The report did not make any specific recommendations regarding Royal Victoria Hospital but did make 12 general recommendations to be considered for all community hospitals. These recommendations cover a number of areas including environment, patient and carer experience, care planning and access to specialist dementia services, provision of activities, and staffing.
- 4.4 Royal Victoria Hospital was given particular mention within the report as having an activity programme and a very successful policy of inviting carers to join physiotherapy and Occupational Therapy groups. The report also highlighted that staff spoke of the programme

motivating the individual, and that carers became involved and more confident about carrying out these tasks with their relative after discharge.

- 4.5 A multidisciplinary short life working group was formed and devised an agreed timetabled action plan in response to the report recommendations. Benchmarking against each of the recommendations was carried out and has resulted in a number of actions to be progressed to ensure service meets and exceeds the report recommendations
- 4.6 The action plan has identified areas where the service meets or exceeds the recommendations through the use of a Red, Amber, Green (RAG) rating system wherein Green – meets or exceeds recommendation, Amber – service partially meets recommendation but further work required, Red – service non-compliant with recommendation.
- 4.7 The agreed action plan was submitted to NHS Tayside’s Director for Strategic Change as part of the wider NHS Tayside response to the Mental Welfare Commission report.

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 Mental Welfare Commission information and is for information only.

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: 5th September 2018

Peter Oswald
Specialty Manager, Medicine for the Elderly & Psychiatry of Old Age Services
Health & Social Care Partnership

APPENDIX I

VISIT AND MONITORING REPORT

Themed visit to people with dementia in community hospitals

MAY 2018

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Our mission and purpose

Our Mission

To be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice.

Our Purpose

We protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

Our Priorities

To achieve our mission and purpose over the next three years we have identified four strategic priorities.

- To challenge and to promote change
- Focus on the most vulnerable
- Increase our impact (in the work that we do)
- Improve our efficiency and effectiveness

Our Activity

- Influencing and empowering
- Visiting individuals
- Monitoring the law
- Investigations and casework
- Information and advice

Executive summary

Introduction and background

This is the first time the Mental Welfare Commission has visited community hospitals to look at the care and treatment of people with dementia. This report gives a picture of the experience of patients and carers in these hospitals.

We visited 287 people with dementia, or who were being assessed for dementia, in 78 wards in 56 of the 89 community hospitals across Scotland. We did this because we know that a large proportion of patients in community hospitals have dementia.

Overall, around a quarter of patients had a diagnosis or were being assessed for dementia.

There has been a policy focus, in the three Scottish dementia strategies since 2010, on improving care for people with dementia in general hospitals.

Community hospitals vary considerably in scale, and in terms of the services they provide. They are small local hospitals providing a range of services close to their local community.

The visits

We visited wards between June and September 2017 and met every patient who was able and willing to talk to us. We spoke with staff, and reviewed case files and drug prescription sheets, including those of patients we had not been able to talk with. We also heard from 104 carers.

We saw patients in a range of urban and rural settings, and in a range of larger and smaller units, including those where local GPs manage beds, and where beds were managed by specialist clinicians, usually geriatricians.

Three fifths of patients we saw or reviewed were female, and about half were 85 or over.

Just over half had been in the community hospital for a month or longer, and 18% for more than three months. Only 22% had been in the hospital for 15 days or less.

Summary of findings

Environment

We found that more work could be done to personalise ward environments, and to make them more dementia friendly and provide more dementia-friendly resources.

All the wards were clean, and almost all were in good decorative order. Most felt like a pleasant place to be. Although, five wards felt very or fairly unpleasant, and 16 felt clinical.

Many community hospitals are in old buildings, and there were particular challenges in a few, for example, lack of access to shower facilities. However, not all old wards provided a poor environment, and newly-built wards did not necessarily provide a good environment.

Only a third of wards had carried out a dementia-friendliness audit of the environment. Problems included poor signage, flooring which could increase the risk of falls, and lack

of contrasting colours for toilet seats and grab rails to assist people with dementia to recognise and use them.

Personalisation could be improved on more than half the wards and there was variation in provision of dementia-friendly resources. There were examples of simple and low cost good practice, but we were concerned that some wards had very little to make them dementia-friendly.

Carers' experiences

We heard from 104 carers and relatives, and generally, they felt positive about their relative's care and felt welcome on the wards. They valued the fact that their relative was in a local hospital, with flexible visiting, and with an atmosphere which was more relaxed and welcoming than in a busy acute hospital.

We wanted to see if families and carers felt fully involved, as outlined in Equal Partners in Care (EPiC).¹ In the main they were kept well informed, but there was scope for them to be involved more proactively in decisions about care and treatment.

Only half had had a verbal or written introduction to the ward.

Informal communication with nursing staff was good but only a third reported being able to speak to a doctor. In some wards carers were invited to review meetings, but two in five were not. Only just over half were given feedback from the ward round.

The majority were satisfied with the arrangements for feedback but 14% felt dissatisfied at the lack of a regular, reliable flow of information.

Half of the carers felt they were able to help with activities like mealtimes and social activities at least sometimes, but one in five reported never being able to do so.

One in five carers felt their relative's skills were not being maintained and two in five felt this was partial.

There was scope for carers to be given more information about supports they could access for themselves. Only 17% had been signposted to support by ward staff.

Care planning

Very few patients had been admitted to hospital for care and treatment relating to dementia. Almost all had had a fall, or had a physical illness.

We saw that care planning focused very heavily on physical health care issues, and that physical health care needs were being well met. There was very good input from occupational therapy (OT) and physiotherapy services, focusing on rehabilitation. There seemed to be good input from geriatricians, who manage beds in some hospitals, but also provide medical input in some other hospitals.

However, in about half of care plans there was a lack of person-centred focus.

In three fifths of cases life story information was recorded, and in half of these we felt that information was being gathered well, but in a fifth of cases we saw no information.

¹ <http://www.knowledge.scot.nhs.uk/home/portals-and-topics/equal-partners-in-care/about-equal-partners-in-care.aspx>

Care plans recorded physical health care interventions well, but there was a lack of care planning for care and support focusing on the patient's dementia.

Few care plans had information about a patient's abilities and skills, and few detailed how a patient was to be supported with personal care, and encouraged to maintain their skills and independence as much as possible.

We saw evidence of care planning for stressed/distressed behaviour in only a few cases (16%), often associated with good input from specialist mental health services.

Of the 57 cases where we felt a care plan for stressed/distressed behaviour should be in place but was not, half were being prescribed medication to be given 'as required' for agitation. We would have hoped also to see a care plan which sets out other interventions to minimise a patient's stress and agitation.

Medication prescription and review

We recorded information about this for 85% of patients, of whom just over half were prescribed psychotropic medication.

Most patients who are prescribed psychotropic medication are having reviews of their continuing need for this. In about a third of cases, the review was in consultation with a psychiatrist or community psychiatric nurse.

For 43 people prescribed more than one psychotropic medication, there was evidence that medications were being reviewed in consultation with a pharmacist in just over a third.

A quarter of the people whose care we looked at were prescribed medication 'if required' for agitation. We were disappointed that more than half did not have a care plan for the use of this medication.

Rights

Three quarters of patients had a certificate of incapacity in place, in most cases with a treatment plan. This was an improvement since our visits in 2010 to people with dementia in general hospitals. In 27 cases without a certificate (9%), Commission visitors thought that one was probably necessary.

In a very few cases we felt there were possible issues of unlawful detention, and in one case the patient was detained under mental health legislation after our visit. In all these 14 cases, a care plan for responding to stressed/distressed behaviour would have been appropriate but was not in place.

In five hospitals electronic location devices were being used.

When we discussed issues with staff in wards, we felt that staff often were not familiar with incapacity and mental health legislation.

In a quarter of cases restraint was being used, usually bed rails. In most cases there was an appropriate risk assessment, and we saw some risk assessments which clearly identified that the use of bed rails was not appropriate. However, in some files there was no information about a specific assessment, and in a few hospitals files would simply record that bed rails were in place 'as per hospital policy'. In one case, bed rails were in place despite an assessment that they were not appropriate.

In a third of cases where restraint was being used there was little or no evidence of regular reviews.

A third of patients we saw had previously granted powers of attorney and in a very few cases a guardianship order was in place, or was being applied for. When we examined patients' files, we found that in a few cases the specific powers were not recorded in care files, but contact details of welfare proxies were recorded and readily available to staff in most cases. Files showed that welfare proxies were being consulted appropriately about treatment decisions.

Activities

It is important that meaningful and stimulating activities can be offered, particularly as so many people with dementia are spending considerable lengths of time in hospital. This can promote rehabilitation and recovery, and assist in reducing stressed and distressed behaviour. Without intense input patients can quickly lose existing skills, which can ultimately lead to them being unable to return to their previous accommodation.

Wards had good input from OT and physiotherapy, with a strong focus on therapeutic rehabilitation activity, helping patients regain mobility and independence following falls or episodes of physical ill health.

However, the overall picture was of very limited activity provision and, in more than half the wards, provision was limited or very poor.

In only two in five wards staff felt that patients who were physically mobile had sufficient opportunities to get out.

While we saw examples of good practice, we feel that more can be done to develop activity provision, and that community hospitals, which are almost all based in local communities, have opportunities to develop links with communities to enhance activity provision.

Discharge and delayed discharge

In about half of cases patients were not ready for discharge.

In a few cases (9%) guardianship applications were in progress, and a quarter of patients required a residential placement. We saw that appropriate consideration was given to discharge home in most cases.

A fifth of patients needed arrangements for the provision of home care support. A quarter of these were awaiting funding, but in about three quarters of these cases delays were caused by the need to organise support. Often the patient had been receiving support at home before their admission to hospital, but the package of support was automatically cancelled after a short period of hospital admission.

How people feel about their stay

Almost three quarters of the 134 patients who were able to comment either fully or in a limited way on their treatment were positive, and another one in four were very positive about it.

A number of patients told us about the quality of interactions with staff, often describing staff as kind, warm, caring and helpful. Most said staff were available to talk to and 99% felt safe on the ward.

Almost all patients felt they had enough privacy, although two people felt uncomfortable in a dormitory because of the lack of privacy. Five patients felt that it was boring in the ward.

Three fifths of patients had either not heard of advocacy, or were not sure. Only three patients told us they had an advocate, and two had been offered advocacy support but did not want it.

The Commission's recent Right to Advocacy report² recommended that strategic plans are developed based on a local needs assessment, and information about unmet need and gaps in local provision, and that they should address barriers people may be experiencing accessing advocacy support.

Staffing

Three quarters of the wards had dementia champions on the ward team and a further 15% had access to a dementia champion based elsewhere. Wards commented positively about their impact. We saw clear benefits where staff who have trained as dementia champions are providing advice and support to other staff and to carers, developing good practice, and improving access to a range of resources for patients and carers.

Almost three quarters of the wards we visited had access to an Alzheimer Scotland dementia nurse consultant.

The levels of specialist training within the nursing team varied considerably. Two thirds had staff trained in identifying delirium, and half the hospitals had staff trained in the Adults with Incapacity Act.

Two fifths of the wards had no-one with training in the Newcastle model or other similar models for managing stress and distress. There was a lack of clarity about the different levels of knowledge and skills required by staff at the different Promoting Excellence dementia skills and knowledge framework³ levels.

Access to psychiatry was available, mainly on a referral basis. However psychiatrists only attended multi-disciplinary team (MDT) meetings in one in three wards, usually on individual request.

Pharmacy input varied considerably. 82% of wards had access but only 69% said input from a pharmacist was regular rather than by referral; pharmacy attended MDT

² The Mental Welfare Commission (March 2018) *The Right to Advocacy - A review of how local authorities and NHS Boards are discharging their responsibilities under the Mental Health (Care and Treatment) (Scotland) Act 2003*

³ Scottish Government, 2011, *Promoting Excellence: A framework for all health and social services staff working with people with dementia, their families and carers*
<http://www.gov.scot/Resource/Doc/350174/0117211.pdf>.

meetings, either on a regular or invitation basis, in just 37% of wards. 15% of wards told us they did not have access to pharmacy input to the ward, even on a referral basis.

None of the wards we visited had regular input from psychology. 69% (49) were able to access this by referral, however, there seemed to be a lack of awareness amongst staff of the value of psychology to patients with dementia.

OT was an integral part of the multi-disciplinary team in most wards, and physiotherapy, dietetics and speech and language therapy were available to all wards on either a regular or referral basis. Social work input was available in all wards.

Access to a liaison service that specialises in the diagnosis and management of dementia varies considerably. Some wards have to go through the GP or consultant who can make a referral to the local mental health team, whilst others can make a referral directly. A few wards have regular input from a liaison nurse or community psychiatric nurse.

Recommendations

Managers of community hospital wards should review this report with staff, patients and carers to consider aspects of their current practice which can be improved.

All Integrated Joint Boards should ensure that:

1. Wards use a dementia design audit tool every two years, and take appropriate actions to make ward environments as dementia-friendly as possible.
2. Staff use the Equal Partners in Care (EpiC)⁴ framework, and encourage and enable carers to be involved in their relative's care and to work in partnership with staff, and that carers are given appropriate information as soon as possible after admission.
3. Staff use care planning systems which include a focus on supporting patients' needs in relation to their dementia. These should be based on personal life story information.
4. Medication should be used as a last, not first, resort in the management of stressed and distressed behaviours:
 - There should be a specific care plan detailing the non-pharmacological interventions to be used, informed by input from specialist psychiatric services (dementia nurse consultants, liaison nurses or psychiatrists) when required.
 - When a patient is prescribed medication 'if required' for agitation, there should be a clear care plan detailing when and how the medication should be used, and this should be regularly evaluated and reviewed.
 - People with dementia on multiple psychotropic medications should be prioritised for multi-disciplinary review, including pharmacy, to ensure that continued use is appropriate.
5. Where the use of electronic location devices is considered, there are protocols, including individual risk assessments and consultation with relatives/carers and attorneys and guardians; which should follow the Commission's good practice guidance, *Decisions about technology*.
6. Whenever the use of any form of restraint (for example bedrails) is being considered, staff complete an appropriate risk assessment, the need for restraint is kept under review, and the principles in the Commission's good practice guidance, *Rights, risks and limits to freedom*, are applied.
7. The service plan for each community hospital includes a focus on developing activity provision, and on encouraging input from local communities, in wards.
8. Staff provide patients with information about the reasons for being in hospital, and about their treatment, as often as is necessary, and that information given verbally is supplemented by information in other formats.

⁴ <http://www.knowledge.scot.nhs.uk/home/portals-and-topics/equal-partners-in-care/about-equal-partners-in-care.aspx>

9. Staff are proactive in helping patients access independent advocacy services and any barriers to access are addressed.
10. Health service managers give priority to ensuring:
 - that all non-clinical staff attain the knowledge and skills at the Informed level of the Promoting Excellence framework (see Appendix 2).
 - that all clinical staff attain the knowledge and skills at the Skilled level of Promoting Excellence using the NES national 'Dementia Skilled - Improving Practice Resource' (see Appendix 2).
 - that all wards in community hospitals are able to access support from staff at the Enhanced level, including dementia champions, and from staff operating at the Expertise level of Promoting Excellence.
 - that clinical staff have appropriate training on the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003.
11. There is appropriate and timely input available from specialist dementia services and other specialisms, such as pharmacy, into community hospitals.
12. Local arrangements for cancelling home support packages when a patient is admitted to hospital are reviewed, with reference to the patient's likely duration of stay; and should consider developing flexible arrangements for restarting a package of care to enable patients to be discharged home quickly when they are ready to return home.

Part 1 – Introduction and background

Introduction

This report details what we found when we visited 78 wards in 56 community hospitals across Scotland, to look at the care and treatment of people with dementia when they are admitted to a community hospital. The report contains recommendations we have made about how community hospitals could improve the care provided, and highlights good practice we found on the visits.

Why we carried out these visits

Background

Currently an estimated 90,000 people have dementia in Scotland, and in 2014 there were an estimated 16,712 individuals newly diagnosed with dementia. By 2020, this number is estimated to increase by 17% to 19,473⁵. As the population in Scotland ages and the number of people diagnosed with dementia increases, this will be reflected in an increasing use of hospital care by people with dementia. We know that up to a quarter of hospital beds are occupied by people with dementia who are over 65, and that people with dementia generally stay longer in hospital⁶.

The Commission regularly visits hospitals providing specialist care and treatment for people with dementia. We carry out local visits to look at the experiences of people receiving treatment in these wards, and we publish these local visit reports on our website. We also undertake themed visits each year. A themed visit is when we visit people in similar services, across a short period of time, with key questions for patients, staff and visitors.

Over the past 10 years we have undertaken a number of themed visits to look at the mental health care and treatment older people are receiving in different hospital settings:

- In 2007 we published *Older and wiser*⁷, about hospital wards providing continuing care for people with dementia. It identified the need for more consistent approaches to assessing needs, and to collecting life history information. It also said that the environment in a number of wards could be improved.
- In June 2010 we published *Where do I go from here?*⁸, a report on visits to mental health admission wards for older people. Actions needed focussed on several areas, including person-centred care planning, the environment, the assessment of capacity to consent to treatment, and advocacy support.

⁵ Scottish Government, *Estimated and Projected Diagnosis Rates for Dementia in Scotland 2014-2020* (Edinburgh, 2016), <http://www.gov.scot/Publications/2016/12/9363/0>

⁶ Health Improvement Scotland, *Focus on Dementia, Supporting improvements for people with dementia in acute care*, June 2016, <http://ihub.scot/media/1094/2016001-foc-acute-case-study-report-web.pdf>

⁷ The Mental Welfare Commission for Scotland (2007) *Older and Wiser* <http://www.mwscot.org.uk/media/53251/Older%20and%20Wiser%202007.pdf>

⁸ The Mental Welfare Commission for Scotland (2010) *Where do I go from here?* <http://www.mwscot.org.uk/media/53275/Where%20do%20I%20go%20from%20here%202010.pdf>

- In March 2011 we published *Dementia: decisions for dignity*⁹, a report on visits to people with dementia in general hospitals. We reported on a number of positive findings, and made recommendations around avoiding unnecessary moves between wards, assessing and reviewing capacity to consent to treatment, reviewing the prescription and administration of specific medications, training staff on relevant legislation, and dementia-friendly environments.
- In 2014 we published *Dignity and respect: dementia continuing care visits*¹⁰, about NHS wards providing longer term care for people with dementia. Our recommendations addressed medication and management of stressed/distressed behaviours, care planning and activities, multi-disciplinary input in wards, staff training, and the environment in many wards.
- In October 2015 we published *Making progress: older adult functional assessment wards*¹¹ about wards providing acute assessment for older people with functional mental illness, as opposed to dementia. A large majority of the wards regularly had patients with dementia, and we highlighted several issues about care and treatment for people with dementia.

This themed visit was arranged because we have not previously looked at how people with dementia are cared for in the non-specialist environment of a community hospital.

Policy context

Scotland's first dementia strategy was published in 2010¹². This said clearly that dementia was a national priority, and set out work to take forward to improve support, care and treatment for people with dementia and families and carers. It identified five key challenges and focussed on action to support improvements, particularly support after diagnosis and the response to dementia in health and social care. It said that it was important, when someone was in a general hospital with physical health problems that "staff in hospital plan for and provide care and treatment that takes account of the person's dementia." (Para 63)

The second dementia strategy covered the period from 2013 to 2016¹³. It highlighted progress being made, with improving diagnosis rates, Alzheimer Scotland nurse consultants appointed to health boards across Scotland, and 300 people trained as dementia champions by March 2013. There are now over 800 trained dementia champions. Although most of these will be acute general hospital staff, later cohorts included community hospital staff. The second strategy had 17 commitments, and spoke about the importance of developing post diagnostic support, of better integrated care

⁹ The Mental Welfare Commission for Scotland (2011) *Decisions for Dignity*
<http://www.mwscot.org.uk/media/53187/Decisions%20for%20Dignity%202010.pdf>

¹⁰ The Mental Welfare Commission for Scotland (2014) *Dignity and Respect – our visits to dementia continuing care wards* http://www.mwscot.org.uk/media/191892/dignity_and_respect_-_final_approved.pdf

¹¹ The Mental Welfare Commission for Scotland (2015) *Making Progress; older adult functional assessment wards*
http://www.mwscot.org.uk/media/241555/making_progress_older_adult_functional_assessment_wards.pdf

¹² Scottish Government *Scotland's National Dementia Strategy* (Edinburgh, 2010) <http://www.gov.scot/Publications/2010/09/10151751/0>

¹³ Scottish Government *Scotland's National Dementia Strategy: 2013-16* (Edinburgh, 2013)
<http://www.gov.scot/Resource/0042/00423472.pdf>

and support, of continuing to improve staff skills and knowledge, and of implementing an action plan for care in hospitals.

The third dementia strategy was published in June 2017.¹⁴ This strategy maintains the focus on consistent high quality post diagnostic support, and improving care in hospitals and care homes. There are 21 commitments, and the strategy talks about people being able to live well and safely at home, having support from diagnosis to the end of life, having good care in all settings, and receiving personalised care and treatment in all NHS settings, whether in general hospitals or specialist NHS care.

In addition to the three national strategies, covering the period from 2010 to 2020, a lot of other work has been progressed nationally, to support improvements in dementia care. The Standards of Care for Dementia were published in 2011¹⁵, underpinned by the Promoting Excellence knowledge and skills framework¹⁶ and the Charter of Rights for People with Dementia and their Carers¹⁷. In 2015, Healthcare Improvement Scotland published the Care of Older People in Hospital Standards, which include a standard on dementia care¹⁸.

Particularly relevant to this themed visit, commitment 10 in the second dementia strategy said “we will develop and deliver a three year National Action Plan to improve care in acute general hospitals.” A 10 point national framework, 10 Dementia Care Actions in Hospital, was created, with all NHS boards committed to continuous improvement across the 10 care actions, to ensure that care and treatment people with dementia receive in hospital is safe, co-ordinated, and person centred.

About community hospitals

What are community hospitals?

Community hospitals have had an important role in the provision of healthcare in Scotland for many years, and in some areas a community hospital will have been part of a local health care system for over a hundred years. Many community hospitals predate the NHS, and were established by local benefactors, or were built with local donations.

¹⁴ Scottish Government *Scotland's National Dementia Strategy 2017-2020* (Edinburgh, 2017) <http://www.gov.scot/Resource/0052/00521773.pdf>

¹⁵ Scottish Government *Standards of Care for Dementia in Scotland* (Edinburgh, 2011) <http://www.gov.scot/resource/doc/350188/0117212.pdf>

¹⁶ Scottish Government, 2011, *Promoting Excellence: A framework for all health and social services staff working with people with dementia, their families and carers* <http://www.gov.scot/Resource/Doc/350174/0117211.pdf>. This learning framework was developed by NHS Education for Scotland and the Scottish Social Services Council for all health and social care staff. It has four practice levels: Dementia informed (baseline knowledge and skills required by all staff working in health and social service settings); Dementia skilled (all staff with direct and/or substantial contact with people with dementia); Dementia enhanced (staff who have more regular and intense contact with people with dementia, provide specific interventions and/or direct/manage care and services) and Dementia expertise (staff who by virtue of their role and practice setting play an expert specialist role in the care, treatment and support of people with dementia).

¹⁷ https://www.alzscot.org/assets/0000/2678/Charter_of_Rights.pdf

¹⁸ Healthcare Improvement Scotland (2015) *Care of Older People in Hospital Standards* http://www.healthcareimprovementscotland.org/our_work/person-centred_care/resources/opah_standards.aspx

There is no agreed definition of a community hospital, and they vary considerably, many of them as they have adapted to the needs of their local populations over the years. The most commonly used definition is Ritchie's:

"A local hospital or unit, providing an appropriate range and format of accessible health care facilities and resources. These will include in-patients, out-patients, diagnostics, day care, primary care and outreach services for patients provided by multidisciplinary teams"¹⁹.

While community hospitals vary considerably in terms of the services they provide, they are fundamentally small local hospitals providing a range of services to their local community, offering these services close to people's homes and families.

Community hospital policy

A key part of national health policy is to shift the balance of care from large institutions, and deliver care where possible in community settings, expanding primary care-led services. The Scottish Government has set out a route map for their 2020 vision for health care in Scotland, which emphasises this²⁰. Community hospitals are seen as an important part of this approach, providing care closer to home after an admission to larger acute hospitals, or avoiding an unnecessary admission to an acute hospital, which for many people will be some distance from where they live, by providing short stay treatments.

An initial policy document, *Developing Community Hospitals*, was published in 2006²¹. This set out a vision for community hospitals as part of an extended primary care service, providing health services closer to communities. The Community Hospital Strategy Refresh in 2012²² outlined plans for the future development of community hospitals, seeing them as sitting at the heart of expanded and integrated community services. This strategy refresh had nine actions for health boards to progress, to make sure that each community hospital had a clear plan for developing the services available for local communities, and that the learning and training needs of staff in the hospitals were addressed. The health board actions include a specific action to address staff training needs, particularly around the care of older people with dementia, recognising that the role of community hospitals in providing care for this group of people will increase.

Current community hospital policy therefore recognises that these hospitals will provide care and treatment for increasing numbers of people with dementia, often with other long term health conditions, and often to provide rehabilitation after treatment for a physical health problem in a large acute hospital. The policy acknowledges that community hospitals provide services closer to home, and often in a more relaxed atmosphere than in a busy acute hospital. It says they should have a key role in the future providing care and treatment directly in the communities where they are based,

¹⁹ Ritchie, L (1996) *Community Hospitals in Scotland – Promoting Progress*, University of Aberdeen

²⁰ <http://www.gov.scot/Resource/0042/00423188.pdf>

²¹ Scottish Executive *Developing Community Hospitals: A strategy for Scotland* (Edinburgh, 2006)

<http://www.gov.scot/Resource/Doc/161360/0043790.pdf>

²² The Scottish Government *Community Hospital Strategy Refresh* (Edinburgh, 2012)

<http://www.gov.scot/Resource/0039/00391837.pdf>

and that health boards should be looking to develop services provided in these hospitals.

How we carried out the visits

We developed interview schedules for patients, carers, and staff, and also a brief audit tool for the physical environment in wards. To help us decide what questions we wanted to ask, the Carer Engagement and Participation Officer in the Commission consulted with a range of individuals and groups to gather information about issues they felt would be relevant for us to focus on in visits. We thank people for the time they took to help us.

We carried out two pilot visits using these schedules, to Ward 3 at Stirling Community Hospital, and to Kilsyth Victoria Cottage Hospital. We would like to thank staff there for their co-operation in allowing us to do this.

We visited wards between June and September 2017. Letters were sent out to let hospitals know we were coming, and to give details of the information we would want to collect on the day of our visit. This included information about the number of beds occupied and vacant at the time of our visit, and specific information about the patients who had been diagnosed with dementia, or were being assessed. With the letters arranging visits we also sent letters to be given to patients, to tell them about the visit, and posters to be displayed in the ward. There was an information leaflet for relatives/carers, and copies of a questionnaire for carers. We wanted to hear the views of as many carers as possible, so carers were offered the option of meeting Commission visitors on the day of the visit, contacting us by telephone to give us their views, or completing the questionnaire themselves and sending this to us.

On the day of our visit we met every patient in a ward who had a diagnosis of dementia, or was being assessed, and who was able and willing to talk to us. We met staff, and all relatives who wanted to speak to us. We also reviewed the case files and drug prescription sheets for all the patients with a dementia diagnosis, or in the process of being assessed, in the ward. This included the patients we had not been able to talk with.

Where we visited

The common feature of community hospitals is their variability. There is no agreed definition of a community hospital, and different hospitals can provide a widely different range of healthcare services and in-patient beds. In-patient beds in community hospitals can be managed by local GPs, or can be managed by other clinicians, normally geriatricians.

We wrote to the 14 regional health boards in Scotland asking for details about the hospitals they classed as community hospitals in their areas. We also asked for information about the wards and bed numbers in these hospitals. We used this information to establish which wards would be visited in this themed visit programme.

Two of the island boards, NHS Shetland and NHS Orkney, do not have any community hospitals, with the hospitals there categorised as rural general hospitals. From the information we got back from the other 12 boards, we saw that 89 hospitals were defined as community hospitals. These hospitals vary in greatly in size, with St Brendan's Hospital on the Isle of Barra for example having five beds, and the Royal

Victoria Hospital in Dundee, at the time of our visit, having six wards with 97 beds. Most of the hospitals we visited, though, had only one ward with in-patient beds.

We visited 56 of the 89 hospitals across Scotland, seeing patients in 78 different wards. A full list of where we visited can be found in Appendix 1. We went to every health board area with community hospitals, apart from NHS Western Isles, which only has two small community hospitals. We could not visit all the community hospitals across Scotland, but we selected hospitals to visit, to make sure that we were seeing patients in a range of urban and rural settings, and in every health board apart from NHS Western Isles.

We received data about bed occupancy and the number of patients with dementia from 65 wards. Although this is incomplete data, and reflects only the position on the day the return was filled in by each ward, it indicates that around a quarter (274 patients out of 1,065 occupied beds) had a diagnosis or were being assessed for dementia.

We wanted to look at the care and treatment provided to people with dementia in small single ward units, and in larger hospitals. We also wanted to ensure we visited hospitals where medical input was provided by local GPs who were managing beds, and hospitals where beds were managed by specialist clinicians, usually geriatricians. We did not visit any ward in a community hospital where bed provision was managed by a consultant psychiatrist, as these wards would be part of specialist NHS mental health services, and would be included in our routine local visit programme.

We visited hospitals in 11 health board areas on this visit. NHS Grampian and NHS Highland, which both cover extensive rural areas, each have 17 community hospitals, so we visited more hospitals in these areas. The table below sets out how many hospitals and wards we visited in each health board:

NHS Boards	Hospitals	Wards
Ayrshire and Arran	5	8
Borders	4	4
Dumfries and Galloway	5	8
Fife	3	6
Forth Valley	2	4
Grampian	9	12
Greater Glasgow and Clyde	1	2
Highland	11	12
Lanarkshire	4	4
Lothian	4	7
Tayside	8	11
Total	56	78

Who we visited

In our visits to 78 wards we looked at the care of 287 patients. Of these patients about half (48%, 138) were able to engage in an interview, and answer questions to some extent. We reviewed the records, including medication charts, for all 287 patients.

The majority of patients we saw or reviewed were female (61%, 176). About half (51%, 146) were 85 or over, and just under half (45%, 130) were aged between 65 and 84. A very few (4) were between 45 and 64.

None of the patients were formally detained under mental health legislation when we visited.

We asked for information about where patients had been admitted to community hospitals from. A majority of patients had been admitted from an acute or a district general hospital (62%, 177). A minority (26%, 74) had been admitted from their home, while a very few (1%, 4) had been admitted from a care home. In a few cases (11%, 32) it was not clear where the patient had been admitted from.

We gathered information about the primary reason patients had been admitted to hospital. In just under half of cases (125, 44%) it was recorded that admission followed a fall at home, with a number of other records indicating that admissions were linked to a fall and other physical health problems. There has been a National Falls programme in place in Scotland since 2010, and the Scottish Government published its falls prevention strategy in October 2014²³. The information we collected on these visits suggests that falls are commonly associated with admissions to hospital for people with dementia, and underlines the relevance of the national falls prevention work.

We looked at how long each patient had been in the community hospitals when we visited (Table 1). In a very few cases the exact length of stay was unclear (3%, 9) The majority of patients (55%, 157) had been in the hospitals for a month or longer, and a significant number (18%, 52) had been in hospital for more than three months, while only a minority (22%, 65) were in the hospital for 15 days or less. We were interested in length of stay because it is particularly important that people have appropriate care relating to their dementia where they are in hospital for a long period, as opposed to a very short stay.

Table 1. Patients' length of stay in community hospital at the time of our visit

Length of time in community hospital	Number	%
More than 90 days	52	18%
46-90 days	69	24%
31-45 days	36	13%
16-30 days	56	20%
6-15 days	47	16%
0-5 days	18	6%
Not clear	9	3%
Total	287	100%

²³ The Scottish Government *The Prevention and Management of Falls in the Community. A framework for action for Scotland 2014/2016* (Edinburgh, 2014)
<http://www.gov.scot/Resource/0045/00459959.pdf>

Follow up

In a third of cases (31%) we took follow up action on the day of our visit, or after the visit, as a result of our findings. We did this on 90 occasions. Most issues were resolved on the day of the visit, and usually involved giving staff advice, or clarifying an issue for staff, for a patient, or for a relative or carer. We also wrote formally to managers or doctors on four occasions, in relation to more important matters.

Following visits we sent a brief report to unit managers highlighting any concerns or good practice we wanted to identify.

Part 2 – Findings

Environment

The physical environment

What we expect to find

We expect to find not only that wards are clean, well-maintained, comfortable and free from unacceptable noise and odour, but also, given the high proportion of patients with dementia, that the environment is dementia friendly. The disabling impact of dementia is strongly related to environment. The wellbeing of people with dementia is affected, for example, by how easy it is to find and recognise important places such as toilets and bedrooms, whether flooring is appropriate, whether key features such as grab rails and toilet seats stand out, and whether there are stimulating items to look at or handle.

What we found

All the wards were clean, and almost all were in good decorative order. However, we found that much more could be done to make many of the wards dementia friendly.

The general environment

Two wards had only dormitories, but most wards (80%, 56)²⁴ had a mixture of single rooms and dormitories or bays, with 17% (12) further wards having only single rooms. In general there was limited privacy, with many patients accommodated in shared bays or dormitories, with privacy provided only by curtains and screens. Single rooms could be locked from inside in only 20 wards, and only 26 had closable observation windows (or no windows in the door).

Three quarters of the wards (77%, 54) provided a room, other than bedrooms, where patients could meet visitors, and where this was not the case in most wards we were told about other options such as using a room elsewhere in the hospital, or the day or dining room.

Most of the wards were calm and quiet, although 10% (7) had some issues with noise, which can be especially challenging for people with dementia.

Ward is quite noisy as two cramped adjoining bays (including 10 dorm beds) for all 12 patients, with no doors between and TVs/ radios on and people chatting in different areas. The only partitions throughout are curtains, so noise travels. Also most patients remain in their beds/in their bed area and do not use patient lounge to watch TV. (MWC visitor)

Maintenance was an issue in 23% (16) of wards. In some cases this related to old buildings which are no longer fit for purpose, and in others it was smaller issues such as flooring replacement or repairs, some of which were already in hand.

²⁴ We obtained 70 environment returns; a small number covered findings for a group of one or more wards in a hospital/unit.

Our visitors rated 70% (49) of the wards as feeling like a very or fairly pleasant place to be. However, five wards felt very or fairly unpleasant, and our visitors found that 16 felt clinical.

Very few examples of stimulating items. Very few pictures. Very clinical (clean and modern) environment. (MWC visitor)

Still has a clinical feel. Senior charge nurse advises infection control are reluctant to allow decoration. (MWC visitor)

It was notable that wards in the same hospital were sometimes very different:

When compared to [ward X], [ward Y] is a more clinical, sterile ward. Very little personalisation with furnishings and fittings. Not the same attention to detail that is visible in [ward X]. (MWC visitor)

Many community hospitals are in old buildings, and the structure and layout of outdated facilities brought particular challenges.

Not fit for purpose. No en-suite rooms - both bathrooms have to be accessed via a dormitory and may involve male patients traversing a female dormitory to reach it. (MWC visitor)

Ward is clearly not fit for purpose and in need of major renovation / complete rebuild. PQI (Patient Experience Quality Indicators) inspection visits in 2014 & 2017 have highlighted same [...]. There are no showers for the 12 patients. No en-suite facilities. [...] Bath has lifting chair but not full body hoist, so many patients unable to bathe. [...] As there are no showers in the building, majority of patients receive bed baths. Two of the patients I saw were doubly incontinent on a daily basis. Nursing staff told me this is managed by bed baths in their dorm beds. [...] we had significant concerns re lack of dignity and privacy, as well as issues of hygiene and management of skin integrity due to lack of shower facilities. (MWC visitor)

The day room looks like a store room for chairs, is small, echoes, impersonal (no pictures) and is used for storage so is completely unsuitable. The floor is not level. The corridor and layout of rooms is confusing. The main 3 bed room is effectively a corridor. Privacy is difficult to maintain. The two bed room used for two men with dementia opens onto road and although door is alarmed this is far from ideal. Signage is in place for toilets but doors are all left open because they are old and heavy. Plan is for eventual ward relocation but nothing has started. (MWC visitor)

However, not all old wards provided a poor environment, and newly-built wards did not necessarily provide a good environment:

Ward is an old ward in an old building (a new build is planned but may be a number of years away). Given the constraints of the building the ward feels pleasant and homely with a very large communal area, different types of seating suitable for patients with different needs. (MWC visitor)

The ward is located within purpose built facility opened in 2010. There are 3 day rooms, none of which were occupied during the visit. They are bright rooms but

starkly decorated and furnished and not particularly welcoming. The flooring is not dementia friendly and has been patched with different colour/texture flooring which is not recommended for dementia patients. This has been recognised and will be amended at next available opportunity for upgrading. (MWC visitor)

Personalisation of the environment

We asked our visiting practitioners to rate the personalisation of each ward. It is important for people with dementia that they are able to recognise and feel comfortable in their own bed or room, and having familiar items and pictures can help this. Fewer than half (44%, 31 wards) were rated satisfactory or very good.

Patients' bed spaces are not personalised other than named on boards. There are no dementia specific items such as rummage boxes and nothing to orientate patients to their specific bed areas. (MWC visitor)

In some places we were told that patients were generally in the ward for short stays, and that this limited personalisation. However, we believe that it is still possible to personalise patients' bedspaces even for short stays. More than half the patients we visited (55%) had been in the hospital for a month or more.

Patients here sometimes for 257 days with no personalisation. Otherwise this is a modern well maintained if clinical ward. (MWC visitor)

There were example of good practice from wards which had succeeded at personalising the environment, often in ways which were simple and low cost:

Ward has features pertaining to local area. In patients' own rooms patients can bring personal belongings such as cuddly toys, crochet blankets to use while stays. Cards and photos. (MWC visitor)

Patients can have personal items by beds in spite of often short stay. (MWC visitor)

Dementia friendliness

We found that while physical disabled access was good in most wards, with wide doors and corridors, ramps, lifts and disabled toilet facilities, the picture was less good for dementia friendliness.

We asked whether a specialist environmental audit tool for dementia had been used in each ward. There are a number of resources available, including a self-audit tool and accreditation from the Dementia Services Development Centre²⁵, and the Kings Fund Environmental Design Audit Tools²⁶. The Dementia standards²⁷ state that regular audit should take place. Only a third of wards (33%, 23) had carried out an audit. In most cases this was within the last two years. We have made a recommendation about this.

²⁵ Dementia Services Development Centre (2011) *Dementia Design Audit Tool 2011*
<http://dementia.stir.ac.uk/design/accreditation>

²⁶ The King's Fund Environmental Assessment Tools <https://www.worcester.ac.uk/discover/kings-fund-environmental-assessment-tools.html> [accessed 16/01/2018]

²⁷ Scottish Government *Standards of Care for Dementia in Scotland* (Edinburgh, 2011)
<http://www.gov.scot/resource/doc/350188/0117212.pdf>

There were a number of ways in which some of the ward environments were unhelpful to people with dementia. These included:

- Signage should be clear, well-lit, in a bold typeface and with a good contrast between text and background. This was the case for all signs in half the wards (54%, 38), but for only some of the signage in 41% (29) of the wards. In three wards (4%) no signs were up to this standard.
- Other signage, for example for bedrooms, quiet room, etc, was not adequate in 12 (17%) wards and only some of the signage was clear in a further 20 (29%) wards.
- Grab rails should be in a contrasting colour to assist people with dementia to recognise and use them. This was consistently the case in only just over half (56%, 39) of wards.
- Patterns, reflections and changes in flooring can cause difficulties for people with perceptual problems, and may cause them to fall. We identified no issues with the flooring in only a quarter of wards (24%, 17). Problems in the other wards included patterned flooring (20%, 14), reflective or slippery floor surfaces (23%, 16), stepped changes in floor finish (27%, 19) and changes in floor colour at thresholds (64%, 45). Some wards had more than one of these issues, and three wards had all of them.

Toilets

While some people with dementia do experience continence problems, often apparent difficulties with continence can be caused not by physical issues but by difficulty in finding and identifying the toilet. We would expect toilets to be clearly signed, easy to find and to have a contrasting toilet seat to aid identification. We found that 21% (15) of wards needed to improve signage for toilets. Signage may be unnecessary if the toilet itself is clearly visible, but this was often not the case. In about a third of wards it was not possible for some or all patients to see the toilet from their bed, and in 12 wards the toilet door was not adequately signed.

Fewer than half the wards (44%, 31) had contrasting toilet seats in all toilets, and 36% (25 wards) had no contrasting toilet seats.

Quiet rooms

People with dementia may find busy environments confusing and disabling, and may need a quiet place to go if they are feeling anxious or confused. We were pleased to find that most wards provided this, but concerned that 19% (13) did not.

Garden

There was easy access to a garden or green space in only 57% (40) of wards. The available outdoor space was dementia friendly, for example safe and secure, with clear and smooth pathways, and interesting and colourful items to look at, in only 40% (28) of wards.

*Good paths, lots of objects especially bird table and bird bath (very popular).
(MWC visitor)*

While some wards were unable to provide access to a garden because of the constraints of the site, others had garden space, but patients with dementia were not able to make the most of it due to a range of factors, including physical access, staff time and poor layout and/or state of repair.

Outdoor space slightly neglected but some colourful plants. But family need to take people out and accessibility via ramp appears awkward. (MWC visitor)

Despite lacking a garden, some wards made good use of other outdoor facilities:

There is no enclosed private garden space for ward 2 [...], however, there is a lot of accessible outdoor space on the site for patients who can go outside with assistance: small putting green and a community garden which has raised beds, fruit trees, polytunnel and beehives. This is funded by League of Friends and maintained by local community for the hospital & patients to enjoy (incl fruit & veg grown) (MWC visitor)

Other dementia-friendly resources

Overall, we saw a mixed picture of provision of dementia-friendly resources. We saw a number of examples of good practice, including simple approaches to making wards more dementia friendly, such as providing activity materials, rummage boxes, reminiscence boxes, reality orientation and items to fiddle with.

This is a small 6 bed cottage hospital but it is pleasant and a lot of care and thought has gone into making environment & activities dementia friendly - esp in communal day room. The 'Friends of Edington hospital' have fundraised for an activity co-ordinator as well as equipment/ chairs etc. The activity co-ordinator has acquired a lot of arts & crafts supplies & there is evidence of patients' work on walls and around day room. There are also reminiscence books & objects and twiddle muffs (latter provided by local charity). (MWC visitor)

Pictures of local area, each patient has a board in their room with flower to highlight [to] staff patient has dementia. Dementia friendly clocks. Quiet and tranquillity helpful for some patients with confusion. (MWC visitor)

Welcoming, plenty of visitors around. Notice boards give visitors and patients good information on the ward, advocacy, carers' support, and dementia champion. Dementia friendly signage is reasonably good. Communal areas have orientation clocks at patient eye level in prominent areas. (MWC visitor)

Some wards were in the process of improving:

There are some rummage boxes but otherwise a clearly clinical area. They are in the process of carrying out a dementia specialist audit. On the day of the visit they had clocks and information boards for each room and communal area that will give information on time, date, day and weather. (MWC visitor)

However, we were concerned that some wards had very little to make them dementia friendly.

Nothing in place - this is a totally unsuitable environment for dementia care. (MWC visitor)

Posters on dementia awareness, no pictures/paintings. No books or games. sitting room large area with chairs against all 4 walls. (MWC visitor)



Carers' experiences

What we expect to find

The role of the family carer for individuals with dementia is vital, especially where that person has lost capacity. We expect to find that family and carers are fully involved in the care and treatment of their relative, and that their unique knowledge of the individual is used to optimise and personalise the care given and to help the person with dementia to participate as fully as possible in decisions. We hope to see family welcomed onto wards and being encouraged to help with their relatives as partners in care.

What we found

We heard from 104 carers during the course of our visits, covering 11 health boards and 47 different hospitals.

Of the 104 carers, the majority, 51% (53), were the patient's children with 30% (31) being a spouse. This might be expected as 60% of the patients were over 85.

It is a core principle of Equal Partners in Care (EPiC)²⁸, the national framework for workforce learning and development related to unpaid carers, that carers are recognised and valued as equal partners in care. The Triangle of Care²⁹ also emphasises a therapeutic relationship between the person with dementia, staff member and carer that promotes safety, supports communication and sustains wellbeing. However, 28% (29) of carers reported they had had no introduction to the ward, 12% (12) could not remember and 52% (54) reported some form of introduction either verbal or written; for 9% (9) information was not clear.

Just arrived, little info about ward, communication irregular. (Carer)

The staff nurse was very helpful on arrival. She asked me about mum and explained things to me. (Carer)

Involvement and information

We know it is very important for individuals with dementia to have familiar people around them. In our visits we found that 87% (90) of carers felt involved with their relative's care. 50% (52) felt fully involved and 37% (38) sometimes involved.

Only 5% (9) reported being dissatisfied with their level of involvement and the main reasons were having to seek out information rather than have a process for regular updates.

Really don't have a complaint, but... I wish they would involve us more. (Carer)

81% (84) reported always being able to speak to a nurse when they wanted to but only 29% (30) reported being able to speak to a doctor.

²⁸ <http://www.knowledge.scot.nhs.uk/home/portals-and-topics/equal-partners-in-care/about-equal-partners-in-care.aspx>

I have never seen or been contacted by a doctor and have been given no feedback whatsoever by any doctors involved. (Carer)

Couldn't be any more helpful. [re nursing staff] (Carer)

However, 39% (41) of people reported they were not invited to review meetings, with a further 16% (17) being unsure if they had been.

I'm not aware of meetings happening. I visit most days. (Carer)

Only 1 meeting in 6 months to be informed he had to find a placement for his wife in a care home. (MWC visitor)

In some hospitals we heard about good practice in involving carers in review meetings, for example, at Woodend Hospital, Grampian:

The first review meeting I attended, the consultant, ward doctor and nurse attended - purpose of this meeting was to review my mum's medication. The need to adjust mum's medication and the possible effect of that was fully explained to me and my agreement sought for the changes. (Carer)

The vast majority of people, 86% (89), were kept updated with progress while visiting and just 16% (17) were updated at meetings. 38% (39) were contacted by phone.

55% (57) of carers said they were given feedback from the ward round but this was always the case for just 25% (26), and the rest, 30% (31), said this happened sometimes. 19% (20) claimed never to have had any feedback. For the remaining 26% (27) it was not relevant (perhaps they were not the carer to receive feedback, or it was too early) or not clear.

The majority, 63% (65), were satisfied with the arrangements for feedback on their relative's ward, however 14% (15) felt dissatisfied. The main complaint around feedback and information, similar to the comments on involvement, was that many carers had to seek feedback rather than have a regular, reliable flow of information.

The staff were all aware of my gran's care so no matter what member of staff you spoke with the information that was passed on was correct. (Carer)

All parties involved meet daily to decide on the best course of treatment. (Carer)

The vast majority of carers, 81% (84), were aware of their relative's diagnosis of dementia, although six felt this was to a limited extent only, but 16% (17) were either unsure or did not know.

Communication is problematic. She always finds out only by asking questions. Diagnosis of Alzheimer's was given 3rd hand. Podiatry has not been addressed. Medication changes are not communicated. (MWC visitor)

We had heard during our consultations that losing possessions was a particular problem for some individuals with dementia. We found however that only 16% (17) of carers reported this as an issue with 12% (12) having experienced it more than once.

Underwear found in other patient's locker, there are problems with others taking things, part of illness, Staff manage it well and always try to find things. (MWC visitor)

We saw one very good example of how information was being shared with carers at Whitehills Health and Community Care Centre. As well as clearly displaying information about supports for carers, they had created a notice board with information about the 10 dementia care actions in hospitals developed as part of the second national dementia strategy. All the actions were listed, with information about what has been done and what is still planned to be done for each action.

Visiting

Almost all the carers, 96% (100), reported feeling welcome on the wards either most or all of the time. No carers on our visits had been made to feel unwelcome on any of the wards.

Most people, 73% (76), could visit whenever they liked and all but one unit had flexible visiting hours. Although some said they did have protected mealtimes, family were also encouraged to assist their relative with eating and drinking if they wished to do so. All wards should have protected mealtimes in place as part of the Food, fluid and nutritional care standards³⁰. This would not prevent families and carers assisting an individual during mealtimes. We would expect this to be in the care plan for nutritional care.

Private areas for visiting were always available for 57% (59) of visitors and sometimes for a further 15% (16). 15% (16) reported no privacy.

Only 46% (48) could always go outside with their relative and a further 20% (21) managed sometimes. Of the 26% (27) who reported never being able to go outside, virtually always this was due to the frailty of the individual.

Excellent visiting arrangements. I feel like I can come whenever suits me, which benefits my dad because I can visit frequently. (Carer)

A familiar face helping at mealtimes has been shown to improve eating in many people. Having relatives available to help with other activities often helps calm an individual with dementia who may be distressed and confused on an unfamiliar ward.

On our visits we found 50% (52) of carers felt they were able to help with activities like mealtimes and social activities at least sometimes, but 20% (21) reported never being able to do so.

Nursing staff are happy for me to support my mum in any way, for example just keeping her company, helping to feed her when required, encouraging her to watch TV, help her to take part in games such as ludo, snakes and ladders, dominoes, word searches and colouring in. (Carer)

Able to assist with personal care and have dinner with him. Health Care Assistants help us with this. (Carer)

The new Carers (Scotland) Act 2016 will take effect on 1 April 2018 and it gives carers the right to be included in discharge plans. We found that 57% (59) of relatives felt

³⁰ Healthcare Improvement Scotland (2014) *Food, fluid and nutritional care standards*
http://www.healthcareimprovementscotland.org/our_work/patient_safety/improving_nutritional_care/nutritional_care_standards.aspx

involved in discharge planning and 41% (43) of cared for individuals had a discharge plan in place. Seven relatives felt excluded from the discharge planning process.

It would appear that social work are making these decisions for us without consulting us. (Carer)

We have been advised he is bed-blocking. I am at present gathering information re a placement. I am being left to do all the work re meetings, taking aunt to view possible homes etc. (Carer)

Of the 39% (41) who were not aware of a discharge plan about a third (15) of their relatives had been in hospital less than a month.

Care and treatment

The vast majority of carers expressed satisfaction about the care and treatment being provided to their relatives. 87% (90) stated they were either fairly or very satisfied, with only three slightly or very dissatisfied. These issues were around the individual being given food they didn't like and worries about managing at home with their relative after discharge.

Staff always seem like they have all the time in the world for my dad. They treat him with respect and give him good care. (Carer)

Said she knows her mother at times can get stressed and may say things to staff - she feels staff deal with this patiently and calmly. She was not aware of this herself until she witnessed her mother being quite derogatory to a nurse on one visit - she was impressed with how the nurse dealt with this and she felt she had to apologise to the nurse for her mother's comments. (MWC visitor)

We heard from some carers about a scheme used in some units as a way of letting staff know that the patient they are supporting has dementia. If a symbol is placed above the bed it signifies the patient has difficulties and visiting staff will know to seek advice from the nurses. It also preserves confidentiality for the patient. We heard about this working well in Stracathro Hospital, Tayside, but in another hospital a carer told us that the symbol was not displayed above their relative's bed. It should be noted, however, that there can be ethical issues about such schemes, in terms of possible stigmatisation of people identified in this way. Where the use of such an identifier is considered, this should, where possible, be discussed with the patient, and if the patient objects this should be respected.

Carer support

Caring for someone with dementia can be exhausting and places enormous stress on families.

Providing access to support and advice for carers is important and ensuring that carers are supported and empowered to manage their caring role is a core principle of Equal Partners in Care principles.

However, only 17% (18) of carers on our visits were signposted to any support by ward staff. 20% (21) managed to find support from another source but 54% (56) said that no support had been offered.

I am physically and mentally exhausted and would be grateful for any support either health or financially, no one seems interested in my plight. (Carer)

Providing information on the ward and directly, from nursing staff signposting family to support for themselves, can make an enormous difference in allowing carers to carry on their role or make appropriate decisions about future care for their relatives.

Guardianship and power of attorney

64% (67) of carers we heard from were welfare guardians or had welfare power of attorney in place.

67% (45) of these felt that their position was respected on the ward with 18% (12) feeling they were sometimes given their place. A few (4%, 3) however said their position was not respected at all.

Care and treatment cannot be faulted but nurses do not seem to understand the need to consult with Power of Attorney. (Carer)

Doctors wanted to stop Warfarin. I said no and they did it anyway without my consent and this resulted in a clot in my husband's leg. After this incident a blood thinner was given again. This has caused additional pain and discomfort and it is injection into stomach. This was very distressing for the family. (Carer)

I hold Welfare Power of Attorney and the doctors do consult me, for example when my mum was not responding well to her medication the doctor suggested slight adjustments but did ask for my agreement. The staff do respect my role and are happy to take on board any suggestions or information I can give them about my mum seeing that my mum is unable to tell them myself. (Carer)

Transfers

One issue that we did not ask about but which was highlighted as a problem several times was the transfer to the community hospital from the referring unit.

14 people (13%) told us about unsatisfactory transfers.

Problems included a patient transferred with no clean clothes, short notice to the family and lack of planning for the transfer.

My dad was transferred on a winter night windy and wet by taxi with just PS/housecoat and slippers with auxiliary who could hardly get him in or out of taxi because he was not good on feet. (Carer)

Care planning

What we expect to find

A good care plan will have the individual patient at the heart of it. We expect that patients are supported to be as involved as possible in their care and treatment, and that care plans are person centred, are reviewed regularly, and have information about specific nursing interventions and care goals.

What we found

Care plans are important, as they provide direction for the individualised care of the patient, and they make sure that care is focussed on the patient's specific needs, and that the patient gets the same care whichever staff are on duty in a ward.

The Royal College of Nursing (RCN) has identified five principles, known as the SPACE principles, which are designed to ensure people with dementia receive the best treatment in hospitals³¹. One of these key principles is that care plans should be person centred and individualised, based on an understanding of how dementia affects the individual patient. The Scottish national dementia strategies have also focussed on improving care in hospital settings, and making sure people with dementia experience dignified and person-centred care.

We examined the care plans for every person whose case we reviewed on visits. Commission practitioners were asked to consider whether plans were person centred and had information about care goals and about maintaining patients' skills. They looked at whether plans were informed by information about individual life histories and patient preferences and views. They also looked at how care plans addressed both physical health issues and chronic conditions, and any needs relating to dementia. We particularly focussed on whether there were care plans for intervening to reduce stressed/distressed behaviour, where this was appropriate, in line with the Dementia Standards³².

When we considered how person-centred care plans were, we felt that overall about half of plans had a person-centred focus. A minority (24%, 68) were well focussed on the needs of the individual patient, with information about treatment goals and the patient's skills and wishes, whilst 21% (61) had some person-centred details. This does mean though that in about half of care plans we felt that there was a lack of person-centred focus, in the way plans had been completed.

We looked at the availability of life history information in files, as care plans should be supported by the routine gathering of personal life story information, which helps staff in wards have a better understanding of the person. We were pleased to see that in a majority of cases (60%, 172) life story information was recorded, and in half of these cases we felt that information was being gathered well, with a meaningful life history and details about the individual person's preferences, interests, and about important people and events in their life. In a few cases where the patient had only recently been admitted

³¹ Royal College of Nursing (2013) *Commitment to the care of people with dementia in hospital settings* <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2013/january/pub-004235.pdf>

³² Scottish Government *Standards of Care for Dementia in Scotland* (Edinburgh, 2011) <http://www.gov.scot/resource/doc/350188/0117212.pdf>

(14%, 40) we saw no information, but we understood that the routine gathering of information would not have started. In a fifth of cases (19%, 55) we saw no information recorded, and our view was that we would have expected to see that information had been gathered and clearly recorded in files, using one of the range of formats available, such as the 'Getting to know me' document³³.

We saw that the care planning documentation used in community hospitals had a very clear focus on physical health care needs. Most hospitals were using pre-printed sheets, often using the same documentation used in acute hospitals. While some documentation we saw did include sections about psychological wellbeing or cognitive functioning, most of the standardised care planning forms mainly recorded physical healthcare interventions, and whether tasks associated with physical care needs were carried out. In several health board areas we did hear that care planning documentation was being reviewed, because of concerns that care plans were not enabling staff to record interventions relating specifically to a patient's dementia, such as approaches to supporting the maintenance of skills in activities of daily living, social and cognitive stimulation and communication needs. We saw, for example, new paperwork being piloted in NHS Tayside. In many areas the care plan format was mainly a tick box format, which may be adequate for physical health care issues and tasks relating to physical health care, but often has little scope for free text entries which would detail nursing interventions relation to a patient's dementia.

In a very few cases plans had information about a patient's abilities and skills, and how their dementia impacted on their self-caring abilities. In one case we did see a good plan which detailed the personal care tasks the patient could do independently, and how they could be supported to retain this ability, but it was unusual to see this level of information recorded.

We looked at whether care plans included plans for identifying and reducing stressed/distressed behaviour. We felt it was important to do this, because the stress of being in a hospital environment can lead to, or exacerbate, distressed behaviours. The 10 point national action plan developed by the Dementia Standards in Hospitals Implementation and Monitoring Group, which is mentioned in the policy context section, has as action number nine, "Minimise and respond appropriately to stress and distress". We were aware, during the visits, that many of the patients with a diagnosis of dementia were settled in wards, and did not appear distressed or agitated. We also saw that most patients were in hospital following a fall, or because of physical health issues, and in most cases we could see that physical health care issues were well addressed in care plans, with good attention on physical healthcare management. However, we only saw evidence of care planning for stressed/distressed behaviour in a few cases (16%, 47). We also saw a number of patients where nursing staff were clearly providing care to patients who were often stressed, distressed or agitated, and where we felt a specific care plan should have been in place.

Where we saw examples of good care plans relating to stressed/distressed behaviour this was often associated with good input from specialist mental health services. In Blairgowrie Hospital we noted an "excellent record of assessment and advice and guidance for ward staff from the dementia liaison nurse". We saw other good care plans;

³³ <https://www.alzscot.org/information-and-resources/information-sheet/3472-getting-to-know-me>

in Falkirk Community Hospital a care plan for stressed/distressed behaviour explained clearly how staff could minimise situations, with concrete examples; in the Royal Northern Infirmary, a care plan detailed specific distraction techniques to be used for that individual patient, and staff were also using ABC charts (a way of understanding agitated behaviour in relation to what happened beforehand and as a consequence) to help identify triggers for agitated behaviour.

We would expect to see staff using person-centred evidenced-based interventions such as the Newcastle Model³⁴, which provides an approach to understanding behaviour that challenges in terms of needs which are unmet, and to developing effective interventions appropriate to the needs of the person. Often if there was a care plan which referred to distressed or agitated behaviour there were no details of the specific interventions staff could use to reduce the stress being experienced by the patient. One care plan, which did identify issues with agitation, simply said "distraction is the plan", and in a number of cases we saw reference to using distraction or re-direction or re-assurance, without recording specific approaches which have had good outcomes for the individual patient, in providing re-assurance or successfully re-directing them. We would expect to see information in an individual person-centred care plan about how approaches such as distraction or reassurance should be offered to that patient, based on an understanding of the person as an individual and what has been found to work for them.

We also saw a number of cases where there was no care plan for stressed/ distressed behaviour, but where staff were recording that the patient was at times stressed or agitated. Sometimes after discussion with staff in the ward we felt that they were responding appropriately to stressed behaviour, but that this was not being recorded well. In one case the Commission visitor's view was that "staff have found positive ways to engage and reduce agitation but this is not formally recorded and appears to rely on verbal sharing..." Of the 57 cases where we felt a care plan for stressed/distressed behaviour should be in place but was not, 53% (30) were being prescribed medication to be given 'as required' for agitation. We understand that medication has its place in treatment, and issues about medication are discussed in a separate section of this report. Where 'if required' medication is prescribed for agitation, we would also expect to see a care plan which sets out other interventions staff should use to minimise a patient's stress and agitation.

We have made a recommendation about care planning.

³⁴ Jackman, L, & Beatty, A (2015), 'Using the Newcastle Model to understand people whose behaviour challenges in dementia care', *Nursing Older People*, vol. 27, no. 2, pp. 32-39. <http://journals.rcni.com/nursing-older-people/using-the-newcastle-model-to-understand-people-whose-behaviour-challenges-in-dementia-care.27.2.32.e666>

Medication prescriptions and review

What we expected to find

Psychotropic medication has a role in treatment and symptomatic relief for some people with dementia, but not all. The decision to prescribe medication should only be made following individual assessment. Psychotropic medication should not be prescribed routinely or indiscriminately.

Where psychotropic medication is prescribed 'if required' for agitation, there should be a clear care plan detailing when and how the medication should be used. This should be a later stage in the individual's care plan for stressed and distressed behaviour, if they remain distressed following earlier planned support and interventions.

The reduction of inappropriate use of psychoactive medication for people with dementia was part of the first Scottish Dementia Strategy, published in 2010, and, while much work has been done, this remains a focus of the third Dementia Strategy.

What we found

We recorded whether or not psychotropic medication was prescribed for 243 (85%) patients whose care we looked at. 132 (54%) of those individuals were prescribed psychotropic medication, and 111 (46%) were not. This is a snapshot which records what we found on the day; we were not able to look at what medications patients had been taking before admission.

On our visit to patients with dementia in general hospitals in 2011³⁵, we found that 46% of patients whose care we reviewed were on psychotropic medication, while on our visits to dementia continuing care wards in 2014³⁶, 84% of patients were on at least one psychotropic medication.

For those we recorded were receiving psychotropic medication, we documented details of medication prescribed in 95/132 (72%). 44 (46%) of those patients were prescribed an antidepressant, 37 (39%) a benzodiazepine, and 41 (43%) an antipsychotic. This includes prescriptions for medications 'if required' for agitation. 71 (75%) of these people were prescribed 'if required' medications. 12 (13%) were prescribed a cognitive enhancer (an anticholinesterase inhibitor or memantine).

Review of psychotropic medication

We looked for documentation of review of psychotropic medication for the 127 patients who were prescribed psychotropic medication, excluding five patients who were on a cognitive enhancer alone.

We found evidence of review of the continuing need for this medication in 83 (65%) of these 127 patients. This had taken place within the last three months for all but two

³⁵ The Mental Welfare Commission for Scotland (2011) *Decisions for Dignity* <http://www.mwscot.org.uk/media/53187/Decisions%20for%20Dignity%202010.pdf>

³⁶ The Mental Welfare Commission for Scotland (2014) *Dignity and Respect – our visits to dementia continuing care wards* http://www.mwscot.org.uk/media/191892/dignity_and_respect_-_final_approved.pdf

patients (we did not record the date of the last medication review for those two individuals, who were each in their fourth month on the ward).

For 44 of these 127 patients (35%), we did not record finding evidence of review of the continuing need for psychotropic medication. A high proportion of these people had been admitted for only a short period of time. 28 (64%) had been admitted for less than a month, and eight of those for less than a week. In some of these cases it was appropriate that a further review of psychotropic medication had not yet been undertaken since admission. Also, some people will have been prescribed medication on admission that they had already been taking for some time.

There were four patients who had been in the ward for more than three months for whom we recorded that we could not find evidence of review of the continuing need for psychotropic medication (3% of the 127 patients). We noted that one of these patients was only prescribed 'if required' medication, and had received this only once in six months.

We consider that these figures show that most patients who were prescribed psychotropic medication were having reviews of their continuing need for this.

For the 132 people we recorded were prescribed psychotropic medication, including those on cognitive enhancers alone, 38 (29%) had had their medication reviewed in consultation with a psychiatrist or community psychiatric nurse. 80 (61%) had not. We did not record this information in 14 (11%).

We appreciate that input from a psychiatrist or mental health nurse to medication reviews may not always be required. However, we would expect that input from a mental health specialist should be readily available, where this would be beneficial.

For 43 people prescribed more than one psychotropic medication, there was evidence that medications were being reviewed in consultation with a pharmacist in 16 (37%). This is important because of the risk of drug interaction and side effects in an elderly population. There was no such evidence in 22 (51%), and only five of those 22 patients had been in the ward for less than one month. We did not record this information in five (12%). We have made a recommendation about pharmacy input.

Medication prescribed 'if required' for agitation

For the 287 patients whose care we looked at, we recorded that 76 (26%) were prescribed medication 'if required' for agitation and 204 (71%) were not. We do not have that information for seven patients (2%). The drug type most commonly prescribed 'if required' for agitation was benzodiazepines, with lorazepam prescribed most frequently.

We were disappointed that more than half the 76 people prescribed 'if required' medication did not have a care plan for the use of this medication. We recorded finding a care plan for this in only nine cases (12%). We did not record whether or not there was a care plan in 27 cases (36%). We have made a recommendation about management of stressed and distressed behaviours.

Rights

What we expect to find

All patients have the right to expect good quality care and treatment in hospital. We expect to see that patients with dementia are treated with dignity and respect. We expect that their capacity to consent to medical treatment is assessed, and that there is compliance with legal requirements in respect of treatment. We also expect that no patients are effectively detained in hospital without legal authority (unauthorised deprivation of liberty), as this denies them safeguards under mental health legislation.

What we found

Capacity and treatment authorisation

Where a patient lacks capacity in relation to decisions about medical treatment, a certificate completed under section 47 (s47) of the Adults with Incapacity (Scotland) Act 2000 (AWIA) must be completed by a doctor. The code of practice for Part 5 of the AWIA³⁷ also recommends that doctors use treatment plans to accompany s47 certificates, particularly with patients requiring multiple or complex healthcare interventions, which many patients we saw or reviewed did need.

When we visited general hospitals in 2010³⁸ we found that very few people with dementia had had their capacity to consent to medical treatment assessed and recorded, and even fewer had a completed s47 certificate in place. We were pleased to see that this was not the case in the community hospitals we visited, and that the question of whether patients could give valid consent was clearly being considered by doctors in the large majority of cases.

We looked at whether a s47 certificate was in place and found these for 211 patients (74%).

The decision about whether a patient has capacity to consent to treatment is a clinical one, which has to be made by the doctor treating the patient. Where we did not see a s47 certificate in place, we considered whether we thought a certificate might be appropriate. In 27 cases (9%) Commission visitors thought that a certificate was probably necessary. In a few of these cases the doctor had recorded their view that the patient had capacity, but in 21 cases an assessment of capacity to consent was not recorded.

We also looked at whether there were treatment plans in place to accompany s47 certificates, and of all the cases with a s47 certificate 86% (181) did have a treatment plan. This is not a legal requirement, but most of the patients with dementia in community hospitals have complex healthcare needs, which would indicate that a treatment plan would be good practice, and we were pleased to see such a high number of plans in place.

³⁷ *Adults with Incapacity Act Code of Practice for Practitioners Authorised to Carry Out Medical Treatment or Research Under Part 5 of the Act* <http://www.gov.scot/Publications/2010/10/20153801/0>

³⁸ The Mental Welfare Commission for Scotland (2011) *Decisions for Dignity* <http://www.mwscot.org.uk/media/53187/Decisions%20for%20Dignity%202010.pdf>

Unauthorised deprivation of liberty

In each hospital, we looked at arrangements for getting into and out of the wards. A very few wards (11%, 8) had a locked door policy, and most wards had open doors. A minority had key pad or push button entry systems. Where wards had open doors, in almost all cases doors were locked overnight, for safety reasons. In one hospital we were told that the ward door had been locked recently when a patient in the ward was detained.

Following a review of patient notes, and any conversation with the patient and/or relative or carer, and discussion with ward staff, Commission visitors were asked to record their views about whether there were issues about possible unauthorised deprivation of liberty, or about the patient effectively being detained in hospital with no legal authority. In a very few cases, (5%, 14 out of 287) we felt there were possible issues, and in nine of these 14 cases we felt we needed to follow issues up on the day. In five of the cases we talked about possible deprivation of liberty issues with ward staff, and in one case we were able to discuss the issue with the doctor who was in the ward. In one case the patient was detained under mental health legislation after our visit. We consider that detention is appropriate when a doctor feels that the criteria set out in legislation are met, as the safeguards which are in legislation are then in place for patients.

In all 14 cases where we identified possible issues about unauthorised deprivation of liberty, we said that information in files indicated that a care plan for responding to stressed/distressed behaviour would be appropriate, but was not in place. We also looked at prescribed medication in these cases, and noted that in five cases medication was prescribed to be given 'as required' for agitation, and that in nine cases psychotropic medication was prescribed, with medications reviewed in consultation with a psychiatrist in five of these cases.

When gathering information about arrangements for getting into and out of wards, and thinking about deprivation of liberty issues, we noted that in five hospitals electronic location devices were being used. These are systems where a patient wears an electronic wrist tag, which sets off an alarm if they leave the ward, alerting staff when a particularly vulnerable patient is leaving. In only one hospital were we told that a clear policy was in place for the use of this technology, with relatives involved in giving consent. We have made a recommendation about this.

Overall we were pleased that we identified potential issues about unauthorised deprivation of liberty in very few cases on our visits.

Restraint

The Commission understands that in certain circumstances restraint may be appropriate, and that restraint, in its broadest sense, includes the use of technology to prevent the person leaving the ward. We have published guidance on the use of restraint in care settings, which includes general principles to be applied when considering the use of restraint³⁹.

³⁹ The Mental Welfare Commission for Scotland (2013) *Rights, risks and limits to freedom*, http://www.mwscot.org.uk/media/125247/rights_risks_2013_edition_web_version.pdf

When we reviewed files we looked at whether there was evidence of restraint being used, and at whether there were relevant risk assessments on file. In a minority of cases (27%, 77) we did see that restraint was being used. In most cases the form of restraint was the use of bed rails. In a very few cases electronic location devices were being used for specific individual patients, but this did not seem to be used in a blanket way. We also saw that in a very few cases other technology was being used. For example, a telecare alarm being fitted to a chair where there was an identified falls risk, to assist with falls prevention.

With regard to the use of bed rails, we said in the previous themed visit report six years ago about visits to people with dementia in general hospitals⁴⁰ that some wards appeared to use them indiscriminately, with little attention paid to whether they were needed or not. On these visits the overall situation had improved, although we still had some concerns. There was evidence in a majority of cases that appropriate risk assessments were completed (68% of cases, 52 out of 77). We also saw good records in some files of assessments being completed which clearly identified that the use of bed rails was not appropriate. In NHS Highland for example, mandatory nursing assessments include specific risk assessments, and in several cases in community hospitals there were clear statements that bed rails were not to be used, usually because there were identified fall risks if an individual patient tried to climb over bed rails. This indicates that bed rails were not being used indiscriminately for every patient who has dementia in community hospital wards.

However, while assessments of the need for bed rails were in place in most cases where rails were being used, in some files there was no information about a specific assessment. In a few hospitals, files would simply record that bed rails were in place "as per hospital policy." We did also find in one case that there was a bed rail assessment which had concluded that the use of rails was not appropriate, but bed rails were being used, and this was picked up on the day with the ward manager.

In a third of cases where restraint was being used (34%), there was little or no evidence of regular reviews. In most cases the need for bed rails was kept under review, and indeed in a number of hospitals the continuing need for the use of bed rails was being considered daily, as part of a ward rounding process (a structured process of carrying out regular checks on individual patients) or a shift assessment. We saw in some hospitals that bed rail reviews were part of wider care plan review process, for example, with the use of rails reviewed within a falls prevention care plan review. There were also examples of changes in a care plan following a review, with a hi-lo adjustable bed being provided after a review of the use of bed rails in one hospital.

We have made a recommendation about the use of restraint.

Involvement of welfare proxies

When we visited people with dementia in general hospitals in 2010 very few people had a welfare proxy⁴¹. We also saw that when a welfare proxy was in place, staff did not

⁴⁰ The Mental Welfare Commission for Scotland (2011) *Decisions for Dignity*
<http://www.mwcscot.org.uk/media/53187/Decisions%20for%20Dignity%202010.pdf>

⁴¹ A welfare proxy is a welfare guardian or someone who had been granted welfare powers of attorney.

know if their powers included the power to consent to medical treatment in about half the cases.

Since then, improvements have been made to post-diagnostic support for people diagnosed with dementia. The Scottish Government NHS Local Delivery Plan Standards include a minimum of one year's support after diagnosis. This support is based on Alzheimer Scotland's Five pillars model⁴², and this commitment has been continued in the third dementia strategy. It has been extended to offer people diagnosed early with this support for the duration of their time living with dementia, or until such time as their needs change, and they require greater care coordination. This includes advice on planning for the future, including making powers of attorney, and it would appear that this has had an impact.

On these visits we saw clear evidence that people have been planning ahead and making decisions about giving someone the power to act on their behalf in situations when they are not able to make decisions themselves. In a third of cases (36%, 104 of 287) we saw that a patient had previously granted powers of attorney, almost always to a family member. In a few cases a guardianship order was in place (2%, 5), or was being applied for (9%, 26). When we examined patients' files, we found that in a few cases the specific powers were not recorded in care files, but contact details of welfare proxies were recorded and readily available to staff in most cases (91%). Where a welfare proxy is in place, staff in community hospitals are reliant on the proxy making them aware of their powers, and confirming this by giving them a copy of any powers, and we did see in some cases that staff had been asking for copies of powers which had not been provided. These could be obtained from the Office of the Public Guardian.

Welfare proxies can have the power to make a range of welfare decisions, including consenting to medical treatment, and we only saw one case where the powers granted did not include healthcare powers. In a majority of cases care files showed that welfare proxies were being consulted appropriately about treatment decisions. Only in a very few cases (4) did we feel that proxies did not seem to be consulted. Although in a few cases (19) we did not see evidence of consultation in files. Proxies with relevant welfare decision-making powers must be consulted about treatment decisions, and about other welfare decisions, where it is reasonable and practicable to do so.

Staff understanding of proxy decision-making measures

We discussed cases with some staff where it was clear that they were not sure about the role of guardians, attorneys, or relatives who had no legal authority, exercising powers. For example, we spoke with some staff, both medical and nursing, who did not seem to be aware that if a relative did not have proxy powers they could not insist on making a specific decision which staff thought was not in the adult's best interests. Staff were also unsure about issues arising about granting powers of attorney if the adult might not have capacity to do this, for example where staff had been told by relatives that a solicitor would be coming in to get power of attorney granted, when the adult had been assessed as lacking capacity.

⁴² Alzheimer Scotland, 2011, *Five pillars model of post-diagnostic support*, https://www.alzscot.org/campaigning/five_pillars

We think staff in community hospitals should have access to training about the practical application of incapacity and mental health act legislation, in particular about how decisions can be made for adults who do not have capacity, and about the principles which should guide decisions. NHS Education for Scotland delivers training on the suite of Scottish adult protection legislation as part of their training programmes and masterclasses, and the legislation is included in a number of their learning resources (see Appendix 2). There is also information on the Rights-based care, and legal and ethical issues pages on the Dementia Managed Knowledge Network⁴³ and the Commission's website⁴⁴.

The Commission has produced good practice guidance for staff in general hospitals⁴⁵.

We have made a recommendation about staff training covering this issue.

⁴³ <http://www.knowledge.scot.nhs.uk/dementia/rights-based-care-and-legal-and-ethical-issues.aspx>

⁴⁴ <http://www.mwscot.org.uk/the-law/>

⁴⁵ The Mental Welfare Commission for Scotland, 2017, *Good practice guide: The Adults with Incapacity Act in general hospitals and care homes* http://www.mwscot.org.uk/media/339351/awi_in_general_hospitals_and_care_homes.pdf and 2015, The Mental Welfare Commission for Scotland, 2015, *Quick Guide: Power of attorney, for staff in hospitals and care homes* http://www.mwscot.org.uk/media/241253/poa_leaflet_care_homes.pdf

Activities

What we expect to find

We expect to see an appropriate range of meaningful activity provision for patients with dementia in wards.

What we found

Community hospitals are based in communities close to where patients live, and also close to families/friends who live locally. Most carers we heard from told us that they could visit when they wanted to, and almost every hospital had flexible visiting times, with opportunities for extended visiting, so contact with families and friends was an important part of activities within wards. Though many hospitals are in old buildings, with beds in bays or dormitories, and with limited space for activity provision.

Most patients had been admitted to a community hospital from an acute hospital, and from the information we gathered, most had been admitted following a fall or injury, or because of other physical illness. One of the main functions of community hospitals is to provide rehabilitation services, and on our visits we looked at the provision of therapeutic activities. As we say in the staffing section in this report, we found that wards had good input from OT and physiotherapy, with OTs and physiotherapists being integral members of MDTs. We were pleased to see this strong focus on therapeutic rehabilitation activity, helping patients regain mobility and independence following falls or episodes of physical ill health.

Improving care in hospitals is a key part of the national dementia strategy, and 10 dementia care actions for care in hospitals were agreed to support the implementation of commitment 10 of the 2013-16 strategy. Healthcare Improvement Scotland has reported on some of the work being undertaken in this area across Scotland⁴⁶. The report gives case examples of positive outcomes providing different meaningful activities for people with dementia in hospitals. We know that admissions to hospital can trigger a stress and distress response, but that involvement in appropriate activities can reduce anxieties, stress and boredom, and can impact on how settled a patient with dementia will be in hospital, as well as help maintaining skills and abilities. We asked questions on these visits about the availability of meaningful activities in wards.

20% (21) of carers we heard from felt their relative's skills were not being maintained and 38% (39) felt this was being done partially. 30% (31) were happy that skills were being fully maintained.

Very satisfied. The quality of care is excellent and the staff are wonderful. The physio started on admission which has helped a lot. He was bent double before. The difference has been amazing. (Carer)

Feels she is well cared for. However she was transferred for increased physiotherapy following her fall and fracture and has had little input so now chair-bound. (MWC visitor)

⁴⁶ Focus on Dementia: Supporting improvements for people with dementia in acute care, June 2016, <http://www.gov.scot/Resource/0042/00423472.pdf>

We looked at whether individual patient files included a care plan for the provision of social and cognitive stimulation. We were disappointed to see very few activity care plans (8%, 22), and even where there was a care plan, this often had little or no information. We saw one plan, in Falkirk Community Hospital, which detailed relevant reminiscence and memory stimulation topics for staff, but this was very much the exception. We also looked for evidence of the patient's participation in meaningful activity in the previous week. We only found information in 16% (46) records, but we did see that in a majority of the small number of cases where there was an activity care plan, there was a record of patients engaging in activities.

Although there was very little evidence of care planning or recording of activities, we did hear examples of ward-based activities which patients with dementia could participate in. We heard about a range of activities which were available, including visits from therapy dogs, Music in Hospitals (a charity bringing live music into hospitals), iPods with playlist for life music (playlists of music which means something to an individual patient), board games and quizzes, craft and art groups, and various exercise groups including chair exercises. We saw that a number of hospitals had volunteers coming in to wards to provide activities, and some hospitals told us that they would use information about a patient's life history and interests collected in "Getting to know me" forms to try to encourage patients to engage in activities or in one-to-one conversations with staff. We also saw that in some hospitals in-patients with dementia could access other services in the hospital. For example in Campbelltown Hospital patients could go to the dementia day hospital to join in activities there.

We also asked staff whether patients who were physically mobile were able to get out of the ward. We were told that in a minority of wards (39%), staff felt that patients had sufficient opportunities to get out, with patients in a smaller minority of wards (34%) having opportunities to go out which staff felt were occasional but insufficient, and with patients in a few wards (20%) only having opportunities to get out if relatives took them out.

While we did hear about different activities which could be going on in wards the overall picture was of very limited activity provision. We were aware that some patients could not have participated in activities, because of very poor physical health, but we would have hoped to see more provision, particularly because over half of patients with dementia had been in hospital for over a month, with 18% (52) being in-patients for over three months.

We saw a number of examples of good practice in relation to the provision of activities. A few hospitals had activity co-ordinators, or had plans to create posts, and provision was good where a specific worker had responsibility for arranging activities. In Edington Hospital we were told that the local group, Friends of Edington, has funded an activity co-ordinator who arranges tailored individual and group activities, including reminiscence work, craft groups, trips out of the hospital, music in hospitals, reflexology, and supporting couples to organise 'date' nights when one is in hospital. On this visit the Commission visitor specifically commented on the "great individualised (activity) plans thanks to a very enthusiastic activity co-ordinator".

Some hospitals had built good links with local community groups, businesses, and local authority leisure services. Our assessment of activity at Lightburn Hospital, for example, was that "staff are creative in identifying local resources and using them, and see this as

an important part of their care". In Lightburn we saw the active involvement of volunteers, therapets, music in hospitals and playlist for life, school choirs, patients attending football matches, and the use of reminiscence boxes provided by Glasgow City museums. At Turner Memorial Hospital we heard how a range of groups and businesses help with activity provision: the hospital League of Friends, the local Tesco, local schools and the local pipe band, the local WRVS, the local Keith Festival (a traditional music festival). We saw a range of activities, from therapets to patients having tablet computers and e-books, with a well organised activity corner, and on our visit we saw senior pupils from the secondary school who come in weekly to help with activities.

Some hospitals have been active in developing their environment. At Whitehills Hospital we saw a sensation room which had been created, and a café area in the ward, with volunteers in the ward daily, and with rummage boxes and twiddle muffs available to be used. In this hospital we saw an example of staff using a creative approach to providing activities - one patient had a group of friends who met at his house every week, to listen to jazz music, and they called this their jazz group, and staff had encouraged all the group to come into the ward and use the café area to keep having their jazz group meeting.

The activity programme at the Royal Victoria Hospital in Dundee has a very successful policy of inviting carers to join physiotherapy and OT groups. Staff told us that this helps with motivation for the individual, and that carers feel involved and more confident about carrying out these tasks with their relative after discharge.

While there were examples of good activity provision, in 45 (57%) of the 78 wards Commission visitors felt that provision was limited or very poor. Staff in wards could often be frustrated at the lack of activity provision, and could see the benefits of having structured meaningful activities in wards. We were told in one hospital that there was no provision, which was "very hard for staff" because patients can be in for over six months with no stimulation.

In wards where there was no activity co-ordinator, and no in-reach into the ward from community or voluntary sector groups, wards were reliant on nursing staff or healthcare assistants providing activities. We heard from various staff members in wards how they would try to spend time either individually with patients or arranging an activity, but that priority has to be given to nursing and clinical tasks, or providing personal care. Therefore, it is common in community hospital wards that staff cannot plan to do activities, but that activities can be organised on an ad hoc basis, when time is available depending on the clinical needs of patients in the ward at the time.

As well as gathering information from staff and files about activity provision, we asked patients themselves if they felt there was enough to do on wards. Some people could not answer this question, or said clearly that they were not interested in activities, often because they did not feel physically well enough, or because they were just happy with visits from their families. When people did give us their views about activities in the wards, a majority (56%, 47 of 84) were positive about having things to do, but a minority (44%, 37 of 84) did say clearly there was not enough to do, with a few people saying explicitly that they get bored. Patients who wanted more to do in wards often did talk about enjoying going off the ward with family, but for many people this would not be a very frequent occurrence, and there plainly were patients in wards on our visits who would have wanted more meaningful activities while they were in hospital.

Patients with dementia who are in hospital should have access to a range of activities which provides them with a meaningful day. The provision of activities is an integral component of dementia care. On these visits we could see that many patients were too physically frail or unwell to participate in activities, that many patients had very good contacts with family and friends who were visiting regularly, and that most patients were in hospital for some rehabilitation following physical injury or illness. We did see examples of how staff in wards in community hospitals were given time and encouragement to develop activities, either provided by staff themselves or by volunteers and groups from local communities. We feel that because community hospitals are based in communities there are opportunities to build community links, and to have input from community groups and volunteers providing more structured activities. We have made a recommendation about this.

Discharge and delayed discharge

What we expect to find

We expect planning for discharge from hospital to start as soon as is appropriate. People should be discharged from hospital, with appropriate care and support in place, when they no longer need in-patient care and treatment.

What we found

A number of people we spoke with on the visits told us clearly that, while they were satisfied with their care and treatment in hospital, they wanted to be home.

We know that a hospital ward is not a good environment for a protracted and unnecessary stay. As well as having an impact on other admissions, a delayed discharge can have adverse effects on patients with dementia who remain in hospital when they do not need to. This can have an impact on their health and well-being, and can lead to patients acquiring avoidable ill health, increasing the risk of infection and of a decline in their daily living abilities. This was highlighted in a report from the Information Services Division, part of NHS Scotland, in 2016, which said: "It is very clear that being delayed in hospital can be harmful and debilitating – and in the case of older people, can often prevent a return to living independently at home. Reliably achieving timely discharge from hospital is an important indicator of quality and is a marker for person centred, effective, integrated and harm-free care. Older people may experience functional decline as early as 72 hours after being clinically ready for discharge and the risk increases with each day delayed in hospital. This increases the risk of harm and of a poor outcome for the individual and further increases the demand for institutional care or more intensive support at home"⁴⁷.

On the visits we gathered information from staff and from notes about the plans for each person moving on from the ward. Where someone was ready to move on from the ward, we looked at whether they were returning home with either the same support as pre admission, or with additional support, were returning to a care home or were waiting for a new admission to a care home setting, or waiting for other plans, including a transfer to another NHS unit. Where the plan was for a new admission to a care home, we looked at whether consideration had been given during discharge planning to providing support to enable the person to return home.

In about half of cases (45%, 128) information from staff and/or notes indicated that patients were not ready for discharge because a further period of assessment, or in-patient care and treatment or rehabilitation was needed. In a very few cases (9%, 26) it was recorded that guardianship applications were in the process of being made, while in a quarter of cases (27%, 77) it had been identified that a residential placement was required.

In about a fifth of cases (18%, 53) arrangements had to be made for the provision of home care support. In about a quarter of these cases (12) patients were waiting for a decision to approve funding for home support, while in about three quarters (41), delays

⁴⁷ ISD Scotland, October 2016 [http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/Guidelines/docs/Delayed Discharges Background and Glossary.pdf](http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/Guidelines/docs/Delayed%20Discharges%20Background%20and%20Glossary.pdf)

were caused by the need to organise support. In many of these 41 cases the patient had been receiving support at home before their admission to hospital, but the package of support was automatically cancelled after a short period of hospital admission. This then meant that the original support workers could not automatically start providing support again, and that the patient had to wait until new support arrangements could be organised. This is concerning as it means patients with dementia are remaining in hospital when they do not need to be there, and they are at risk of losing skills they need to remain independent. It also means that there may be a loss of continuity of care, with new care staff when they do return home, which can be particularly difficult for people with dementia to adjust to. We have made a recommendation about this.

In a very few cases arrangements to discharge a patient from hospital could not be finalised because there were ongoing discussions with relatives about the arrangements which should be in place, to provide safe and appropriate support after discharge.

We also asked ward managers to complete a sheet in advance of our visit, providing some information about each patient in their ward at that point who had dementia or was being assessed. This information included information about whether the patient was formally recorded as a delayed discharge patient, and the reasons why. The information from these sheets did not match exactly the information from our case note reviews. Sometimes this was because patients were discharged immediately before our visit, and on a few occasions on the day of our visit. Sometimes staff in a ward were clear that a patient was ready to move on, so assumed they were a delayed discharge patient, but they had not yet been formally listed as a delayed discharge. However the information from ward managers did give the same overall picture, that in about half of cases patients were not ready for discharge, and that in a minority of cases arrangements needed to be made for a residential placement or for home care support to be in place.

When we visited people with dementia in general hospitals in 2010⁴⁸ we said that when patients were admitted from their own homes “the presumption should be that they will return to their own homes and that alternatives should only be sought if this is not practicable.” We were concerned then about the high number of people not returning to their own homes. On these visits to community hospitals we looked for evidence in files that consideration was being given to discharge home rather than to a care home. In a very few cases (9%, 25) this was not applicable because the patient had not been living at home before their hospital admission. We were pleased to see that in most cases where information was available in files (81%, 205 of 252 cases) we saw that appropriate consideration was given to discharge home, often with good information about assessments completed by OTs and/or physiotherapists to assist in the process of discharge planning. In a minority of cases we saw that plans for moving on were for patients to move to a residential placement (33%, 67 of 205), but we did think that appropriate consideration was being given to the option of the individual patient returning home, and that decisions that this was not appropriate were based on assessments about whether the person could be supported safely in their own home.

⁴⁸ The Mental Welfare Commission for Scotland (2011) *Decisions for Dignity*
<http://www.mwscot.org.uk/media/53187/Decisions%20for%20Dignity%202010.pdf>

How people feel about their stay

What we expect to find

We expect patients to feel they are treated well and are experiencing good quality care. Staff should be spending time with them and be easily available, and we expect patients, as much as possible, to be involved in decisions about their care and treatment.

What we found

We had a set of questions we asked patients we met on the visits, to gather their views on how they felt they were being treated in hospital. These included general questions about their experience, and specific questions about issues, including how much information they were given about their treatment and how safe they felt in the ward.

149 patients (52%) were not able to participate in a discussion with a Commission visitor. The main reasons for not being able to talk to patients were that they were in the later stage of dementia, or that they were too physically unwell to speak to visitors when we were in the ward. Although some people did say very clearly that they did not want to speak to us. 138 people (48%) were able to tell us something about how they felt about their stay in hospital. In some cases (45, 16%) patients engaged well in an interview, and expressed very clear views, but for most patients we were able to talk with participation was limited.

We asked general questions about what it was like to be on the ward, and how people felt they were being treated, and got responses from 134 people (47% of the total). Two people described their experience as terrible, and they were both people who were often unsettled in the ward, displaying stressed and distressed behaviours. Several people said that they didn't like being in hospital and would rather be home, but that they were happy with their care in hospital. One person told us for example that staff were nice and attentive "but it's not like home". Almost all the rest of the people who told us how they felt about being in the ward, and about the staff supporting them, were positive. A lot of patients were quite neutral about what it was like on the ward, telling us it was OK or alright, but often people would then add that they felt staff were treating them very well. As an example one patient said that "it's alright.... (there's) nothing else for it", but then said "staff can't do enough for me."

Of the 134 individual patients who were able to comment either fully or in a limited way on their treatment, two expressed adverse comments. A minority felt their treatment was all right but were quite neutral (28%, 37), about half (48%, 64) were positive, and the rest (23%, 31) were very positive, and often made specific comments about what they felt satisfied with about their care and treatment.

Examples of the positive comments were:

They are all wonderful, they are all so kind and thoughtful....they can't do enough for you, they work very hard. (Patient)

Nurses are great, plenty of them and they can't do enough for me, anything I fancy is no bother. (Patient)

The staff are helpful and look after me well. There's staff helping me walk.....the nurses and other staff help me get back on my feet. (Patient)

A number of patients told us about the quality of interactions with staff, often describing staff as kind, warm, caring and helpful. Patients also commented on how appreciative they were of all the staff in a ward, with one retired doctor saying he felt all staff, from nurses in charge to assistants and cleaners, were very good. Several patients said they could see how busy staff were, including one retired nurse who understood nurses had a lot of paperwork to do, but felt staff were still positive and attentive.

A couple of common issues were raised by more than one patient. Two people felt uncomfortable in a dormitory in the ward because of the lack of privacy, but otherwise both were happy with their treatment. Five patients said they felt that it was boring in the ward. Three of these patients had been in hospital for over a month, and one had been an in-patient for over three months. In each of these cases we could not see evidence the patient had participated in meaningful activity in the week prior to our visit.

We asked people if they felt they got enough information about their treatment and about what was happening in hospital. Of the patients we could talk with, a minority said yes very clearly, that they felt they got enough information (28%, 39 out of 138). A larger minority (35%, 48 of 138) were not able to answer this question. Of the rest of the patients we spoke to, many said they could not remember or were unsure. This will not be unusual if people experience difficulties retaining information, but does suggest that patients may need to be given information about their treatment and what is happening on a regular basis, or in different formats in addition to giving information verbally.

We asked patients about some specific aspects of their treatment in the hospitals, including whether they felt there was enough privacy, whether they felt safe in the ward, and whether they felt staff were always available to talk to them. Many patients were not able to answer specific questions. When patients could answer questions, a majority told us that they were shown around the ward when they came in (69%, 40 of 58). Only a very few (5%, 6 of 117) said they did not know how to get staff if they needed help, with the rest saying they would be able to alert staff and get attention. Only one person said they felt staff were never available to talk to, with most patients (86%, 105 of 122) expressing positive views about staff responding when they needed to talk to them. Almost all patients felt they had enough privacy (97%), and that staff used the name they prefer to be called when speaking to them (99%), and most patients were positive about being asked how they would like to be treated (84%, 63 out of 75). Twelve people did say that they did not feel they were asked how they would like to be treated, but apart from one person who did say "the doctor tells me what will happen rather than ask me what I'd like to happen", the other eleven did not give any further specific comments. We were also very pleased to hear from almost every patient who could give us their view (99%, 116 of 117) that they felt safe in the ward, and in the one case where we were told they did not feel safe, we did think that the safety fears were related to their current illness.

We asked whether patients were aware of their right to advocacy, or had heard of advocacy services. Only three patients told us they had an advocate, with two saying that they had been offered advocacy support but did not want to use the service. A majority of patients who replied to this question (58%, 53 of 92) had either not heard of advocacy, or were not sure. A few patients who had not heard of advocacy did say that either they could speak for themselves, or that they were happy for family members to deal with things for them, but we would have hoped to see more knowledge about the

availability of advocacy services amongst the patients we met. This is particularly important, for example, where patients may need help in negotiating care packages, or where they are unable to express a view and may need uninstructed advocacy to safeguard their interests. It is important that staff are proactive in helping people access advocacy.

The Commission's recent advocacy report on a survey of advocacy planners and commissioners recommended that strategic plans are developed based on a local needs assessment, and information about unmet need and gaps in local provision, and that they should address barriers people may be experiencing accessing advocacy support.

We have made recommendations about information and advocacy.

Staffing⁴⁹

Dementia expertise

51 wards (72%) had dementia champions on the ward team and a further 11 (15%) had access to a dementia champion who was based elsewhere. We were pleased to see this, as the dementia champions programme was originally focussed on staff working in acute general hospitals and only later cohorts included community hospitals. Dementia champions are trained to enhanced level on the Promoting Excellence dementia skills and knowledge framework⁵⁰, and operate at ward level. They are usually nurses or allied health professionals, who have taken part in a specific training programme. Their role is to support colleagues in 'improving the experience, care, treatment and outcomes for people with dementia, their families and carers in general hospitals and at the interface between hospital and community settings'⁵¹.

The wards which have a dementia champion or access to one commented positively about the impact they have made. The most common areas were around; environmental improvements; helping to make wards more dementia friendly; providing training, either directly or supporting staff to access this; supporting the development of activities; providing input to care planning and supporting staff in managing stress and distress; and raising awareness of AWIA with staff and relatives.

49 (69%) of the wards we visited had access to a dementia nurse consultant⁵². Dementia nurse consultants are at the expertise level of the Promoting Excellence dementia skills and knowledge framework. They operate at NHS Board level, and have a lead role in taking forward the national agenda for improvement in dementia care, and supporting the work of the dementia champions. As would be expected with such a diverse range of hospitals the level and type of input varied considerably, however these wards told us they were available to provide advice and support when required and either provide or facilitate access to training.

The levels of specialist training within the nursing team varied considerably across the hospitals we visited, not surprisingly, given the variations in bed numbers and staffing establishment. Two thirds (65%, 46) had staff trained in identifying delirium and half the hospitals (49%, 35) had staff trained in the AWIA.

When we asked about specialist training in dementia care we found that of the 71 wards, 41% (29) had no-one with training in the Newcastle model⁵³ or other similar models for

⁴⁹ Returns from ward managers and staff were received from 71 wards.

⁵⁰ Scottish Government, 2011, *op cit*

⁵¹ Ellison S, Watt G, Christie I, NHS Education for Scotland, April 2014, *Evaluating the impact of the Alzheimer Scotland Dementia Nurse Consultants/Specialists & Dementia Champions in bringing about improvements to dementia care in acute general hospitals*
http://www.nes.scot.nhs.uk/media/2711493/impact_evaluation_-_final_report.pdf

⁵² Alzheimer Scotland, 2015, *Shifting the paradigm together: Alzheimer Scotland Dementia Nurse Consultants and Allied Health Professional Consultants*
[https://www.alzscot.org/assets/0002/1161/FINAL_AS DNC and AHP_Review_2014-15_2_.pdf](https://www.alzscot.org/assets/0002/1161/FINAL_AS DNC_and_AHP_Review_2014-15_2_.pdf)

⁵³ Jackman, L, & Beatty, A (2015), 'Using the Newcastle Model to understand people whose behaviour challenges in dementia care', *Nursing Older People*, vol. 27, no. 2, pp. 32-39. <http://journals.rcni.com/nursing-older-people/using-the-newcastle-model-to-understand-people-whose-behaviour-challenges-in-dementia-care-nop.27.2.32.e666>

managing stress and distress. Given that all these hospitals will provide care to patients who have a diagnosis of dementia on a regular basis this issue needs to be addressed. We have made a recommendation about this.

When we discussed staff training, we heard comments from staff at a number of hospitals which indicated that there was a lack of clarity about the different levels of knowledge and skills required by staff at the different Promoting Excellence dementia skills and knowledge framework⁵⁴ levels. All staff working in health and social service settings should attain the 'dementia informed' level, and all staff with direct and/or substantial contact with people with dementia should attain the 'dementia skilled' level. In community hospital wards working with people with dementia, this means that clinical staff, including clinical non-registered staff such as healthcare assistants, should be at the dementia skilled level.

We gathered some supplementary information about training, covering 35 wards, during March and April 2018. 23 of these had some clinical registered staff at skilled level, more than half were at this level in 15 wards and in five all clinical registered staff were trained to this level. A slightly larger proportion had attained the lower, dementia informed level. 12 wards had all clinical registered staff at this level and a further 10 said some were.

Only eight wards said some of their clinical non-registered staff were trained to dementia skilled level, and only 21 wards said that any clinical non-registered staff were trained to the informed level, with only eight saying all were.

During our visits we were told that in some hospitals a large number of staff had completed or were undertaking training at higher levels on the framework. In two hospitals we were told that 16 and 23 staff had completed training at an enhanced level. While in two different hospitals we heard that over 20 staff in each hospital were undertaking LearnPro online training at an expertise level, although there is no such resource at this level, implying a lack of understanding of the Promoting Excellence framework.

We heard about a range of other training undertaken by staff in some wards, including training on delirium, 'Think Capacity, Think Consent' on using the AWIA in general hospitals⁵⁵, and training on supporting people with dementia in acute care and palliative care for people with dementia.

Much of the training which had been undertaken was provided through online modules, although there were also externally-facilitated training courses and in-house training. The most common barriers to training identified were staffing constraints; difficulty in releasing staff, either due to lack of available staff to backfill, or due to budgetary constraints. Some wards mentioned that mandatory training, such as moving and handling and fire safety, took priority. Limited access to computers was also a barrier in some hospitals. Some wards said that staff were undertaking modules in their own time, unpaid.

⁵⁴ Scottish Government, 2011, *op cit*

⁵⁵ NHS Education Scotland learning resource
http://www.nes.scot.nhs.uk/media/1557644/capacity_and_consent-interactive.pdf

We also asked about support and supervision for staff. A significant proportion of wards mentioned dementia champions, liaison nurses or nurse consultants as being a support to staff.

Professional input

We looked at the level of multi-disciplinary input to wards.

Just over half of the wards we visited (56%, 40) were GP led. 89% (63) had input from a geriatrician, either on a regular or a referral basis

Staff said access to psychiatry was widely available (99%, 70) with the large majority (94%, 67) of the wards we visited having access to this on a referral basis and three with regular input from a psychiatrist. Only one ward told us they could not access psychiatry. However, psychiatrists only attended MDT meetings in 30% (21) of wards, and this was mainly on an individual request basis.

In almost all wards then we heard that access to psychiatry was by referral only. Some ward staff made specific comments about the benefits of having good input from psychiatry, for example providing advice and guidance and reviewing medication. In nine wards we did hear that there could be lengthy waits, or waits of a month or longer, for input from psychiatry. We consider that input from specialist mental health services should be easily accessible in all community hospitals, where this input is felt to be necessary to support staff who are managing complex issues relating to a patient's dementia.

Pharmacy input varied considerably. 82% (58) had access but only 69% (49) said input from a pharmacist was regular rather than by referral. Pharmacy attended MDT meetings, either on a regular or invitation basis, in just 37% (26) of wards. In contrast 15% (11) of wards told us they did not have access to pharmacy input to the ward, even on a referral basis. This is disappointing, given the important role pharmacists can play, in medicine reconciliation at the point of admission, and in providing advice and guidance on prescribing, including prescribing psychotropic medication, which is discussed in the medication section above.

Multiple comorbidities often exist in older people and may entail complex prescribing, especially when there is also a diagnosis of dementia. There are also often challenges which can arise from administering medications to people with swallowing problems or who require covert medication. We therefore think it is important that pharmacy input is available to all wards caring for patients with dementia.

None of the wards we visited had regular input from psychology. 69% (49) were able to access this on a referral basis, however, comments indicate that the level of access varied greatly with 12 wards, saying they rarely referred or commenting negatively on access due to waiting lists, with one ward saying they did not refer to psychology as this service was not required. Only five wards commented positively on the benefits of access to psychology. This would seem to indicate a lack of awareness amongst staff of the role of psychology and its value to patients with dementia.

OT was an integral part of the MDT in most wards. It was available on a regular basis in 90% of wards, with the rest being able to access it on a referral basis. OTs attended MDT meetings in 93% (66) of wards on a regular basis and to others on request.

Physiotherapy, dietetics and speech and language therapy were available to all wards on either a regular or referral basis.

We also looked at the availability of staff trained in palliative care. 20% (14) of wards had staff trained in palliative care within the ward team and a further 13% (9) had regular input from palliative care nurses. The remainder of wards, 66% (48) could access this service on a referral basis.

Social work input was available in all wards with 68% (48) having regular input, 32% (23) by referral only, and 63% (45) of wards having a regular social work presence at MDT reviews. Their role was identified as particularly important in discharge planning and liaising with care providers.

56% (40) of wards said that community staff attended either for individual reviews or pre discharge meetings

Other professionals who had input to the MDT on a referral basis were district nurses, liaison nurses from the local community mental health team and elderly mental health team, and advance nurse practitioners or specialist nurses such as tissue viability, diabetes or Parkinson's nurses.

82% (58) of wards felt satisfied with the level of multi-disciplinary input available to them.

Arrangements for access to a liaison service that specialises in the diagnosis and management of dementia and older people's mental health varies considerably. Some wards have to go through the GP or consultant who can make a referral to the local mental health team, whilst others can make a referral directly where they feel input would be beneficial. A small number of wards have regular input from a liaison nurse or community psychiatric nurse.

We have made a recommendation about access to specialist services.

Conclusion

This is the first time the Mental Welfare Commission has visited community hospitals to look at the care and treatment of people with dementia.

The care and treatment provided is generally good, and community hospitals are valued by patients, and by carers.

However, much of the focus of care is on the physical reasons for which most patients were admitted, and we identified a range of ways in which care and treatment and the environment could be improved in relation to dementia.

Appendix 1 – List of hospitals and wards visited

NHS Board	Hospital
Ayrshire and Arran	Arran War Memorial
	Biggart Hospital (Lindsay, McMillan & Urquhart)
	East Ayrshire Community (Burnock & Roseburn)
	Girvan Community Hospital
	Lady Margaret Hospital, Millport
Borders	Hawick Community Hospital
	Hay Lodge Hospital
	Kelso Hospital
	Knoll Hospital
Dumfries and Galloway	Castle Douglas Hospital
	Kirkcudbright Hospital
	Lochmaben Hospital
	Newton Stewart Hospital (Wards 1, 2a, 2b, 3)
	Thornhill Hospital
Fife	Cameron Hospital (Balcurvie & Balgonie)
	Glenrothes Hospital (Wards 1, 2, & 3)
	St Andrews Community Hospital
Forth Valley	Falkirk Community Hospital (Wards 1, 2 & 3)
	Forth Valley Royal (Ward 1)
	Stirling Community (Ward 4)
Grampian	Chalmers Hospital (GP Unit)
	Glen O'Dee Hospital (Morven)
	Inch War Memorial
	Inverurie Hospital (Doonbank)
	Jubilee Hospital (Rothieden)
	Leancoil Hospital
	Seafeld Hospital (GP Unit)
	Turner Memorial Hospital
Woodend Hospital (Wards 15, 16, 17, links@woodend)	
Greater Glasgow and Clyde	Lightburn Hospital (Wards 2 & 4)
Highland	Campbeltown Hospital (Acute Admission)
	Cowal Community Hospital (Admission Unit)
	Ian Charles Hospital
	Invergordon Hospital (Sutor)
	Mackinnon Memorial Hospital
	Mid Argyle Hospital (Glenaray)
	Portree Hospital (Marsco)
	Ross Memorial Hospital (General)
	Rothesay Victoria Hospital (General)
Royal Northern Infirmary (Wards 1 & 2)	
St Vincent's Hospital (Gynack)	

Lanarkshire	Kello Hospital
	Stonehouse Hospital (Lochhart)
	Wester Moffat Hospital (Heather)
Lothian	Belhaven Hospital (Ward 2)
	Edington Cottage Hospital
	Liberton Hospital (Wards 1, 2, 3, & 4)
	Roodlands General Hospital (Ward 1a)
Tayside	Blairgowrie Cottage Hospital (GP Unit)
	Crieff Hospital (Ward 2)
	Montrose Royal Infirmary (Ward 1)
	Pitlochry Community (GP Unit)
	Royal Victoria Hospital Dundee (Ward 5,7 & 8)
	St Margaret's Hospital (GP Unit)
	Stracathro Hospital (Ward 2)
	Whitehills (Clova & Isla)

Appendix 2: Core national dementia learning resources to support workforce development in community hospitals

Dementia Informed Practice level

The Dementia Informed Practice Level provides the baseline knowledge and skills required by all workers in health and social services settings including a person's own home. Staff can gain the knowledge and skills to become informed about dementia by accessing the Informed about dementia: Improving Practice resource at:

<http://www.knowledge.scot.nhs.uk/home/portals-and-topics/dementia-promoting-excellence/framework/informed-level/learning-resources.aspx>

Dementia Skilled Practice level

The Dementia Skilled – Improving Practice Learning Resource is for people who work directly with people with dementia, their families and carers, and also for people who have substantial contact with people with dementia, their families and carers. It builds from the knowledge and skills presented in the Informed about Dementia: Improving Practice DVD.

This is a comprehensive learning resource with modules covering:

- Understanding Dementia.
- Promoting person and family centered and community connections.
- Promoting health and wellbeing.
- Meeting the needs of the person with dementia who is distressed.
- Supporting and protecting peoples' rights.

The resource can be accessed at

<http://www.knowledge.scot.nhs.uk/home/portals-and-topics/dementia-promoting-excellence/framework/skilled-level/learning-resources.aspx>

Other key learning resources including further learning on:

- Supporting people with dementia in acute care
- Capacity and consent
- Supporting people with delirium
- Stress and distress in acute hospitals

are available at <http://www.knowledge.scot.nhs.uk/home/portals-and-topics/dementia-promoting-excellence/framework/skilled-level/learning-resources.aspx>



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Mental Welfare Commission (05/18)

Dundee Health & Social Care Partnership

Medicine for the Elderly (In-patient Services) Dundee

Action Plan following Mental Welfare Commission Report on Themed Visits to People with Dementia in Community Hospitals 2016

July 2018

Review Action Plan – Recommendations

DATE: 26/07/2018

Recommendation	Actions	Key Leads	Time Scale	Current Position	Progress Note	Evidence	RAG
	Set up Short life working group with appropriate members of multidisciplinary team.	CNM	1 month	Short life multi-disciplinary working group established and aims agreed to meet monthly to inform and gradually work through created action plan.			Green
1. Wards use a dementia design audit tool every 2 years and take appropriate actions to make ward environments as dementia friendly as possible.	Audit tool to be agreed upon and disseminated.	DNC SCN's	3months	AS advised around appropriateness of tools and Kings fund tool agreed upon as tool to use.			Yellow
	Audits to be completed in ward areas and action plans with specific time scales to be completed in all wards.		6 months	Dementia champions to complete audit tools within ward areas and bring completed audits to next meeting			Yellow
2. Staff use the Equal Partners in Care (EPIC) framework and encourage and enable carers to be involved in their relative's care and to work in partnership with staff, and that carers are given appropriate information as soon as possible after admission.	Ensure all SCN's aware of need for completion of EPIC on line learning.	CNM		Shared at SCN meeting June.		SCN meeting minutes	Green
	Ensure all members of staff complete level one EPIC, feedback numbers to PDN Lawrence to support collation of figures.	SCN's PDN	6months	Currently epic module accessed via lengthy link, could it be put on learn pro. AS to feed back at next meeting as to how we achieve this.			Yellow

Recommendation	Actions	Key Leads	Time Scale	Current Position	Progress Note	Evidence	RAG
	Share with managers of other professional groups across the hospital.	SLWG	4 months	KR to email all staff and managers of other professional groups link. CL To begin similar process with medical colleagues and trainees.			
3. Staff use care planning systems which include a focus on supporting patients' needs in relation to their dementia. These should be based on life story information.	Evaluate care plans currently in use to benchmark our current position.	PDN/SCN's		Care plans currently in use don't meet this standard.			
	2. Ensure care plan developed to support fulfilling this. 3. Implement use of care plans	SCN's/ PDN's/ DNC	6 months	AS & CM to look at new care plans developed and feed back at the next meeting as to whether they fulfil standards before moving forward.			
4. Medication should be used as a last; not first, resort in the management of stressed and distressed behaviours. There should be specific care plan detailing the non pharmacological interventions to be used, informed by input from specialist psychiatric services. (dementia nurse consultant, liaison nurses or	Bench mark where we are already in relation to this.	SCN's/ PDN's/ Pharmacist Medical staff		Currently our care plans do not meet this standard.			
	Write appropriate care plan utilising all of team and drawing on care plans currently used in KCC.	SCN's/ PDN's/ Pharmacist	6 months	CM brought care plan and 5P's formulation model, also an associated flow chart. Reported to be meaningful for patients, supporting a more rapid period of recovery and reduced length of stay.			

Recommendation	Actions	Key Leads	Time Scale	Current Position	Progress Note	Evidence	RAG
psychiatrists) when required.				AP to share any appropriate pharmacy documentation which is again to be shared electronically.			
When a patient is prescribed medication 'if required' for agitation there should be clear care plan detailing when and how the medication should be used, and this should be regularly evaluated and reviewed.	Educate staff as to need for this information to be in place and the use of these.	SCN's/ PDN's	6 months	CM to share with KR electronically, KR to send round team all present.			
	Audit care plans regularly once in place to facilitate the quality improvement work that is likely to be required to implement this action to a high standard.	SCN's/ PDN's	12 months	To agree at next meeting re use of this paperwork			
People with dementia on multiple psychotropic medications should be prioritised for multi-disciplinary review, including pharmacy, to ensure that continues use is appropriate.	All patients receive at least weekly review by multidisciplinary team	SCN's/ PDN's/ Pharmacist Medical staff		All confirmed this.			
5. Where the use of electronic location devices is considered, there are protocols, including	Check current protocols that are in place and review them against the commissions	PDN's		Advised by AS that current practice of incorporating this on patient safety care plan			

Recommendation	Actions	Key Leads	Time Scale	Current Position	Progress Note	Evidence	RAG
individual risk assessments and consultation with relatives/carers and attorneys and guardians; which should follow the commission's good practice guidance, <i>Decisions about technology</i>	good practice guidance to ensure they are appropriate.			does not meet good practice guidelines			Green
	2. Measure the completion of associated documentation to offer assurance around implementation of protocols.	PDN/ CNM	3 months	AL & CM to look at what documentation is available locally and nationally and bring samples to the next meeting.			Yellow
6. Whenever the use of any form of restraint e.g. bed rails is being considered staff complete an appropriate risk assessment, the need for restraint is kept under review, and the principles in the commission's good practice guidance. <i>Rights, risks and limits to freedom are applied.</i>	Check current risk assessment that is in place is in keeping with recommended document.	CNM/ PDN		All agreed that current NHS Tayside risk assessment is in keeping with appropriate legislation			Green
	Measure appropriate completion of risk assessment.	SCN	3 months	SCN to bench mark their own areas around completion and feedback at next meeting.			Yellow
7. The service plan for each community hospital includes a focus on developing activity provision, and on encouraging input from local communities, in wards.	1. Activity co-ordinators are appointed to each ward area.	CNM		Activity co-ordinators are in place across all wards.			Green
			12 Months	Longer term aims to build up team of volunteers to provide increased activities.			Green
			6 Months	EW will begin to look at guidance for families to follow up activities and also			Green

Recommendation	Actions	Key Leads	Time Scale	Current Position	Progress Note	Evidence	RAG
				start to look at a resource around the concourse area as to around activities.			
8 Staff provided patients with information about the reasons for being in hospital and about their treatment, as often as is necessary, and that information given verbally if supplemented by information in other forms.	1. Check current practice and associated evidence.	PDN/ SCN	6 months	EW currently putting together test of change with letters and leaflets around what we are doing today, what day it is etc		Stroke leaflets are available for every stage of the stroke journey. Clocks containing date time place Getting to know me form's used.	
9. Staff are proactive in helping patients access independent advocacy services and any barriers to access are addressed.	1 Benchmark current practice and associated evidence.			This is something that all felt was done well.		Information within RVH,	
	2. Plan improvements if required,? insert question onto documentation.	PDN/ SCN	2 months	Group were unclear on whether nursing staff in the wards knew how to contact advocacy staff. For next meeting SCN's to return with information around above.			

Recommendation	Actions	Key Leads	Time Scale	Current Position	Progress Note	Evidence	RAG
			1 month	KR to invite social work colleagues to gain clarity of approach and inform any plans.		Social work generally involves advocates quite quickly.	
10. Health service managers give priority to ensuring: That all non-clinical staff attain the knowledge and skills at the informed level of the Promoting Excellence Framework.	Ensure this information shared with managers of none clinical staff	SLWG	12 months	KR to email portering and domestic managers to ensure they are aware of this need and offer support of PDN if required.			
That all clinical staff attain the knowledge and skill at the skilled level of the Promoting Excellence using the NES national 'Dementia Skilled – improving Practice Resource'	Establish benchmark from data base kept by PDN of current knowledge and skills.	PDN	4 months	AL in the process of putting together data base. AL to work with SCN's to establish base line of knowledge by next meeting.			
	Explore current training with PDN and dementia champions and agree plans moving forwards to achieve this for all clinical staff.	PDN/ Dementia Champions	6-12 months	AL, CM and dementia champions are currently facilitating promoting excellence course across the site for a cohort of staff. This is a rolling program however likely to be a few years until all staff through. CM shared the dementia skilled practice level individual mapping tool which was used at Kingsway to			

Recommendation	Actions	Key Leads	Time Scale	Current Position	Progress Note	Evidence	RAG
				allow people to plot themselves and highlight deficits as perhaps not all staff need all training. Agreed that CM would share this electronically and KR would share this with the group for consideration and discussion at the next group.			
	To ensure all MDT aware of this need and have plans in place to meet this.	CNM/ SLWG	3 months	MDT made aware at SLWG to discuss plans to achieve this at next meeting.			
That all wards in community hospitals are able to access support form staff at the enhanced level, including dementia champions, and from staff operating at the Expertise level of Promoting Excellence.	Currently all wards have dementia champions, baseline to be established as to teams awareness of this, improvement plan to be created if required?	SCN's/ PDN	4 months	Dementia champions to establish awareness and feedback at next meeting.			
	Agree plan around access to expert level practitioner.	SLWG	3 months	Touched on access to experts, currently AS and CM. To revisit at next meeting.			
That clinical staff have appropriate training on the Adults with Incapacity (Scotland) Act 2000 and the Mental health (Care and treatment)	Establish bench mark of current knowledge.	SCN/ PDN	3 months	Significant work done over the last couple of years predominantly in one ward area to trial new AWI forms. These are now to be rolled out across the hospital. Roll out and education process being led by JT with an aim to have them in place and be assured associated			

Recommendation	Actions	Key Leads	Time Scale	Current Position	Progress Note	Evidence	RAG
(Scotland) Act 2003.				knowledge appropriate by September.			
	Agree training plan if required.	PDN's	1 month				
11. There is appropriate and timely input available from specialist dementia services and other specialisms, such as pharmacy, into community hospitals.	Establish bench mark of current position.	SCN Pharmacy		Pharmacist available routinely on at least one ward round per week. POA liaison team offer responsive and timely service.		pharmacy documentation and in referral to response time for POA response time.	
12. Local arrangements for cancelling home support packages when a patient is admitted to hospital are reviewed, with reference to the patient's likely duration of stay; and should consider developing flexible arrangements for restarting a package of care to enable patients to be discharged home quickly when they are ready to return home.	Establish current position.			Consensus that this is provider specific and that we did not feel able to offer accurate answer. KR to invite Social work colleagues to next meeting.			
	Create improvement plan if required.	Social work lead	12 months				

Lead Identified Persons –

KR- Krista Reynolds, Clinical Nurse Manager

AS- Andy Shewan, Dementia Nurse Consultant

AL- Alison Lawrence, Practice Development Nurse

CM- Colin Mcinally, Practice Development Nurse

CL- Dr Carolyn Leslie, Consultant Geriatrician

JT- Jacqueline Thomson, Nurse Consultant Older People

AP- Alice Pitcairn, Clinical Pharmacist



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 25 SEPTEMBER 2018

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

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC56-2018

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.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 Dundee Integration Joint Board's current Internal Audit Plan incorporates outstanding reviews from the 2017/18 as approved by the PAC at its meeting of the 28 November 2017 (Article VII of the minute of the meeting refers - PAC37-2017) and new reviews for 2018/19 in relation to risks around the financial environment within which the IJB operates, governance assurance and information governance as agreed at the PAC meeting of 31st July 2018 (Article XII of the minute of the meeting refers - PAC48-2018)
- 4.2 In relation to the substantive reviews as part of the 2017/18 plan, the final Risk Management Review report is considered as item 9 on this agenda. The Transformation and Redesign review is in progress with fieldwork nearing completion. The findings of the Transformation and Redesign review is scheduled to be presented to the PAC to be held on 27th November 2018. Projected dates for the submission of the new 2018/19 reviews are set out in Appendix 1 to this report.
- 4.3 As per Audit Scotland's recommendation and subsequent agreed action following the Dundee IJB External Audit Annual Report 2016/17, presented to the September 2017 Performance and Audit Committee (Article IV of the minute of the meeting refers - 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: 3rd September 2018

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

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



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 25 SEPTEMBER 2018

REPORT ON: ANNUAL INTERNAL AUDIT REPORT - 2017/18 ACTION PLAN

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC57-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to consider a proposed action plan to respond to the recommendations of the Annual Internal Audit Report 2017/18.

2.0 RECOMMENDATIONS

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

- 2.1 Notes and approves the proposed action plan as outlined in Appendix 1.
- 2.2 Remits the Chief Finance Officer to provide a progress report to the PAC prior to the 31st March 2019.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 Dundee Integration Joint Board's Annual Internal Audit Report was presented to the Performance and Audit Committee at its meeting on the 31st July 2018 (Article XI of the minute of the meeting refers – PAC47-2018). This report noted that the Chief Internal Auditor's assessment of the IJB's governance, risk management and control frameworks as they had developed during 2017/18 had established no major issues and that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in 2017/18. The report noted a number of areas of planned improvements for 2017/18 alongside a range of recommended further issues for consideration by management. The Internal Audit report recommended the development of an action plan to ensure these and other developing governance issues are managed effectively. This action plan is shown in Appendix 1. The Chief Internal Auditor will provide an assessment of the adequacy of these as part of their 2018/19 Annual Audit Report.

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 development of an action plan in line with the findings of the Annual Internal Audit Report.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 5th September 2018

Area for Improvement	Lead Officer	To Be Reported To	Planned Action	Planned Completion Date
Clarification of deputising arrangements for the Chief Officer to be presented to the IJB	Chief Officer	IJB	Agreement to be reached between Chief Executives of Dundee City Council and NHS Tayside	December 2018
Consideration should be given to providing the IJB with reporting on workforce issues including the Workforce and Organisational Development Strategy as well as the partnership forum	Chief Officer / Chief Finance Officer	IJB	Complete review of Workforce and Organisational Development Strategy and provide update to IJB. Consider frequency and content of update report of activities of Staff Partnership Forum	December 2018
Developments in relation to clinical and care governance should take into account the Social Work Scotland guidance document on Governance for quality social care in Scotland.	Head of Health and Community Care	Clinical and Care Governance Group	To be tabled as agenda item for Clinical and Care Governance Group for progressing	December 2018
Consideration should be given to arrangements required by the IJB to comply with Freedom of Information and Public Records legislation	Chief Finance Officer / Clerk to the Board	IJB	Review current arrangements in place across the IJB/NHS Tayside and Dundee City Council to determine if they are effective in meeting the IJB's statutory requirements	December 2018

Area for Improvement	Lead Officer	To Be Reported To	Planned Action	Planned Completion Date
Development of Large Hospital Set Aside arrangements in conjunction with the Scottish Government, NHS Tayside and Angus and Perth and Kinross Integration Joint Boards	Chief Officer / Chief Finance Officer	IJB	Work progressing with NHS Tayside in association with the 3 Tayside IJB Chief Finance Officers and Scottish Government to conclude the methodology or determining and monitoring the Large Hospital Set Aside to inform commissioning decisions as set out within the legislation	December 2018
Implementation of an action points update to each meeting of the IJB and PAC in addition to an annual workplan to be agreed for both meetings	Chief Officer / Chief Finance Officer	IJB/PAC	To be developed as suggested and implemented with effect from the October 2018 IJB meeting	October 2018
Development of improved Hosted Services arrangements around risk and performance management for hosted services	Chief Officer / Chief Finance Officer	IJB	Current hosted services arrangements subject to discussion across the 3 Tayside Chief Officers and Chief Finance Officers. Proposal to be brought forward to IJB and PAC before the end of the financial year	March 2019
Development of an overall Governance Action Plan to progress previous recommended areas for improvement	Chief Finance Officer	PAC	To be developed as suggested	November 2018

Area for Improvement	Lead Officer	To Be Reported To	Planned Action	Planned Completion Date
Development of regular IJB and PAC member induction and development process	Chief Officer / Chief Finance Officer	IJB/PAC	To be developed as suggested	December 2018
Further develop the Integration Joint Board's local Code of Governance	Chief Officer / Chief Finance Officer / Clerk to the Board	IJB	To be developed as suggested	December 2018
Present the governance principles adopted by the Health and Social Care Integration Governance Working Group to the PAC to be taken forward by all parties (* reflects partial development from 2016/17)	Chief Finance Officer	IJB	To be presented to the November PAC meeting	November 2018
Development of multi-year financial plan as part of the review of the Strategic and Commissioning Plan	Chief Finance Officer	IJB	Development of multi- year financial plan to be part of the budget setting process for 2019/20 and beyond which will reflect and be incorporated into the revised Strategic and Commissioning Plan	March 2019
Update the Integration Joint Board's Participation and Engagement Strategy	Chief Officer / Chief Finance Officer	IJB	To be taken forward by the Communication and Engagement Group as part of the review of the Strategic and Commissioning Plan	December 2018

Area for Improvement	Lead Officer	To Be Reported To	Planned Action	Planned Completion Date
Develop Scheme of further delegation in relation to delegated services to the Integration Joint Board*	Chief Officer / Chief Finance Officer / Clerk to the Board	IJB	To be developed as suggested	December 2018
Clarify responsibilities and accountabilities around the impact of General Data Protection Regulations (GDPR) legislation with partner bodies	Chief Finance Officer	IJB	Update report to be presented to the October IJB meeting	October 2018
Update and enhance the IJB's Risk Management Strategy and further develop the IJB's operational risk register	Chief Finance Officer	PAC / IJB	To be developed as suggested. Recommendations of the Internal Audit review of Risk Management to be considered and changes made accordingly	March 2019
Further develop performance report information into a delivery plan framework to ensure IJB fulfils its remit in delivering the direction of travel within the Strategic Commissioning Plan	Chief Officer / Chief Finance Officer	PAC	To be taken forward by the Strategy and Performance Team, aligned with the review of the Strategic and Commissioning Plan.	March 2019

ITEM No ...13.....

PAC58-2018

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

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

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

✓ Attended

A Submitted apologies

A/S Submitted apologies and was substituted

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

* Denotes Voting Members

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

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

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

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

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

