



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

City Chambers  
DUNDEE  
DD1 3BY

17th September, 2024

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

Dear Sir or Madam

### **PERFORMANCE AND AUDIT COMMITTEE**

I would like to invite you to attend a meeting of the above Committee which is to be held remotely on Wednesday, 25th September, 2024 at 10.00am.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at [committee.services@dundeecity.gov.uk](mailto:committee.services@dundeecity.gov.uk) by no later than 12 noon on Monday, 23rd September, 2024.

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](mailto:arlene.hay@dundeecity.gov.uk).

Yours faithfully

DAVE BERRY

Acting Chief Officer

### **AGENDA**

- 1 APOLOGIES FOR ABSENCE**
- 2 DECLARATION OF INTEREST**

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

**3 MINUTE OF PREVIOUS MEETING AND ACTION TRACKER**

(a) **MINUTE - Page 1**

The minute of previous meeting of the Committee held on 22nd May, 2024 is attached for approval.

(b) **ACTION TRACKER - Page 5**

The Action Tracker (PAC29-2024) for meetings of the Performance and Audit Committee is attached for noting and updating accordingly.

**4 ANNUAL PERFORMANCE REPORT 2023/24 - Page 13**

(Report No PAC24-2024 by the Chief Officer, copy attached – for noting).

**5 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023-24 QUARTER 4 - Page 109**

(Report No PAC27-2024 by the Chief Finance Officer, copy attached – for noting).

**6 DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT - Page 131**

(Report No PAC32-2024 by the Clinical Director, copy attached – for decision).

**7 QUARTERLY FEEDBACK REPORT – 1ST QUARTER 2024/25 - Page 159**

(Report No PAC31-2024 by the Chief Finance Officer, copy attached – for noting).

**8 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE - Page 167**

(Report No PAC33-2024 by the Chief Finance Officer, copy attached – for noting).

**9 MENTAL HEALTH SERVICES INDICATORS – 2023/24 QUARTER 4 - Page 181**

(Report No PAC26-2024 by the Chief Finance Officer, copy attached – for noting).

**10 DRUG AND ALCOHOL SERVICES INDICATORS – 2023/24 QUARTER 4 - Page 209**

(Report No PAC23-2024 by the Chief Finance Officer, copy attached – for noting).

**11 UNSCHEDULED CARE - Page 219**

(Report No PAC28-2024 by the Chief Finance Officer, copy attached – for noting).

**12 HEALTH AND CARE EXPERIENCE SURVEY 2023-24 ANALYSIS - Page 227**

(Report No PAC25-2024 by the Chief Finance Officer, copy attached – for noting).

**13 CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/OLDER PEOPLE AND OTHER ADULT SERVICES 2023-24 - Page 241**

(Report No PAC22-2024 by the Chief Finance Officer, copy attached – for noting).

**14 GOVERNANCE ACTION PLAN PROGRESS REPORT - Page 273**

(Report No PAC30-2024 by the Chief Finance Officer, copy attached – for decision).

**15 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT -  
Page 275**

(Report No PAC34-2024 by the Chief Finance Officer, copy attached – for noting).

**16 INTERNAL AUDIT PLAN 2024/25 - Page 289**

(Report No PAC35-2024 by the Chief Finance Officer, copy attached – for decision).

**17 ATTENDANCE LIST - Page 303**

(A copy of the Attendance Return (PAC36-2024) for meetings of the Performance and Audit Committee held over 2024 is attached for information and record purposes).

**18 DATE OF NEXT MEETING**

The next meeting of the Committee will be held remotely on Wednesday 20th November, 2024 at 10.00am.

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**PERFORMANCE AND AUDIT COMMITTEE**  
**CONTACT LIST**  
**(Updated September 2024)**

**(a) CONTACTS – PERFORMANCE AND AUDIT COMMITTEE**

(\* - DENOTES VOTING MEMBER)

<b>Role</b>	<b>Recipient</b>
Elected Member (Chair)	Councillor Ken Lynn *
Elected Member	Councillor Dorothy McHugh *
NHS Non Executive Member	Vacant *
NHS Non Executive Member	David Cheape *
Chief Officer	Vicky Irons
Chief Finance Officer	Dave Berry
Registered medical practitioner employed by the Health Board and not providing primary medical services	Sanjay Pillai
Chief Social Work Officer	Glyn Lloyd
Chief Internal Auditor	Jocelyn Lyall
Staff Partnership Representative	Raymond Marshall
Person providing unpaid care in the area of the local authority	Martyn Sloan

**(b) DISTRIBUTION – FOR INFORMATION ONLY**

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

<b>Organisation</b>	<b>Recipient</b>
Dundee City Council (Legal Manager)	Maureen Moran
Dundee City Council (Legal rep)	Jackie Bell
Dundee Health and Social Care Partnership	Matthew Kendall
Audit Scotland	Mary O'Connor
Regional Audit Manager	Barry Hudson
Audit Scotland (Audit Director)	Rachel Browne
Health and Social Care Partnership	Angie Smith



At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 22nd May, 2024.

Present:-

<u>Members</u>	<u>Role</u>
Ken LYNN (Chair)	Nominated by Dundee City Council (Elected Member)
David CHEAPE	Nominated by Health Board (Non-Executive Member)
Dorothy McHUGH	Nominated by Dundee City Council (Elected Member)
Beth HAMILTON	Nominated by Health Board (Non-Executive Member)
Dave BERRY	Chief Finance Officer
Jocelyn LYALL	Chief Internal Auditor
Glyn LLOYD	Chief Social Work Officer
Martyn SLOAN	Person providing unpaid care in the area of the local authority

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

Christine JONES	Health and Social Care Partnership
Jenny HILL	Health and Social Care Partnership
Kathryn SHARP	Health and Social Care Partnership
Lynsey WEBSTER	Health and Social Care Partnership
Matthew KENDALL	Health and Social Care Partnership

Ken LYNN, Chairperson, in the Chair.

#### **I APOLOGIES FOR ABSENCE**

There were apologies for absence submitted on behalf of Raymond Marshall (Staff Partnership Representative).

#### **II DECLARATION OF INTEREST**

There were no declarations of interest.

#### **III MINUTE OF PREVIOUS MEETING AND ACTION TRACKER**

##### **(a) MINUTE**

The minute of meeting of the Committee held on 31st January, 2024 was submitted and approved.

##### **(b) ACTION TRACKER**

There was submitted the Action Tracker, PAC19-2024, for meetings of the Performance and Audit Committee for noting and updating accordingly.

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

#### **IV DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023/2024 QUARTER 3**

There was submitted Report No PAC15-2024 by the Chief Finance Officer, providing an update on 2023/2024 Quarter 3 performance against the National Health and Wellbeing Indicators and

'Measuring Performance Under Integration' indicators. Data was also provided in relation to Social Care – Demand for Care at Home services.

The Committee agreed:-

- (i) to note the content of the summary report;
- (ii) to note the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 2 and 3);
- (iii) to note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3); and
- (iv) to note the number of people waiting for a social care assessment and care at home package and associated hours of care yet to be provided in Appendix 2.

## **V DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT**

There was submitted Report No PAC16-2024 by the Clinical Director providing assurance to Committee on the business of Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group.

This aligned to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person-centred

The report provided evidence of the following Best Value Characteristics:

- Equality
- Vision and Leadership
- Effective Partnerships
- Governance and Accountability
- Use of Resources
- Performance Management
- Sustainability

The Committee agreed:-

- (i) to provide their view on the level of assurance the report provided and therefore the level of assurance regarding clinical and care governance within the Partnership. The timescale for the data within this report was to 31st January, 2024.
- (ii) to note that the Lead Officer for Dundee HSCP, Dr David Shaw suggested that the level of assurance provided was:

Reasonable; due to the following factors:

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



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

Following questions and answers the Committee agreed to accord with the level of assurance as indicated above.

## **VI QUARTERLY COMPLAINTS AND FEEDBACK REPORT – 3RD QUARTER 2023/2024**

There was submitted Report No PAC14-2024 by the Chief Finance Officer, summarising the complaints and feedback performance for the Health and Social Care Partnership (HSCP) in the third quarter of 2023/2024. The complaints included complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

The Committee agreed:-

- (i) to note the complaints handling performance for health and social work complaints set out within the report;
- (ii) to note the work which had been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring and reporting; and
- (iii) to note the work ongoing to implement using Care Opinion as a feedback tool for all services in the Health and Social Care Partnership.

Following questions and discussion the Committee noted that there may be service users from the older population who may not be familiar with online feedback participation and the need for their views to be gathered accordingly and that this would be examined by Dave Berry.

## **VII DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE**

There was submitted Report No PAC18-2024 by the Chief Finance Officer providing an update in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership.

The Committee agreed:-

- (i) to note the content of the Strategic Risk Register Update report; and
- (ii) to note the extract from the Strategic Risk register attached at Appendix 1 to the report.

Following questions and answers the Committee further agreed to note that Dave Berry would be liaised with further on ways in which cyber security issues may be reflected in future reports.

## **VIII DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP FINANCE AND STRATEGIC SERVICES CAPACITY**

There was submitted Report No PAC13-2024 by the Chief Finance Officer, presenting an overview of the progress made within Dundee Health and Social Care Partnership's Finance and Strategic Services to enhance service capacity to meet the increasing demands on the service.

The Committee agreed to note the content of the report including the challenges that Finance and Strategic Services had faced due to a lack of capacity and the steps taken to remedy this through a new structure attached at Appendix 1 to the report.

#### **IX DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT**

There was submitted Report No PAC20-2024 by the Chief Finance Officer, providing an update on progress against the 2023/2024 Internal Audit Plan. The report also included internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs were considered relevant for assurance purposes to Dundee Integration Joint Board.

The Committee agreed to note the progress against the 2023/2024 internal audit plan.

#### **X GOVERNANCE ACTION PLAN UPDATE**

With reference to Article XI of the minute of meeting of this Committee of 31<sup>st</sup> January 2024 wherein it was reported that the mapping work to develop revised reporting of outstanding Governance Actions previously reported through the Governance Action Plan was complete and that the next stage of the process would be to enhance and refine the recording of these actions on the Ideagen system (previously known as Pentana). This would show a clear link between the source of the required action (Internal Audit Review, External Audit Recommendations, Annual Governance Statement reviews etc), progress made and actions being taken. The plan was to provide a comprehensive revised report to the May meeting of the PAC.

There was submitted Agenda Note PAC17-2024 reporting that since then the focus of the service had been diverted to prepare for significant changes in the IT infrastructure provided by Dundee City Council which would be implemented sooner than originally anticipated. This had diverted the identified resources to carry out the annual governance statement work away from this work and therefore the full migration of the outstanding actions for monitoring purposes had not been able to be achieved to date. This instead would be presented to the September meeting of the PAC for consideration.

The Committee agreed to note the position

#### **XI ATTENDANCE LIST**

There was submitted Agenda Note PAC21-2024 providing attendance returns for meetings of the Performance and Audit Committee held over 2024.

The Committee agreed to note the position as outlined.

#### **XII DATE OF NEXT MEETING**

The Committee agreed to note that the next meeting of the Committee would take place remotely on Wednesday 25th September, 2024 at 10.00am.

Ken LYNN, Chairperson.

ITEM No ...3(b).....
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**PERFORMANCE AND AUDIT COMMITTEE – ACTION TRACKER – 22<sup>nd</sup> MAY 2024      PAC29-2024**

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
1	28/09/22	III(b)(iii)	ACTION TRACKER	that consideration would be given by the Management Team to noting the briefing notes, that were issued inbetween PAC meetings, at the next available meeting of the PAC.	Chief Officer	(December 2022)  February 2024  November 2024	In progress – Discussions held with Head of Legal and Democratic Services of Dundee City Council as advisor to the IJB/PAC
2	27/09/23	VII	DISCHARGE MANAGEMENT PERFORMANCE – UPDATE ON COMPLEX AND STANDARD DELAYS	that consideration would be given to building in information from the weekly local oversight report into future reports to the PAC.	Lead Officer, Strategic Services	May 2024  November 2024	Report PAC28-2024 provides an update on the Delayed Discharge position using current data in a revised format. Feedback from PAC members will influence how discharge management is reported to PAC going forward. The 2 options (continuing with a 6 monthly paper or incorporating into the quarterly performance report) are still being considered although

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
							the later is dependent on the NHST BSU being able to provide the data on a quarterly basis.
3	27/09/23	VIII	CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/OLDER PEOPLE AND OTHER ADULT SERVICES 2022/2023	that consideration would be given to arranging a presentation from the Care Inspectorate to a future Integration Joint Board meeting	Chief Finance Officer/Head of Service	(November 2023)  <del>June 2024</del>  December 2024	Dates for development sessions to the end of 2024 have now been issued to IJB members. Session on Social Care Commissioning scheduled for 03 December 2024.
4	27/09/23	IX	REVIEW OF EMERGENCY ADMISSION RATES	that a summary report would be brought to a future meeting explaining why the issue mattered to the PAC, what the data tells us and what needs done in response.	Service Manager, Strategic Services	(April 2024)  <del>June 2024</del>  October 2024	A short briefing note has been provided to IJB members.  Dates for development sessions to the end of 2024 have now been issued to IJB members. Session in understanding data scheduled for 30 October 2024.

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
5	22/11/23	V	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023-2024 QUARTER 1	that, in relation to a query from Councillor McHugh about why there was disparity in delayed discharge performance across LCPPs, Kathryn would consider with Lynsey Webster if further analysis was required.	Service Manager, Strategic Service	September 2024	Revised Discharge Management data has been developed and included in PAC 28-2024. This includes data regarding how many people were delayed and for how long. During the analysis and presentation of this data it became apparent that the numbers are very small and to disaggregate further to LCPP would limit the data to management only access due to GDPR constraints around disclosure. In order to assess the data by key groups, analysis has been disaggregated by acute, non-acute and mental health (where possible) and also by

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
							the 75+ and under 75 age groups.
6	31/01/24	IV	REVISED PAC TERMS OF REFERENCE	annual evaluation to be carried out.	Chief Finance Officer	Jan 2025	Updated Terms of Reference approved by IJB December 2023 – to be next reviewed December 2024.
7	31/01/24	IV	REVISED PAC TERMS OF REFERENCE	formal training programme to be developed.	Chief Finance Officer	June 2024	Programme of development sessions for IJB members has now been issued and has commenced.
8	31/01/24	V	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023/2024 QUARTER 2	that, in relation to a query about Table 1 and the West End showing all red although it was one of the least deprived areas, Lynsey would look into the data and report back	Lead Officer, Strategic Services	September 2024  January 2025	Initial analysis has identified that although the rate of increase is high in west end for rate of emergency admissions, rate of emergency bed days and rate of bed days lost to code 9 delayed discharges, the actual rate was lowest in West End for admissions and bed days and one of the

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
							<p>lowest rates for code 9 delayed discharges.</p> <p>For rates of hospital admissions due to a fall and standard delayed discharges and readmissions, the rate of increase was high and also the rate compared with other LCPPs is also high. It is recommended that a further analysis should be conducted, concentrating on these measures.</p> <p>Patient level data has been supplied by the NHST BSU and clinical expertise (Dr Frank Webber) has been identified to assist with the interpretation of the data. A meeting to progress this is being arranged.</p>

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
9	31/01/24	V	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023/2024 QUARTER 2	that, in relation to a query about the sudden spike in the number of people waiting for a social care assessment in June 2023, it was likely due to a change in the reporting to the Scottish Government but that this would be checked with colleagues and reported back.	Lead Officer, Strategic Services	June 2023  September 2024	<p>There was a change in approach to managing data quality which contributed to the spike in June 2023. Prior to this some assessments, which had not been closed off within IT systems within a 12 month period were excluded. Work is ongoing in operational services to ensure that:</p> <ul style="list-style-type: none"> <li>• All social care assessments are properly closed off within IT systems at the point of completion.</li> <li>• Reviews are recorded as a separate and distinct assessment (rather than</li> </ul>



No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
							leaving assessments open and updating them on an ongoing basis).
10	31/01/24	VIII	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT	that consideration would be given to adding an additional column to show the direction of travel in the table on page 105.	Head of Service	September 2024	Complete – relevant table has been amended to reflect the direction of travel for the adverse events.
11	22/05/24	VI	QUARTERLY COMPLAINTS AND FEEDBACK REPORT – 3RD QUARTER 2023/24	that as there may be service users from the older population who may not be familiar with online feedback participation and the need for their views to be gathered – this would be examined by the Acting Chief Officer.	Chief Officer	September 2024	This concern has been shared with and will be considered by the Care Opinion Implementation Group, and other relevant communication and engagement groups and leads within the Partnership. The Partnership continues to offer a wide range of digital and non-digital routes through which feedback can be provided. Partnership

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
							staff will also support any person who wishes to provide feedback via digital means but would require support to do so (for example, access to a device or support to enter data).
12	22/05/24	VII	DHSCP STRATEGIC RISK REGISTER UPDATE	that liaison would take place with the Acting Chief Officer regarding ways in which cyber security issues may be reflected in future reports.	Chief Officer	September 2024	As IT security is not a delegated function, all cyber security matters are dealt with by the corporate bodies. Strategic risks related to cyber security are already contained within the risk registers for Dundee City Council and NHS Tayside; officers from the Partnership will continue to work with the corporate bodies to manage and mitigate risks as appropriate.



**REPORT TO:** PERFORMANCE AND AUDIT COMMITTEE – 25 SEPTEMBER 2024

**REPORT ON:** ANNUAL PERFORMANCE REPORT 2023/24

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** PAC24-2024

## **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to submit the three editions of the Dundee Integration Joint Board Annual Performance Report 2023/24 for noting following their publication on 26 July 2024 and approval by the Board on 21 August 2024.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the content of this report and of the three editions of the Annual Performance Report 2023/24, available via the hyperlinks in section 4.2.2 and with printable version contained within appendices 1 to 3.
- 2.2 Note that the Annual Performance Report 2023/24 was published on 26 July 2024 following approval by the Chair and Vice-Chair of the Integration Joint Board, the Clerk and the Partnership's Senior Management Team (section 4.2.1).
- 2.3 Note that the Integration Joint Board approved the Annual Performance Report on 21 August 2024 and instructed the Chief Officer to update the report with financial year 2023/24 data for all National Health and Wellbeing indicators as soon as data is made available by Public Health Scotland (section 4.2.6).

## **3.0 FINANCIAL IMPLICATIONS**

3.1 None.

## **4.0 MAIN TEXT**

### **4.1 Background**

- 4.1.1 Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 states that Integration Authorities must prepare an annual performance report for each reporting year. A performance report is described as a report which sets out an assessment of performance by each Integration Authority in planning and carrying out its integration functions. The Public Bodies (Content of Performance Reports) (Scotland) Regulations 2014 sets out the prescribed content of an annual report prepared by an Integration Authority in terms of Section 42 of the Act.
- 4.1.2 There is a requirement for each Integration Authority to publish their annual performance report within four months of the end of the reporting year. The seventh annual report of the Dundee Integration Joint Board (for 2023/24) was therefore due for publication by 31 July 2024.

4.1.3 As the statutory timescale for publication preceded meeting of the IJB on 21 August 2024 it has been necessary to use the IJB's Scheme of Delegation process regarding urgent matters to secure approval of the Annual Performance Report prior to publication. The Chief Officer in consultation with the Chair, Vice Chair, Chief Finance Officer and Clerk and Standards Officer approved the reports on behalf of the IJB in order to meet the statutory publication timescale (see appendix 4).

4.1.3 The Integration Joint Board has been evolving its approach to producing and publishing the annual performance report. In April 2022, the Integration Joint Board agreed a revised approach to producing and publishing Annual Performance Reports for 2021/22 onwards reflecting the view that the principle purpose of the annual report should be to evidence to the public in an open, transparent and accessibly way the use and impact of public resources to meet the health and social care needs of the population and improve outcomes (article X of the minute of the meeting of the Dundee Integration Joint Board held on 20 April 2022 refers). For 2023/24 three editions have been produced which correspond to legislative requirements and also provide assurance regarding local strategic priorities. Each of these three editions is available in three formats in order to ensure maximum accessibility by members of the public and professional stakeholders. These formats include an interactive, web-based version in Microsoft SWAY which is designed to be compatible with smartphones, an interactive, web-based version in Microsoft SWAY which is designed to be compatible with PC, tablet and laptop and a PDF flat file version which can be printed and shared easily.

#### 4.2 Annual Performance Report 2023/24

4.2.1 The three editions that make up the Annual Performance Report for 2023/24 were produced and published on the Partnership's website on 26 July 2024. The editions are available at:

Performance, Finance, Workforce and Governance Overview  
<https://sway.cloud.microsoft/9moZyuDYfbfYQc3?ref=Link>  
<https://sway.cloud.microsoft/gGMR6sAO3FYdUKCh?ref=Link>

Reducing Inequalities, Supporting Self-Care and Ensuring Service are Open Door  
<https://sway.cloud.microsoft/PdjGbdltAEvd7Ft2?ref=Link>  
<https://sway.cloud.microsoft/8gePA6BISH5u5E66?ref=Link>

Planning and Working Together  
<https://sway.cloud.microsoft/IHQwuiqSrB7XgVMs?ref=Link>  
<https://sway.cloud.microsoft/gPEBomgzUhNtsgG9?ref=Link>

A printable version of each edition is contained within appendices 1 to 3. The publication of the editions followed feedback from stakeholders, including members of the Strategic Planning Advisory Group and Integration Joint Board, and approval of the final draft by the Chair and Vice-Chair of the IJB, the Clerk and the Partnership's Senior Management Team.

4.2.3 In common with many other Partnerships across Scotland it is recognised that the performance report continues to include limited content that directly evidences the impact and outcomes of service transformations and improvement on people who use services, carers and the wider public. There has been significant additional focused work this year to obtain evidence of outcomes and impacts from services and teams wherever this is available. This is reflected in the case studies, image, quotes and feedback incorporated mainly into the two editions focused on the strategic priorities. There continues to be challenges in recording, collating and reporting outcomes information at a large scale; this is addressed in the recently agreed IJB Strategic Commissioning Framework 2023-2033.

4.2.4 The Annual Performance Report has been produced on the Microsoft SWAY digital platform, allowing incorporation of video content and interactive sections. The final documents are suitable for viewing across a range of digital devices. Each edition is designed to be able to be read on a standalone basis, therefore some core contextual information and content is repeated in more than one edition where relevant.

- 4.2.5 Alongside the main Microsoft SWAY versions of each edition, a plain text version has also been produced and published in a PDF format. This will aid accessibility for members of the public who would wish to print the report. The plain text versions are contained within appendices 1 to 3.
- 4.2.6 Due to the availability of data for National Health and Wellbeing Indicators 11 to 20, which are produced and published by Public Health Scotland, it has not been possible to provide financial year data (2023/24) for all indicators. The Annual Performance Report therefore contains financial year data for indicators 15, 17 and 19 (last 6 months of life, care services gradings and delayed discharge), with all other indicators in this subset being reported against the 2023 calendar year. The Integration Joint Board has agreed that the report should be updated as soon as financial year data is made available by Public Health Scotland for all indicators.
- 4.2.7 The Annual Performance Report will now be formally submitted to the Scottish Government, Dundee City Council and NHS Tayside, as well as being electronically distributed to organisational stakeholders under the direction of the Strategic Planning Advisory Group. Work has also been progressed with Dundee City Council Communications Service to promote the reports to the public through social media and other available channels.

## 5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	Poor performance against national indicators could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan.
<b>Risk Category</b>	Financial, Governance, Political
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"> <li>- Continue to develop a reporting framework which identifies performance against national and local indicators.</li> <li>- Continue to report data quarterly to the PAC to highlight areas of exceptional performance (poor and excellent).</li> <li>- 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.</li> <li>- 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.</li> <li>- Work with operational managers to identify areas of poor performance that result in operational risk and undertake additional analysis as required.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
<b>Approval recommendation</b>	Given the moderate level of planned risk, this risk is deemed to be manageable.

**7.0 CONSULTATIONS**

7.1 The Chief Finance Officer, Heads of Service - Health and Community Care, members of the Strategic Planning Advisory Group and the Clerk were consulted in the preparation of this report.

**8.0 BACKGROUND PAPERS**

8.1 None.

David Berry  
Acting Chief Officer

DATE: 23 August 2024

Lynsey Webster  
Lead Officer Quality, Data and Intelligence

## Dundee Health and Social Care Partnership Annual Performance Report 2023-24

### Introduction

This is the eighth statutory Annual Performance Report of the Dundee Integration Joint Board (IJB). Established in April 2016 the IJB is the group of people responsible for planning, agreeing and monitoring community-based health, social work and social care services for adults.

The Dundee Health and Social Care Partnership ('The Partnership') consists of Dundee City Council, NHS Tayside and partners from the third sector and independent providers of health and social care services. The Partnership is responsible for delivering a wide range of adult social work and social care services, and primary and community health services for adults, on behalf of the IJB. The Partnership is also responsible for some acute hospital care services.



Bob Benson, Chair

Dundee IJB

Dave Berry, Acting Chief Officer

Dundee IJB

This report is part of a suite of 3 reports which presents performance against the National Health and Wellbeing Indicators as well as providing examples of services and initiatives which have contributed to the achievement of the Strategic Priorities in our Strategic and Commissioning Framework 2023-2033. Within these reports you

can view the greatest achievements, challenges and areas for improvement, plus examples of person-centred outcomes and feedback received from people who use our services, their carers and families and our workforce. These reports can be viewed here:

### **Versions optimised for Smartphone**

[Governance](#)

[Working and Planning Together](#)

[Reducing Inequalities, supporting Self Care and ensuring services are Open Door](#)

### **Versions optimised for PC / Laptop / Tablet**

[Governance](#)

[Working and Planning Together](#)

[Reducing Inequalities, supporting Self Care and ensuring services are Open Door](#)



## The plan for excellence in health and social care in Dundee, Strategic Commissioning Framework 2023-2033

As part of The Plan for Excellence in Health and Social Care in Dundee the IJB has set a new ambition for health and social care in Dundee and identified 6 strategic priorities that will be the focus for work over the next 10 years.



*Click [here](#) to view the Plan for Excellence in Health and Social Care in Dundee*

**Ambition: People in Dundee will have the best possible health and wellbeing.**

They will be supported by health and social care services that:

- ✓ Help to reduce inequalities in health and wellbeing that exist between different groups of people.
- ✓ Are easy to find out about and get when they need them.
- ✓ Focus on helping people in a way that they need and want.
- ✓ Support people and communities to be healthy and stay healthy throughout their life through prevention and early intervention.



## Inequalities

### Support where and when it is needed most.

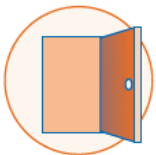
Targeting **resources** to people and communities who need it most, increase **life expectancy** and reduce differences in health and wellbeing.



## Self Care

### Supporting people to look after their wellbeing.

Helping everyone in Dundee look after their health and wellbeing, including through **early intervention** and **prevention**.



## Open Door

### Improving ways to access services and supports.

Making it easier for people to get the health and social care supports that they need.



## Planning together

### Planning services to meet local need.

Working with communities to design the health and social care supports that they need.



## Workforce

### Valuing the workforce.

Supporting the health and social care workforce to keep well, learn and develop.



## Working together

### Working together to support families.

Working with other organisations in Dundee to prevent poor health and wellbeing, create healthy environments, and support families, including **unpaid carers**.

During 2024/25 the Partnership will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make the ambition and priorities happen. The IJB will also publish a performance framework that will set out how the IJB will measure their progress in achieving the changes that they want to happen.

## Population



- Dundee has a population of around 148 thousand people, comprising of 48% males and 52% females
- Over the next 20 year the total population is projected to decrease by 0.3%
- There are around 26 thousand people aged 65 and over and in the next 20 years, the population aged 75 and over is projected to rise by approximately 40%
- Female life expectancy at birth is 79 years which is 2 years less than the average Scottish female life expectancy
- Male life expectancy at birth is 74 years which is 3 years less than the average Scottish female life expectancy
- Dundee is the 5th most deprived Local Authority area in Scotland, 37% of the population lives in the 20% most deprived areas of Scotland
- 6 of the 8 Local Community Planning Partnerships (LCPPs) have areas which are in the 20% most deprived in Scotland
- Dundee has the 4th highest prevalence of drug use in Scotland. There is an estimated 2,300 people using drugs (ages 15-64) in Dundee. 70% are male and 30% are female.
- 7% of Dundee's population (10.5 thousand people) identified themselves as having a disability

## Workforce



Dundee IJB does not directly employ any staff. The health and social care workforce is employed through Dundee City Council, NHS Tayside and organisations in the third and independent sector. The combined workforce is the single biggest asset available to the Dundee Health and Social Care Partnership to enable them to provide the services and supports that the IJB has asked for.

- 942 staff are employed by Dundee City Council (DCC) to work in the Partnership and 1,725 are employed by NHS Tayside to work in the Partnership.
- 42% of the Partnership workforce is aged 50 and over
- 82% of the DCC workforce employed to work in the Partnership and 89% of the NHS Tayside workforce employed to work in the Partnership is female
- 7% of the DCC workforce employed to work in the Partnership and 2% of the NHS Tayside workforce employed to work in the Partnership reported that they have a disability, compared with 8% of all Dundee residents aged 16-74
- 1% of the DCC workforce employed to work in the Partnership and 4% of the NHS Tayside workforce employed to work in the Partnership come from a minority ethnic group compared with 11% of Dundee residents aged 16 and over

In addition, third and independent sector providers employ over 800 people in care at home services, over 1,000 people in care home services and over 1,100 people in learning disability / mental health care at home / housing support services

Ensuring that there are enough people in the health and social care workforce, with the right skills and experience, is one of the biggest challenges to the IJB. This includes working with organisations in the third and independent sector to make sure they can continue to provide services in the long-term and treat their staff fairly.

- 103 DCC employees and 242 NHS Tayside employees left during 2024/25 (a large proportion of NHS Tayside leavers were nurses who moved to other parts of NHS Tayside).
- 92 DCC employees and 330 NHS Tayside employees started during 2024/25 (approximately half of the NHST Tayside new starts were nurses and many were already employed by NHS Tayside out with the Partnership).

In line with the health profile of the general population and the consequence of longer hospital waiting times due to the COVID-19 Pandemic, many people in Dundee are living with health conditions at a younger age and our staff sickness absence rate is high.

- For Dundee City Council staff employed to work in the Partnership, 12% of work days were lost to sickness absence
- For NHS Tayside staff employed to work in the Partnership 7% of working hours were lost to sickness absence

For both employers the reason contributing to the most time off work was regarding anxiety, stress, depression or other psychiatric reason.

The Independent Review of Adult Social Care in Scotland (2021) found that changes are required to how the health and social care workforce is valued and how fair work is supported in the future system of health and social care. This included making changes to the opportunities the workforce has to learn and develop so they can support changes in the way that services are delivered in the future.

#### [The Independent Review of Adult Social Care in Scotland \(2021\)](#)

The DHSCP Workforce Plan 2022-25 sets out the current position in relation to workforce planning and acknowledges that there is progress to be made around several areas. One of the priorities is to address the need to achieve a sustainable social care workforce, leading to the introduction of a National Care Service for Scotland.

### **Workforce Wellbeing**

Although the IJB does not employ the workforce who deliver health and social care services, the decisions they make have a big impact on staff wellbeing. They also impact on the opportunities that people have to learn and develop new skills. Learning and development is essential to the delivery of quality health and social care services.

The Partnership continues to recognise that supporting the health and wellbeing of the workforce is vital for the delivery of effective outcomes, not just for those who use

services, but importantly to ensure that we have a workforce who feel valued, respected and get the rights supports, at the right time.

Following on from the launch of the DCC Health & Wellbeing Framework in 2023, there have been additional supports and resources provided to the whole HSCP Workforce with a wellbeing focus. These have included the new Navigating Individual and Organisational Resilience workshop, launched in early 2024, ongoing Reflection and Resilience work with teams, and other forms of Team Development that have wellbeing at the core.

The DCC Employee Health & Wellbeing Service SharePoint site has provided access to a range of topical and themed information relating to wellbeing. This information covers many of the national and international health and wellbeing events such as Menopause Awareness events and Cafes, Men's Health, Employee Financial Wellbeing, etc. In addition to this, the site offers a direct link to the Scottish Government's National Wellbeing Hub – a resource providing wellbeing supports and information for the Health & Social Care Workforce across Scotland.

### **Wellbeing Ambassadors**

DCC Wellbeing Ambassadors continue to be the wellbeing “eyes and ears” across the Partnership, supporting a broad range of colleagues to access the help they need. Dundee HSCP currently has six Wellbeing Ambassadors who undertake this role.

### **(Trauma Incident Management) TRiM**

Our trauma informed response to potentially traumatic events in the workplace has received 3 TRiM referrals from Dundee HSCP in the last 12 months. This protocol represents a commitment to supporting individuals in the workforce who may have been impacted by a potentially traumatic event.

### **Health & Wellbeing Joint Work with Trades Unions**

Throughout 2023 and in to 2024 and beyond, regular health and wellbeing focused dialogue and actions have taken place with Trade Union colleagues. A Health and Wellbeing Action plan is in place because of this work. As a “live” document, this plan takes forward specific actions to improve health and wellbeing, including Absence Review Learning and targeted focus group work where the data indicates that there are pockets of high absence or wellbeing related challenges across HSCP operational teams. This will continue for the remainder of 2024 and into 2025.

### **Partnership Working with Able Futures**

Dundee Health and Social Care Partnership and NHS Tayside continue to offer employees access to Able Futures. Able Futures delivers the Access to Work Mental Health Support Service, which can give access to a mental health professional. This service provides regular time to speak with a mental health specialist about issues

that are affecting individuals at work, so that they can learn new ways to look after themselves to feel more resilient and able to cope, as well as finding the confidence to take practical steps to overcome problems and make adjustments to help their mental health at work.

## How we have spent our resources

The IJB is responsible for making sure that it works in a way that follows the law and best practice standards. It must also make sure that public money is properly managed and used in a way that maximises its impact on delivering services to the public. To help them to do this the IJB has a range of different governance systems, procedures and controls in place. These arrangements help to reduce the risk that the IJB will not be able to deliver its ambitions and planned improvements. Similar systems, procedures and controls are also in place in Dundee City Council, NHS Tayside, Angus IJB and Perth & Kinross IJB and these are also used to support the IJB's work.



The Governance Framework and Internal Control System

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Dundee Integration Joint Board spent £340.6 Million on integrated health and social care services during 2023-24

The actual expenditure profile for Integrated Health & Social Care Services was:

	2019-20 (M)	2020-21 (M)	2021-22 (M)	2022-23 (M)	2023-24 (M)
<b>TOTAL SPEND</b>	<b>£279.3</b>	<b>£299.7</b>	<b>£282.5</b>	<b>£321.1</b>	<b>£340.6</b>
Older People	£62.0	£63.1	£62.3	£70.1	£75.2
Mental Health	£8.5	£9.4	£9.9	£11.2	£16.0
Learning Disability	£28.9	£28.7	£31.2	£34.1	£35.3
Physical Disability	£6.8	£5.6	£6.9	£8.1	£7.6
Substance Misuse	£4.7	£5.2	£4.8	£5.8	£4.5
Community Nurse Services / AHP / Other Adult Services	£15.1	£16.8	£16.1	£12.8	£18.5
Other Community Services (Lead Partner)	£26.5	£28.8	£18.2	£33.0	£36.5
Other Services / Support / Management	£48.5	£60.8	£51.4	£60.8	£58.0
General Medical Services (FHS) & Prescribing	£78.3	£81.4	£81.7	£85.2	£89.2
<b>BUDGET RECEIVED</b>	<b>£270.7</b>	<b>£301.8</b>	<b>£290.4</b>	<b>£328.6</b>	<b>£336.8</b>
Year-End operational surplus / (shortfall)	(£8.6)	£2.1	£7.8	£7.5	(£3.7)

The IJB reported a year end underlying operational overspend of £3,744k for 2023/24, arising from an underlying overspend of £3,269k in social care budgets, an underlying underspend of £2,525k in health budgets and a planned shortfall within the integrated budget setting process for 2023/24 of £3,000k.



Within Dundee City Council delegated services, the teams continue to see a high levels of vacancies due to workforce recruitment and retention challenges, which has resulted in use of agency, overtime and sessional staff where necessary with a total of £2,931k spent over 2023/24. Increasing demand for community services, has resulted in increased hours for services such as care at home which has seen an overspend of £4,879k. However, the increased care at home activity has had a beneficial impact for in-patient services in Tayside through reductions in Delayed Discharge, as well as reducing unmet need for service users in the community awaiting packages of care.

Similarly, the underspend within the NHS delegated service budget also relates to recruitment and retention issues. This issue which has been seen nationally throughout different health boards is being considered by Scottish Government in terms of a response. During 2023/24 the effects of the cost of living crisis was felt heavily by many staff. The Agenda for Change pay award reflected these challenges with a pay and non-pay deal agreed with the aim to attract and retain more staff going forward.

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## Complaints



In 2023/24 a total of 193 [complaints](#) were received regarding health and social care services provided by the Partnership. This year 33% of complaints were resolved at the first stage of the complaint process, frontline resolution. Around a third of complaints received are upheld or partially upheld for Stage one and Stage two, and slightly higher at over a half for Escalated Stage two complaints.

Complaints related to a number of different aspects of health and social care provision.

The highest proportion of complaints continues to be regarding Mental Health Services with more than one third of the complaints throughout the year relating to the service (40%).

Where complaints are upheld or partially upheld, we plan service improvements to help prevent similar issues arising again. Planned service improvements in the past year have included:

- prompts for names to be checked when administering medication
- communication around process for college support
- driver awareness training eLearning to be completed for meals service drivers
- awareness of charging policy to be shared and discussed at appropriate team meetings

The Partnership also received positive feedback regarding services. Some examples are included in the other two APR Editions (see link above).

## Key Challenges



**Deprivation** - high levels of multiple deprivation and associated lifestyle factors has impacted on the demand for drug and alcohol and mental health services

**Cost of Living Crisis** - The higher levels of inflation and rising energy prices continued to fuel the cost-of-living crisis into 2023/24, the effects of which were felt by both service users, families and carers and staff. The crisis has resulted in increased poverty within the city and exacerbated health inequalities that already existed within the population

**Primary Care** - Challenges continue to present within Primary Care services, including the closures of Ryehill, Park Avenue and Invergowrie medical practices and the impact on other Dundee General Practices of supporting practices with closed patient lists. Primary Care has also experienced significant challenges in relation to recruitment and inadequate infrastructure, including IT and property

**Dundee Drug and Alcohol Recovery Service** - Throughout 2023/24, the challenges associated with the Dundee Drug and Alcohol Recovery Service have been monitored as a strategic risk to the IJB. This risk has been reducing throughout 2023/24 as feedback received from the people using services and progress against the national Medication Assisted Treatment Standards has evidenced significant improvement in service provision

**Viability of External Providers** - A range of external providers in the third and independent sector have experienced increased costs during 2023/24, including staffing cost and inflationary increases to goods. The IJB has continued to invest in collaborative and supportive relationships with external providers, that focus on improving service quality as well as supporting services to manage financial challenges. During the last year, the IJB has worked with social care providers to support a Fair Work approach, which will contribute to more sustainable service delivery in the future

**Staff Resource** - The increasing demand for Health and Social Care Services plus challenges in recruiting to a range of roles including nursing, medical staff, allied health professionals and social care staff. Challenges in recruitment for Consultants and Doctors in specific areas such as Mental Health and Substance Use has meant

added pressure for nurses and other staff leading to an increase in overtime and agency workers which creates a financial burden for the IJB. This added pressure has resulted in higher staff turnover with more posts remaining vacant throughout the duration of the year

**Digital Solutions** - Staff across the Health and Social Care Partnership continue to work with a range of IT systems and digital technologies. During 2023/24 both NHS Tayside and Dundee City Council, who provide IT support to the HSCP, have continued to progress their digital strategies. Applying these strategies to the specific needs of health and social care services remains challenging, particularly in terms of ensuring that information is shared appropriately across IT systems

**Continuing restrictions on public sector funding** for both Local Authorities and NHS Boards has impacted on the ability to provide the funding required to support services delivered by the Health and Social Care Partnership. The Scottish Government has highlighted a significant gap in funding over the next 4 financial years. This is also impacting on capital expenditure that is required to build and maintain properties from which health and social care services are delivered

**Property** - The Dundee IJB and DHSCP do not own any buildings and rely on Council owned, NHS owned and rented properties. A schedule of maintenance is required in many buildings and some buildings are not optimised for the service being delivered there and some are not located in the areas of greatest demand

## Quality of DHSCP services



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

The current Health and Social Care Standards for Scotland came into effect in April 2018 and apply across social care, early learning and childcare, children's services, social work, health provision and community justice. They seek to provide better outcomes for everyone, to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

The Care Standards provide a framework that is used by the Care Inspectorate to provide independent assurance about the quality of care and support. By setting out what Inspection Officers expect to see in high-quality care and support provision, it can help support improvement too. Using a framework in this way also supports openness and transparency of the inspection process.

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



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

In 2023/24, 47 services for adults and care homes registered with the Care Inspectorate in Dundee were inspected and 69 inspections were completed. Of the services that were inspected, 29 of the 47 received no requirements for improvement. No Enforcement Notices were served.

4 of the services provided directly by the Partnership were inspected during 2023/24

- Turriff Care Home received grade 4's (wellbeing and leadership) and no requirements
- Menzieshill House Care Home received grades 3 (wellbeing) and 3 (leadership) with requirement for improvement
- Janet Brougham House Care Home received grades 4 (wellbeing) and 3 (leadership), with requirement for improvement
- Home Care Enablement and Support Citywide and Community Mental Health Older People Team received grade 5's (wellbeing and leadership), with no requirements

30 of the 69 inspections in Dundee which were subject to a Care Inspectorate inspection last year received grades of 'good', 'very good' or 'excellent'.

13 services received 1 or more complaint.

There was no enforcement action taken against any service regulated by the Care Inspectorate.

**Kingsway Care Centre** was inspected by Healthcare Improvement Scotland (HIS) in January 2024.

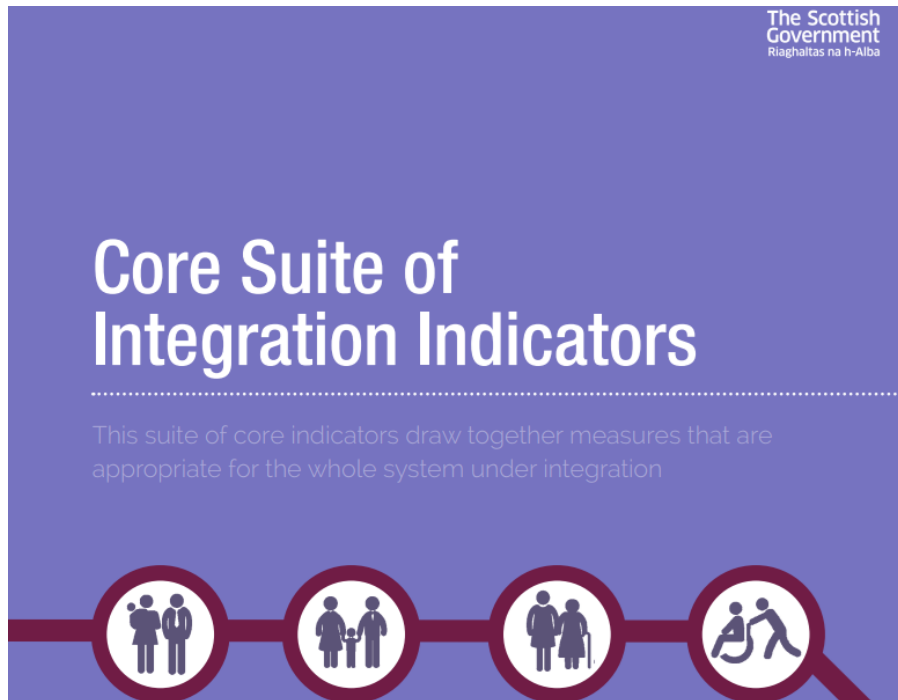
Inspectors highlighted several areas of good practice, specifically that staff showed good knowledge of infection prevention and control, and good hand hygiene practices.

Patients spoke positively to inspectors and said they were happy with their care and the cleanliness of the environment. Inspectors also observed that personal protective equipment was available and in use throughout the wards and there was good compliance with the management and storage of linen.

The inspection report highlighted the positive relationship between ward staff and the infection prevention and control team, noting the team was available for advice and support.

The report also outlined some areas for improvement, including a requirement relating to maintenance of the ward environment. The inspectors said that effective systems must be in place to ensure the care environment is maintained and is in a good state of repair to support effective cleaning. The action plan includes the use of an infection prevention and control auditing tool to continue monitoring compliance with the National Infection Prevention and Control Manual. There are also plans to implement a computer maintenance management system across NHS Tayside sites which is designed to help manage maintenance requests more efficiently.

## Performance against National Health and Wellbeing Indicators



*[1Click here to view this Scottish Government publication](#)*

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You can view our performance towards the [National Health and Wellbeing Indicators here](#).

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## Where the Partnership improved from the 2018/19 baseline year

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- Hospital emergency bed day rate for people aged 18 and over decreased by 8.5% and for the last 4 years the Dundee rate has been less than the Scotland rate.
  - The proportion of the last 6 months of life spent at home or in a community setting increased from 89.1% in 2018/19 to 90.7% in 2023 and since 2018/19 Dundee's performance has been similar to or better than the performance for Scotland.
  - The % of adults with intensive care needs receiving care at home increased from 58.7% in 2019 to 61.8% in 2024.
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In addition to annual reporting, performance is also monitored quarterly and compared across Local Community Planning Partnership areas and reported to the Performance and Audit Committee of the IJB. Where further analysis is required to understand the data and improve services in-depth analytical reports are also developed. These can be viewed [here](#).

Indicators 1-9 are measured using the National Health and Care Experience Survey disseminated by the Scottish Government every two years. The latest one was completed in 2023/24.
























The methodology was changed by Scottish Government for the 2019/20 survey and it is therefore not accurate to compare results from before this survey with the more recent survey results.

Note: 2023 calendar year or 2023/24 financial year data was not provided by Public Health Scotland for indicators 10,11,17 and 20-23 therefore they have not been included in the table below. Further information about these can be viewed [here](#)



National Indicator	Improvement from 2017-18?	Improvement from 2021-22 survey?	Comparison with Scotland 2023-24
1. Percentage of adults able to look after their health very well or quite well			
2. Percentage of adults supported at home who agreed that they are supported to live as independently as possible			
3. Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided			
4. Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated			
5. Percentage of adults receiving any care or support who rate it as excellent or good			
6. Percentage of people with positive experience of care at their GP practice			
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			
8. Percentage of carers who feel supported to continue in their caring role			
9. Percentage of adults supported at home who agreed they felt safe			

National Indicator	Improvement from 2018-19?	Improvement from 2022-23?	Comparison with Scotland
12. Emergency admission rate (per 100,000 people aged 18+)			
13. Emergency bed day rate (per 100,000 people aged 18+)			
14. Readmission to acute hospital within 28 days of discharge rate (per 1,000 population)			
15. Proportion of last 6 months of life spent at home or in a community setting			
16. Falls rate per 1,000 population aged 65+			
18. Percentage of adults with intensive care needs receiving care at home			
19. Number of days people spend in hospital when they are ready to be discharged, per 1,000 population			

## Awards

- In the Community COPD Service 2 of the Senior Specialist Nurses received their 40-year service award.
- Balcarres Care Home won the Scottish Care, Care Home Service of the Year Award.
- Menzieshill House team, residents, young volunteers, and local children were recognised by Generations Working Together Excellence Award 2023, for their hard work towards tackling age discrimination.



## Areas for Improvement or Development in 2024/25

**Enhance** models of care for people with very complex needs, including the support required to live independently at home and when transitioning to adult services

**Develop** strategies to increase recruitment and improve retention of staff working in internal and contracted services, particularly to support people with very complex needs

**Continue** to improve health inequalities, ensuring harder to reach groups are identified and supported

**Develop** quality assurance frameworks and improved reporting arrangements, including the measurement of impacts and outcomes

**Contribute** to the streamlining of governance arrangements and interfaces with corporate bodies

**Develop** a resource framework which includes market facilitation, which is a plan to shape the local social care market in response to the changing needs and aspiration of local people

**Implement** the requirements of the Safe Staffing Act

**Increase** reporting on workforce issues including the Workforce and Organisational Development Strategy and associated intelligence

**Promote** engagement with staff in developing and maintaining the Partnership culture as well as sharing and embedding the guiding principles

**Continue** to engage with and respond to National Care Service plans and transition planning

**Implement** a framework for public engagement and involvement

**Increase** resilience planning across both business continuity and learning and development activities

**Promote** and develop the availability of solutions to digitally enable and transform health and social care systems.

**Continue** to develop transformation and improvement projects in line with the IJB's Transformation Programme

***If you have any questions about the information contained in this document please email: [dundeehscp@dundeecity.gov.uk](mailto:dundeehscp@dundeecity.gov.uk) or phone 01382 434000***

## Annual Performance Report - Reducing Inequalities, supporting Self-Care and ensuring services are Open Door

To view the Microsoft SWAY interactive version of this report please use the links below

**Version optimised for Smartphone:**

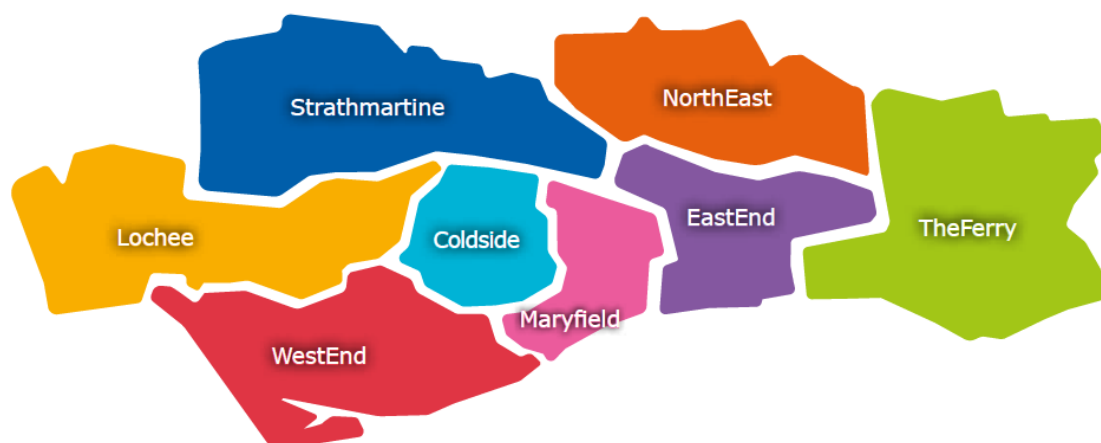
<https://sway.cloud.microsoft/PdjGbdItAEvd7Ft2?ref=Link>

**Version optimised for Laptop, PC or Tablet**

<https://sway.cloud.microsoft/8gePA6BISH5u5E66?ref=Link>

### Introduction

Dundee is a City with a population of approximately 150,000 people. It consists of 8 geographical areas of the city. Localities and communities can have geographical boundaries but many instead, are defined by social, cultural, environmental and health related aspects.



Information about the health and wellbeing of people in Dundee shows that there are big differences between how healthy and well people are. These differences happen because of where people live in the city, how much money they have and because of who they are (for example, their ethnic origin, sexual orientation, disability or age). These differences are often called Health Inequalities.

People who are affected by poverty or poor social circumstances or who have a Protected Characteristic can find it more difficult to access health and social care services. Sometimes these people also have a poorer experience of support and services, including that they do not make as big a difference to their health and wellbeing as they do for other people.

Dundee has high levels of social issues that impact on health and wellbeing of vulnerable people, including people affected by poverty and the issues that are often associated with this. These include drug and alcohol use, poor mental health, domestic abuse and others types of violence against women, and harm to other vulnerable adults and children.

As part of the work to make Dundee a 'fairer' city the IJB has developed new equality outcomes as part of their work to develop a new strategic commissioning framework for health and social care in Dundee. During the period 2023-2027 the IJB will progress the following equality outcomes:

1. Improving the accessibility of information published by the IJB.
2. Increasing ways to listen, hear and learn what matters to people.
3. Finding ways to make sure IJB membership is diverse and reflects the overall population of Dundee.
4. IJB contributes to an improved culture within the workforce to actively challenge discrimination.

### **Covid-19 Recovery and Cost of Living Crisis**

Inequality within Dundee has further been made apparent throughout 2023/24 where the population has been impacted by the cost-of-living crisis.

The Engage Dundee survey explored citizens' experiences of coping with the cost-of-living crisis over a 12-month period from November 2022. The survey collected information on personal circumstances and characteristics and included categorical responses on difficulties experienced; personal finances; services/ support used; health and wellbeing; other changes experienced and future support. Respondents were invited to provide additional comments and leave contact details should they wish to be involved in further discussions.

Results found that people were struggling with costs relating to food, energy, rent/mortgage and unpaid care.

- Almost 1 in 8 of those leaving comments reported that their health and wellbeing were worse generally as a result of coping with the cost of living and that ongoing health issues were persisting due to being cold, healthy food being too expensive and that homes were not heated adequately leading to feelings of depression.
- Respondents were asked to rate their general health on a scale of 1 to 5, with 1 being “very bad” and 5 “very good”. The most common response was 3 (38.9%) with an average score of 3.3 across the total sample.
- 65% of people responded saying they were struggling with costs of exercising/keeping physically active and 72% struggling with costs of things that are good for your mental wellbeing.
- 86% of people responded that they experienced feelings of fear, anxiety, stress or worry.
- Almost half of those with a pre-existing physical or mental health condition reported these had worsened due to the cost-of-living crisis, including from the effects of inadequately heated homes and poor diet. Around one third reported developing a physical or mental health condition over the previous 12 months.
- Many respondents commented on negative health impacts from the cost of living. Ongoing health issues persisted due to being cold, not being able to afford healthy food, skipping meals altogether or heating homes inadequately. Some respondents were unable to find time for self-help due to working longer hours and a small number commented that a lack of face-to-face care had impacted them negatively.
- Over 1 in 5 of comments referred to deterioration in physical health with some respondents feeling fatigued, in more pain, or unable to manage pre-existing conditions due to being cold or not eating well. Some were less physically active whilst others gained weight due to the cost of healthy meals. The prohibitive cost of transport meant that some could not seek medical help whilst others could not afford non-prescribed medication and treatments.
- 4 in every 10 comments reflected impacts on mental health including chronic anxiety due to financial worries, inability to socialise, or working longer hours leading to stress and in some cases depression. Some felt drained, demotivated, ashamed, miserable and overwhelmed from trying to cope. Financial worries exacerbated depression and anxiety which were previously well managed and there were concerns about the future, a lack of control and poor sleep.
- Deterioration in mental health was recognised as impacting on relationships. Respondents stated that low mood and motivation made it difficult to connect

with others and that parental stress impacted on children's mental health and wellbeing. Some felt increased working hours were affecting family life.

The crisis is having a profound effect particularly on those living in the more deprived areas who were already struggling to make ends meet.

As a response, interventions such as food vouchers, no cost family activities, and free hot meals were organised and appeared to have a positive and protective effect.

Further to this, the effects of the COVID-19 pandemic were still visible throughout 2023/24. Since the pandemic, long lasting effects have been inherited such as an increase in demand for services whether it be through COVID absence, long COVID or indirect consequences such as deteriorated Mental Health/Drug & Alcohol issues. The increase in demand and longer waiting lists have put pressure on services at a time where limited additional financial resources are available to invest.

Partnership services have now adopted a 'new normal' approach where health and social care services will continue to build on the new ways of working which have been required to be implemented as part of the Covid-19 response, such as increased use of technology to carry out virtual consultations, a blended approach to home and office working, more outreach working and greater opportunities for mobile working.

## Winter Fund for Carers



Carers are more likely to be affected by poverty and deprivation and are now recognised as a group of people likely to be subject to Health Inequalities. In the winter, costs of living can increase, especially in households where fuel costs are high and warm clothing, footwear and bedding needs replaced and where disability can make it harder to keep warm.

In 2023/24 Dundee IJB allocated the Carers Partnership money to Dundee Carers Centre for a Winter Fund to support carers most in need. The fund was set up for carers to help to alleviate some of the increasing financial pressures being experienced over the winter period. It also aimed to enable people to continue their caring roles with less anxiety regarding their health, well-being and financial security during the current cost of living crisis.

Dundee Carers Centre administered the fund and they ensured that it was publicised widely across the local support agencies to ensure that carers who did not currently receive support from the Centre were also encouraged to apply for funding.



Similarly, the funding panel who reviewed applications and made decisions comprised of representatives across the sector, including money advice services.

This year's applicants identified having to make choices between 'heating' and 'eating', and there was a subsequent increase in the percentage of awards for fuel and food. In 2023/24 the fund distributed 429 grants totalling £124,019, covering costs such as food and fuel, travel, white goods, winter clothing, and bedding and furniture.

Of carers who responded to the Engage Dundee survey:

- 56% reported that they had gone without food or energy so that they could pay a bill (46% of all respondents also reported this)
- 93% reported that they felt fear, anxiety, stress or worry (86% of all respondents also reported this)

[Click here for Dundee Carer's Centre Website](#)

## Equality Mainstreaming

Successful progress towards equality requires policy makers, decision makers and the workforce to take account of the differences between people and groups of people and recognise a positive value in those differences as well as mitigating any potential negative impacts. Dundee IJB is committed to ensuring that no one has poorer life chances because of their personal characteristics such as their gender, where they come from, the colour of their skin, what they believe or if they have a disability.



[Click here to view our Equality Mainstreaming Report and Equality Outcomes](#)

#### Some of our Key Achievements:

- Expanded access to learning opportunities for equality and fairness matters available to the workforce within the Dundee Health and Social Care Partnership. This has included the establishment of a Dundee Health and Social Care Partnership Equality and Human Rights Workforce Learning Network and contributions to existing workforce networks for people with a disability, who are Black, Asian or from another minority ethnic group or who are LGBTQ+.
- Focused improvement activity to ensure that the IJB is undertaking Integrated Impact Assessments (covering both equality and fairness matters) for any decisions it is taking that might impact on protected groups or have fairness impacts. This has included changes to the way in which Integrated Impact Assessments, as well as other important equality information, is published by the IJB.
- Continued efforts to engage with people from protected groups as part of the IJB's strategic planning activities. This has included taking additional steps to ensure that engagement events and opportunities are accessible to people who have additional communication needs. It has also included publishing plans and supporting information in alternative formats, for example the Strategic Plan for supporting people with a Learning Disability and Autism was accompanied by a video interview and short information leaflet.

- Commissioning of specific service improvements that have had a positive impact on people who have protected characteristics. This has included the development of the Dundee Community Wellbeing Centre (known locally as Hope Point), as well as the shared care model for support to people who use drugs through GP practices. There has also been investment in services to support women experiencing domestic abuse and sexual violence, including specific provisions for women who are British Sign Language users. Finally, through the Carers Partnership support has been provided to those most in need of financial and practical help through the Carers Winter Fund.



Please click [here](#) to view further information about Equality Matters.

## The Dundee General Practice Strategy

The Dundee General Practice Strategy has been developed with GP colleagues, cluster leads, other practice staff and service leads. It is set out in 3 parts, the Areas of Focus, the Guiding Principles, and the Activities over the next 5 years that will provide the structure to achieve the ambitions.

- 20 Minute Neighbourhoods which is looking to provide care closer to home and align with the green agenda in reducing the need to travel.
- Inequality and diversity to recognise and, where possible, tackle and promote inclusion.
- Partnership Working to improve, transform and achieve what is needed by looking at other organisations that can support health and psycho-social care.
- Digital Solutions to support patient care, provide clinical knowledge, and improve workflow, together with ensuring a focus on systems which are compatible with those already being used.
- Right Care, Right Place, Right Person which takes account of the patient's story and ensures service changes are informed by data and evidence.
- Citizens' Views which are part of our collaborative working and are important in guiding the development of services and as a mechanism for quality assurance.

General practice is at the heart of our communities and is uniquely placed to deliver the care and support needed by patients who experience health inequalities. GP colleagues were keen to include activities that can deliver the ambitions set out in this Dundee General Practice Strategy. These actions contribute to the 5-year work programme.

- Maintain a healthy workforce
- Deliver evidence bases, patient centred care
- Continuously improve services
- Deliver value-based health and care
- Focus on prevention, self-care and early intervention
- Address inequality and inequity
- Approve access to general practice and linked services

A stakeholder group contributed to the development of this Dundee General Practice Strategy. This group included Dundee citizens, service leads, together with general practice and Dundee HSCP colleagues.

The citizens of Dundee gave their views in two ways. There were group discussions and an invitation to complete an online or paper version of a patient survey.

The survey results found that it is activities to improve access that respondents wish to be focused on. This was echoed in the group discussions with both staff and patients. Improvements to access include:

- Providing information to patients on the services available and how to access those services
- Improvements to appointment booking system
- Training for practice reception teams to support with navigating patients to the right care, right place and right person was the top guiding principle for survey respondents

Other notable findings were:

- 20-minute neighbourhoods were valued, and this aligns with Dundee's City Plan
- Pressures on general practice were recognised with sustainability the second Area of Focus
- Digital solutions were the lowest priority of the Guiding Principles for a mix of reasons including digital poverty and older age group concerns around usability

Below some quotes from patients:

*"People can't afford all the things that make them mentally or physically healthy".*

*"There should be support for people who struggle to access digital options, but it should never be the only option for people".*

*"Need to do a lot more to keep people well".*

*"There needs to be an alternative way to access appointments rather than at 8 am on the phone".*

*"I keep seeing different doctors and I can't remember who I saw last".*

*"I don't have a computer. I use the library, but I wouldn't use it to talk about my problems".*

*"Blood tests are at different locations; I find it confusing".*

## Health Inclusion Nursing Team

The Health Inclusion Nursing Team consists of Registered General and Mental Health Nurses as well as Associate Practitioners working in communities across Dundee City covering all localities. The Team provides health support and advice, holistic health assessments, person centred support to access and engage with services, 1-1s, group work and health and wellbeing interventions. They work closely with individuals who are homeless or at risk of homelessness, involved in Community Justice, use drugs or alcohol, carers, refugees and asylum seekers, from minority ethnic groups, people who are hard to reach and people living in areas of deprivation and/or poverty. The service delivers nurse-led drop-in clinics and work in close partnership with statutory and voluntary services.

In 2023-24 there were:

- 1,267 referrals of which 522 were for people who were female and 745 were for people who were male
- 312 Keep Well health checks of which 120 were for people who were female and 192 were for people who were male
- 3,139 community health consultations with 1,710 people in community cafes, hostels, criminal justice, asylum accommodation and nurse led outreach health clinics

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*"I felt disassociated from my health before now. I feel more in control. My health has improved as a consequence"*

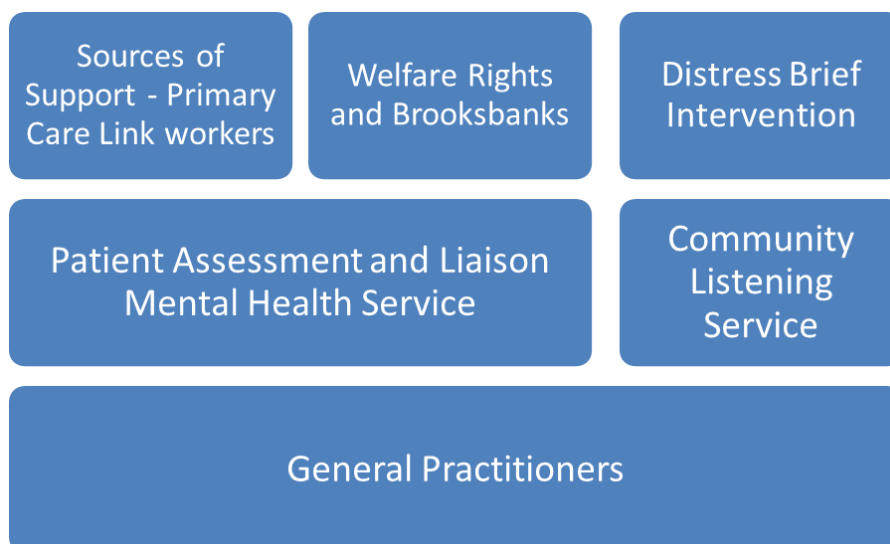
*"Wouldn't have found the Health and Homeless Outreach team if I hadn't gone through other services first e.g. Just Bee, Steeple, Haven. Service is excellent. Helped me avoid homelessness with their help and signposting plus building my confidence around asking for help from mental health and GP"*

*"Easier to see the nurse. Harder to get appointment with my own doctor"*

*"The services offered by these angels is very much needed and very worthy. I see these people at numerous places - helping so much. Many thanks"*

*"Having used the local service, I can honestly say this is a first class professional and confidential and they signposted me to further sources of support"*

## Mental Health and Wellbeing Services in Primary Care, Dundee



The vision is to provide mental health and wellbeing services in Primary Care that enable people to access the right support, at the right time, in the right place, by staff who are knowledgeable and skilled to deliver this.

This is achieved through the Primary Care Mental Health and Wellbeing (MHWB) Framework that utilises a multi-disciplinary team alongside collaboration with communities, third sector, and specialist services.

### General Practitioners (GPs)

Doctors working within GP Practice Teams and the GP Out-of-Hours Service continue to provide mental health assessment, support, treatment, and referral to other NHS-Services or DHSCP and Third Sector organisations for people of all ages. The in-hours GP service operates Monday to Friday 8 am to 6 pm, with the GP Out-

of-Hours Service providing cover for the remainder giving a 24/7 service. Practices operate different appointment systems but in essence provide a combination of appointments in advance, same-day appointments, and a system to respond to urgent and emergency unscheduled care inquiries. The GP Out-of-Hours Service is accessed via NHS 24/111. In combination, this provides a universal service with low barriers to access, the main limitation is caused by a mismatch of supply and demand. In-hours GP receptionists/patient advisors act as navigators for individuals seeking help for a mental health issue. They enquire and triage during the initial telephone call and decide who is most appropriate from the multi-disciplinary team to support the individual. In addition to direct patient services, GPs both in and out of hours respond to inquiries relating to the health of their registered patients from the Scottish Ambulance Service, Police Scotland, Educational Settings, Care/Nursing Homes, District Nurses, Community Pharmacies, Social Work, other NHS departments and many more.

### **Patient Assessment and Liaison Mental Health Service (PALMS)**

PALMS is hosted by the Dundee Adult Psychological Therapies Service. The service is delivered by experienced Mental Health Nurses within GP practices across Dundee. PALMS is available to adults aged 18 and over (16/17-year-olds are eligible if not at school) who are experiencing mental health and psychological difficulties and are not already engaged with statutory mental health or psychology services. People can self-refer for an appointment to receive a one off 30-minute triage assessment of their current mental health and wellbeing difficulties. They will receive advice, signposting to self-help resources or third-sector services and where appropriate onward referral to other statutory services. PALMS actively liaise with NHS and other partnership services to facilitate timely patient access to support and treatment, including establishing clear referral pathways, and working collaboratively to contribute to wider local mental health developments. Mental Health Nurses also offer consultation to practice staff (e.g. GPs, Nurses, Health Visitors, and other) on patient care and locally available services. Between May 2023 and April 2024, PALMS provided this service to a total of 5193 individuals at GP practices.

*Just go along to your local pharmacy to access this service*

## Patient Assessment & Liaison Mental Health Service (PALMS)

Looking for ADVICE from a Mental Health Specialist?  
Ask to talk to PALMS.

### Patient Assessment & Liaison Mental Health Service (PALMS)

“Who are you?”

*Mental Health Specialists, offering a one-off appointment to assess your difficulties with mental health and wellbeing. We can signpost you to self-help resources, local services that may be able to help or refer you to the most appropriate services*

“How can I make an appointment?”

*Speak to the receptionist at your practice. You do not need another healthcare professional to refer you.*

**To find out more about PALMS and learn if this is the most appropriate service for you, please see our leaflet available in the waiting area.**

### Feedback from people who use the service

*“Great service, hope it continues”*

*“I felt listened to and understood”*

*“Was lovely and supportive, made me feel very at ease and I felt this was a safe and good place to discuss some difficulties I had”*



## Feedback from GPs

*“The service within our medical centre has been extremely beneficial. It has enabled us to navigate patients to the service who are appropriate for the service. In turn, this has helped with GP appointment capacity. I have found the service to be valuable at Grove.”*

*“...I feel less uncomfortable now .....as when prescribing medication we are offering a more holistic care to go alongside this”*

*“Very useful resource to help us manage a significant clinical burden”*

*“Frees up my time to do other work.” & “Fewer follow up mental health appointments.”*

*“I feel more confident now that we have good psychological assessment options that are actually available to patients”*

*“My overall view of having a PALMS nurse within the surgery is that of a positive one. She’s helped a lot of patients and they enjoy seeing her”*

## NHS Tayside Community Listening Service

The Listening Service is an NHS Tayside Spiritual Care service. They are available within GP practices in Dundee and offer up to six, 50-minute appointments with a trained volunteer/listener. This creates the opportunity and space for people to talk about any challenging situation (i.e., health, relationship, grief, loss) helping the person find their way forward. The service is currently available for any person aged 16 and over, however is not the preferred route for those in crisis, with suicidal thoughts or acute psychosis.

*"I found the listener listened very well gave me time to talk and without prejudice and also helped to show different perspectives on things. The listener was very patient very well spoken and her voice was calming too. She helped you to become less fearful and guilt free about things too. I found her to have a great knowledge of life and the different subjects she talked about. A very nice person to talk too and also put you at ease when talking to her. So professional and caring an asset to any employer."*

*"The listener sometimes challenged me which was also useful and helped me reflect."*

*"She listened to me and did not dismiss me and my reality. I felt she let me take control of what I wanted to speak about."*

*"I believe meeting with the listener was a good thing for me as I was able to talk to a stranger and therefore, she had no preconceptions on my person life, unlike talking to the people around me."*

## Sources of Support – Primary Care Link workers



### Sources of Support Service



“  
Is your physical or mental health and wellbeing impacted by the challenges you are facing?  
Do you have little to no support and don't know where to turn?  
”

If you are 16 years or older, a Primary Care Link Worker can help you tackle these challenges so you have more control over your health and manage your needs in a way that works for you

**Ask your GP, nurse or receptionist to find out if this service is suitable for you**



### Sources of Support Service



#### THERE ARE MANY THINGS THAT CAN AFFECT YOUR HEALTH



**Taking care of your health involves more than medication alone**

Sources of support have link workers available in all GP Practices in Dundee. The service includes any person aged 16 and over and can be accessed via a range of Primary Care referrers or self-referral routes. Their remit is to support people whose mental health and well-being are impacted by social, economic, and environmental issues, which means that the service offers non-medical interventions and coordinated care to help improve health and well-being. In Dundee, link workers will case manage the needs of the person for up to 20 weeks to help them achieve their identified goals. Advocacy and liaison with primary and secondary care, statutory, and third-sector services is a key feature of the link worker role. Primary Care

supports tackling mental health inequalities through these staff and it is evident from the service's activity that a higher volume of people from deprived areas access link worker support. Between May 2023 and April 2024, the service supported 941 people.

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*"Thank you very much for your support throughout the most difficult time of my life. I honestly appreciate all that you have done for me and helped, from filling in forms and supporting me to my assessment. I definitely wouldn't have been able to do it without you. This includes listening to me and especially our chats we have had together as it makes me realise, I am not alone in this. From the first time we met until now what a massive difference I can see within myself, it is unbelievable. So once again thank you for everything"*

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### Where we made Improvements

- We enhanced pathways between the Scottish Ambulance Service and the services offered by the Primary Care multi-disciplinary team (MDT). A survey with ambulance staff identified a need to increase knowledge about what is available and how to access. A navigation tool for ambulance staff is being co-designed and will be tested by the Ambulance Service in Dundee from December. This will be evaluated and refined then embedded.
- An improvement project within Cluster One GP practices is focusing on the prevention of developing chronic pain by the optimisation of education and information about pain and psychosocial approaches offered by the Mental Health and Wellbeing MDT.
- A Dundee community resource directory with the available Primary Care Mental Health and Wellbeing services, and wider community services including those provided by third sector and statutory services has been developed. This is with a view to digitising this and making available to the public and staff providing services. Management and governance is being established in respect to this prior to being tested.
- A scoping review of the current provision has been conducted and areas identified requiring most development. These will be used to inform the development of the Dundee Primary Care Mental Health and Wellbeing Delivery Action Plan 2024-2027.

Because you have put us in touch with all these other places that are helping, I don't feel alone anymore. There was no one I could turn to before, now I've got help.

I feel like I've come a long way from when I met you at the start. Without you we would still be sitting in limbo. You've been really helpful, honestly its been great I have enjoyed coming in thank you.

Its nice to know that I no longer have to worry about money or barely making ends meet which have put strain on my mental health, receiving this award will help me work on my mental health.

You have been amazing at figuring out my needs and helping me access the correct support. Thank you for all you have done. I know I have provided you with some challenges and the way you have supported me to overcome them is a credit to you. I now have all the correct support in place and a better relationship with my GP and I know its okay to open up and ask for help. Thank you again.

### Distress Brief Intervention (DBI)

The DBI service is a national programme providing support to people aged 16 or over experiencing distress and feeling overwhelmed emotionally. In Dundee, the service is hosted by Penumbra and based in the city centre. Following the initial referral (which is immediate via email) a DBI peer practitioner will contact the person within 24 hours and support them for up to 14 days. They will work with the person to address some of the difficulties they may be experiencing that have led to their distress and work together to identify ways of preventing and managing any future distress. These could include social difficulties such as relationship problems, anxiety, low mood, thoughts of self-harm, thoughts of suicide, housing worries, money worries, and employment issues.

DBI seeks to widen the support offered to people engaging with frontline services, at a time when they need it the most. Presently, there are several potential routes to receiving DBI. These are: via the emergency department, police, ambulance service, via the GP, or PALMS practitioner. At present the opportunity for these frontline services to refer a person to DBI is being managed through a phased programme to ensure they can meet demand. Between April 2023 and March 2024, 834 individuals were referred to DBI in Dundee. 82 referrals were from Police Scotland and 752 from Primary Care



*“I was contacted very soon after I was referred to the DBI service. Even at initial conversation, I was made me feel he was there to chat about anything. It made me feel reassured. When we did have a longer chat, he made me feel I was not alone. It was good to hear he had once been in a similar situation. This made me feel things will get better. I did a lot of offloading, and felt I was listened to. There was no judging. Thank you.”*

*“Thank you so much for your support and advice. I cannot tell you how much it has helped me over the last two weeks. I genuinely don’t know where I would have been without it”.*

*“You were so patient and understanding. You’re so lovely and I appreciate it all, thank you.”*

*“I found the support of DBI really valuable, and I am really grateful for the service, the staff member was great! Having someone non-judgemental, easy going, and encouraging to speak to has helped me during a tough time in my life. Thank you!”.*

### **HOPE Point Dundee**

Hope Point has been developed as an initial contact centre for anyone in Dundee City who experiences distress, including those with mental health issues. The centre opened in July 2023 and has continued to be open 24/7 for people who need it. The environment and service has been co-designed with a wide range of people in the city in order to ensure the service is able to take account of individuals needs including equality and protected characteristics.

Lived experience has been integral to the developments both in terms of consultation in the planning stages and with regards to the staff team who are all employed in Peer Support roles. A welcoming, non-clinical environment and an approach underpinned by the principles of Time, Space and Compassion. Staff come alongside people on a short-term basis to help solve the difficulties they are facing, plan next steps safely and connect them with other supports and services if that is what’s required.

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2,466 contacts were made to the service up to March 2024

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Penumbra

HOPE  
Point  
— dundee —

Dundee  
Health & Social Care  
Partnership

### What to expect when you visit us...

#### A Warm Welcome!

A friendly member of our team will assist you at our building entrance on 4 South Ward Road.



#### One-to-One Support

One of our peer workers will listen, and have a chat with you to identify how we can best support you.

#### Connecting

Our support is short term, at the time you need it most. We will work with you to connect you with the right support to aid your recovery longer term.



We will help you to **plan your next steps** safely, and we can help you to find a way forward.

*"The staff at Hope Point saved my life. Amazing people! Amazing Service!"*

*"It was beneficial for me to see staff here and feel valued and listened to"*

*"It is amazing that there's a 24 hour accessible centre for any adult or young person struggling with mental health"*

*"I was absolutely hopeless before finding Hope Point, now I'm full of hope"*

*"You guys have saved my life many times over"*

Penumbra Wellbeing Workshops are community based, relaxed and informal, explore self-management, open to the general public and are delivered in conjunction with other agencies for specific groups



Penumbra Wellbeing Workshop





## Penumbra Wellbeing Workshops

✉ Dundee.POWWOWs@penumbra.org.uk  
☎ 07717 618 722 (Anne)  
📱 @PenumbraDundee

### What is a wellbeing workshop?

Our workshops are for people aged 16 and over in Dundee. They cover a range of wellbeing topics and take place in community venues across the city. They're a fun way to learn and share ideas and techniques that support good mental health and wellbeing.

### Anxiety

Tuesday 5th July 2022  
10.30 am - 12.30 pm

Explore the impact of anxiety on our bodies and minds, identify the thoughts that make us anxious and discuss techniques that we can use to help reduce anxiety.

**Venue: V&A Dundee, 1 Riverside Esplanade, Dundee, DD1 4EZ**

### Sleep Matters

Tuesday 12th July 2022  
10.30 am - 12.30 pm

Opportunity to reflect on your sleep pattern, explore how this affects your well-being and what tools we can use to help improve our sleep habits.

**Venue: V&A Dundee, 1 Riverside Esplanade, Dundee, DD1 4EZ**

### Self-Care

Tuesday 19th July 2022  
10.30 am - 12.30 pm

We explore self-care and how self-care helps our wellbeing. You get the opportunity to share examples, learn from other participants, and leave with practical tools you can use moving forward.

**Venue: V&A Dundee, 1 Riverside Esplanade, Dundee, DD1 4EZ**

### To book

To book or find out more about these sessions contact us via the details at the top of the page.

**Penumbra**  
Mental Health

penumbra.org.uk  
f i t y in

### Of the 115 people who completed feedback questionnaires:

- 100% felt able to access support when they needed it.
- 91.1% felt the environment made them feel comfortable.
- 100% felt valued & respected by our team.

Where appropriate, a distress measure is used where people self-rate the degree of their distress on a scale of 0 to 10. This takes place at the start and at the end of an intervention with Hope Point staff. 100% saw a decrease in their score. The average was 3.6 points reduced distress rating.

## Creating Hope Together Through Suicide Prevention

Suicide is a complex issue for people in Dundee, and the 'whole of government and whole society approach' of Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032 is welcomed. The Protecting People and Dundee's Children at Risk and Adults at Risk Committees, which are to be established as part of local governance structures, will take responsibility for alignment of the National Strategy and local suicide prevention priorities. Locally, suicide prevention work continues to progress across several spheres ensuring this aligns with the national strategy, and other national policies including the Mental Health and Wellbeing Strategy 2023-2033. It is a priority within the Dundee Health and Social Care Partnership's Mental Health and Wellbeing Strategic Plan (2020-2024), and activities are supported by Public Health Scotland colleagues working locally and nationally.

### Key achievements in the last year

- A full-time Suicide Prevention Co-ordinator has been employed to co-ordinate, lead and drive forward key work in relation to suicide prevention.
- A Suicide Prevention Stakeholder Event in Dundee was held with around 100 attendees to inform the development of Dundee's Suicide Prevention Delivery Plan which will be available in the coming months.
- Membership of and contribution to the Tayside Multi-Agency Suicide Review Group.
- Targeted work around locations of concern.
- The co-production of a service to support people bereaved by suicide is underway.
- The Tayside Suicide? Help! App and website has been refreshed and presents local information and support available for people.
- NHS Education for Scotland suicide prevention courses have been delivered and colleagues across many sectors are working to achieve an increase in training. These are promoted through widely emailing colleagues who provide services, promoting the Protecting People Learning Framework website as well as encouraging participation across DCC, NHS, Independent and Third Sector networks.
- Pilot funding was awarded from the Tayside Health Charity to build learning and capacity and develop a third sector alliance to deliver suicide prevention training across services and communities.
- Hope Point: Wellbeing Support Service continues to establish itself in the city as a safe place, open 24 hours a day, 7 days a week for people in distress and at risk of suicide. This peer support service offers a compassionate response and ongoing evaluation shows this a valuable asset for the

city. Meanwhile, Distress Brief Intervention services have been expanding to support the work of Primary Care, Police Scotland, and the Scottish Ambulance Service for people in distress.



In August 2023, the National Records of Scotland published its statistics for probable deaths by suicide in 2022. Across Scotland there was an increase in probable suicides (9 deaths) from the 2021 figures, with a total of 762 deaths in 2022. In Dundee specifically, in 2022, 29 people died by probable suicide, this is an increase of four people from 2021 (for comparison 2000=34, 2019=33, 2018=34). The rate was higher than the Scottish average in Highland, Dundee City, East Ayrshire and Perth and Kinross council areas. Suicide rates for males are still twice as high as females however it is worth recognising that female deaths across Scotland in 2022 increased by 18 and males decreased by 9 on the previous year.

## Violence Against Women

Dundee  
Violence Against  
Women Partnership

Exit site

Search

If risk is happening **NOW**, call **999**.

Find support contact numbers [here](#)

Find out our latest news [here](#)

[Click here for the Dundee Violence Against Women Partnership Website](#)

## Deaf Links

Deaf Links is a Tayside-wide charity based in Dundee. Through a wide range of services, activities and learning opportunities they support people who experience sensory loss.

In partnership with Women's Aid in Dundee, Angus and Perth, Deaf Links are committed to supporting Deaf women who are experiencing and form of abuse or coercive control.

Through advocacy workers who are fluent in British Sign Language they provide a dedicated advocacy service to Deaf women across Tayside who have or are experiencing any form of violence, abuse or coercive control. They work directly with women, their children and young people offering crisis intervention, information, advocacy services and support to enable equal access to mainstream support services.

The advocacy services provided empower, inform and enable women in a variety of settings liaising closely with statutory and other voluntary organisation.

The Violence Against Deaf Women Advocacy Worker also provides information sessions to Deaf Women and raises awareness of BSL and Deaf Culture with mainstream service providers.



[Click here for further information about Deaf Links](#)

## Shakti Women's Aid

Shakti Women's Aid is a national organisation specialising in supporting Black and minority ethnic women and children experiencing domestic abuse and honour-based violence. They had provided an outreach service in Dundee for a number of years, supported by two successive allocations from National Lottery funding followed by allocations from Scottish Government and Imkaan (a UK-based organisation dedicated to addressing violence against Black and minoritised women and girls). Funding from these sources came to an end in March 2023; on a short-term basis

Shakti were utilising reserves to continue the service in Dundee. During 2022/2023 Shakti Women's Aid Dundee Outreach Service supported 60 women survivors of gender-based violence; during the year 34 women successfully exited from the service, with 31 women receiving ongoing specialist service support. An evaluation of the service carried out prior to the pandemic found that key benefits of the service included: specialist support to complement work of local service providers and additional expertise regarding immigration rights. In 2023/24, the Integration Joint Board, alongside other public sector partners, invested one-off funds to ensure that the Shakti Outreach Service continued to be able to provide support in Dundee, while the organisation worked to identify longer-term funding sources.



*'Not many agencies understand the cultural issues and the bottlenecks. I was married to my second cousin and there was so much pressure on me. I thought I would lose my child. So, by understanding these sorts of pressures, they were able to help me take it a step at a time.'*

*'I had nothing. I had no family here. I had no money. I had no friends because of my husband. My language was not good. I had no nappies for my child. I don't know what I would have done. But I have hope now.'*

### **Welfare Advice and Health Partnerships (WHAP)**

Welfare Rights Officers from Council Advice Services and Brooksbank Centre and Services offer support to patients in Primary Care across 11 Dundee general practices. They assist patients with socio-economic problems such as benefit claims, appeals and debt advice. This allows clinicians more time to concentrate on clinical care whilst referring financial concerns of patients to experienced advisers who can, with patient consent, access the patient's medical record and use information to inform applications for sickness and disability benefits.

In 2023/24 officers in Council Advice Services and Brooksbank Centre and Services raised £3,447,036 for patients of the 11 practices, up by 72% on the previous year.

Council Advice Services also raised £1,718,638 through the work of their 2 staff in the Macmillan Cancer Support Welfare Rights Team who work in various wards and clinics in Ninewells Hospital.

Additionally direct referrals from midwives and health visitors, referred for income maximisation led to gains of £717,000 in 2023/24.

In total in 2023/2024 Council Advice Services successfully claimed £11,975,038 (provisional figure) in benefits and additional income for customers.

**Case Study:**

*Patient was initially referred to service by her GP who booked an appointment with the welfare rights officer (WRO). The patient was a young woman who had recently fled an abusive relationship with her 2 young children and was having financial difficulties as a result. Her Universal Credit was adjusted by the WRO and Scottish Child Payment claimed as this was a benefit the patient was unaware of. Best start grants and best start foods were applied for the youngest child. Child Disability Payment and the follow-on Universal Credit increases were then also claimed successfully for the eldest child. The patient was struggling mentally and physically due to the abuse she had suffered and there was a concern of the children having to enter into foster care if the mother was shown to not be able to provide for them. These concerns around financial provision were addressed through the Universal Credit and Scottish Child Payment interventions and the other subsequent claims. The customer benefitted by being able to attend all ongoing appointments within the GP surgery, which was a safe space for her to be and the GP also made a referral to Sources of Support, and with permission we were able to work together on some of her most persistent issues.*

### **Best Foot Forward**

A group of 21 parents and their children attended for 10 weeks of group discussion and participation around topics such as: healthy eating habits, meal planning, sleep routines, screen time, fussy eating, healthy mouths etc.



At the time of writing, 21 adults and 26 children had signed up (47 total participants).

The school is based in the Douglas area of Dundee with 83% of children living in SIMD 1&2 (most deprived areas).

Best Foot Forward is a partnership between the NHS Healthy Weight team, Active Schools and Claypotts Castle primary school. It is hoped that the Best Foot Forward programme will encourage peer support and relationships between parents/carers, and to foster open and honest conversations around the challenges of achieving healthy eating and physical exercise day to day. The sessions are 1.5 hours long with both adults and children attending together. There will be an input each week followed by either a cooking session or a physical activity session.

Each week there are healthy snacks available for the families to try – rotating these so that participants will try new foods (various fruit and veg, oat cakes, dips etc.). In addition, the families are given a 'Take Home Your Tea' bag with a recipe card and the ingredients required for the recipe. On completion of the 10-week course, each family is gifted with a slow cooker or air fryer. The hope is that this will encourage the adults to continue cooking meals 'from scratch' by providing the means to do so. Slow cookers and air fryers were identified as being economical to run and user friendly – therefore more likely to be utilised on a regular basis.

Parents/carers were asked to sign up to the group if they felt this was an area of family life that they were interested in talking about/seeking support for. The group was originally intended for 10 families, but the interest was so great, it was capped at 21 with the view to run a further course later in the academic year.

#### **Contributors to the Success:**

- The visit by Dundee FC players (arranged by Active Schools) who inspired and motivated the children to think about lifestyle, activity levels, diet choices etc required to be a professional sportsman.

- The Child Smile team offered helpful advice and guidance which led to a number of parents reaching out for further support with their child's oral health.
- The Active Schools Assistant and Health and Wellbeing Assistant attended each week which allowed the offering of a practical cookery session (for the entire group), a visit to the local council-run sports centre, and two yoga sessions – one for mindfulness and relaxation for adults, the other to aid restful sleep for the children.

## Community Independent Living Service (CILS)

All of the CILS therapy interventions are to people with health conditions or disabilities to provide care and support they need in their own homes. This service supports people in their own homes ensuring that this is the best possible environment to support their care and their overall health and wellbeing. This service:

- **Prevents** – deterioration of an individual regarding their activities of daily living including mobility, and prevents unnecessary Packages of Care being provided & unnecessary hospital admissions
- **Maintains** – independence in *own homes* through rehab/ therapy interventions for better quality of life;
- **Supports** – individuals to self-manage and be independent within own homes and realise their own potential;
- **Facilitates** – Urgent hospital discharges for earlier and smoother transition to home from hospital.

### Key Achievements

- Self-Management

Introduced and developed supported self-management through use of the bookable appointments with an occupational therapist to provide advice, information and guidance to families as well as other staff in different services so that people understand the choices available to them and are supported to make informed decisions about their own care and support.

- Access to services and promoting self-care

This year falls advice was shared, with key links to third sector support. Road shows across Dundee were held, linked to open days at Dundee football club/ Ninewells hospital entrance for all visitors/ and at a supermarket to promote supported self-care and activity and prevent falls.



Information was shared at the Independent Living Centre in the form of leaflets and opportunities to try out items of equipment.

- Sharing of information to improve support

Move to integrated and shared client records with community colleagues to support and facilitate earlier support and avoid unnecessary duplication.

Equipment ordering and accessing has improved to a faster and efficient service delivery which includes telephone personal texts regarding the delivery drop off time which is both supportive of the client and family in knowing when an item is being delivered and being at home to receive it.

- People experiencing integrated care and support that is smooth and seamless

This has included competency training of all CILS staff – physiotherapists and occupational therapists and support worker staff in assessing and issuing basic equipment and minor adaptations, for example double stair banisters in the home as a wrap-around service providing prompt and immediate support and without a delay in waiting.

## Community Health Team



[Click here to view Community Health Case Studies](#) including

- Resolve and Involve
- Menzieshill Cooking Group
- Eat Well, Play Well

- Stepping Stones
- Community Health Advisory Forum

## Drug and Alcohol Services

With Dundee continuing to have some of the highest rates of drug deaths in Scotland the Dundee Alcohol & Drug Partnership (ADP) is committed to delivering effective, accessible and trauma-informed services that focus on prevention, protection, harm reduction and resilience, informed by evidence and lived experience. A key element of the Recovery System of Care (ROSC) is the implementation of the national Medication Assisted Treatment (MAT) standards. The ADP in Dundee is continuing to strengthen the highly effective non-fatal overdose response pathway and has commissioned the assertive outreach project to support individuals into treatment. Progress with the implementation of MAT standards means individuals in Dundee are now receiving same-day prescribing, they can access a range of treatment options and are supported by independent advocates to maintain engagement for as long as required.

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94% of people referred to services begin their treatment within 21 days of referral

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Dundee Alcohol and Drug Partnership (ADP) has launched new resource providing a range of information for the public and workforce about local services.

The ADP website has been developed by partners with input from people with lived experience of substance use as well as local communities.

The website provides wide ranging information on drugs and alcohol, including help for people who are looking for appropriate services and support to assist them, their family, and friends on their recovery journey.

It provides updates on what is happening in Dundee's communities and how to get involved, as well as giving advice on appropriate language to avoid stigma.

It will also bring together resources for the workforce, highlighting the values of the Partnership and signposting to helpful information, key documents and learning resources.

ADP interim chair Dr Emma Fletcher said:

*“A huge amount of hard work has gone into developing this comprehensive website and I'm delighted to see it formally launched today.*

*“I know that people working in the recovery community will find it beneficial in terms of bringing together so many useful resources in one easy-to-access place.*

*“And it is another way that people looking for help can find out where to access it.*

*“We want this to be a website that members of the public visit regularly too. It’s a great way to learn more about the range of work that’s going on to address Dundee’s deep-rooted challenges.*

*“It will help citizens understand the context and complexities of the journey we are on, as well as the part we can all play in making Dundee a supportive city for all.”*

The Dundee ADP is also responsible for developing a local multi-agency Strategic Framework. Both the website and the framework aim to reduce harm from alcohol and drug use, support wellbeing and the recovery of people who experience longer-term challenges.

Find out more by visiting the new Dundee Alcohol and Drug Partnership [website](#)



1 - Click [here](#) to view the website

The MAT (Medication Assisted Treatment) Standards Implementation 2023-24 scoring showed substantial progress had been made in Dundee between 2022-2024, especially in relation of the availability of treatment for those who use drugs. All ten of the MAT Standards scored 'Green' or 'Provisional Green' in 2024, having all previously scored 'Red' or 'Amber' in 2022.



[Click here to view the National benchmarking report on implementation of the medication assisted treatment \(MAT\) standards](#)

### **Primary Care Drug Use Redesign Project**

Using funding from the Scottish Government, a project was set up in early 2022 to deliver a vision where individuals in Dundee experiencing problems with drug use were supported within primary care (general practice and community pharmacy) together with third sector organisations to support them to achieve the best health outcomes possible.

One of the major benefits of patients being supported with their substance use in their general practice is that the care is holistic, and not limited to their drug use. This is important as the statistics show that this group of patients experience co-morbidities and early death due to untreated conditions.

The project began with patients who were stable on their opioid substitution therapy (e.g. methadone) and registered to either Maryfield or Erskine. This year Newfield have come onboard with an enhanced service to support their patients who use drugs.

*“I had the most amazing support worker to help me get through the darkest time in my life... I felt as though I had structure and I had someone who really cared about my wellbeing ... I wouldn't know about half of the services I've now used if it wasn't for my key worker who made me realise I shouldn't be ashamed of my struggle but proud that I did seek help and have come out the other side of this... She taught me how to rationalise my thoughts and to monitor my actions using a cost/benefit analysis... I feel like I can start afresh now and actually move forward in life instead of feeling stuck on the spot and like I'm going nowhere”.*

There are also 6 practices offering their patients a holistic health check. The uptake of this increased this year by 35% on the previous year. Additionally, patients are attending follow up appointments with their practice or a specialist service.

The project ambition is to have a dedicated drug use team for the city. At present the team includes two part time GPs, two nurses and 3 third sector key workers.

To date, there are patients reducing their methadone doses and there has also been a patient discharged from the service having achieved abstinence.

An important element of the service is the support to patients from Third Sector Key Workers.

***If you have any questions about the information contained in this document please email: [dundeehscp@dundeecity.gov.uk](mailto:dundeehscp@dundeecity.gov.uk) or phone 01382 434000***



## Annual Performance Report: Working and Planning Together

To view the Microsoft SWAY interactive version of this report please use the links below

**Version optimised for Smartphone:**

<https://sway.cloud.microsoft/IHQwuigSrB7XgVMs?ref=Link>

**Version optimised for Laptop, PC or Tablet**

<https://sway.cloud.microsoft/gPEBomgzUhNtsgG9?ref=Link>

### Strategic Commissioning Framework

The Dundee Integration Joint Board (IJB) is the group of people responsible for planning, agreeing and monitoring community-based health, social work and social care services for adults. They must agree a plan that sets out the IJB's ambition and priorities for health, social work and social care services in Dundee and how they plan to use the resources they have to make this ambition a reality. The plan also describes how health and social care services will be delivered and improved; these are the services delivered by Dundee Health and Social Care Partnership. The Health and Social Care Partnership is the place where Dundee City Council, NHS Tayside and some organisations in the third and independent sector work together to deliver the services and supports the IJB has planned and agreed.



A full copy of the plan can be found [here](#)

In April 2023 the IJB approved its new Strategic Commissioning Framework 2023-2033. 'The plan for excellence in health and social care in Dundee' builds on the previous framework and reflects the outcome of considerable engagement with communities and stakeholders. Work has started to develop companion documents including: an Annual Delivery Plan, Performance Framework and Resources Framework but has been delayed by staffing pressures and the prioritisation of a response to the Joint Inspection of Adult Support and Protection in Dundee.

The new Strategic Commissioning Framework will help the IJB reach their ambition:

People in Dundee will have the best possible health and wellbeing. They will be supported by health and social care services that:

- Help to reduce inequalities in health and wellbeing that exist between different groups of people
- Are easy to find out about and get when they need them
- Focus on helping people in the way that they need and want
- Support people and communities to be healthy and stay healthy throughout their life through prevention and early intervention

There are six strategic priorities in the framework as follows:

- Inequalities (support where and when it is needed the most)
- Self-care (supporting people to look after their wellbeing)
- Open door (improving ways to access services and supports)
- Planning together (planning services to meet local need)
- Workforce (valuing the workforce)
- Working together (working together to support families)

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

## Engagement



In the production of the Strategic Commissioning Plan 2023-33: The Plan for Excellence in Health and Social Care in Dundee, there was a significant focus on stakeholder engagement, with priority given to engagement with people who use health and social care services and supports, unpaid carers and the health and social care workforce. Building on learning from previous engagement work this has taken a flexible and tailored approach with a range of different tools and opportunities being developed. This has facilitated Partnership staff to engage people in places and ways that best suit them as individuals and groups, creating spaces for the Partnership to listen to what is most important to them. Opportunities have also been taken to reflect back to stakeholders' contributions made in early engagement activities and to further refine thinking, particularly in relation to the IJB's vision and wording of strategic priorities.

From Late October 2022 there was a 'Call for Views' from people who access care and support or may access care and support in future; carers of people living in Dundee and young carers in Dundee; colleagues and volunteers across services and supports (including the workforce from NHS, Council, Third Sector and Independent Sector.) A mixed method approach was applied including face-to-face meetings and going to where people were already meeting, phone calls and one-to-one meetings, online survey and focus groups. From January, due to the low number of responses, it was agreed to combine (where appropriate) this engagement activity with engagement about GP premises.

Proactive contact was made with people and groups who had contributed to earlier consultation activities that had informed the development of the consultation draft.

Alternative routes for providing feedback, by non-digital means, were also identified and promoted to the public. Flyers highlighting the consultation and how to get involved, both digitally and non-digitally, were issued to libraries, community centres and sports venues (via Leisure and Culture Dundee) for display in public areas. This

included the offer for a printed copy of the consultation draft and summary version to be provided to people via post or other means.

From late April 2023 until the end of May 2023 information on how to access the consultation draft was circulated (on-line) with an electronic feedback form. There was also a further offer to hear views about the consultation draft in other ways and to print and post copies for discussion.

As part of the Engagement Strategy, contributions made during the development of the Carers Strategy and the Learning Disability and Autism Strategy plus engagement relating to GP Premises Strategy was also used. This approach has helped to ensure that we make best use of the valuable time and effort people have given in contributing their views, as well as ensuring consistency as we develop the overarching strategic commissioning plan.

People told the Dundee Partnership they want to have more say in improving things in their communities.

They said that the IJB need to think more about how best to work with other organisations, including the Dundee Partnership, to improve all services and supports that make a difference to people's health and wellbeing. People said this is most important when working on ways to prevent poor health and wellbeing and making sure people get the help they need sooner. They also said that the IJB needs to think more about the help required to reduce the impact of the cost-of-living crisis on people's health and wellbeing.

They also said that the IJB should make sure that the Health and Social Care Partnership spend more time working with people and communities to understand the help they need to stay healthy and well. They also said the Partnership should then work with people to design services that will deliver the help they need. People said health and social care services should stop talking about models and pathways because these words don't mean anything to people who need services. It would be more helpful to talk about how services can give them the specific help they need and help them to look after themselves and one another rather than doing everything for them.

Learning Disability Services have hosted several events aimed at sharing information and hearing from people in their local communities. In 2023, information events were held in the North East, Broughty Ferry, Maryfield and the West End, and 4 more events will be held during 2024 and 2025. These are part of an ongoing dialogue between the Partnership and people with a Learning Disability as well as the workforce and family members/carers and help the Multi-Agency Strategic Planning Group shape plans for the future. Partner agencies and community groups also have an opportunity to listen to their potential customers and develop services that meet their needs. Unpaid carers and family members of this group of people expressed an interest in having a formal mechanism to learn about developments



and share their views. An initial discussion meeting took place with carers in December 2023 to explore and make plans for how this might best be achieved.

## The Independent Review of Adult Social Care in Scotland

The Independent Review of Adult Social Care in Scotland (2021) found that there needs to be more focus on involving people in planning their own care, deciding what needs to change in their communities, and planning, designing and developing health and social care services.

### The Value of Co-Production within Health and Social Care

In 2022 the Scottish Government began the process of developing a new National Care Service for Scotland. This will impact the way that adult social care, social work and community-based health services are delivered in the future. It might also affect the way that adult and children's services work together. The planned changes will be the biggest change to the health and social care system in recent years. The IJB will have an important role in helping to plan these changes.

Click [here](#) to learn more about the National Care Service in Scotland



Click the image to view the Scottish's Government's vision for the National Care Service in Scotland

## Care Homes

### The Dundee Activity Network and the Benefits of Being Involved

The aim is to improve the quality of life and physical and mental health and wellbeing of care home residents through offering person-centred meaningful activity which is focused on the needs, interests and hobbies of residents.

Activity Networks in other areas have been the catalyst for new innovative initiatives, including national pilots and can help facilitate inter-care home interaction, community involvement and intergenerational working.

Benefits of being involved in an activity network:

- Sharing of good practice, activity ideas and how to adapt, materials and resources
- Networking and support
- Training opportunities for care home staff
- Bring information from network back to the care home
- Facilitates collaborative working and inter-care home activities such as Go4Gold
- Opportunities to be involved in national initiatives

Since September 2023, there have been get togethers, events and some friendly competitions. More events, competitions and a Going4Gold event are planned for September 2024

*"I just want to say a big thankyou to the residents and staff who put lots of effort into what they all made for the competitions and the judges who had the difficult task of choosing the winners. It was lovely to see everyone enjoying themselves and getting involved in a singsong. A big thankyou to Janet Brougham, Menzieshill House and Mackinnon Centre for being the hosts who put on lovely spreads of food and drink on the day. This was the first of many events, competitions, and a chance for residents to come together and socialise."*

*Carole Brunton, Independent Sector Lead, DHSCP, Scottish Care*

**Photos from the Janet Brougham Easter Card Making Competition held March 2024**





Photos from the Menzieshill House East Bonnet Competition held March 2024



### Photos from the Picture Making Competition at Mackinnon Centre







For a short time, the residents in Harestane enjoyed their very own Easter 'extravaganza' where they nurtured, named and documented the birth of chicks and ducks, from hatching to holding and feeding to farewell.

The residents named all the ducks and chicks and went in every day to handle and feed them. Doreen welcomed "John" (named after her beloved late husband), born 1400hrs on 21st March and thereafter, Edith welcomed "Chick" at 14.30. The following day kept everyone busy with the birth of Matilda, Michael, and Ralph. Meanwhile, the ducks started hatching that same morning with Franco named by their very own Franco, followed by Summer, Donald, and Georgie Porgie.

Shirley, Tweet, and Lucas (chicks) all arrived on the 23rd and finally, duckling number 5, Tarka.



Maggie, Manager stated

*"This lifted everyone's spirits, the residents loved them and really took part in the activity. The ducks and chicks were in Harestane for 10 days and it was magical seeing the ducks take to the paddling pool 24 hours after hatching".*

Staff at Janet Brougham House and one of their resident's family have been participating in the AIR project which is run by St Andrews University. This focusses on different ways of communicating with residents who have limited verbal communication. This is proving to be very effective in their interactions with the residents and in support of a resident who was experiencing severe agitation. Stacy, Manager stated *"It has also been rewarding in the sense that we have supported a family member to 'find his wife again' by offering him the opportunity to attend the training. His wife who is one of our residents has advanced dementia, and this has helped with their communication."*

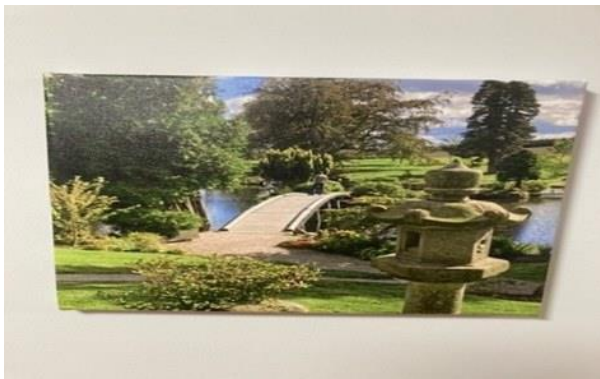
Turriff House were looking to have their main corridor redecorated and the staff wanted to get the service users involved to give it a more personal touch. They



collectively came up with the idea of a photography project with the service users taking the pictures and getting them put on canvas to hang on the walls. Stuart Laverick (Activities Co-ordinator) said

*“We have had the perfect opportunity to get some beautiful pictures as we go out on a bus tour every Wednesday to places like the Botanical Gardens, Forfar Loch, and the Japanese Gardens to name a few, as well as places that have got significant individual memories for the service users. As this was so successful, we are continuing with the project over the summer months this year.”*

There are so many great pictures, which meant the service users and staff had a hard choice of picking the ones that are now proudly on show in Turriff House.



### **Benvie Care Home - Project Smile**

At Benvie Care Home, they have made it their mission for 2023 to investigate new ways of stimulating their residents' minds, providing reminiscence therapy, and keeping a smile on their faces.

In April, they had a friendly visit from Annie the Alpaca. Annie naturally had a gentle and affectionate manner due to her upbringing on a farm. Many of the residents adored Annie and it brought smiles to the residents, staff and relatives faces.

The latest project which includes the resident, relative and staff members all getting involved, is to find out the hopes, wishes and dreams of our residents. The job of Benvie is to then make those hopes wishes and dreams come true.

Their resident Ron has been a keen golfer his whole life and was a regular at Rosemount Golf Club where he was a member for 70 years. (There is even a bench in his father's name). His dream was to take a trip down memory lane and see the course one more time. Staff were thrilled to hear all about Ron's stories and the many memories he had created over the years. Ron's family also joined on the trip and were over the moon to see he could still putt a few balls. Ron still speaks about the golf club today, and we are in the process of arranging another visit for him.



Another project recently completed was the Welcome to Benvie Care Home Board. They wanted to make something which was bright, welcoming, and personalised. There were sixty-five residents and staff members who participated. Having classic music on in the background, residents, and staff both dancing, and getting involved in the activity, created a lovely experience and great atmosphere in our Home.

They have been looking into new technologies to help stimulate our resident's memories. They have incorporated sensory boards, blankets and cushions which offer a variety of sensory functions created to stimulate cognition. Phyllis, one of their residents, uses one of the cushions daily and enjoys playing with all the different elements on the cushion.



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Menzieshill House team, residents, young volunteers, and children were recognised by Generations Working Together Excellence Award 2023, for their hard work towards tackling age discrimination.

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Promoting intergenerational practice in care homes in turn tackles age discrimination and stereotypes, thus creating inclusive communities for people of all ages. The award recognised Menzieshill's activity programme for promoting quality outcomes for all involved. The activities are organised carefully with the focus of making a difference in breaking down barriers and building understanding between generations. The work has been seen as progress towards enabling inclusive communities and is particularly notable because of progress made to re-establish links to the local community after the Covid-19 pandemic. Intergenerational activities involved pupils from Tayview Primary School, Menzieshill Nursery, as well as the local high school and Helms college.



The activity programme is run throughout the year, which focusses on boosting resident's wellbeing and reducing social isolation. Menzieshill's intergeneration approach plays a crucial role in achieving outcomes for residents whilst also benefitting younger people involved. Activities included most recently: 'The journey of the duck egg hatch,' storytelling, singing, sports days, gardening, arts, and crafts. Primary school and nursery children get to know the residents individually and learn how games, toys and technology have changed over the years. Young volunteers provide 1-1 social sessions with the residents and form social bonds.

One of the care home residents said of the young people; 'They are lovely. They all have their own idiosyncrasies and personalities- I love getting to know them. They take me right back to when I was that age.'




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Balcarres Care Come won the Scottish Care, Care Home Service of the Year Award

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Lynn McLean, Manager stated

*"It was an amazing achievement for everyone at Balcarres when we won the Scottish Care, Care Home Service of The Year Award then a regional and a national award from HC-One all in the space of a few months, I am one proud home manager."*

One of the judges quoted

*"Balcarres is a very person-centred organisation and what really stood out was the mutual respect between Lynn and her team and residents alike. It is no surprise that word of mouth is so positive. We were particularly impressed with Lynn's unique approach to managing funerals and making residents dreams a reality."*

Examples of why Balcarres won their awards:

**Funerals** - When a resident dies, they may have a reduced amount of family, so the care home holds the wake with a buffet and beverages to celebrate their loved one's life and experiences with the staff and residents at Balcarres.

**Wishes** - A couple had a wish to have lunch in Forgan's, St Andrews as this had been one of their favourite places to go – Balcarres booked a table for them and arranged the whole day - they both had an amazing afternoon.

On another occasion, a resident wanted a surprise for when his wife visited the home to see him on Valentine's night. Balcarres purchased chocolates and roses and set a table for them both where they were served an a la carte menu. The wife was absolutely delighted and was a huge success that Balcarres continue to offer.

## Supporting Tayside Excellence Programme (STEP) for Tayside Care Homes

The STEP was designed to improve and enhance care to residents collaboratively within Tayside; created as a supportive tool that provides the ability to self-assess against the healthcare framework for adults living in care homes, making reference to the health and social care standards.

The STEP is collaborative and looks at a whole system approach to the delivery of care to residents and allows us to identify where there is a need for improvement, where support and resources can be provided to enable this to happen.

Following an initial pilot phase, the full programme was rolled out to all care homes across Tayside from July 2023.

## Urgent Care Home Visiting Team

The Urgent Care Home Visiting Team of Advanced Nurse Practitioners provides a same day response, on behalf of the GP to care home residents who are deteriorating or are acutely unwell.

The Team supports care home staff to identify people approaching end of life, supporting symptom management and end of life care.

The Team works closely with multidisciplinary colleagues to support residents, their relatives and care staff to prepare for, and deal effectively with the transition to end of life.

The use of evidence-based assessment tools including Supportive and Palliative Care Indicators Tool (SPICT) and the Gold Standards Framework Proactive Identification Guidance were used to identify care home residents who would benefit from a palliative approach based on their individual need.

GP appointments data from January 2022 to December 2023 was reviewed and 18 people were identified as living with potential palliative end of life situations and therefore the working relationship between GPs and Care home staff was developed. Through training and support from the palliative care team, care home residents were able to be assessed to ensure they were receiving the best approach of care to meet their needs.

*"ANPs work extremely hard.....this is an excellent service.....enhanced my home through support and care...GPs pass a lot to them" GP*

*"I was struck this year by how many patients identified as having cancer or long-term health conditions had been care for at the end of their lives by your colleagues. Thank you" Care Home Manager*

*"This team is now and integral part of the MDT for staff in care homes to feel supported and valued. Really good therapeutic relationships have been established" Senior Carer*

*"We appreciate the single point of contact and the consistency of having support from one team rather than a large number of GPs" Care Home Staff*

## **Feedback regarding Kingsway Care Centre**

*"Each time I have visited I have witnessed such tender, kind considerate specialised care. I genuinely feel that every time my dad sneezes someone will wipe his nose for him! The nurses persevered as best they could to trim his moustache. His nails are always clean and trimmed and whichever clothes he has on they are always clean and coordinated.*

*My Dad loves his food and I know that he eats a well-balanced diet every day and that he enjoys plenty of varied treats !!*

*He engages with staff and residents as they play Dominoes and Bingo. He is accompanied on walks or in a wheelchair regularly to the local restaurant/pub where he enjoys a half pint and a new environment. The staff play his favourite music for him, and he still has a wee dance with them when he is able.*

*His bedroom is always clean and tidy and personalised with photos and I know the staff relate to these photos with him daily and encourage him to listen to their understanding of the photos and the good memories they recall for him.*

*Sadly, my Dad is unable to communicate with appropriate words now but staff sensitively guide him and remind him of the stories behind the photos. That is a truly precious act in itself and one that my Dad and I hugely appreciate.*

*My Dad cycled all his life and the staff have had him on the Ward exercise bike as often as he would engage and tolerate. They read his books with him and point out*

*the window to the Birdlife in the Garden and encourage him to participate with any other ward activities he may enjoy.*

*Every phone-call I have made has been answered quickly, professionally and with minute detail of care given which gives me great peace of mind especially as I cannot visit as often as I want to.*

*Each member of Staff are remarkable and utterly dedicated people. They are a tribute to each and every person in the caring profession”.*

## Step Down Care

There are 3 Step Down properties in Dundee which support discharge from hospital.

- A total of 614 bed days were saved during 2023-24. In addition to better outcomes for people than if they were in a hospital setting, there was a financial saving of £196,490.

## Services for People Affected by Cancer

### Tayside Cancer Support Service



### COMMUNITY DROP-IN CAFE

WE WOULD BE DELIGHTED TO HEAR HOW WE CONTRIBUTE TO THE COMMUNITY AND HOW YOU CAN HELP US DEVELOP SERVICES SUCH AS BEFRIENDING, COMPLIMENTARY THERAPIES AND COUNSELLING.



COME ALONG THE 1ST WEDNESDAY OF EVERY MONTH FROM  
2-3.30PM  
ST AIDAN'S CENTRE, 408 BROOK STREET  
BROUGHTY FERRY, DD5 2EB  
TEL: 01382 477500  
services@taysidecancersupport.org

Tayside Cancer Support Service is a Dundee based charity that cover the whole of Tayside and North East Fife and offer vital support to those affected by cancer;

- 121 counselling +/- complimentary therapies (short waiting list)
- befriending
- monthly drop-in cafe at St Aidan's Centre Broughty Ferry

## MacMillan Cancer Support



The Cancer Strategy for Scotland 2023-33 person-centred care for all objective requires all cancer care pathways to include a TMICJ service providing key workers, holistic needs assessment, triage and help with navigating complex cancer care systems. Tayside has TMICJ services with local link workers in Angus, Perth & Kinross and Dundee City hosted by multiple organisations. Macmillan and Scottish Government fund 5wte link workers and one administrator.

The Tayside MacMillan Improving the Cancer Journey Service supports the national cancer strategy by enabling access to person-centred care for all:

✓ TMICJ is an essential listen, assess, plan, triage and coordination service for people who need/want non-clinical community-based support and care during their cancer experience.

✓ TMICJ takes up referrals at every phase of a person's cancer journey and facilitates access to prehabilitation, rehabilitation, reablement and palliative interventions.

1,419 care plans were provided across Tayside, of which link workers performed an average of 3.7 actions to support individuals reduce their concerns and access supportive care.

There was 100% increase in activity between March 2023 and March 2024, evidencing investment in additional 2.5 link workers plus promotion and engagement has improved access and use of this service.

People mostly want supportive care during treatment (34% 2023-2024, slightly up on 30% 2019-2024). More people are using the service at the point of diagnosis (increase 9% to 13%) and started to use ICJ to access prehabilitation (1%), with work planned to increase this access point. 16% of people in palliative care used ICJ, up from previous periods (12%), again due to targeted professional engagement.

Practical concerns – just under a half (47%) of all people wanted to talk about and explore help with practical concerns, dominated by money worries, social support, transport and housing.



Physical concerns – Just over a third of people wanted help with physical concerns with moving about the top issue, followed by eating and fatigue. Leads facilitated learning about moving more interventions and link workers participated in move more sessions to help shape effective conversations and enable take up of local interventions.

Emotional and family concerns – accounted for 15% of concerns raised with link workers. 6% of people wanted to discuss family concerns.

Referral to partner agencies – along with the increase in referral activity, service offer improvements and partner agency engagement has led to a significant increase in referral and signposting activity during 2023, up from 2022 by 68% and 830%, respectively.

The intended outcome is to connect people to tangible interventions that impact positively on their health and wellbeing AND specifically to help people take up the intervention at a time when they cannot or may not feel like doing something to help themselves.

This has been achieved by enabling access via referral to over 69 referral partners and signposting/ sharing information to over 100 available supportive care services.

## Post Diagnostic Support

The Post Diagnostic Service in Dundee has grown within the last 5 years, developing from a team of 5 to 11 this introduced an additional Mental Health Nurse, Occupational Therapist and a further 3 link support workers. The expansion in the team ensured staff were undertaking educational opportunities - taking part in group facilitation training, confident conversations, playlist for life, POA and Capacity training and so many more which now enables staff to deliver groups such as CST, supporting people living with young onset dementia, carers groups, post diagnostic groups that enriched the lives of people living with dementia and their carers.

As the team grew the service needed to ensure they continued to develop effectively as a service. We needed to create a more cohesive strategy for a continued gold standard service and were delighted to be selected as an improvement site for a Care Co-ordination project with Healthcare Improvement Scotland.

Four main areas we focused on were:

- 1) Closer working relations with primary care
- 2) Closer working relations with AHP, Particularly Speech and Language Therapy
- 3) Improving our care co-ordination, planning and delivery
- 4) More confidence in promoting our service

The team now have a better understanding of our role in the wider context of improving outcomes for the people of Dundee and more confident to put ourselves forward and take on challenges for the improvement of the service. PDS staff feel more confident about going into communities and raising awareness of dementia and also now looking to adopt tools like the RESPECT document that is being promoted throughout Tayside as a tool that we can use to continue to push the boundaries of our service to incorporate a more holistic approach ensuring we can discuss Advanced Care Planning in a more confident and self-assured manner.

The service also made an appearance on BBC Scotland highlighting the high-quality service they provide.



| How gadgets are helping a couple live with dementia

## Community COPD Service

Our service continues to provide care and support, including palliative care to all housebound patients via a designated practice link nurse. They are also available to provide remote clinical advice and support for GPN/GP, as requested, for patients with severe and complex health needs.

***From 1st July to 29th February 375 referrals were received from 21 of the 23 GP practices.***

The COPD team has developed a community-based patient assessment (NPA) clinic for patients with suspected COPD for all Dundee practices. This service provides holistic assessment including spirometry, diagnosis, initial treatment planning and any onward referral/referral advice for those with suspected COPD. This provides continuity of care in the diagnosis of COPD in the City.

4 additional pathways have been added to the COPD discharge service to help to identify patients with worsening of their COPD and offering Specialist Nurse assessment including medication concordance, patient/carer education and referral onto other support services if required. These help to reduce unnecessary admission through the earlier identification of vulnerable people and working with them to assist them to manage their disease with specialist education and support. These pathways are with Scottish Ambulance Service, Out of Hours via a 3-month trial, A&E and Community Advanced Nurse Practitioners (ANPs).

Patients who historically would have been conveyed to hospital by ambulance when they become breathless can now be referred from Scottish Ambulance Service. This pathway facilitates direct communication between ambulance clinicians and the COPD team. The COPD Clinicians then follow up patients at home and undertake appropriate interventions including non-pharmaceutical evidence-based interventions to help manage breathlessness in the home.

We continue to review the service and look for new ways of identifying and engaging with COPD patients. We have formalised a pathway between DECAT and Community Nursing ANPs that will ensure patients have access to COPD Specialist Nurse follow up at home following an acute exacerbation of their COPD which was treated at home by these services.

Pulmonary Rehabilitation classes, led by Physiotherapy colleagues, at Kings Cross Health and Community Care Centre are supported by the COPD team.

COPD Practice Link Nurses support practice facilitation discussions with the Respiratory GPN +/- GP in each Practice.

In September 2023 we reintroduced the COPD annual educational event to which Practice-based staff with an interest in COPD were invited. This year's event has also been opened to Community ANPs and Secondary Care Respiratory Liaison Nurses.

## District Nursing

The introduction of the Clinical team Leader (Advanced Practice) in Dundee District Nursing Service has resulted in many positive outcomes for patients and reduced workload for GPs.

This service was designed by engaging in collaboration with other services, such as DECAHT, engaging with District Nursing teams and GPs to promote the role and build professional relationships.

### Case Study: Supporting Advanced Decision Making

Referral from District Nursing team to an age 60+ female due to a suspected chest infection and urinary retention.

Past medical history of COPD suspected upper GI cancer which patient does not wish to investigate, low mood with previous self-neglect and very poor mobility and requirement for a stand aid to mobilise from bed to wheelchair.

A package of care was also being provided.

Consultation and clinical examination was undertaken which determined an infective exacerbation of COPD (IECOPD). Clinical supervision was provided during this assessment to develop competence around clinical and prescribing decision making.

CTLAP were able to prescribe treatment for this. During the assessment, it was also discovered that this person had excoriated, irritated skin to her arms and legs. An appropriate emollient was prescribed to treat this and relieve discomfort. Bloods were also obtained for differential diagnosis as well as bladder scanned to avoid unnecessary catheterisation. This person was added to the caseload for a review following treatment of IECOPD.

### **Case Study: Autonomous Advanced Decision Making**

District Nursing Team were attending daily to an age 90+ female with a leg wound.

District Nurse requested a visit by CTLAP as they felt that this person needed more antibiotics as they thought her leg was still infected.

Past medical history of atrial fibrillation, dementia and heart failure.

After conducting a full assessment and consultation, it was determined that she had a prevalent cellulites and bilateral oedema in her legs and sacral oedema indicating fluid overload secondary to her diagnosis of heart failure. This was in turn affecting her mobility resulting in an increase in falls. She also didn't have the most appropriate dressing choices on her leg wound.

Prevention of leg wound healing due to oedema and infection. A wound swab was sent, antibiotics were prescribed for cellulites whilst awaiting swab results. Her diuretic was also increased. Her wound care plan was also updated to a more appropriate choice according to the wound formulary, including the addition of Prontosan soaks to reduce microbe / bio film of wound. Bloods were requested in 7-10 days for review following increase in diuretic. A physio referral was also submitted as a request for the District Nursing Team to continue wound care with the updated wound care plan, obtained repeat blood pressure on next visit following an increase in diuretics and to complete falls assessment on next visit.

### **Feedback:**

*"I've found you approachable and relatively easy to access, you call back promptly if you're not able to answer your phone. You've been great for discussing patients and ideas with. You are decisive if you think it's an appropriate request that we're making, if not point us in the right direction of who can help" Community Charge Nurse*

*"I can speak on behalf of all the Drs here at the practice when we say that we really appreciate your help and support to our DNs with regards to patients. You have been very helpful and logical in your approach to patient care" GP*

## Dundee Community Treatment and Care Services (CTACS)



CTACS offers treatment room care to non-housebound patients across Dundee. We offer phlebotomy, biometrics including BP measuring, chronic disease monitoring, wound care including removal of clips or staples, assessment and management of leg ulcers and Warfarin monitoring for non-housebound and housebound patients. We also have a catheter clinic 1 session per week for routine catheter changes for non-housebound patients.



### Key achievements:

- Leg Ulcer Clinic waiting list reduced to 4 - 6 weeks
- Additional Phlebotomy clinics reduced waiting lists for routine blood appointments same week availability for some locations
- No waiting lists for ear irrigation
- Additional non-medical prescriber for service will improve patient care and reduce GP workload
- Leg Ulcer Clinic commenced new bandaging system benefits to patients less bulky and lighter easier to tolerate, quicker to apply

- Reducing phlebotomy appointment slots to 10 mins has increased capacity which offers more availability to patients
- Wound healing rates increasing patients satisfied wounds cared for and healing well

## Care at Home

The Care at Home Team has been involved in many projects where they worked and planned with others to improve pathways and services for the people they support

- Thematic Fire Review which included Risk Recognition and Hoarding and Clutter Risk Training and also changes to paperwork and assessments to incorporate fire safety discussions and evacuation plans
- Technology Enabled Care 'Try Before you Buy' scheme
- Falls Prevention and Education Training which includes co-working with SAS, Falls Team and Social Care Response Service

### Reduction of 428 falls through this joint project so far

#### Case Study

Mrs A is an age 90+ female who is a frequent faller (3+ occasions), has osteoarthritis, angina and reduced mobility. After falling at home, she was initially supported by the Social Care Response 'Community Alarm' Team. An assessment was undertaken, focussing on the key areas and was supported with pieces of equipment from Occupational Therapy, provided with advice and referred to a 6-week strength and balance programme and she has had no falls since.

#### Case Study

Mrs B has advanced dementia and she has been receiving support from the Social Care Response service for approximately 1 year. In that time Mrs B's health and wellbeing has deteriorated and she has been prone to wandering and falling, resulting in admissions to hospital as she was injured. Once home this pattern continued and the social care response team referred Mrs B to the falls screening and assessment team for support. Mrs B was also assessed for a care package to help her in the morning and evening. The Resource Matching Unit sourced this package of care for Mrs B to allow her to be supported at home. The Social Care Response service also deployed a Technology Assessor to meet with Mrs B and her daughter and they took a person-centred review and along with Mrs B's daughter decided to install a bed sensor and door sensor linked to Community Alarm to safeguard Mrs B if she left the property. Mrs B and her daughter were also provided with a GPS tracker on loan, for if in the event she did leave the property Mrs B's daughter could locate her. As Mrs B's dementia was advancing, the Technology

Assessor also installed a Community Alarm and a heat sensor, in the event of a fire a rapid response could be given as the Community Alarm team would alert the Fire Service. With the support of SCRS Mrs B and her daughter were kept safe and informed, regular reviews were held to confirm the technology was still meeting the needs of Mrs B. Mrs B's daughter fed back that this was a 'lifeline' for her and her mother.

## Discharge Planning

Work has continued to improve existing discharge planning processes and pathways as a means of reducing inpatient length of stay, as well as optimising outcomes for people by supporting discharge and provision of care closer to home as soon as appropriate. An enhanced flow coordinator role has been introduced within the Discharge Team which further strengthens the communication and management of capacity and flow across patient pathways.

Performance in relation to delayed discharge has continued to improve throughout the year despite a sustained increase in unscheduled admissions. Since a peak of delayed discharge in mid-August 2022 of 18 acute delays, and a total of 55 delays across all sites, performance in relation to the locally agreed RAG (Red, Amber, Green) matrix has consistently been in amber status since the beginning of May 2023 and continues to reduce. This demonstrates a specific improvement in relation to the management of non-complex delays, the reason for which had predominantly been the ongoing increased demand for social care.

Additionally, within Community Urgent Care and the Medicine for the Elderly medical workforce, all staff have now aligned around GP cluster teams with the aim of creating more effective and efficient virtual teams who communicate across the whole system to promote intervention on the basis of 'right place, right person, right time'. This is a further step in the strategic plan to move to a whole system pathway approach which promotes early intervention and prevention of admission wherever possible by providing enhanced care and treatment closer to people's own homes.

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***98.5% of all discharges were without delay***

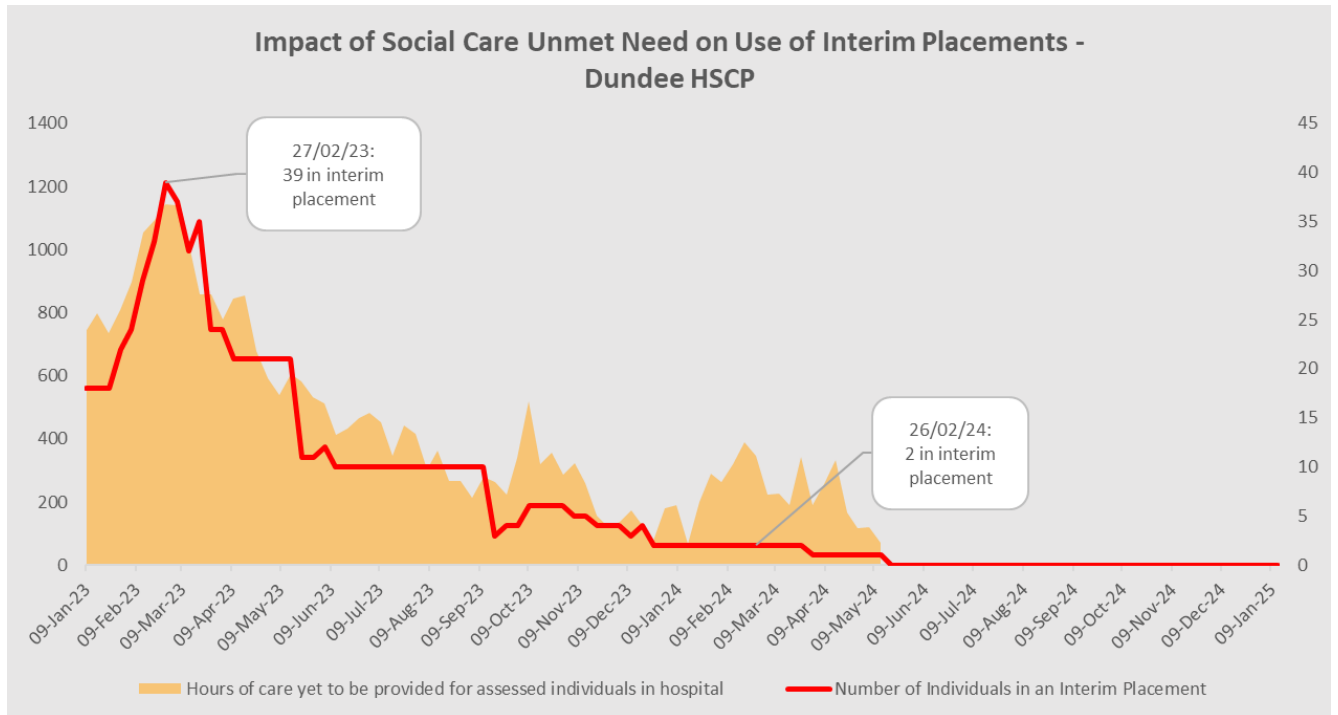
***96.7% of all 65+ emergency discharges were without delay***

***91.5% of all Medicine for the Elderly discharges were without delay***

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To view more data about discharge management please click [here](#)

As a result of the improvements relating to social care, the bed days lost has gradually dropped over the year. In April 2023, 604 bed days were lost as a result of reportable delays in acute, compared to 94 in April 2024.



Use of interim placement as an alternative to being delayed in hospital awaiting services has gradually reduced in line with the reduction of social care unmet need. Social care is now more readily available, meaning patients can go home with services rather than an interim move to 24-hour care to await.

The cost of an interim placement during 2023-2024 was circa £800-£900 per week – in line with Care Home Weekly Rates for residential and nursing care. The cost of a standard 4 x daily care package (15.75 hours per week) is around £328pp/pw based on the 2023/24 hourly rate of £20.82.

In February 2024, there were a total of 39 patients in interim awaiting services. If we assume all patients are placed in a residential setting, the cost to the HSCP per week would be around £31,200. If we assume all those in interim were awaiting a 4 times daily package of care, the cost to the HSCP would have been £11,700 – a difference of £19,500 per week.



## First Contact Physiotherapy and Musculoskeletal Service Dundee

**First Contact Physiotherapy**

**Muscle, Back or Joint problem?**

**Seeing a Physiotherapist first instead of your GP could be right for you!**

Musculoskeletal problems frequently cause repeat appointments and are a significant cause of sickness absence in Scotland. The majority of a GP's musculoskeletal caseload can be seen safely and effectively by a physiotherapist without a GP referral. However, the existing patient pathway often includes an unnecessary delay while initial non-physiotherapeutic solutions are attempted prior to access to a musculoskeletal physiotherapy service. There are variable waiting times across the country for access to face-to-face physiotherapy. Physiotherapists are already well situated to work collaboratively with primary care multi-disciplinary teams and support the GP role as a senior clinical leader. Physiotherapists are an expert professional group. They have a high safety record and are trained to spot serious pathologies and act on them. Physiotherapists utilise their wider knowledge and skills as part of their assessment. A first point of contact service could also be seen in the context of the wider musculoskeletal pathway. Under the new contract, HSCPs will develop models to embed a musculoskeletal service within practice teams to support practice workload. In order to provide a realistic alternative for patients, access times must be comparable to those of general practice.

## First Contact Physiotherapy

### The Physiotherapist can:

- **Assess You** – and diagnose what's happening
- **Give expert advice** – on how best to manage your condition
- **Refer you on** – for further treatment, investigations or to specialist services if required

### How can I refer?

Ask at your GP reception for further information.

The FCP service operates a hub-based model with four locations spread across Dundee City - MacKinnon in Broughty Ferry, Maryfield, Ryehill and Lochee Medical Practices. The FCP service aims to deliver efficient, high-quality management of MSK patients evidenced through achievement of clinical outcomes and feedback from patients and clinicians. It is accessible to all Dundee GP practices and although delivered primarily via in-person appointments, can be accessed via telephone or video consultations (NearMe) when required.

The main deliverables of the service include

- Release of GP appointment capacity
- Timely access to specialist assessment and advice
- Early promotion of self-management strategies
- Coordinated pathways of care
- Reduction in onward referrals e.g. imaging, secondary care
- Right person, right time, right place

### Last 12 months

FCP appointments are currently released daily (one week in advance) to ensure those appointed are seen in a timely manner. Individuals are offered an appointment within one of the four Hub locations on a day and time that is suitable to them.

Over the last year, FCP capacity has improved following successful recruitment. Development roles have also been recruited with a view to increasing capacity further following a period of training.

In order to truly ease the burden on GP practices, up-skilling physiotherapy staff to be able to function independently of the GP where safe and appropriate to do so is essential for both streamlined patient care and to reduce the number of patients being re-referred to the GP for further review. Previous research has highlighted that up to 2% of patients attending physiotherapy services will require blood investigations as part of their assessment or ongoing management and the Chartered Society of Physiotherapy (CSP) also recommends access to these investigations is organised as part of implementing an effective FCP service. The FCP Clinical Lead has worked in partnership with the GP Sub Committee to ensure blood investigations can be requested and acted upon safely within Dundee. The aim is to roll this out in July/August 2024.

Following a legislative change in July 2022, Physiotherapists are now legally permitted to certify FIT notes. The FCP staff group have therefore also completed the necessary training (agreed nationally) to offer this to appropriate patients and reduce the need for signposting back to their GP.

During Covid, the MATS service, accessed via NHS24, was stepped down. Patients no longer had the option of completing a self-referral for MSK Physiotherapy services. Whilst the national direction to replace MATS is discussed and designed, the Dundee MSK service has introduced (April 2024) a guided self-referral option that can be completed and returned to the MSK service electronically or via the post. Early indications suggest this has been received well by GP practices and patients and has created capacity across the pathway of care.

*" The difference in my physical and mental health is immense and I am very grateful."*

*"....my symptoms were complex and the physiotherapist helped me understand that even though not curable that there were certain exercises that I could do to help my situation. I am still in pain but the physiotherapist helped me cope with this pain and helped me enormously, I thank her greatly"*

*".... I got a prompt appointment with an excellent physiotherapist. I was reassured and my confidence was boosted"*

*"I go to physiotherapy at Kings Cross and I feel more confident after it. Really makes a difference and the staff I've seen have been great"*

*".... very professional service. Thank you..."*

*"The physiotherapist has been so helpful, with appropriate exercises and has given me confidence"*

*"I talked about something related to my physiotherapy which was very personal and sensitive during the consultation and the physiotherapist was genuine, kind, empathetic and positive about it. This helped me feel comfortable and confident..."*

## Violence Against Women

Women's Hub Dundee Violence Against Women Partnership have worked alongside a wide range of partners to develop Dundee Women's Hub, which opened in 2023. Practitioners working and engaging with local women recognised the need and desire for a women's only space for 1:1 support appointments, drop-in support, groups and activities. The Hub is a multi-agency support hub for women impacted by substance use and other disadvantage such as gender-based violence, homelessness, poor mental health, isolation and trauma. It provides gender-specific, trauma-informed support for women to make informed decisions regarding their support options, reduces barriers to accessing support and helps to improve their overall health and wellbeing. The Hub will continue to evolve and adapt their support based on listening to the voices of women.

## The Corner

The Corner is a service which aims to enable and empower young people to look after and improve their health and wellbeing. The service continues to offer a wide range of initiatives in response to feedback from users, for example:

- Young People's Involvement Group - service users and interested young people get involved in supporting the work of the Corner and contribute to service improvement.
- The substance use support service STRIVE, in partnership with Hillcrest Futures, has expanded to support people aged 12-21 who are affected directly or indirectly by substance use and are homeless or at risk of homelessness, or struggling with school, family or friends. The service offers holistic health and well-being checks and provides 1:1 emotional support alongside harm reduction education. The service provides a whole family approach and has a dedicated family project worker. The Housing Education for Youth (HEY) project continues to deliver awareness and housing support information to all S4 pupils, in partnership with stakeholders from housing, homeless and young people's services (Action for Children, Angus Housing, HELM).
- The Corner continues to support the Early Years & Young People Team within NHS Tayside with their annual drama tour addressing young people's emotional wellbeing. All S3 pupils across Dundee watch a live performance of the Drama tour identifying health issues facing young people, such as substances, mental wellbeing, and sexual health. The Corner and other services are involved in a Q&A panel afterwards to answer any questions regarding health and wellbeing.
- The Corner delivers targeted outreach services to improve awareness of Corner services and offer tailored sessions on a range of issues faced by young people. Joint programmes with DCC Community Learning and Development teams are being developed to co-deliver certain aspects of health interventions to identified groups.

Detached Outreach continues to be delivered in partnership with Hot Chocolate and DCC Community Learning and Development team.

- The counselling service continues to provide one-to-one counselling to young people with mild to moderate emotional wellbeing issues. The counselling service offers up to eight sessions in a flexible and accessible way. Options include receiving support in-person, online, telephone and walk and talk.
- The Corner continues to work in partnership with Dundee Carers Centre, secondary schools and wider partners across the city to offer and deliver Health and Wellbeing checks to identified Young Carers aged 12-25. The checks also identify and address any unmet need by offering one to one support for identified Young Carers or linking them in with the Carers centre or identified services.
- Monthly attendance at local LGBT Young People's group with agreed session plans based on young people's feedback.
- The Corner drop in continues to provide health and wellbeing support to young people across the city. Open Monday to Friday 1-6pm, the drop in offers a range of service to young people. Every young person is offered a holistic health and wellbeing assessment, which identifies and addresses any unmet needs. Sexual health provision offers contraception (pill, patch, injection, implant insertion and removal), emergency contraception, pregnancy testing, sexually transmitted infection screening, free condoms, condom demonstrations, free sanitary products and support for termination of pregnancy.

**the corner**  
young people's health and wellbeing service

[About Us](#) [Virtual Tour](#) [Confidentiality](#) [Privacy Policy](#) [News & Events](#)

[Contact Us](#)

[tay.office.corner@nhs.scot](mailto:tay.office.corner@nhs.scot)

**01382 20 60 60**

Young People's Services ▾

Parents/Carers

Professionals

New Dundonians

Appointments

**Health and wellbeing  
services for young people**

[Click here to view The Corner's website](#)

## Positive Steps

Positive Steps has been funded to provide a Crisis Response Outreach Service (CROS) to individuals who are in high level of crisis. CROS will provide a responsive, proactive, and personalised approach to supporting individuals. Dundee has a wide variety of specialised support agencies both statutory and third sector and often the barrier to engagement with these services is attendance and proactive engagement. Many of the most vulnerable within our communities find it difficult to coordinate and attend their support needs. CROS will contact individuals within 72 hours of the referral. Contact will be made by a variety of means and this will be dependent on the individual. CROS will call, text, visit homes, properties, know addresses, pharmacies, begging spots etc to make contact and will continue to try various methods until these are exhausted to engage the individual.

CROS will provide the catalyst to engagement with specialised services and support individuals to engage with the right support at the right time for them. CROS will coordinate support appointments and services, support individuals to attend, signpost to expert services, support individuals to understand their options, provide a “sticky” approach to support and complete welfare checks for those most at risk of harm.

CROS will follow the “Lead Professional Model” and can be the main point of contact in the early stages of the support journey. A needs assessment will be completed, and support needs identified will be prioritised with the individual. An action plan will be compiled with the individual and with consent, can be shared with support partners. CROS will discuss support options, source, and attend the chosen support with the individual to ensure engagement. This could take many sessions dependent on the needs of the individual and the issues they are facing. Time spent with individuals will be used to gain trust, cultivate relationships, and identify their needs.

[Click here to find out more about Positive Steps](#)



## **Tayside Adult Autism Consultancy Team (TAACT)**

Tayside Adult Autism Consultancy Team (TAACT) works across the whole of Tayside and has its main base in Dundee. The Team includes a range of different professionals who have skills and experience in working with people with Autism Spectrum Conditions (ASC). This includes psychologists, occupational therapists, psychiatrists and speech and language therapists. The number of people coming forward asking to be assessed for ASC has increased markedly and the level of demand has resulted in significant waiting times. To make sure that we can better meet demand, a new Consultant Clinical Psychologist is leading the team and building up increased numbers of staff. A Partner organisation has also been commissioned to see people who have been waiting to be seen. This will result in waiting times decreasing and mean that TAACT staff can offer more direct work to people with complex needs and more consultancy to staff in other services already helping people with ASCs.

### **CONNECT**

CONNECT is a new service for people experiencing psychosis for the first time. Around 43 new people experience psychosis for the first time every year and well-established research from around the world demonstrates that a particular approach - Early Intervention in Psychosis (EIP) - results in fewer people needing to go into hospital, shorter hospital stays for those who do and better longer-term wellbeing (including fewer relapses in the future). A key element of EIP services is early assessment and engagement with people and their families/supporters to build strong therapeutic relationships. CONNECT provides people with a compassionate safe haven when they can be at their most distressed and people can remain with the team for up to 2 years. It provides an encouraging, secure base to help people understand their experiences, develop and test out new skills as they recover. Importantly CONNECT enables people to access evidence-based care and treatment with a particular focus given to psychological and occupational recovery in addition to the use of medication if a person wants to take this.

The CONNECT team are now well established and work closely with other mental health services to ensure that everyone who may be suitable is found and seen quickly. Around 8 people a month are identified as possibly having a first episode of psychosis and around half-of these are confirmed as this being the case. Most people wait only 4 days from point of referral to being seen and everyone who has been engaged in treatment has stayed in treatment. CONNECT are already demonstrating that people they work with are going into hospital less than people who don't receive an EIP approach and a high number of people are returning to education/employment as they recover. Whilst at the moment CONNECT is only funded for three years and available only in Dundee, it is hoped that the model will be used across Tayside (keeping Dundee as the main hub) and will be continued in the longer term.



Image of some of the CONNECT team during a Ministerial Visit

## Adult Support and Protection

A Joint Inspection of Adult Support and Protection took place between August 2023 and November 2023 with the report published in December 2023. This was a second phase inspection conducted by the Care Inspectorate at the request of Scottish Ministers with the focus on whether adults at risk of harm in the Dundee partnership area were safe, protected and supported. The joint inspection team found that key processes and leadership for adult support and protection are 'effective' with 'clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighs for improvement'. An improvement plan was submitted for the priority areas identified including consistent application and quality of investigations.

The inspection team identified six key strengths within the Dundee Partnership:

The way in which the Partnership responded to concerns about an adult at risk, including how quickly initial inquiries were carried out and the role of Council Officers in supporting investigations.

Attendance at case conferences by multi-agency partners and good collaborative working to support and protect adults at risk of harm.

How partners worked together through review case conferences and care groups to continuing to address risks to adults through protection plans.

Dedicated support from NHS Tayside Adult Support and Protection Team to members of the workforce involved in adult support and protection work.

The commitment of senior staff to including the voice and experience of adults at risk to influence strategic planning, including the voice of lived experience at the Adult Support and Protection Committee.



*"There has been a good measure of success, built on strong engagement strategies inclusive of staff and people with lived experience"*

The shared vision on senior staff, including innovative and ambitious plans to meet complex needs of adults at risk of harm in Dundee.

The inspection team also found six areas for partners to continue to work together to improve services and supports. This included: improving the quality of investigations, chronologies and risk assessments; completing ongoing work to update guidance and procedures; improving systems for quality assurance; improving the pace of improvement; and, making sure that improvement work is resourced and supported. Through the Adult Support and Protection Committee the Health and Social Care Partnership has agreed improvement plans to address these areas for improvement.



JOINT INSPECTION  
OF **ADULT SUPPORT**  
AND **PROTECTION**

Dundee Partnership December 2023

Click [here](#) to read the full inspection report

***If you have any questions about the information contained in this document  
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***01382 434000***

## DUNDEE IJB SIGNING DOCUMENT

In view of the timescales involved, this Report/Agenda Note was approved by the Chief Officer in consultation with the Chief Finance Officer, Clerk and Standards Officer, Chairperson and Vice Chairperson on the Integration Joint Board.

*Dave Berry*

Acting Chief Officer

19/07/2024

Date

*Christine Jones*

Acting Chief Finance Officer

25/07/2024

Date

*Roger Mennie*

Clerk and Standards Officer

25/07/24

Date

*Bob Benson*

Chairperson

23/07/2024

Date

*Councillor Ken Lynn*

Vice Chairperson

24/07/2024

Date



**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 25 SEPTEMBER 2024

**REPORT ON:** DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023-24 QUARTER 4

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC27-2024

## **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to update the Performance and Audit Committee on 2023-24 Quarter 4 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. Data is also provided in relation to Social Care – Demand for Care at Home services.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the content of this summary report.
- 2.2 Note the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 2 and 3).
- 2.3 Note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3).
- 2.4 Note the number of people waiting for a social care assessment and care at home package and associated hours of care yet to be provided in Appendix 2.

## **3.0 FINANCIAL IMPLICATIONS**

3.1 None.

## **4.0 BACKGROUND INFORMATION**

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

4.2 The Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations and guidance prescribes that Partnerships must compare performance information between the current reporting

year and the preceding five reporting years. From Q1 2023-24, quarterly performance reports use the 2018/19 baseline year for all indicators.

## 5.0 QUARTER 4 PERFORMANCE 2023-24 – KEY ANALYTICAL MESSAGES

5.1 Key analytical messages for the Quarter 4 2023-24 period are:

- Significant variation by Local Community Planning Partnership (LCPP) is still apparent, with poorest performance for many of the National Indicators in the most deprived LCPPs.
- Performance is poorer than the 2018-19 baseline for rate of emergency admissions 18+, rate of hospital admissions due to a fall 65+, emergency admission numbers from A+E 18+, emergency admissions as a rate of all A+E attendances 18+, 28 day readmissions rate, and rate of standard bed days lost to delayed discharges 75+.
- The rate of complex bed days lost to delayed discharges 75+ was 25% lower than the 2018-19 baseline which is an improvement.
- Rate of emergency bed days per 100,000 18+ population increased by 0.9% when compared with the 2018-19 baseline. 4 LCPPs saw a decrease in rate of emergency bed days (Coldside -1.6%, East End -3.2%, Lochee -9%, and Maryfield -13.4%).
- Rate of emergency admissions per 100,000 18+ population increased by 14% compared with the 2018-19 baseline and there was an increase across every LCPP. This is deterioration in performance.
- Rate of emergency readmission within 28 days of any admission increased by 9% between 2018-19 baseline and 2023-24. This is deterioration in performance. There was decrease (improvement) in 1 LCPP (East End by 6%).
- Rate of hospital admissions due to a fall increased by 20% between 2018-19 baseline and 2023-24. This is deterioration in performance. There was decrease (improvement) in 1 LCPP (Coldside by 12%).
- 90.7% of the last 6 months of life was spent at home or in a community setting; this is higher than the 2018-19 baseline of 89.1% (improvement). Although performance across Scotland is similar, Dundee is 5<sup>th</sup> best out of the 32 partnerships, 2<sup>nd</sup> in the family group (Local Government Benchmarking Framework).
- Rate of bed days lost to standard delayed discharge for people aged 75+ is 27% more than the 2018-19 baseline, which is a deterioration. However, there was an improvement in 4 LCPPs. At Q4 the LCPP with the highest rate (poorest) was West End (479 bed days lost per 1,000 people aged 75+) and the LCPP with the lowest (best) rate was North East (141 bed days lost per 1,000 people aged 75+). Report PAC28-2024 provides a more comprehensive overview and analysis of data and performance for delayed discharge within the Partnership.
- Rate of bed days lost to complex (code 9) delayed discharge for people aged 75+ decreased by 25% between the 2018-19 baseline and Q4 2023-24, which is an improvement. There were increases (deterioration) in 2 out of the 8 LCPPs. Increases were 103% in West End and 213% in East End. Report PAC28-2024 provides a more comprehensive overview and analysis of data and performance for delayed discharge within the Partnership.

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

Data published from 15 January 2024 onwards reflect improved definitions and therefore caution should be taken when comparing with figures prior to this date.

In Dundee, as at 24 June 2024:

- 0 people waited in hospital and 119 people waited in the community for a social care assessment. 0 people have waited in hospital each week since 17 October 2022.
- 11 people were assessed and waiting for a care at home package in hospital (165 hours yet to be provided).
- 23 people were assessed and waiting for a care at home package in the community (135 hours yet to be provided).
- For those already in receipt of a care at home package 128 additional hours were required and not provided.

## 6.0 POLICY IMPLICATIONS

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

## 7.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	Poor performance against national indicators could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan.
<b>Risk Category</b>	Financial, Governance, Political
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"> <li>- Continue to develop a reporting framework which identifies performance against national and local indicators.</li> <li>- Continue to report data quarterly to the PAC to highlight areas of exceptional performance (poor and excellent).</li> <li>- 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.</li> <li>- 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.</li> <li>- Work with operational managers to identify areas of poor performance that result in operational risk and undertake additional analysis as required.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)

<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
<b>Approval recommendation</b>	Given the moderate level of planned risk, this risk is deemed to be manageable.

## 8.0 CONSULTATIONS

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

## 9.0 BACKGROUND PAPERS

9.1 None.

Christine Jones  
Acting Chief Finance Officer

**DATE:** 28 August 2024

Lynsey Webster  
Lead Officer, Quality, Data and Intelligence

Shahida Naeem  
Senior Officer, Data and Intelligence

Lisa Traynor  
Assistant, Quality, Data and Intelligence

## APPENDIX 1 – Performance Summary

Table 1: Performance in Dundee's LCPPs - % change in Q4 2023-24 against baseline year 2018-19



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+14%	+12.4%	+3.7%	+6.0%	+15.9%	+23.8%	+17.5%	+15.4%	+18.3%
Emer Bed Days rate per 100,000 18+	+0.9%	-9.0%	-3.2%	-1.6%	+30%	+13.7%	-13.4%	+0.5%	+2.2%
28 Day Readmissions rate per 1,000 Admissions 18+	+9%	+11%	-6%	+16%	+12%	+4%	+10%	+20%	+13%
Hospital admissions due to falls rate per 1,000 65+	+20%	+93%	+11%	-12%	+66%	+8%	+54%	+2%	+9%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	+27%	-13%	-2%	+126%	-44%	-9%	+13%	+45%	+90%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-25%	-36%	+213%	-80%	-100%	-8%	-81%	+103%	-100%

Source: NHS Tayside BSU

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

Key:  Improved/Better  Stayed the same  Declined/Worse

Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q4 2023-24 compared to Dundee



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	14,419	16,992	17,458	15,694	14,439	16,391	12,524	10,359	12,791
Emer Bed days rate per 100,000 18+	121,125	143,693	142,896	144,031	117,269	136,343	89,841	82,256	121,690
28 Day Readmissions rate per 1,000 Admissions 18+	153	156	154	149	146	159	164	159	134
Hospital admissions due to falls rate per 1,000 65+	36	49	36	35	31	32	39	37	33
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	353	391	302	474	141	204	295	479	390
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	69	93	266	43	0*	83	28	30	24

Source: NHS Tayside BSU

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

\*There have been no code 9 bed days lost for North East between April 23 to March 24. The last delays for this LCPP was in quarter 4 2022/23.

Key:  Improved/Better  Stayed the same  Declined/Worse



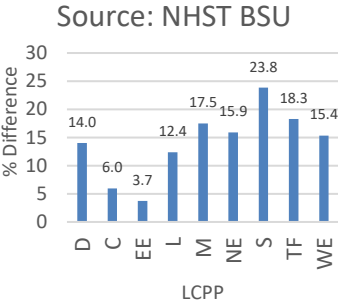
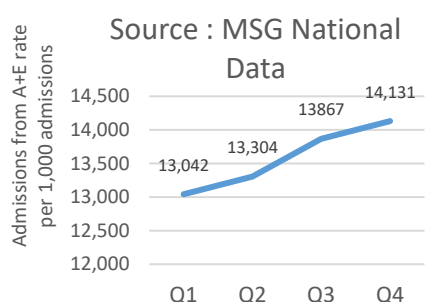
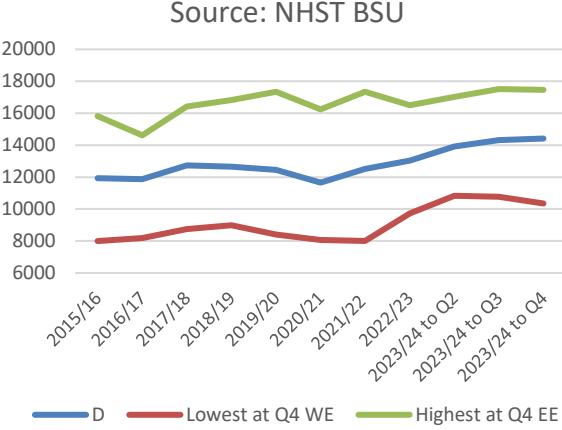
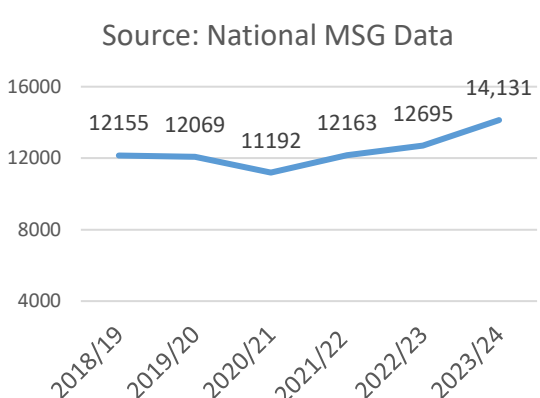
**Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q4 2023-24 compared to Dundee**

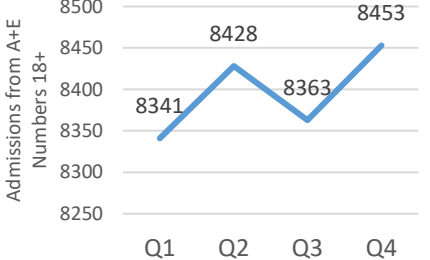
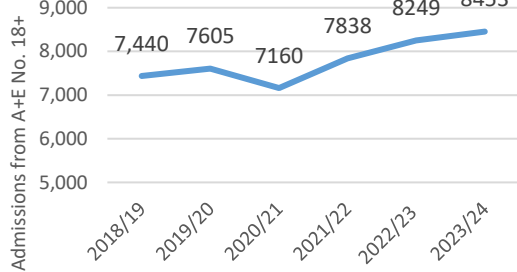
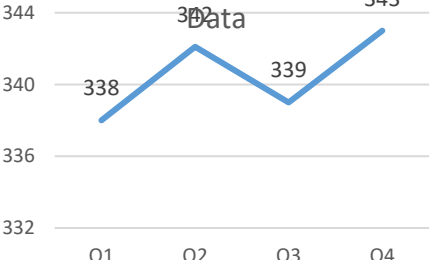
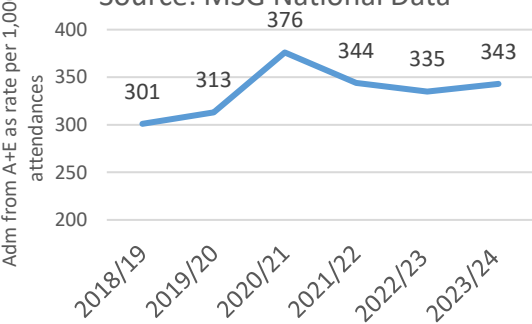
Dundee = D	East End = EE	Coldside = C	West End = WE
Strathmartine = S	North East = NE	Lochee = L	The Ferry = TF

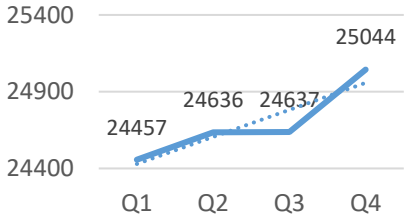
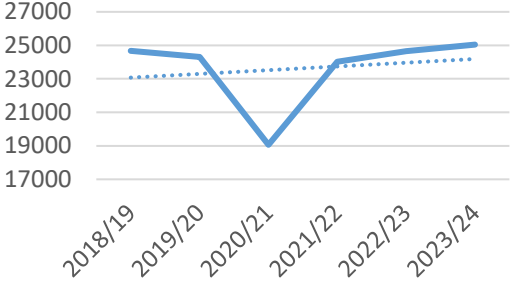
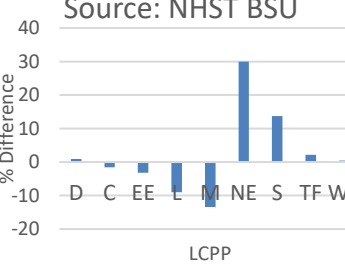
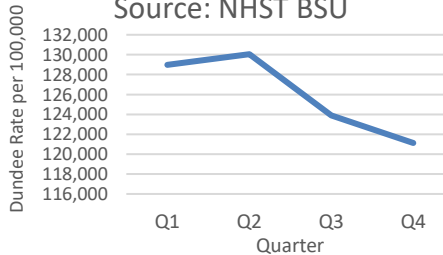
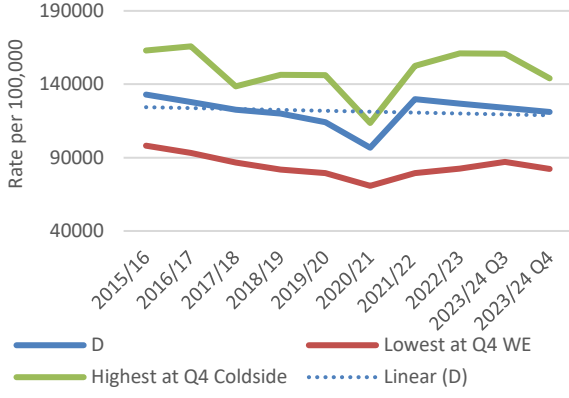
Indicators 1-9 are calculated from results of the National Health and Care Experience Survey. In order to only report responses of people who receive services from the Health and Social Care Partnerships, responses are filtered. The way in which these responses were filtered differed in 2017-18 and 2019-20, for all indicators except indicator 8 (carers) making the data incomparable. Health and Social Care Partnerships are required to monitor performance from the pre integration 2015-16 position to the current position or the previous five years. It is not possible for this to be done for Indicators 1-7 and 9 because; the survey is biennial and also because the methodology for filtering respondents was changed by the Scottish Government prior to the 2019-20 survey. The Scottish Government has advised that results should not be compared pre 2019-20, however, comparison can now be made for surveys years 2019-20, 2021-22 and 2023-24.

National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
1.% of adults able to look after their health very well or quite well*				29th	5th (88%)	3rd
2.% of adults supported at home who agreed that they are supported to live as independently as possible*				10th	3rd (77%)	1st
3.% of adults supported at home who agreed that they had a say in how their help, care, or support was provided*				10th	4 <sup>th</sup> (65%)	2nd
4. % of adults supported at home who agree that their health and social care services seem to be well co-ordinated*				13th	4th (64%)	1st
5.% of adults receiving any care or support who rate it as excellent or good*				22nd	5th (68%)	2nd
6.% of people with positive experience of care at their GP practice*				14th	3rd (71%)	2nd

National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																								
7.% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life*				14th	3rd (71%)	2nd																								
8.% of carers who feel supported to continue in their caring role*				8th	3rd (34%)	1st																								
9.% of adults supported at home who agreed they felt safe*				11th	1 <sup>st</sup> (77%)	2nd																								
10. % staff who say they would recommend their workplace as a good place to work	Not Available Nationally	Not Available Nationally	Not Available Nationally																											
11. Premature mortality rate per 100,000 persons	4.5% less in 2022 than 2016 (improvement)	Not Available	<p>Source : PHS</p> <table border="1"> <caption>Premature Mortality Rate per 100,000 Persons (2016-2022)</caption> <thead> <tr> <th>Year</th> <th>Dundee</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>572</td> <td>440</td> </tr> <tr> <td>2017</td> <td>554</td> <td>425</td> </tr> <tr> <td>2018</td> <td>539</td> <td>432</td> </tr> <tr> <td>2019</td> <td>542</td> <td>426</td> </tr> <tr> <td>2020</td> <td>604</td> <td>457</td> </tr> <tr> <td>2021</td> <td>599</td> <td>466</td> </tr> <tr> <td>2022</td> <td>546</td> <td>442</td> </tr> </tbody> </table> <p>2022 is latest available published data</p>	Year	Dundee	Scotland	2016	572	440	2017	554	425	2018	539	432	2019	542	426	2020	604	457	2021	599	466	2022	546	442	29th	6th	3rd
Year	Dundee	Scotland																												
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2021	599	466																												
2022	546	442																												

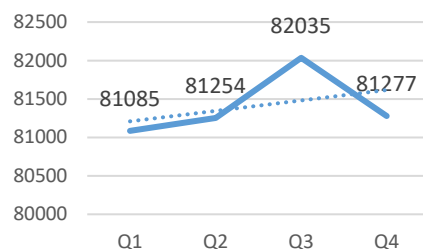
National Indicator	Difference From 18/19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<p><b>12. Emer Admissions rate per 100,000 18+</b></p>	<p>Source: NHST BSU</p>  <p>There was an increase in the emergency admissions rate by 14% between 2018-19 and Q4 23-24. This equates to an increase of 2,042 emergency admissions (deterioration). (source: NHST BSU)</p>	<p>Source : MSG National Data</p>  <p>Increasing trend over the last 4 quarters.</p>	<p>Source: NHST BSU</p>  <p>Note - Linear (D) is the trendline for Dundee</p> <p>Source: National MSG Data</p> 	28th	7th	3rd

National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Emergency Admissions Numbers from A&E (MSG)	1013 more emergency admissions from A+E in Q4 23/24 than 2018/19.	<p>Source: MSG National Data</p>  <p>An increase from last quarter.</p>	<p>Source: MSG National Data</p>  <p>Increase since 2020/21.</p>	NA as number and not rate	NA as number and not rate	NA as number and not rate
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances (MSG)	Rate is 42(14%) higher in 2023/24 than 2018/19.	<p>Source : MSG National Data</p>  <p>An increase from last quarter.</p>	<p>Source: MSG National Data</p>  <p>Stable trend since 2021/22, despite emergency admissions numbers from A+E increasing. This is because the number of A+E attendances also increased albeit at a slower rate.</p>	Not Avail	Not Avail	Not Avail

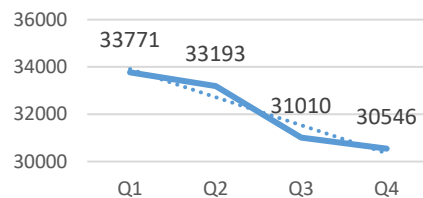
National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Accident & Emergency Attendances (MSG)	364 more A+E attendances in 2024 than 2018/19.	<p>Source: MSG National Data</p>  <p>Increase in attendance from Q3 to Q4.</p>	<p>Source: MSG National Data</p> 	NA as number and not rate	NA as number and not rate	NA as number and not rate
13. Emer Bed days rate per 100,000 18+	<p>Source: NHST BSU</p>  <p>LCPP</p> <p>There was a slight increase in the emergency bed days rate by 0.9% between 2018-19 and Q4 23-24. This equates to an increase of 364 emergency bed days (deterioration). (source: NHST BSU)</p>	<p>Source: NHST BSU</p>  <p>The emergency bed days rate increased between Q1 and Q2 with a significant decrease from Q2 to Q3 then to Q4. <i>*TrakCare data cleansing has taken place which has contributed to the Q3 decrease</i></p>	<p>Source: NHST BSU</p>  <p>Legend:  <span style="color: blue;">—</span> D  <span style="color: green;">—</span> Highest at Q4 Coldside  <span style="color: red;">—</span> Lowest at Q4 WE  <span style="color: blue;">⋯</span> Linear (D)</p>	15th	1st	2nd

4,283 (12%) less mental health bed days in Q3 2023-24 than 2018-19 (improvement) (source: MSG)

National MSG Data (Acute Only)

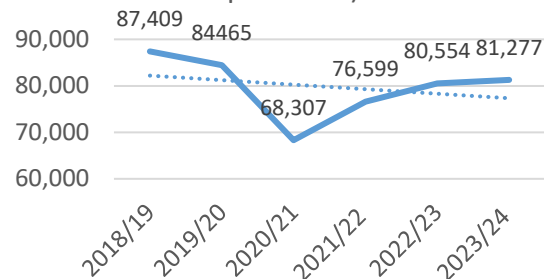


National MSG Data (Mental Health Specialties)

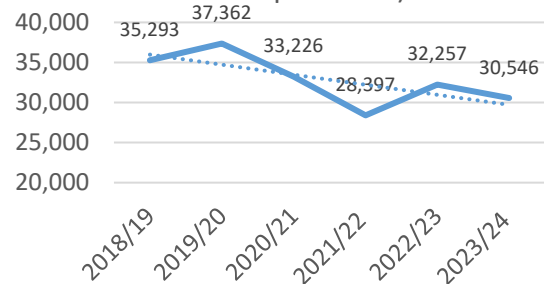


A decrease in the rate of mental health emergency bed days since Q1 (improvement).

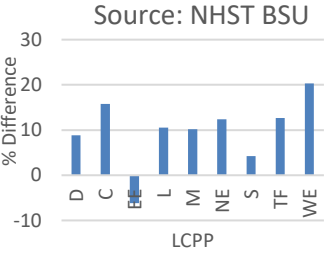
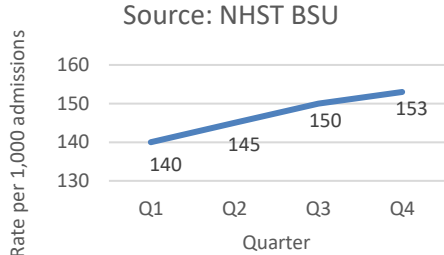
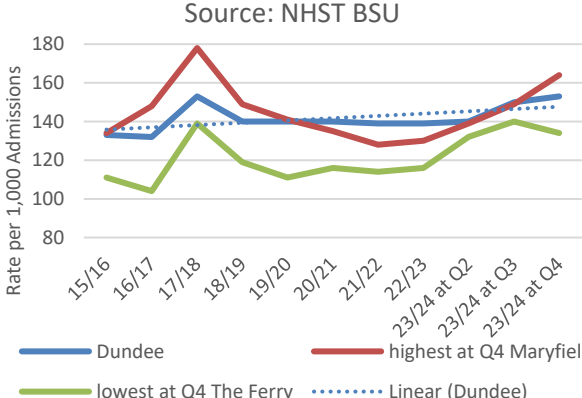
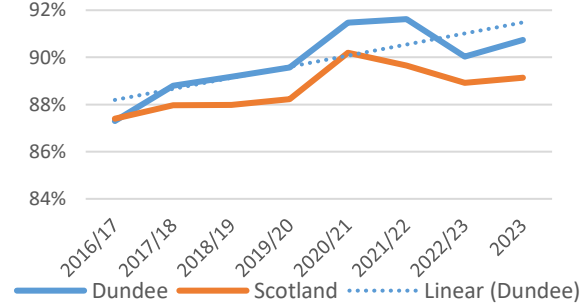
Source: National MSG Data (Acute Specialties)



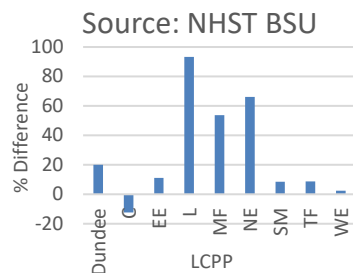
National MSG Data (Mental Health Specialties)



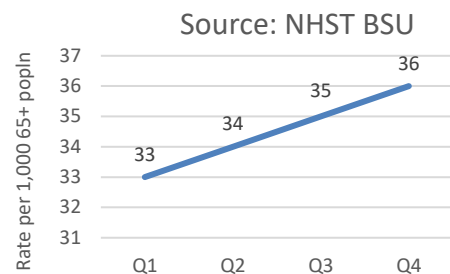
An overall decrease in the rate of mental health emergency bed days since 2018/19 (improvement).

National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<b>14. Readmissions rate per 1,000 Admissions 18+</b>	<p>Source: NHST BSU</p>  <p>The rate is 9% higher at Q4 2023-24 than 2018-19. The number of readmissions (numerator) increased by 784 readmissions between 2018-19 and Q4 2023-24.</p>	<p>Source: NHST BSU</p>  <p>A progressive increase in the rate for readmissions over the last 4 quarters. (deterioration)</p>	<p>Source: NHST BSU</p> 	31 <sup>th</sup>	8 <sup>th</sup>	3 <sup>rd</sup>
<b>15. % of last 6 months of life spent at home or in a community setting</b>	<p>Up from 88.8% in 2017/18 to 90.7% in 2023. (improvement)</p>	Not Available.		5 <sup>th</sup>	2 <sup>nd</sup>	2 <sup>nd</sup>

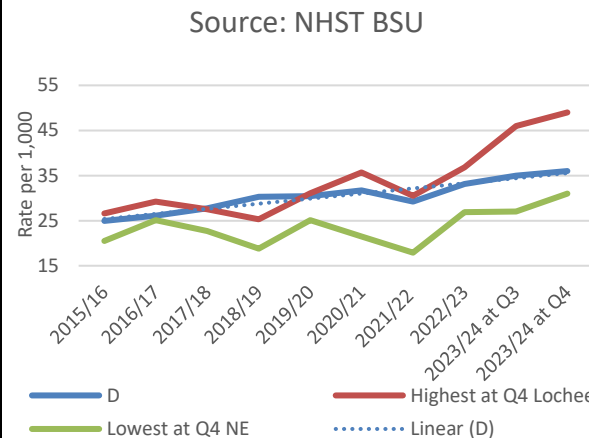
**16. Hospital admissions due to falls rate per 1,000 65+**



The rate of admissions has increased by 20% Q4 23-24 from the 2018-19 baseline. This equates to an increase of 168 fall related hospital admissions. The greatest increase (deterioration) in the number of falls was in Lochee with a 91% increase (79 fall related admissions) (deterioration).



Continuing increase in the rate of fall related admissions over the last 4 quarters.



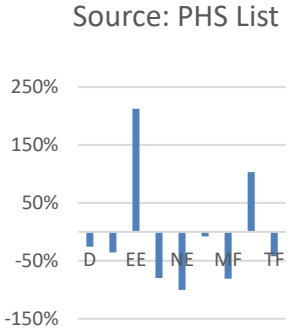
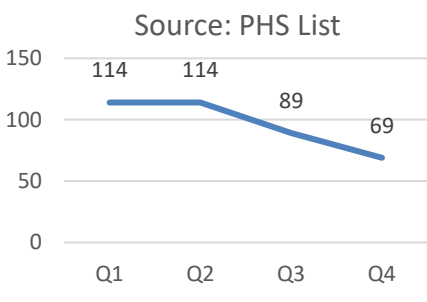
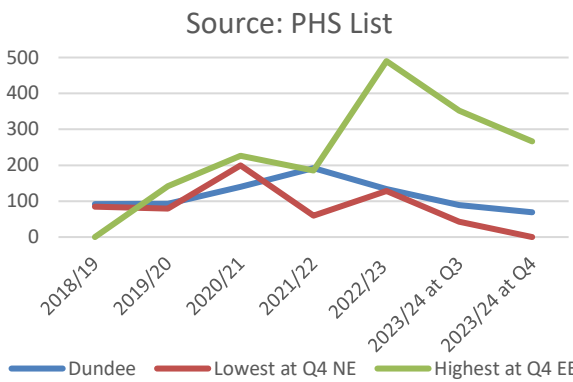
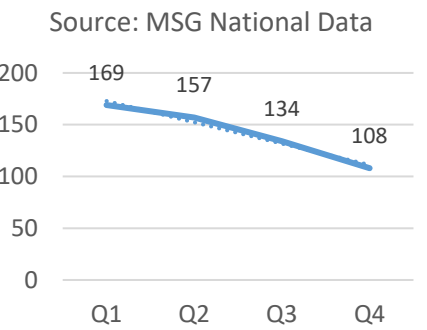
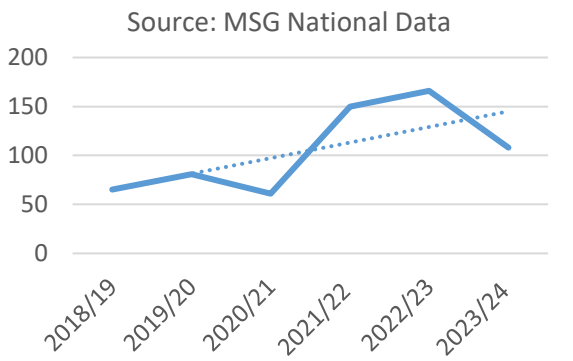
31st

8th

3rd



National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<b>18. % adults with intensive care needs receiving care at home</b>	7.4% (155 people) more in 2023 than 2017 (improvement) (note calendar year).	Not Available.		24th	6th	3rd
<b>19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)</b>	<p>Source: PHS List</p> <p>27% increase (deterioration) since 2018/19.</p>	<p>Source: PHS List</p> <p>Improving trend in the last 2 quarters.</p>	<p>Source: PHS List</p>	NA	NA	NA

National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<b>19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)</b>	<p>Source: PHS List</p>  <p>25% decrease (improvement) since 2018-19 and decrease (improvement) in 6 LCPPs.</p>	<p>Source: PHS List</p>  <p>Improvement between Q2 to Q4.</p>	<p>Source: PHS List</p> 	NA	NA	NA
<b>Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)</b>	<p>Bed days have almost doubled since 2019-20 (2018-19 data not provided by PHS). This is a deterioration. In 2019-20 there were 9,861 bed days lost and this increased to 13,118 at Q4 2023-24.</p>	<p>Source: MSG National Data</p>  <p>Reduction (improvement) since Q1.</p>	<p>Source: MSG National Data</p>  <p>Overall increase since 2019-20. A decrease in the past year.</p>	NA	NA	NA

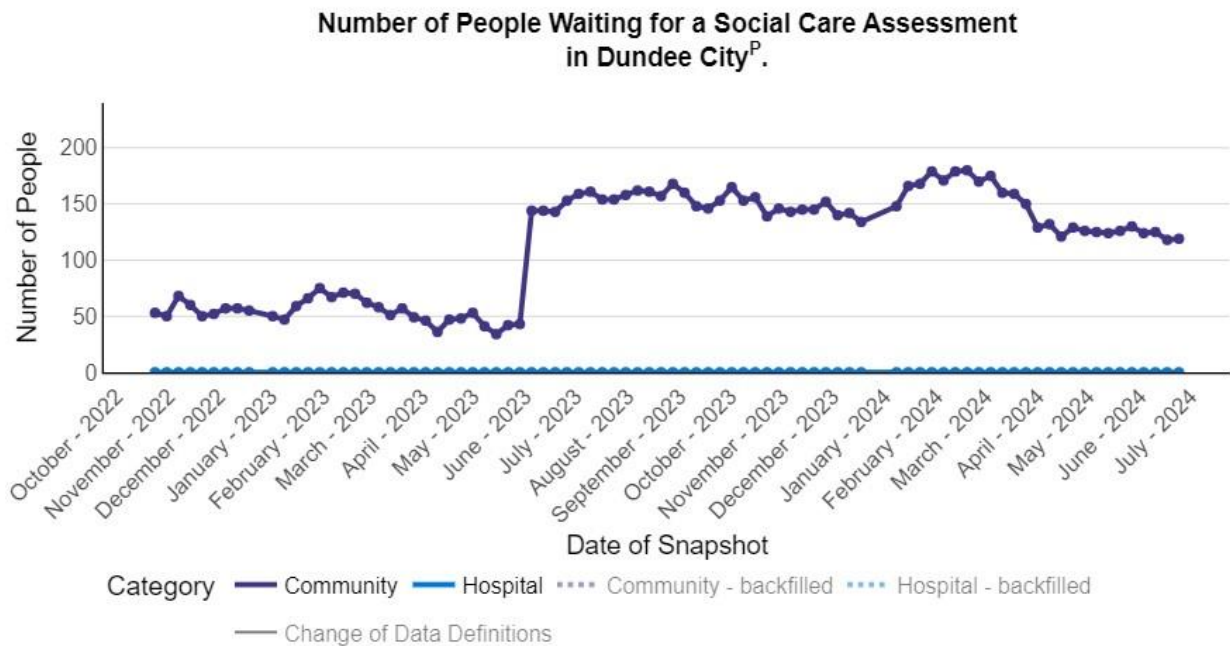
National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst														
<b>20. % of health and social care resource spent on hospital stays where the patient was admitted as an emergency</b>	5.8% less in 2020/21* than 2015/16 (improvement).  *latest data available	Not Available.	<p style="text-align: center;">Source: PHS</p> <table border="1"> <caption>Long Term Trend Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2015/16</td> <td>25.5%</td> </tr> <tr> <td>2016/17</td> <td>24.5%</td> </tr> <tr> <td>2017/18</td> <td>24.0%</td> </tr> <tr> <td>2018/19</td> <td>23.5%</td> </tr> <tr> <td>2019/20</td> <td>20.5%</td> </tr> <tr> <td>2020/21</td> <td>19.5%</td> </tr> </tbody> </table>	Year	Percentage	2015/16	25.5%	2016/17	24.5%	2017/18	24.0%	2018/19	23.5%	2019/20	20.5%	2020/21	19.5%	18th	3rd	3rd
Year	Percentage																			
2015/16	25.5%																			
2016/17	24.5%																			
2017/18	24.0%																			
2018/19	23.5%																			
2019/20	20.5%																			
2020/21	19.5%																			

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

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

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

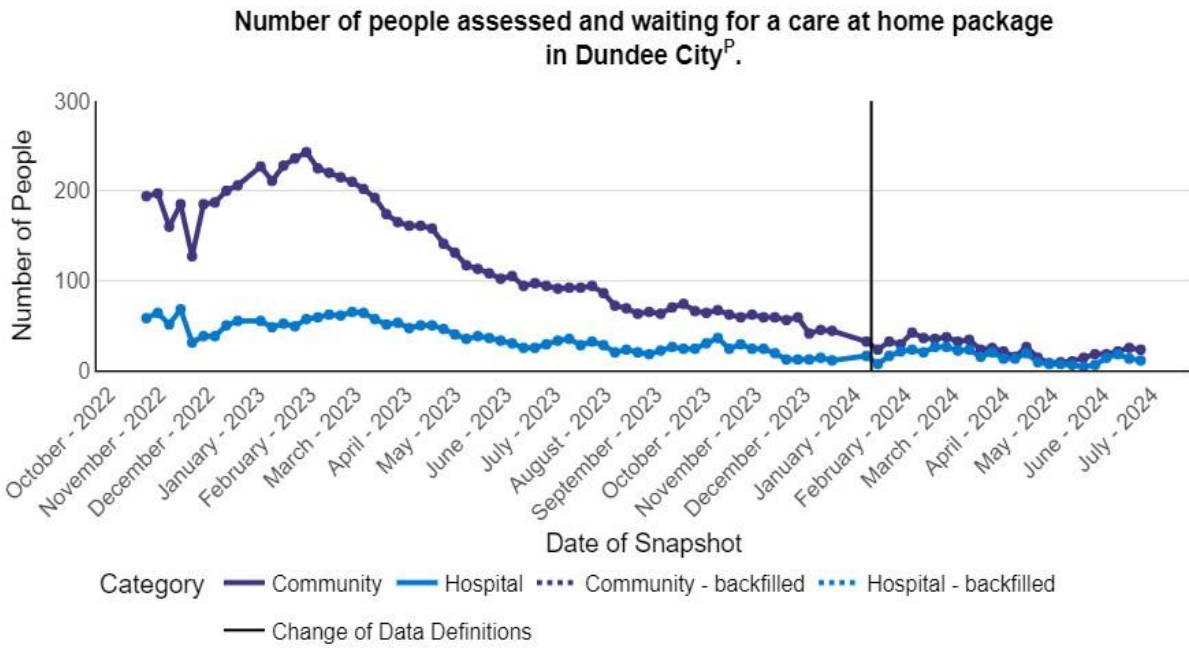
**Chart 1**



**In Dundee as at 24 June 2024:**

- 0 people waited in hospital and 119 people waited in the community for a social care assessment.
- 0 people have waited in hospital each week since 17 October 2022.

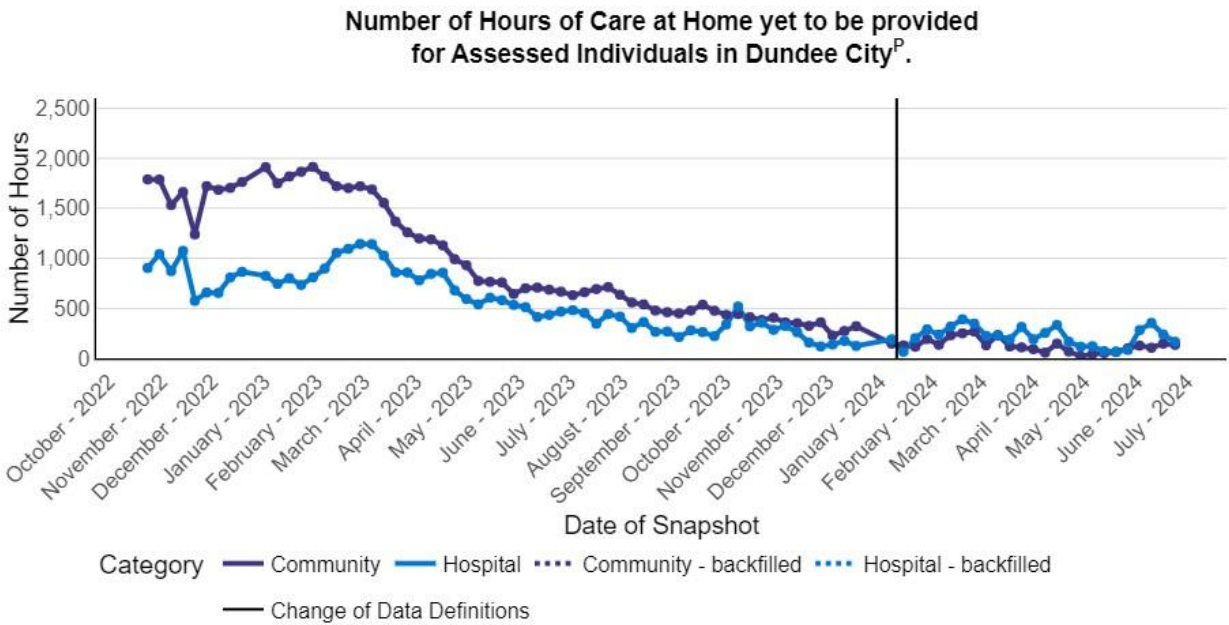
Chart 2



**In Dundee as at 24 June 2024:**

- 11 people were assessed and were waiting in hospital for a care at home package.
- 23 people were assessed and were waiting in the community for a care at home package.

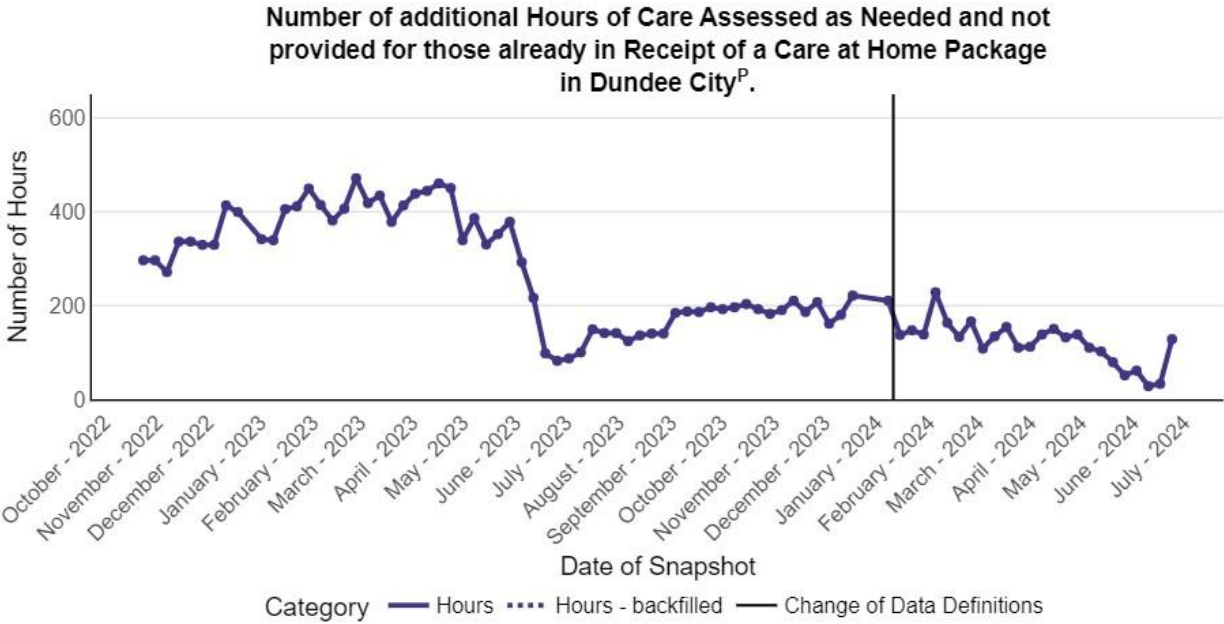
Chart 3



**In Dundee as at 24 June 2024:**

- 11 people were assessed and waiting for a care at home package in hospital (165 hours yet to be provided).
- 23 people were assessed and waiting for a care at home package in the community (135 hours yet to be provided).

**Chart 4**



**In Dundee as at 24 June 2024:**

- For those already in receipt of a care at home package 128 additional hours were required and not provided.

### APPENDIX 3 – DATA SOURCES USED FOR MEASURING PERFORMANCE

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

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

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

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

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

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

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<sup>1</sup> For Q4 the data is for the full financial year 1 April 2023 to 31 March 2024.

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**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 25 SEPTEMBER 2024

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

**REPORT BY:** CLINICAL DIRECTOR

**REPORT NO:** PAC32-2024

## 1.0 PURPOSE OF REPORT

1.1 This is presented to the Performance and Audit Committee for:

- Assurance

This report relates to:

- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambitions:

- Safe
- Effective
- Person-centred

This report provides evidence of the following Best Value Characteristics:

- Equality
- Vision and Leadership
- Effective Partnerships
- Governance and Accountability
- Use of Resources
- Performance Management
- Sustainability

## 2.0 RECOMMENDATIONS

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

2.1 Provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is to 31 May 2024.

2.2 As Lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Reasonable; due to the following factors:

- There is evidence of a sound system of governance throughout the HSCP.
- The identification of risk and subsequent management of risk is articulated well throughout services.
- There is ongoing scope for improvement across a range of services, in relation to the governance processes, although this is inextricably linked to the ongoing difficulties with recruitment and retention of staff.

- There is evidence of noncompliance relating to a fully comprehensive governance system across some teams, i.e. contemporary management of adverse events and risks.

### 3.0 FINANCIAL IMPLICATIONS

3.1 None.

### 4.0 ASSESSMENT

#### 4.1 Clinical and Care Risk Management

- a.1 Lack of resource to deliver the benzodiazepine dependence pathway compliant with guideline, DDARS

Datix Ref	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				Please include data from previous <b>four</b> reporting periods															
				3/8/23			5/12/23			16/2/24			26/6/24						
L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER		
1129	5	4	20	4	4	16	4	4	16	4	4	16	4	4	16	3	3	9	→

L = Likelihood C = Consequence RER = Risk Exposure Rating

Insufficient number of DDARS staff with prescribing competencies

Datix Ref	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				Please include data from previous <b>four</b> reporting periods															
				3/8/23			5/12/23			16/2/24			26/6/24						
L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER		
612	5	5	25	4	4	16	4	4	16	3	5	15	3	5	15	3	3	9	→

L = Likelihood C = Consequence RER = Risk Exposure Rating

Increasing patient demand in excess of resources – DDARS

Datix Ref	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				Please include data from previous <b>four</b> reporting periods															
				3/8/23			5/12/23			16/2/24			26/6/24						
L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER		
233	4	5	20	5	5	25	5	5	25	5	5	25	3	5	15	3	4	12	↓

L = Likelihood C = Consequence RER = Risk Exposure Rating

- a.2 Three of the top 5 risks sit with the Dundee Drug and Alcohol Recovery Service (DDARS). There are ongoing service pressures due to staff turnover that affect all of the key risks identified.

New staff are joining the service and are currently being inducted. There have been internal promotions, retirement and maternity leave which have increased vacancies. There have been some short-term delays for staff being in post due to completion of training and registration; however this is expected to be resolved in September. This continues to be monitored, to support retention and recruitment of new staff.

- a.3 Risk 233 had shown a current risk score in excess of the inherent risk score since April 2023. This was primarily due to ongoing challenges relating to recruitment and retention into the DDARS service. This is starting to ease as noted above.

Nursing staffing levels continues to be monitored; recruitment is ongoing with further staff requesting to return to the service, after reflecting on their positive experience in the service.

Acuity and dependence levels are intensifying within the patient group requiring intensive input from staff including adult support and protection concerns. Early release from prison is also putting additional pressure on the service and staff to provide support for a high-risk, complex population.

Medical Staffing pressures with long term absence impacts on medical support for the team and also batch prescribing. Two locums remain in post and plans to advertise for substantive posts are now in place. These posts are required to maintain safe clinical services, same day prescribing, Buvidal® prescribing, support for non-medical prescribers and advanced nurse practitioners, medical trainees, GPs with special interest and the specialty doctor.

DDARS has a growing staff group who have prescribing competencies. At this time there are 9.4wte nursing staff who can prescribe and 7 trainees, which includes the primary care project staff and child and family nurses.

The benzodiazepine dependence pathway is currently being considered via a National Taskforce who are considering the possible models of practice. There is no update on progress of this since the last committee meeting.

a.4 Unassigned Associate Medical Director (AMD), Tayside Sexual Health and Reproductive Health

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				Please include data from previous <b>four</b> reporting periods															
										26/06/2024			16/07/2024						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
1471	4	4	16							4	4	16	3	3	9	2	3	6	↓

L = Likelihood C = Consequence RER = Risk Exposure Rating

The previous AMD left their post in December 2023 and the service was without a formal assigned AMD. This had left the Clinical Lead without direct, formal and agreed support in respect of job planning, recruitment, line management of the medical team and with complex patient complaints. The Clinical Director, Dundee HSCP, now supports the service as Interim AMD and the substantive post is currently advertised.

Perinatal Mental Health Team Accommodation – Mental Health (Dundee)

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				Please include data from previous <b>four</b> reporting periods															
				3/8/23			5/12/23			16/2/24			26/06/2024						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
1252	5	4	20	5	4	20	5	4	20	5	4	20	5	4	20	4	3	12	→

L = Likelihood C = Consequence RER = Risk Exposure Rating

The temporary accommodation at, Ward 1 Royal Victoria Hospital, is not fit for purpose. The key risks relate to:

- Unsatisfactory access to adequate clinical consulting / private meeting rooms
- Poor general environment including inconsistent ventilation/heating/noise that impacts on staff and patients
- Poor telephone communication, resulting in missed or delayed calls and text messages and interrupted conversations due to poor signals and unreliable Wi-Fi.

Significant work is ongoing with the Telecommunications team, Estates, fire officers and management and while there has been some improvement (noise pollution has been largely eliminated) the telecommunications risk that persists has the potential to impact on patient care through poor or delayed access to the team.

Workforce Risks

- b.1 There are a number of risks (12, reduced from 15) pertaining to workforce availability across a wide spectrum of professions, including nurses, medical staff, allied health professions and social care staff. The vast majority of teams are affected to some degree, often with mitigations impacting on those teams who are able to recruit staff. Work continues to enhance recruitment and retention, with international recruits now being widely employed. Staff wellbeing remains a focus for the HSCP.

Primary Care (PC) Sustainability Risk – Strategic Risk 1374

- b.2 The Sustainability Primary Care Services Risk current rating remains at 20 (Red/ Very High), having been reduced in 2023 from 25 following the implementation of some of the more strategic and leadership actions across Tayside. This risk is categorised as a Quality (of Care) Clinical risk.

This risk recognises that a failure to maintain sustainable Primary Care Services in localities and across Tayside will result in a failure to meet both the National Clinical Strategy and will have a negative impact on both patients and staff. The risk arises as a result of an inability to:

- Reliably recruit, train and retain workforce
- Have appropriate premises arrangements to deliver clinical and support services, and
- Have in place adequate digital systems to support clinical care and communication between teams, patients and across the services. This risk encompasses all Primary Care contractors; Dental, Optometry, General Practice and Community Pharmacy.

A second sustainability survey was undertaken with GP practices across Tayside in February 2024 which gathered more data on workforce and general information on other issues impacting on a practice's sustainability. The preliminary analysis of the second survey indicates that 20% of Dundee practices consider their future sustainability to be a risk. The factors contributing to this included GP partner leaving/retirement, increased patient demand versus capacity and independent contractor practices noting some or significant impact on sustainability risk arising from leasing/ownership of premises.

Local actions and controls have been, and continue to be, developed, and reviewed. These actions seek to increase capacity, manage demand and address barriers by taking forward actions within the control of the HSCP.

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

However, the increasing demand for GP and the wider Primary Care team is such that any improvement or shift of clinical workload has been offset by that demand. Dundee is therefore in a position of having had three practices closing in a three year period. Numerous practices have had periods with closed lists and being unable to accept new registrations.

Dundee has a Premises Strategy and a wider GP strategy agreed and is working to progress this. The removal of the burden of ownership, or leasing of premises is critical to the recruitment of new GPs partners and there has been limited progress regionally and nationally for this but at 31 May 2024 there has been no progress regionally with leases transferring to NHS Tayside. One Dundee practice has received a GP sustainability loan (April 2024). However, the loan scheme for 2023/24 had been oversubscribed and Scottish Government needed to fund the completed loans before accepting any further tranche one agreements. Scottish Government are not yet in a position to say when tranche two applications would be opened.

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

The local development and further integration of urgent care teams and the development of roles in other primary care-based teams, will continue to contribute positively, such as the advanced district nurse role.

Treated/Archived Risks

b.3 Treated/Archived Risks are those that have all planned/proposed control in place, and the risk has been mitigated to the lowest possible level.

There have been no risks treated/archived with the time period.

Closed Risks

b.4 Closed Risks are risks that have been replaced or superseded and are therefore no longer required to be managed.

There has been one risk closed within the time period.

**4.2 Clinical & Care Governance Arrangements**

b.5 The arrangements for clinical, care & professional governance (CCPG) in the Dundee HSCP are outlined in Appendix 1: Dundee HSCP Governance Structure.

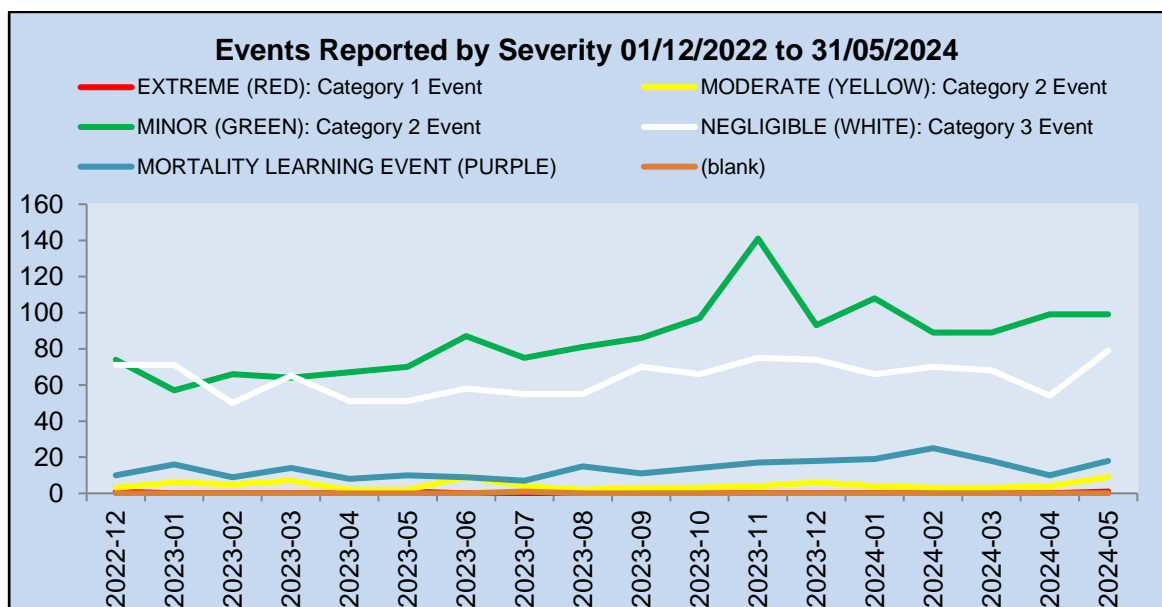
During this reporting period exception reports were presented to the CCPG Group from the following services:

- Nutrition and Dietetics – Report. No Speaker.
- Acute and Urgent Care – No Report. Verbal Update.
- Care Homes – No Report or Speaker.
- Dundee Drug and Alcohol Recovery Services – No Report. Verbal Update.
- Community Services – Report and Speaker.
- Inpatient and Day Care – Report and Speaker.
- Psychological Therapies – Report. No Speaker.
- Psychiatry of Old Age – No Report or Speaker.
- Primary Care – Report and Speaker.
- Mental Health and Learning Disabilities – Report and Speaker.

To support enhanced compliance and to meet internal audit recommendations the production and presentation of exception reports is being more closely monitored. The Clinical, Care and Professional Governance Group are also reviewing frequency of annual reports and exception reports to support management capacity.

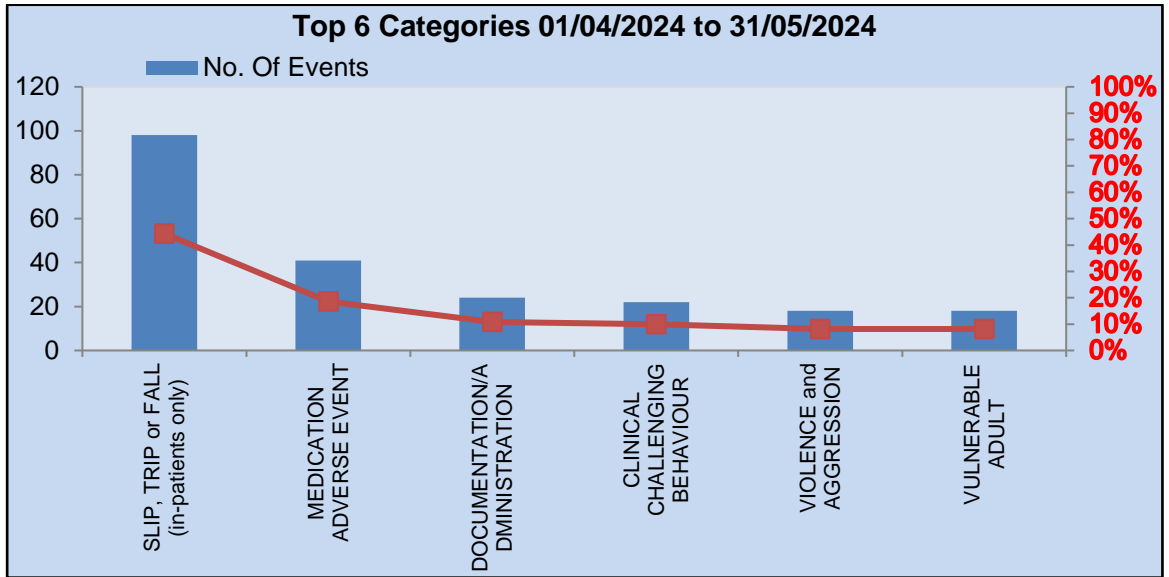
**4.3 Adverse Event Management**

c.1 The following graph shows the impact of the reported adverse events by month over the past 18 months. There were 373 adverse events reported in this time period (01/04/2024-31/05/2024). There is a reduction in negligible and minor events with a small rise in mortality learning events, the majority of these are reported through expected death categories. (17 of 28 reported adverse events).



The ratio of events with harm to events with no harm is 1 to 3.6. This shows no change in position from the previous report.

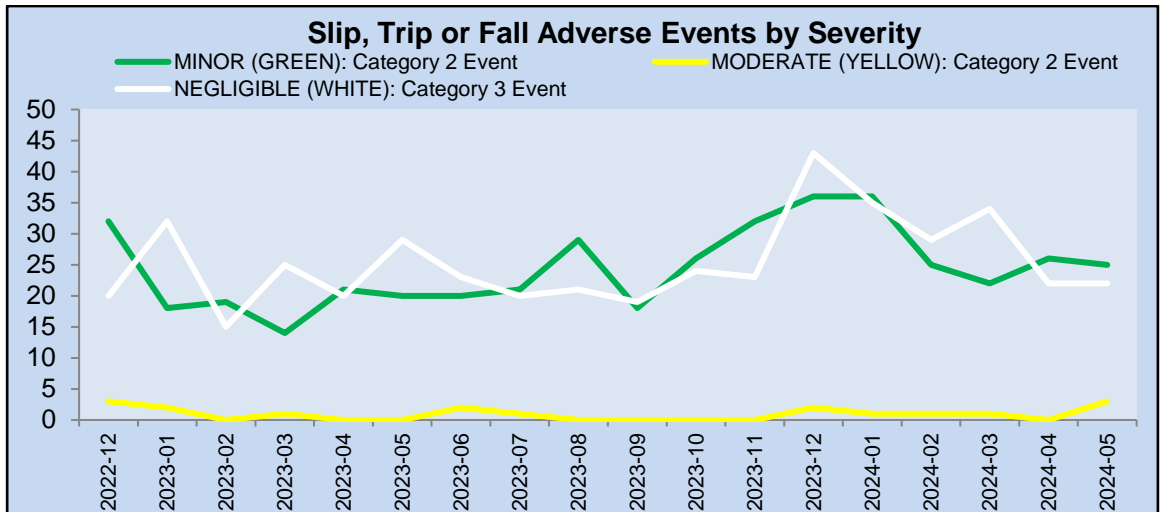
c.2 The following graph shows the Top Six Categories reported between 01/04/2024 and 31/05/2024.



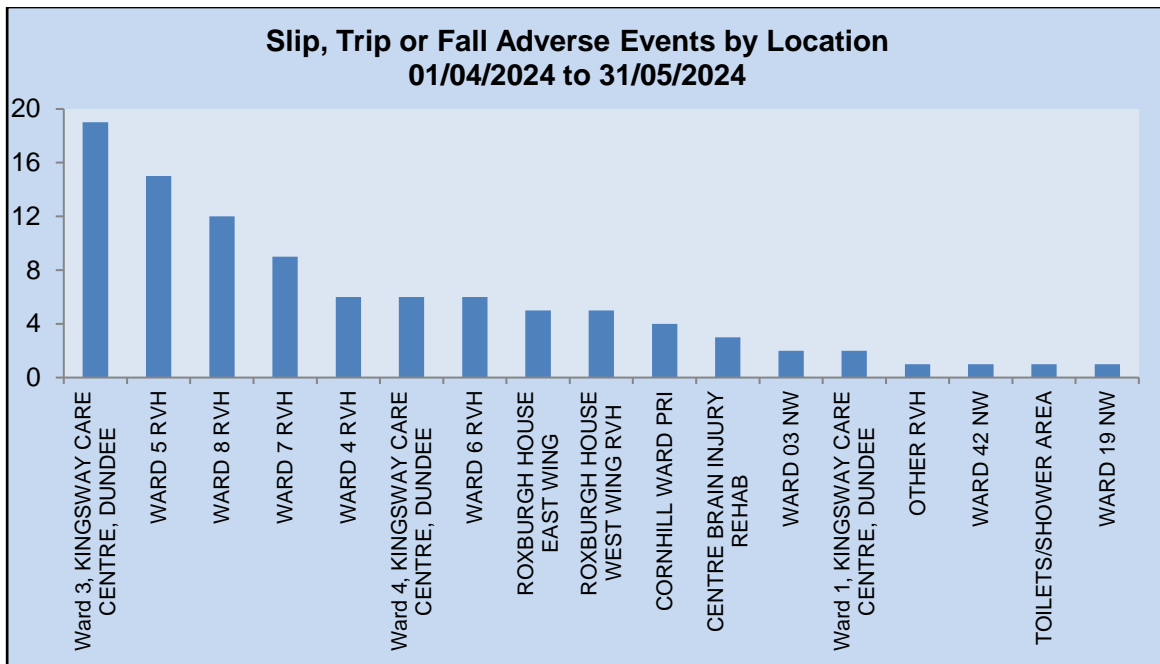
These categories account for 221 of the 373 events (59%) reported within the time period.

Slips, Trips and Falls

c.3 There were 93 events reported between 01/04/2024 and 31/05/2024. The following table shows slips, trips and falls by severity over the past 18 months:



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



- c.5 The above graph (c.3) shows a decrease in in-patient falls over this reporting period. A review of the adverse events shows a number of individuals were responsible for multiple events across a number of ward areas. The severity of these adverse events remains low with minimal harm to patients (bruising, skin flaps) and no harm to staff.

#### Medication Adverse Events

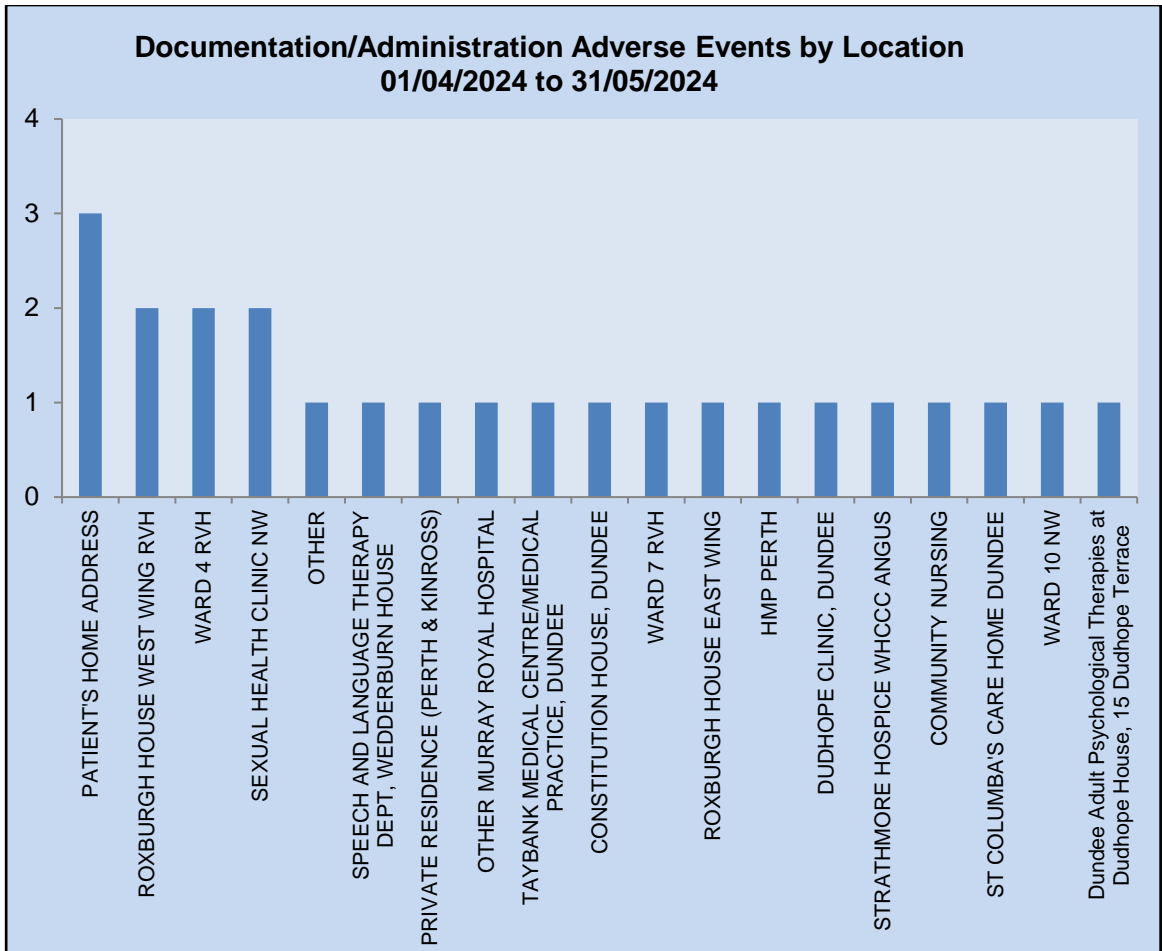
- c.6 There were 41 events reported between 01/03/2024 and 31/05/2024. This is an increase from the last reporting period. Within this there were 20 separate subcategories reported across 17 different clinical teams. There are no clear themes or patterns identified within teams or across the HSCP. The majority of these events occur in the patients' homes (17) with the most commonly occurring subcategory being controlled drug incident (10), all reported through a different clinical team.

Each adverse event is followed up within the team to identify learning and any required improvements with those involved undertaking reflection. This frequently includes working closely with our pharmacy colleagues.

A number of these incidents identified adverse events in other parts of the system that were identified via HSCP teams, e.g. discharged without correct medicine. Follow up discussions are held with teams to support learning and management of risk.

#### Documentation/Administration

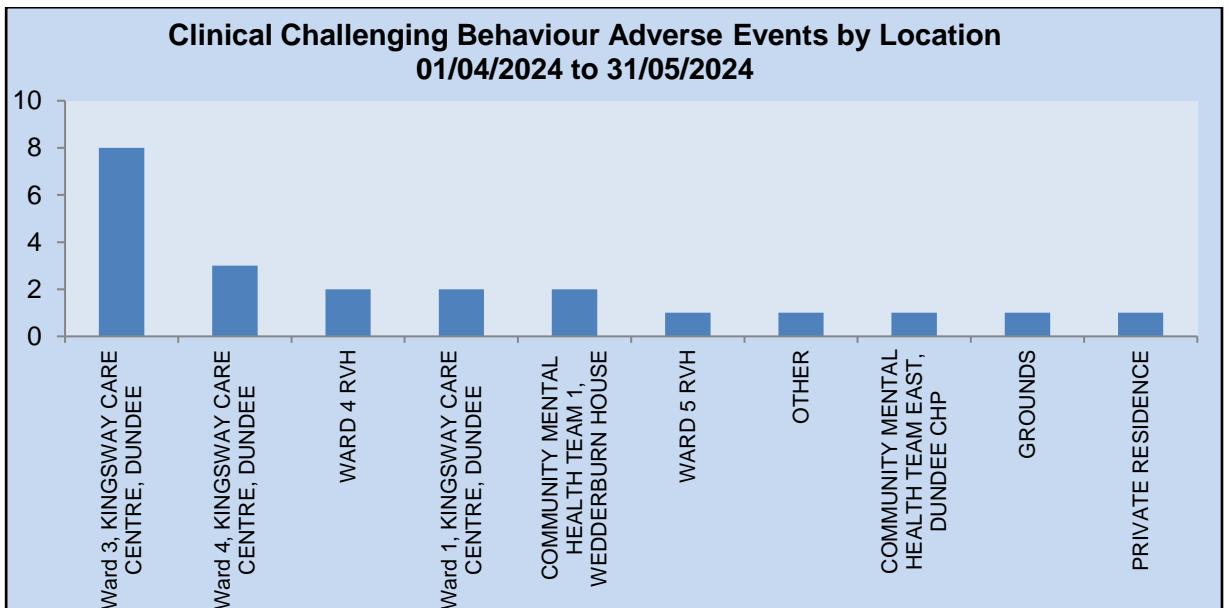
- c.7 There were 24 events reported between 01/04/2024 and 31/05/2024. The chart below shows the care delivery events by location.



The high number of incidents reported this period was primarily due to documentation errors (8). They all occurred over 7 different clinical teams with no clear themes.

Clinical Challenging Behaviour

c.8 There were 22 events reported between 01/04/2025 and 31/05/2024. The chart below shows the clinical challenging behaviour adverse events by location.

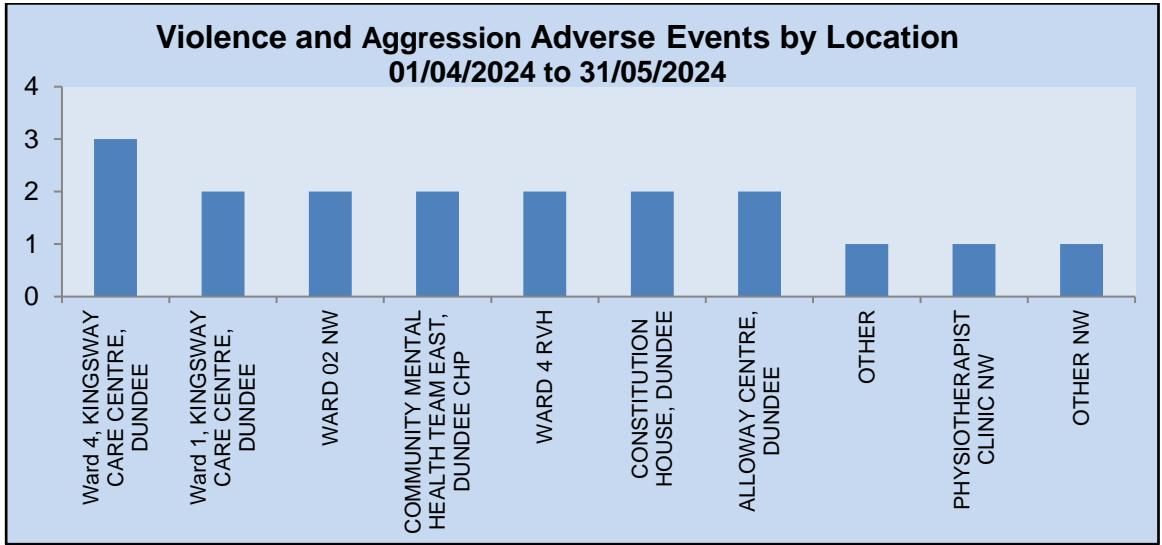


The majority of these events occur in our Psychiatry of Old Age services. There is very positive evidence of these incidents being well managed with staff being well supported.

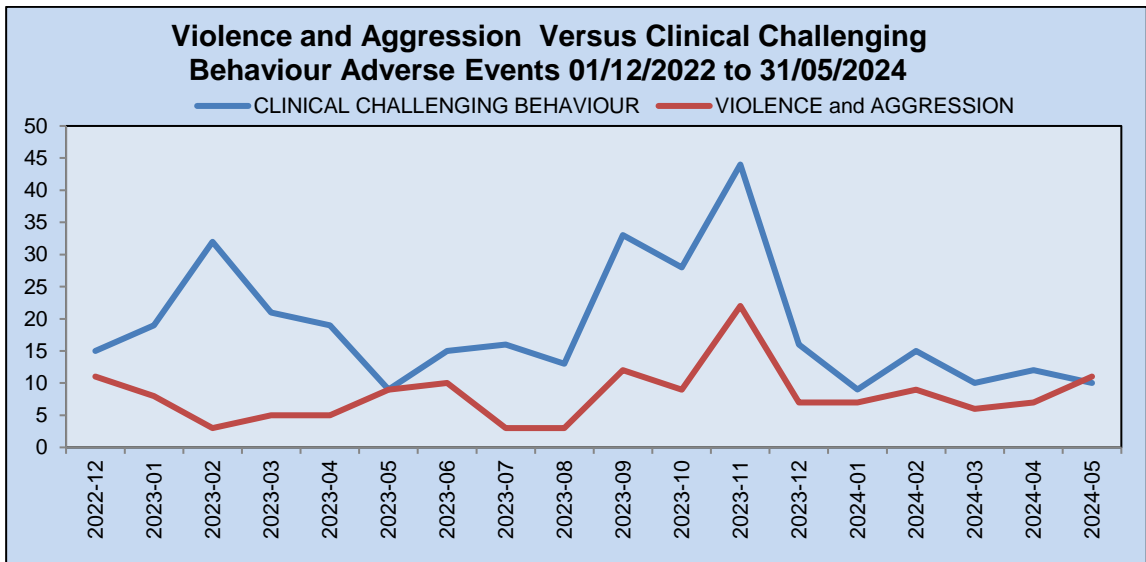


Violence and Aggression

c.9 There were 18 events reported in this reporting period with the numbers of violence and aggression incidents, which shows a slight increase since the last report.

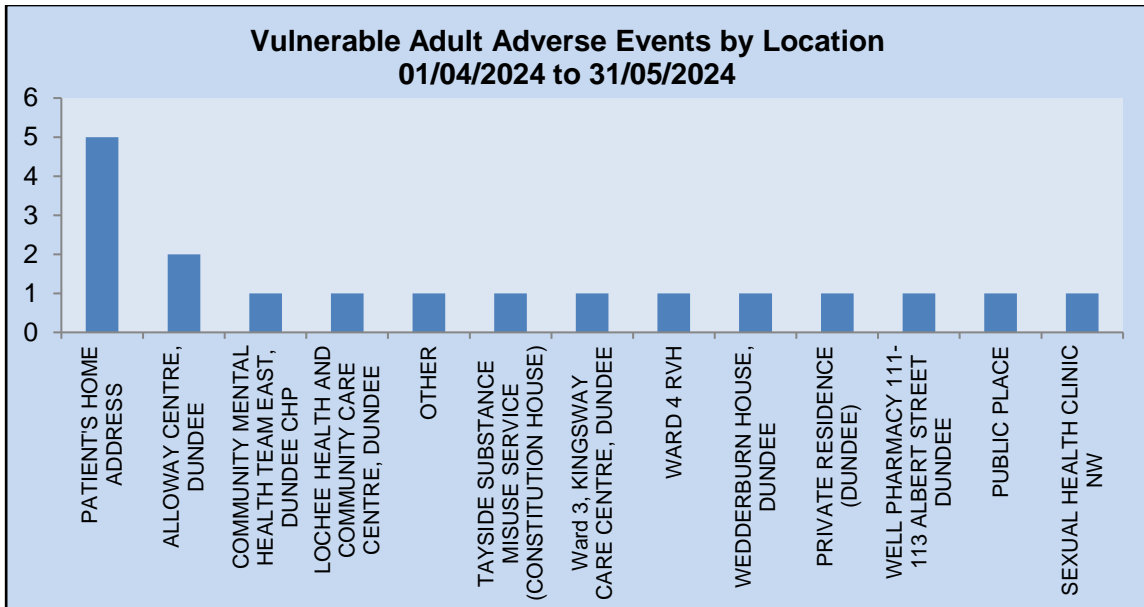


The graph below shows a comparison between number of Violence and Aggression Events compared to Clinical Challenging Behaviour events between 01/12/2022 and 31/05/2024.

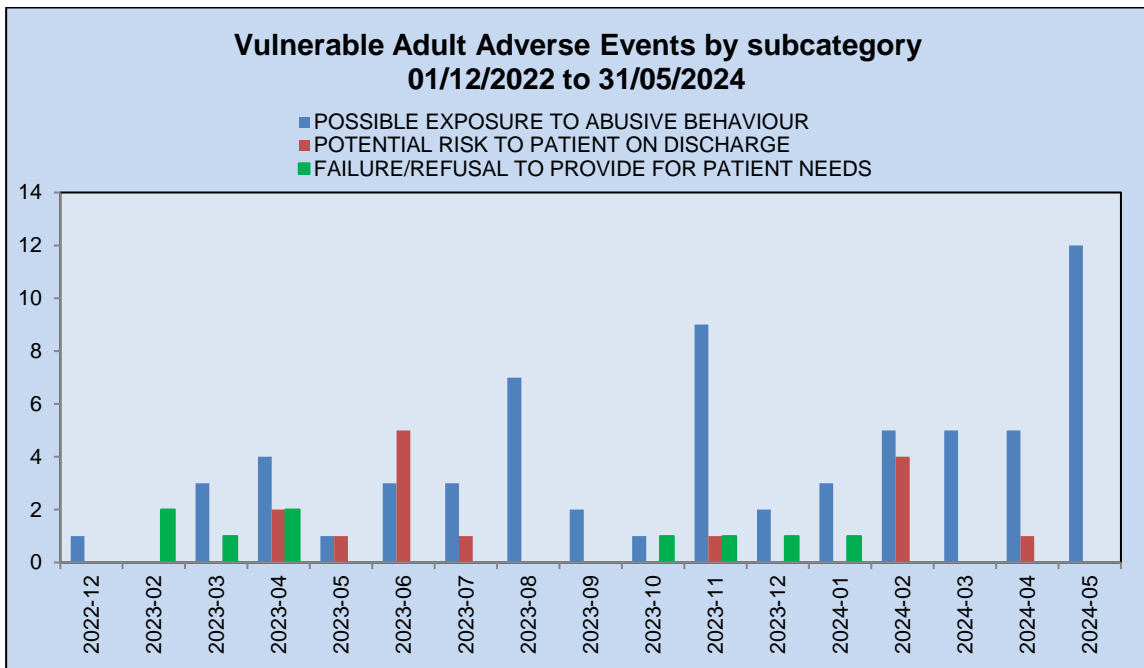


Vulnerable Adult

c.10 There were 18 events reported between 01/04/2025 and 31/05/2024. The chart below shows the Vulnerable Adult adverse events by location.

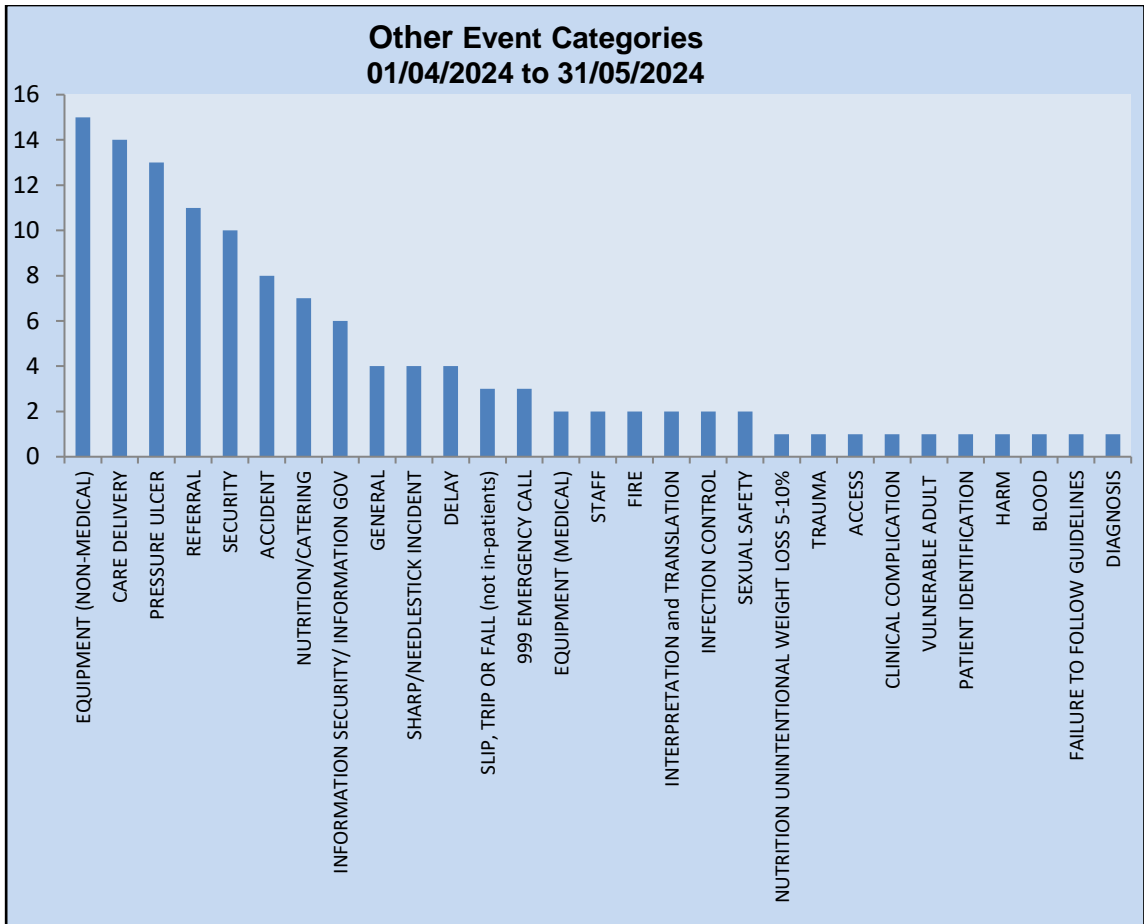


In this period the 17 events within the possible exposure to abusive behaviour subcategory cover eight different services. The graph below shows data by subcategory for period 01/12/2022 and 31/05/2024.



Other Event Categories

c.11 There were 118 events reported outwith the top six events reported. These are listed in the chart below.



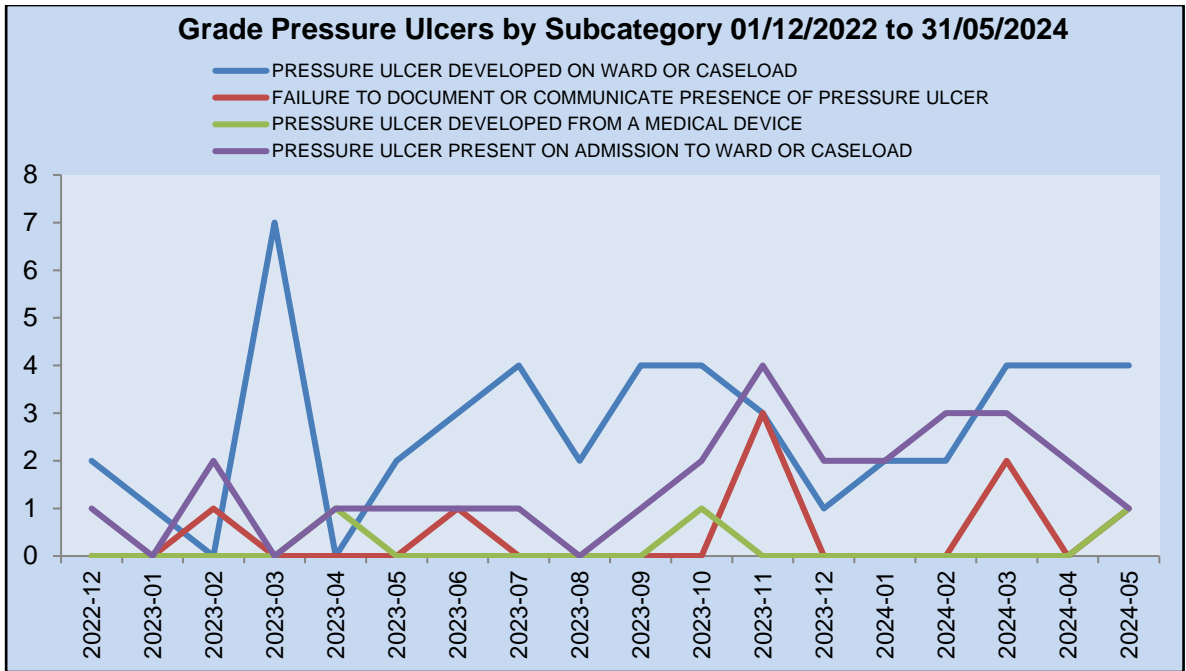
While the numbers remain low there is large increase in the number of equipment (non-medical) adverse events. The majority of these were related to heating and hot water on the RVH site. Our Estates colleagues advise that this should be fully addressed by the end of July 2024.

Significant Adverse Event Reviews

- c.12 There are currently two active Significant Adverse Event Reviews in Dundee HSCP. One of these is now ready to be signed off. Once complete, a learning summary will be shared with the committee.

Pressure Ulcers & Falls

- c.13 There have been 13 pressure ulcer events reported between 01/04/2024 and 31/05/2024. The number of pressure ulcers reported over the past 18 months is shown in the following graph, by subcategory.



Where pressure ulcers develop on a ward or caseload this is consistently reviewed and within community services is predominantly as a result of patients and families not following the clinical advice provided by the nursing team. The team will work with families and patients to educate and support as much as possible in these situations.

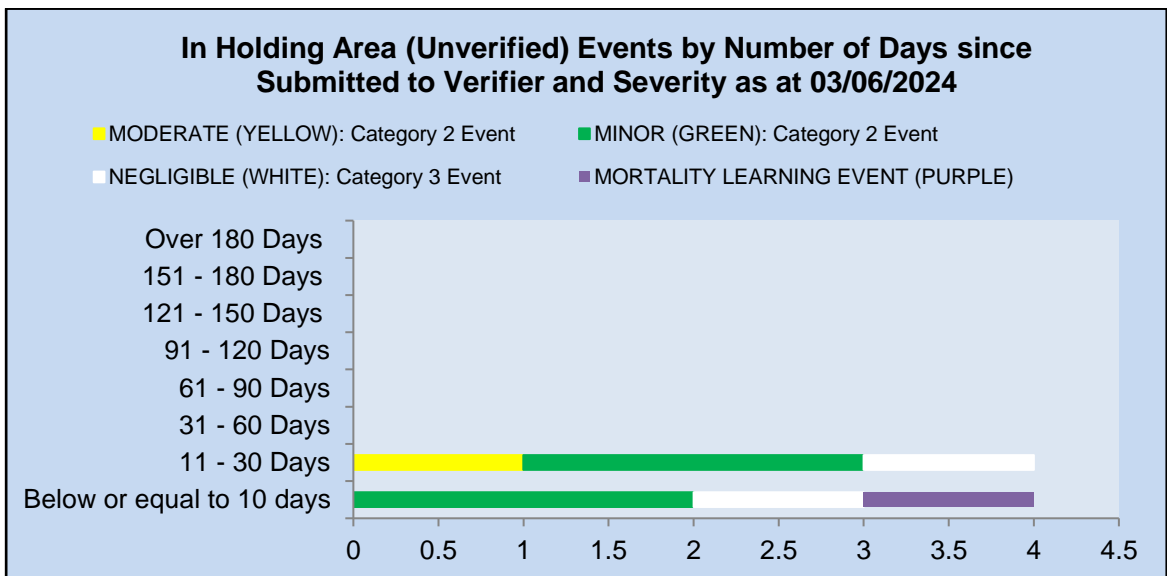
Where pressure ulcers are noted on admission to a caseload or ward work investigations are commenced to ensure all preventative steps have been taken, with all relevant services collaborating.

Adverse events management – Systems and Processes

c.14 Overdue Unverified Events

At the time of data extraction, there were 8 unverified events. Of these unverified events, 6 had exceeded the timescale of 72 hours for verification.

The following graph shows the unverified events by the severity and the number of days overdue.

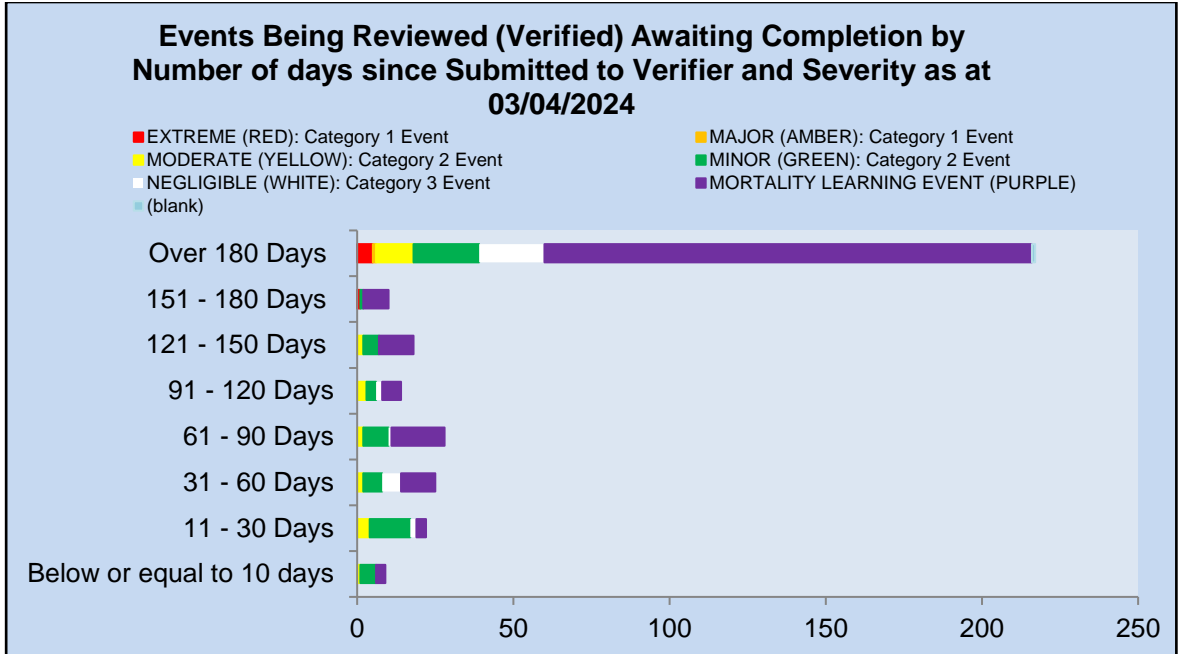


The Dundee HSCP Governance Huddle meets weekly and will review unverified adverse events and provide prompts to managers to take action for outstanding events. If an adverse event might need immediate action, the huddle will escalate to other members of the team for action and review.

c.15 Overdue Verified Events

There are 338 (343 last reporting period) events that are verified but overdue for completion within Datix.

The following graph shows the length of time that has elapsed since the reporting of the events at the time of data extraction by severity for those events that are overdue for completion.



c.16 The table below shows the number of overdue events by the year and department.

Department	2019	2020	2021	2022	2023	2024	Total*	Change**
Community Mental Health Services	3	5	7	26	34	16	91 (90)	↑
Central (DDARS)	0	0	2	14	18	13	47 (39)	↑
East (DDARS)	0	0	6	2	8	10	26 (25)	↑
Community Learning Disabilities	0	1	1	11	9	3	25 (37)	↓
Psychiatry of Old Age – OPS (Dundee)	0	0	0	1	9	13	23 (12)	↑
West (DDARS)	0	0	0	4	10	5	19 (22)	↓
Primary Care (DDARS)	0	0	1	6	7	1	15 (17)	↓
District Nursing (Dundee HSCP)	0	0	0	0	0	14	14 (1)	↑
Other (DDARS)	0	0	0	0	7	5	12 (8)	↑
Other – Mental Health (Dundee)	0	0	1	5	3	1	10 (12)	↓
Allied Health Professions (Dundee HSCP)	0	0	0	1	3	4	8	↑
Area Psychological Therapy Service – MH (Dundee)	0	0	1	0	1	3	5	↑
General Practice – Dundee HSCP	0	0	1	1	3	0	5	↓
Adults and Older People	0	0	0	0	0	5	5	↑
MFE (Medicine for the Elderly) – OPS (Dundee)	0	0	0	0	1	3	4	↓
General Practice – Dundee	0	0	0	0	1	3	4	↑
Specialist Community Nursing (Dundee HSCP)	0	0	0	0	2	1	3	↔
Nutrition and Dietetics (Dundee HSCP)	0	0	0	0	1	2	3	↔
Adult Psychotherapy Service – Mental Health (Dundee)	0	0	0	1	1	1	3	↑
Palliative Medicine	0	0	0	0	1	2	3	↓
Other – Specialist Palliative Care	0	0	0	0	0	2	2	↑
CMHT – Social Work – DHSCP	0	0	0	0	1	1	2	↑
Keep Well	0	0	0	0	0	2	2	↑
(blank)	0	0	0	0	0	1	1	↑
Occupational Therapy – AHP (Dundee HSCP)	0	0	0	0	0	1	1	↑
Stroke and Neuro Rehab unit RVH	0	0	0	0	0	1	1	↑
Connect Early Intervention in Psychosis	0	0	0	0	0	1	1	↑
Physiotherapy (AHP Dundee HSCP)	0	0	0	0	0	1	1	↑
(Risk Only) System-Wide Mental Health Risk – Dundee HSCP	0	0	0	0	0	1	1	↔
Other – Older People Services (Dundee)	0	0	0	0	0	1	1	↑
Total	3	6	20	72	120	117	338 (316)	↑

\* Figures in brackets relate to the May 2024 report

\*\* Since May 2024 report

There has been a longstanding concern regards the overdue verified events. The focus for teams is very much on contemporary adverse events rather than historical adverse events due to the current longstanding issues with workforce availability. Other factors also contribute to these adverse events not being progressed including: awaiting toxicology results, Procurator Fiscal involvement, awaiting information from other agencies (e.g. Police Scotland) and awaiting responses from other services in NHS Tayside.

There has been a renewed focus on these through our Clinical, Care & Professional Governance Group. Mental Health & Learning Disability Services and Dundee Drug and Alcohol Recovery Services have established adverse incident review groups to further support this work.

Event Severity	2019	2020	2021	2022	2023	2024
EXTREME (RED): Category 1 Event	0(0)	1(1)	0(1)	1(1)	1(3)	1(0)
MAJOR (AMBER): Category 1 Event	0(0)	0(0)	0(0)	2(1)	0(0)	0(0)
MODERATE (YELLOW): Category 2 Event	0(0)	0(0)	0(0)	2(3)	11(14)	13(9)
MINOR (GREEN): Category 2 Event	0(0)	0(0)	2(2)	5(8)	19(19)	36(33)
NEGLIGIBLE (WHITE): Category 3 Event	0(0)	1(1)	2(4)	7(10)	8(8)	26(9)
MORTALITY LEARNING EVENT (PURPLE)	3(5)	4(7)	16(22)	55(65)	80(85)	41(31)

(blank)	0(0)	0(0)	0(0)	0(0)	1(1)	0(0)
<b>Total</b>	<b>3 (5)</b>	<b>6 (9)</b>	<b>20 (29)</b>	<b>72 (88)</b>	<b>120 (130)</b>	<b>117 (82)</b>

total num

#### 4.4 Feedback

##### d.1 Complaints

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

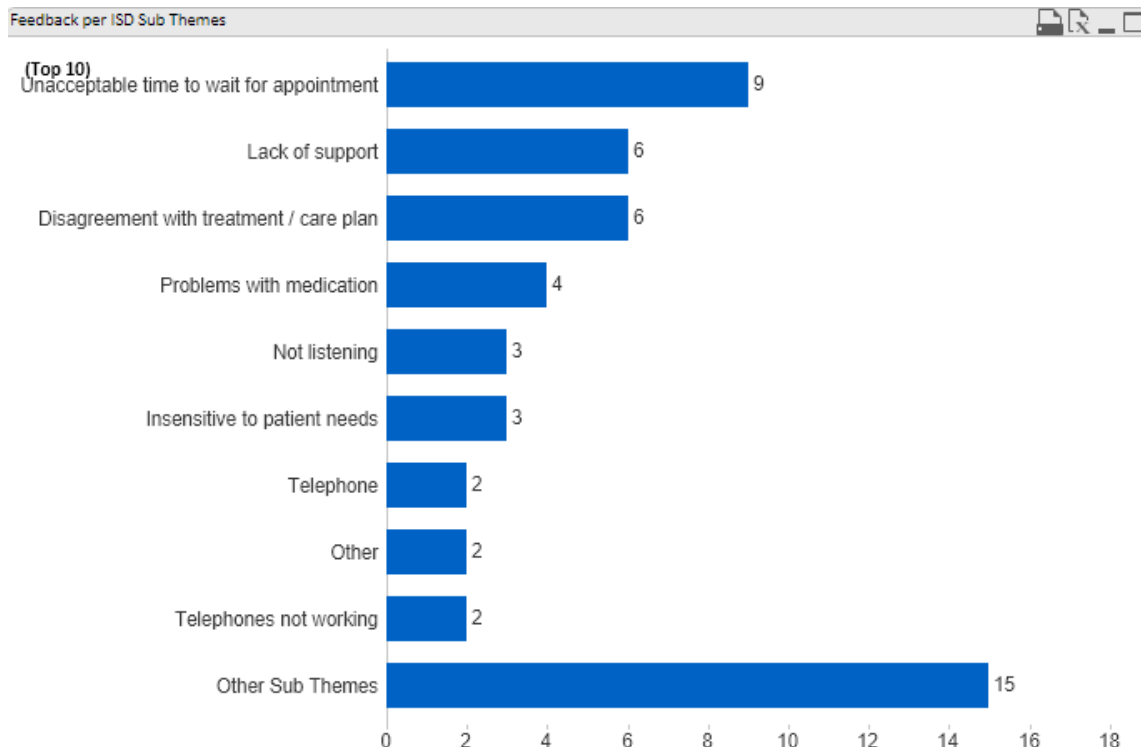
Current complaints as at 18/06/2024

Clinical Care Group/Department	Days_Band	0-5 Days	6-10 Days	11-15 Days	>20 Days	>40 Days	Total
Mental Health (Dundee)		1	-	2	4	2	9
Community Nursing (Dundee HSCP)		-	1	-	1	-	2
Allied Health Professionals (Dundee HSCP)		-	-	-	1	-	1
Older People Services (Dundee)		-	-	-	-	1	1
<b>Total</b>		<b>1</b>	<b>1</b>	<b>2</b>	<b>6</b>	<b>3</b>	<b>13</b>

Complaints management continues to perform well across the partnership. There are two complex complaints currently with the Mental Health team that moved over the 40 day time period (51 days and 49 days). Ongoing collaboration with the Patient Experience Team to continue to improve this position will remain in place.

#### Key Themes

d.2 The key themes and sub themes for complaints are shown in the chart below.



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

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

#### Learning from Complaints

- d.3 Community Nursing have reviewed and updated their procedure for failed visits in the community following an incident where a patient receiving daily visits for medication administration did not answer their door. A new protocol and decision tool have been developed to enhance patient safety and improve understanding of roles and responsibilities in relation to communication and escalation.

Tayside Sexual and Reproductive Health have reviewed processes, access to electronic systems and built closer relationships with both the child protection and adult support and protection teams following a complaint that highlighted weaknesses in knowledge around Welfare Guardianship orders and appropriate access to treatment.

#### Scottish Public Services Ombudsman Reports

- d.4 There are currently 3 cases with the ombudsman under investigation. These are across Psychiatry of Old Age, Medicine for the Elderly and Mental Health services.

#### External Reports & Inspections

- d.5 Dundee HSCP are working closely with a Dundee Care Home as a result of local intelligence, Adult Support and Protection concerns and extremely poor Care Inspectorate inspection grades.

#### Adult Support & Protection

- d.6 The final report of the Joint Inspection of Adult Support and Protection in the Dundee Partnership was published by the Care Inspectorate and their scrutiny partners (HMICS and HIS) on 19 December 2023. The joint inspection focused on two quality indicators: key adult support and protection processes, and leadership for adult support and protection. For both indicators the Dundee Partnership was evaluated as Effective (on a 3-point progress statement scale: 'important areas of weakness', 'effective' and 'very effective'). This grading means that the Dundee Partnership is 'effective with areas for improvement. There are clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweigh areas for improvement.'

- d.7 In addition to these overall gradings, the joint inspection team identified six areas of strength and six areas for improvement. Overall the inspection report reflects positively on: assessment of concerns against the threshold for adult protection intervention; information sharing; the quality of initial inquiries and case conferences; the quality and impact of services and support to adults at risk; arrangements for carrying out Large-Scale Investigations (LSI); collaborative working, including with the third sector; learning and development activity for Council Officers; clear strategic vision and comprehensive improvement plans, including for learning and development; value placed on lived experience by strategic leaders; and, the partnership's approach to early intervention, prevention and trauma informed practice. The six key areas for improvement identified via the joint inspection were:

- The partnership needed to improve the consistent application and quality of investigations, chronology and risk assessment templates.
- Adult support and protection guidance and procedures should be updated as a matter of priority.
- Quality assurance, self-evaluation and audit activities were embedded but to varying degrees, particularly across social work services. These captured areas for improvement but the approaches were inconsistent. Greater cohesion and strategic oversight were needed to ensure they necessary change and improvement.
- The partnership's adult support and protection Lead Officer and support team should ensure they remain sighted on the quality of practice and prioritise the necessary improvements, including adherence to guidance, under its new public protection arrangements.
- The pace of strategic change and improvement needed accelerated. The partnership was aware through joint inspection in 2017 that improvement was required across key areas of practice and strategic leadership. Their own activity had reached similar conclusions, but progress was limited in key areas.
- The partnership should ensure that strategic planning and implementation of new initiatives across key processes and strategic leadership are well resourced, sustainable and impact assessed.



- d.8 The areas of strength and for improvement identified by the joint inspection team were very closely aligned to those identified by the Dundee Partnership within their position statement (submitted as part of the inspection evidence gathering stage).

The Dundee Partnership submitted an improvement plan addressing these six areas for improvement on 7 February 2024. The content of the improvement plan submitted to the Care Inspectorate has been fully incorporated into the Adult Support and Protection Committee Delivery Plan. Wider feedback and findings within the inspection report have also been considered and amendments made where needed. The Health and Social Care Partnership has a Protecting People Oversight Group with a distinct workplan which addresses single agency improvement priorities.

Progress in relation to addressing improvement areas arising from the inspection will be monitored through the Adult Support and Protection Committee and Chief Officers Group.

#### 4.5 **Mental Health**

##### Mental Health Key Performance Indicators

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

##### Community Mental Health Team (CMHT) Activity

- e.2 The following series of graphs relate to the demand, activity and waiting lists across the East and West Community Mental Health Teams. This data demonstrates that the demand on CMHT services has increased from pre-COVID levels and appears to be remaining at those increased levels.

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

CMHT West's list shows an upward trend in new additions to outpatient waiting list and new referral numbers. New outpatient attendance remains steady.

High level of sickness absence and vacancies are impacting on ability to reduce waiting list due to staff absorbing caseloads where individuals are absent or there are vacant post. The focus is on safe and effective care of existing patients. Consultant cover remains steady.

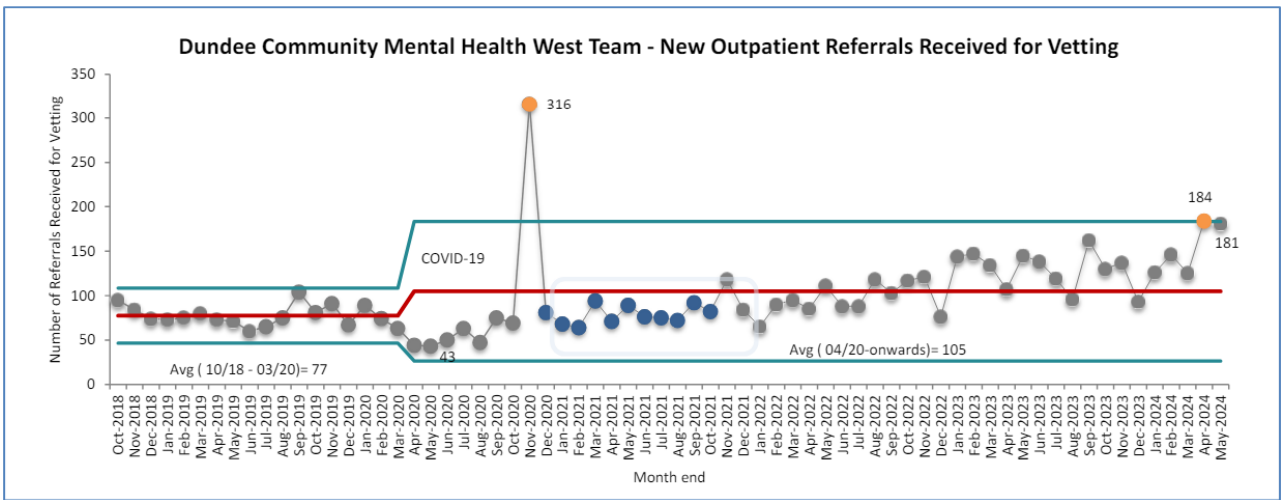
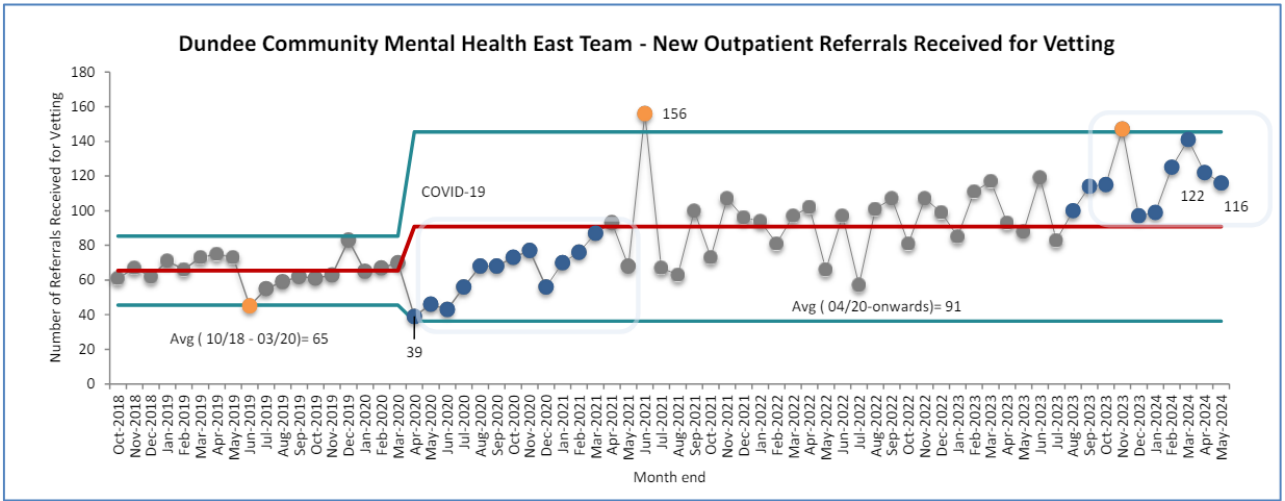
Financial challenges have impacted on ability to recruit to vacant posts however detailed planning is underway to ensure risk-based approach in place to support recruitment decisions.

East Team continues to offer Near Me as a platform to engage with service users.

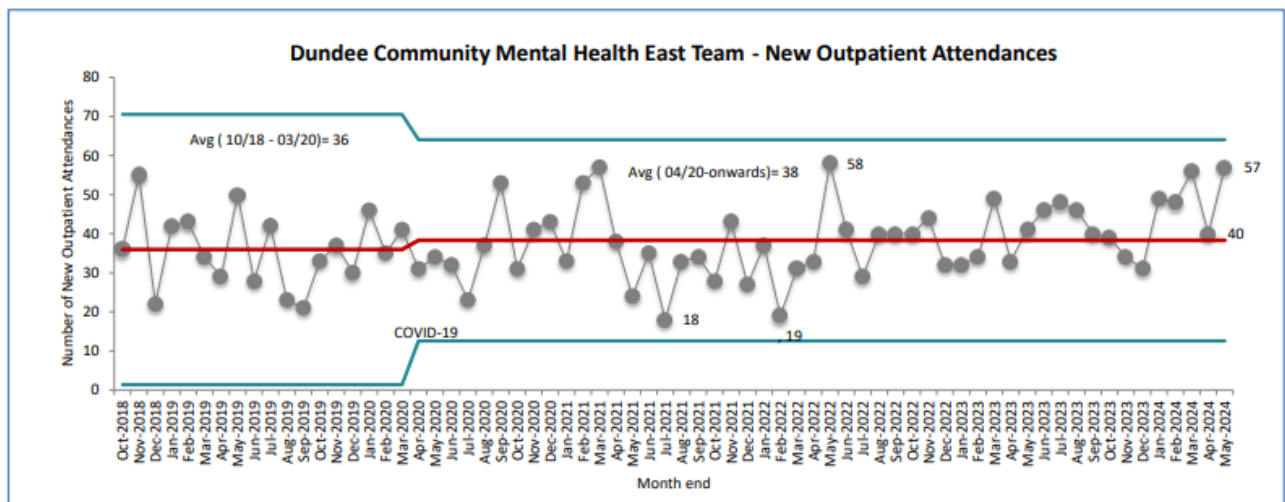
CMHT West's waiting list continues in an upward trend and may be linked with the allocation of GP practices aligned to each CMHT. West have a higher number of practices aligned to their service and demographically there are a higher number of students registered in a practice in the West. West continues to push towards seeing more new patients to reduce the waiting list number. The consultation is ongoing around review of GP allocation for CMHTs.

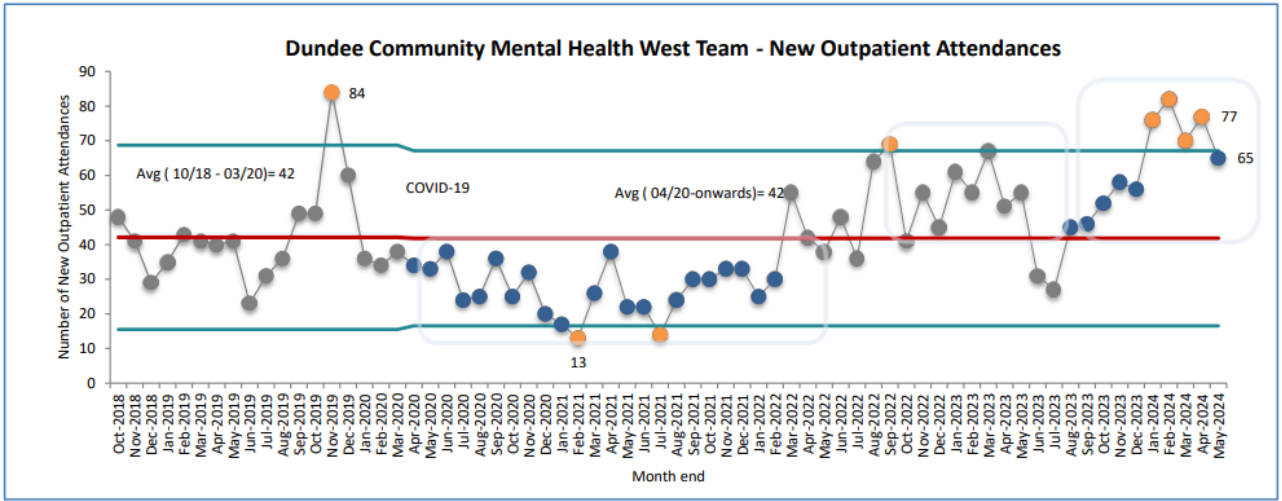
A third Locum Consultant commenced on 3 May 2024 and discussions around an additional consultant to offer remote sessions are ongoing.

- e.3 Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:

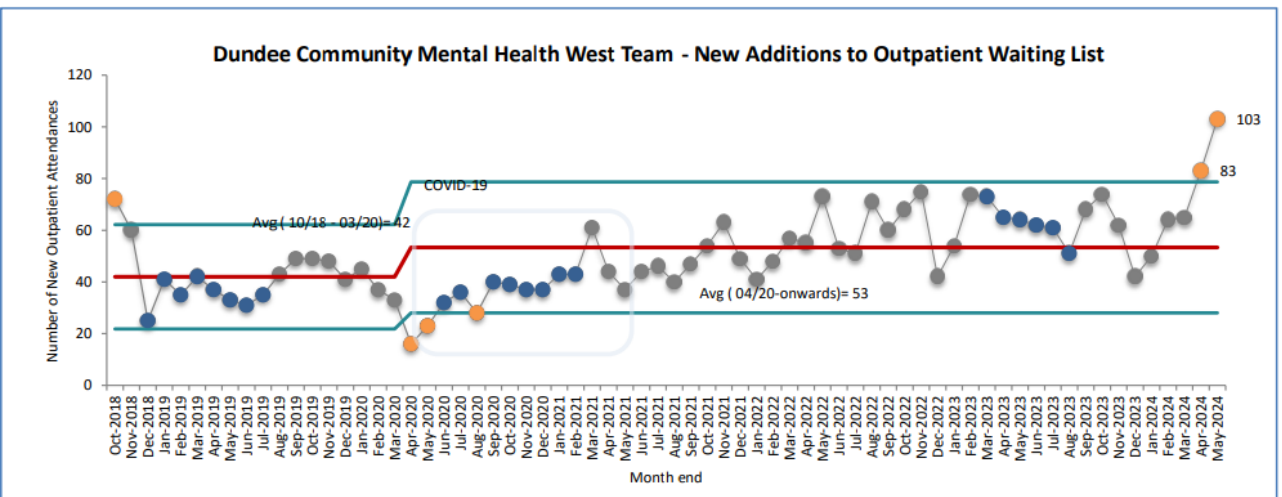
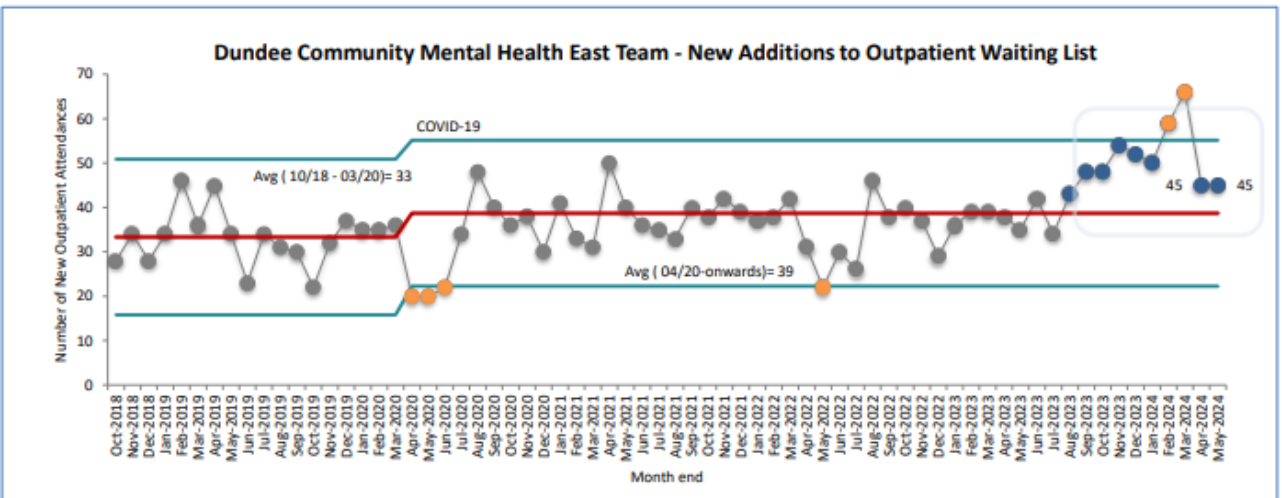


e.4 Volume of new outpatient attendances, excluding did not attends, grouped by attendance month:

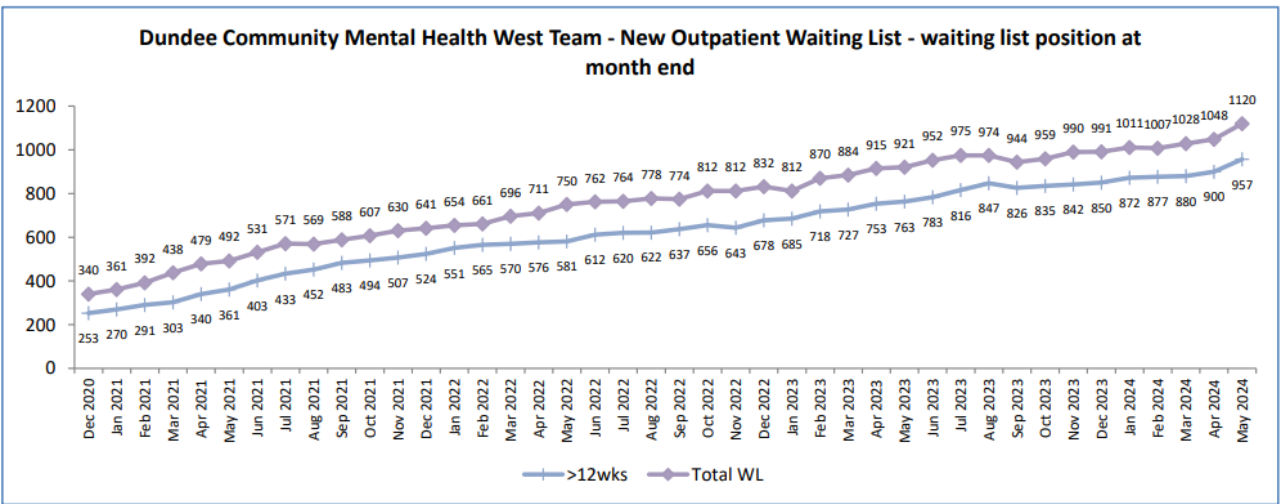
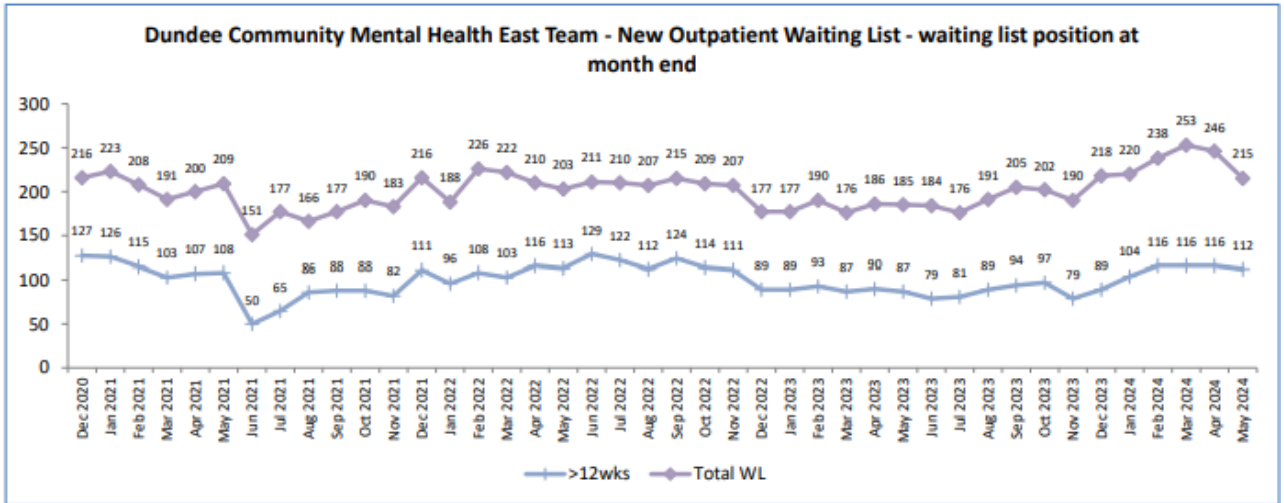




e.5 Volume of referrals added to the waiting list for a new appointment, grouped by referral month:

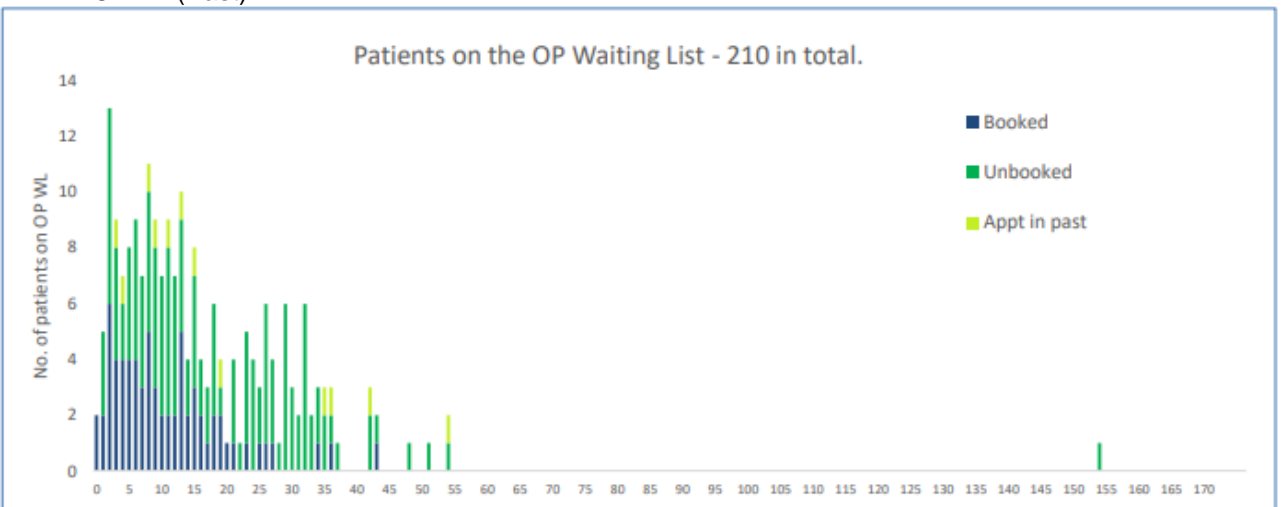


e.6 Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:

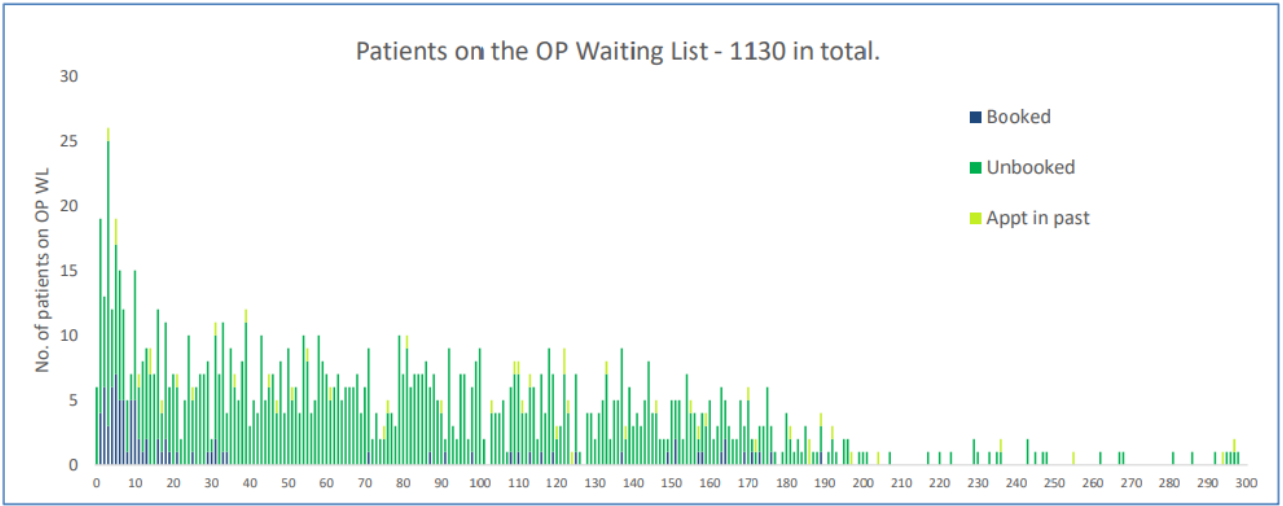


e.7 Snapshot waiting list distribution by weeks waiting at a point in time (05/06/2024) – Waiting List Type – True WL

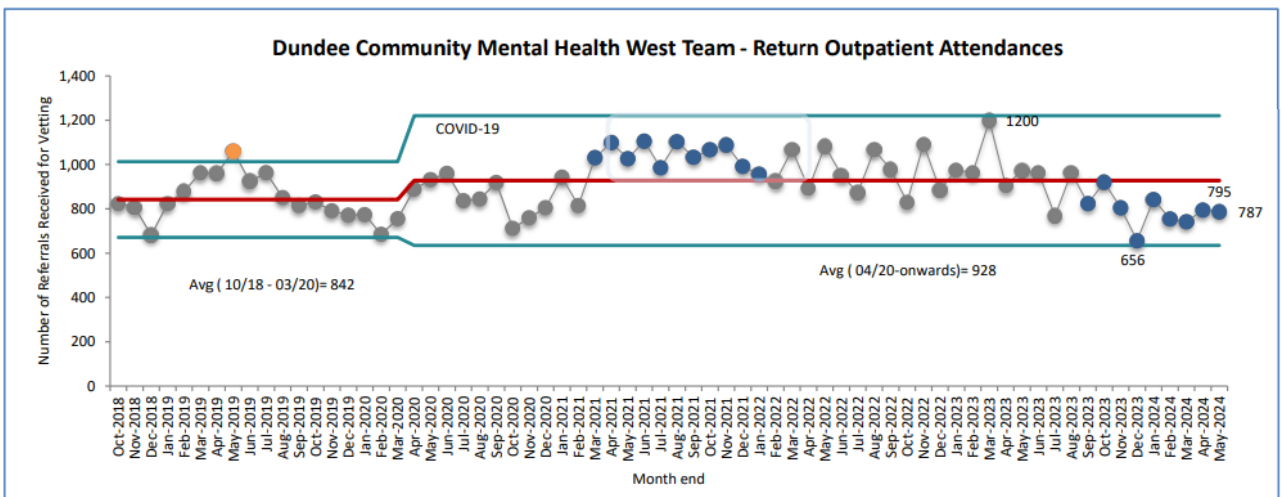
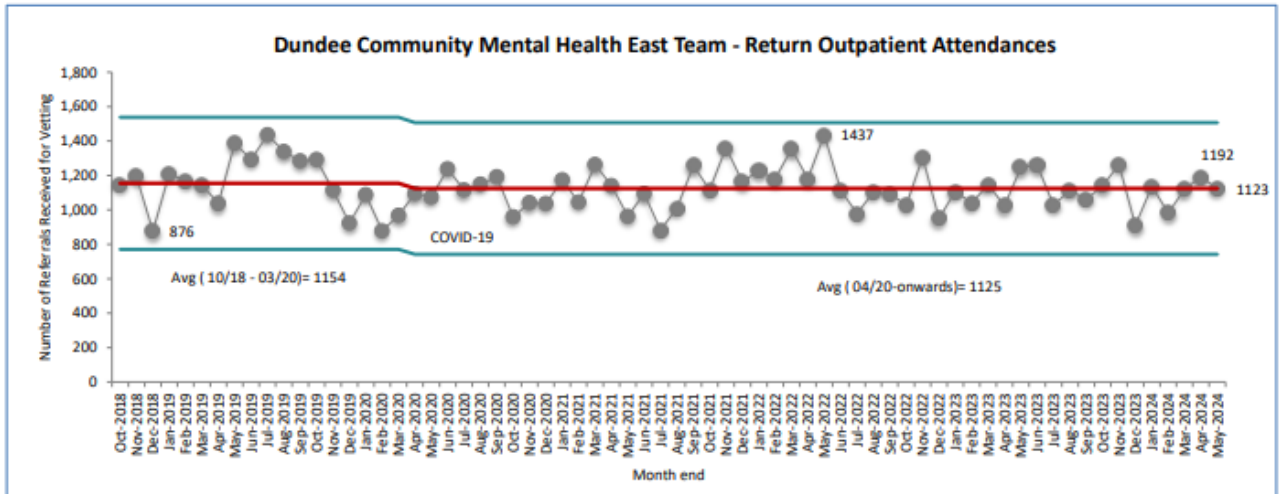
CMHT (East)



CMHT (West)



e.8 Volume of return outpatient attendances, excluding did not attends, grouped by attendance month:



5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

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

## 7.0 CONSULTATIONS

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

## 8.0 BACKGROUND PAPERS

8.1 Appendix 1: Dundee HSCP Governance Structure





Dr David Shaw  
Clinical Director

DATE: 27 August 2024

Jenny Hill  
Head of Service

Angela Smith  
Interim Head of Health and Community Care

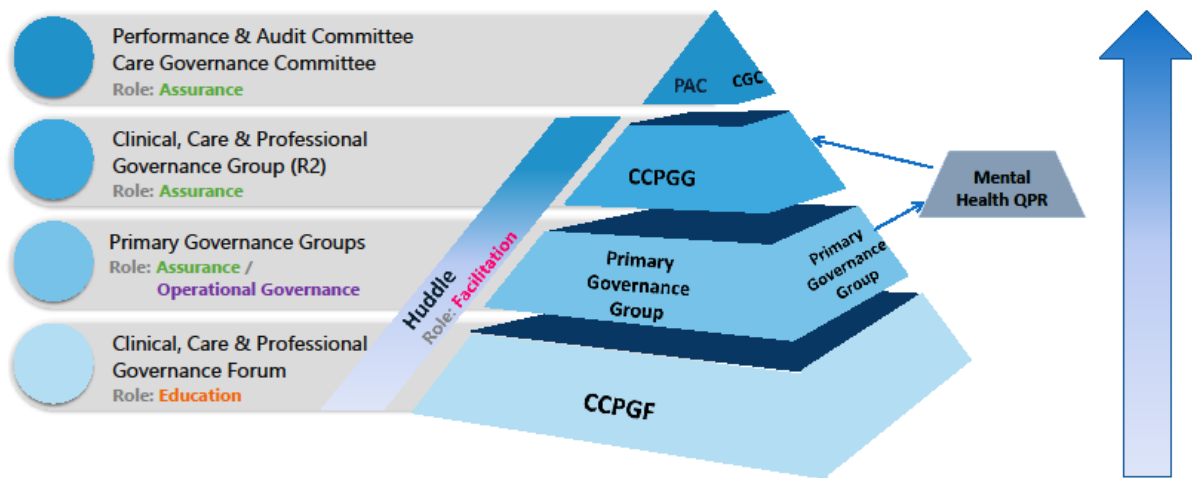
Matthew Kendall  
Allied Health Professions Lead

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

## Dundee HSCP Governance Structure

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

### DHSCP Clinical, Care & Professional Governance



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

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

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



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

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

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

### Primary Governance Groups (PGG)

There are currently nine PGGs:

- In Patient & Day Care Services (MfE, Stroke and Neurology, Palliative)
- Adult Community Services
- Acute and Urgent Care
- Mental Health & Learning Disabilities
- Psychological Therapies
- Primary Care & Health Inclusion
- Nutrition and Dietetics
- Dundee Drugs and Alcohol Recovery & Tayside Sexual and Reproductive Health Services
- Older People's mental Health and Care Homes

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

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

- Ensuring that there is a robust reporting and assurance mechanism for services which are hosted within the partnership but do not solely operate within Dundee Health and Social Care Partnership.
- Undertake the management, escalation or cascading of issues/risks/concerns as appropriate.
- Collate, review and analyse core and service specific datasets to inform exception report to the CCPGG, reflecting the six domains described in the Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework.
- The exception report should include, but is not limited to:
  - Emergent issues of concern identified
  - Adverse Events:
    - Recurring themes, Major and Extreme Incidents
    - Incidents that trigger Statutory Duty Of Candour
  - All Red Adverse Events
  - Adverse Event Reviews, Significant Case Reviews
  - Complaints
  - Risks
  - Inspection Reports and Outcomes
  - Changes to standards, legislation and guidelines
  - Outcomes of care
  - Adherence to standards
  - Sharing of learning

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

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

### Governance Huddle

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

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

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

#### Clinical, Care and Professional Governance Forum

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

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

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**REPORT TO:** PERFORMANCE AND AUDIT COMMITTEE – 25 SEPTEMBER 2024

**REPORT ON:** QUARTERLY FEEDBACK REPORT – 1<sup>st</sup> QUARTER 2024/25

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC31-2024

## 1.0 PURPOSE OF REPORT

The purpose of this report is to summarise feedback received for the Health and Social Care Partnership (HSCP) in the first quarter of 2024/25. The complaints include complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure, and the Dundee City Integration Joint Board Complaint Handling Procedure. We also report on complements received.

## 2.0 RECOMMENDATIONS

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

- 2.1 Notes the complaints handling performance for health and social work complaints set out within this report.
- 2.2 Notes the work which has been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring, and reporting.
- 2.3 Note the recording of Planned Service Improvements following complaints that are upheld or partially upheld.
- 2.4 Note the work ongoing to implement Care Opinion as a feedback tool for all services in the Health and Social Care Partnership.

## 3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

## 4.0 MAIN TEXT

- 4.1 Since the 1st of 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 (Scottish Public Services Ombudsman).
- 4.2 Complaints are categorised by 2 stages: Stage 1: Frontline Resolution and Stage 2: Investigation. If a complainant remains dissatisfied with the outcome of a Stage 1: Frontline Resolution complaint, it can be escalated to a Stage 2. Complex complaints are handled as a Stage 2: Investigation complaint. If a complainant remains dissatisfied with the outcome of Stage 2: Investigation complaint they can contact the Scottish Public Services Ombudsman who will investigate the complaint, including professional decisions made. Complaints about the delivery of services are regularly presented to the Clinical, Care and Professional Governance Group to inform service improvement.
- 4.3 While the first graph advises the volume of complaints received during the period, this report is based upon complaints closed within the period.

4.4 Please note that not all figures will add up to 100% due to missing data or different Recordings.

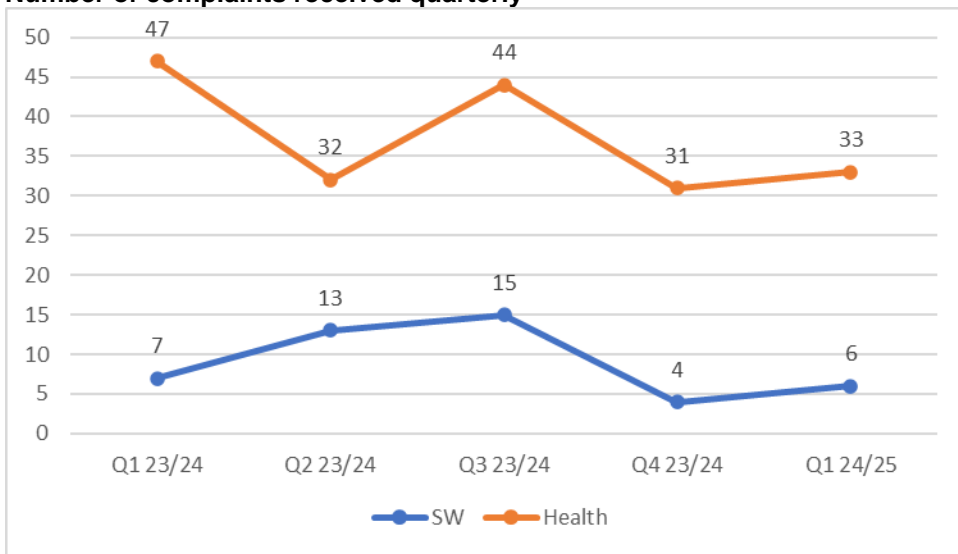
4.5 Whilst the SPSO mandatory complaint reporting categories only apply to non-NHS complaints as a Health and Social Care Partnership we have always felt it important to provide a cohesive complaint report so we can compare like for like. Therefore, we have included NHS complaints in the same category of reporting.

**5 Complaints Received**

5.1 In the first quarter of 2024/25 a total of six complaints were received about social work or social care services.

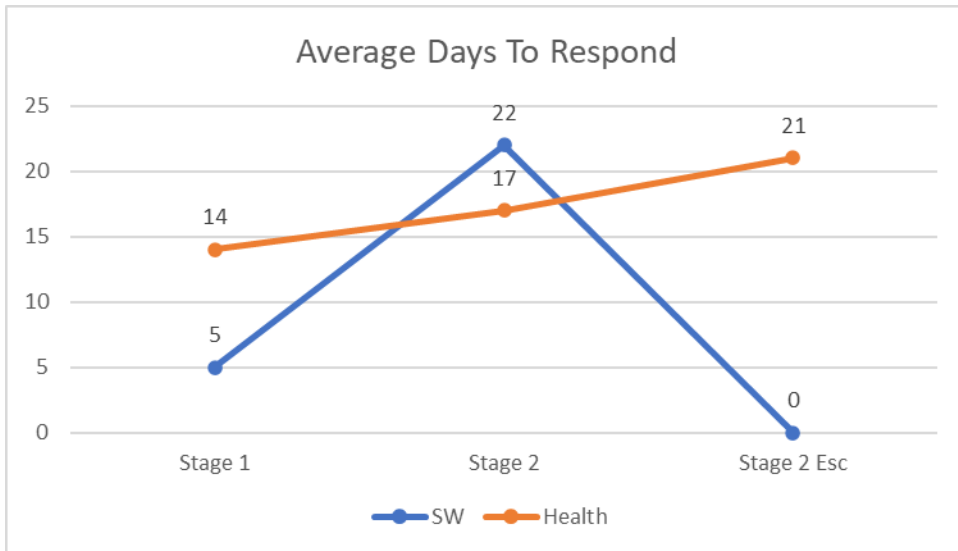
5.2 Health received 33 complaints for Q1 within in the Dundee Health and Social Care Partnership.

**Number of complaints received quarterly**



5.3 The graph shows that both Social Work and Social Care Services and Health Services have seen a marginal increase in complaints received this quarter.

5.4 **Average Days to Respond**



5.5 The graph above shows the average days to conclude the complaints at each stage.

5.6 The data shows that on average we are concluding complaints within timescales expected.

5.7 **Complaints Stages – Closed within Timescale**

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

Stage 1	Q1 2023/24		Q2 2023/24		Q3 2023/24		Q4 2023/24		Q1 2024/25	
	Social Care	4	100%	8	67%	6	50%	1	50%	2
Health	19	69%	9	75%	10	59%	14	78%	16	89%

5.9 Stage 1 Health complaints have seen a sustained improvement in their complaint resolution timescale performance.

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

Stage 2	Q1 2023/24		Q2 2023/24		Q3 2023/24		Q4 2023/24		Q1 2024/25	
	Social Care	2	67%	13	54%	4	80%	5	71%	1
Health	3	60%	6	100%	12	60%	3	23%	7	39%

5.11 Less than half of Stage 2 Health Complaints have been completed within timescales. This may be in part due to the complexity of complaint and workload of Complaint Investigation Officers.

5.12 Stage 2 escalated complaints are those which are escalated from stage 1 to stage 2 after being logged and responded to.

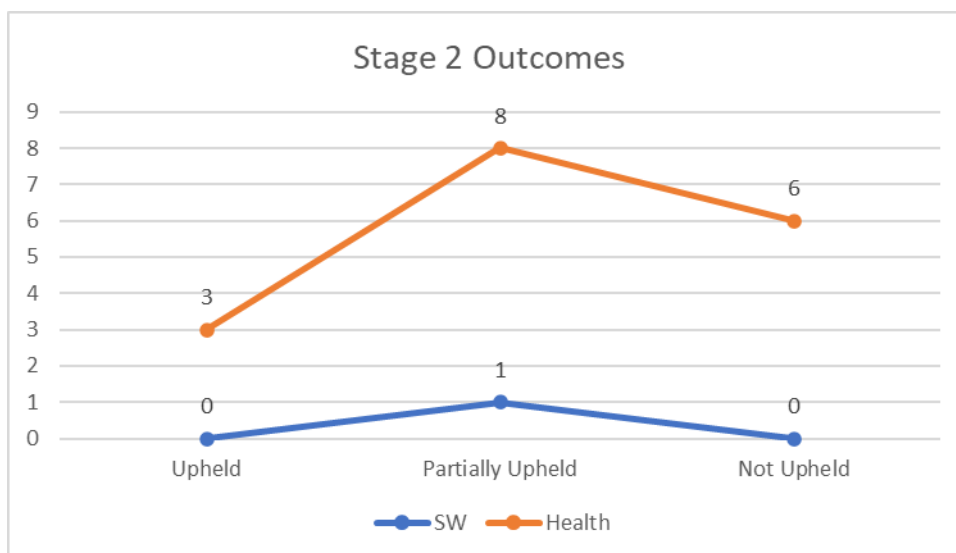
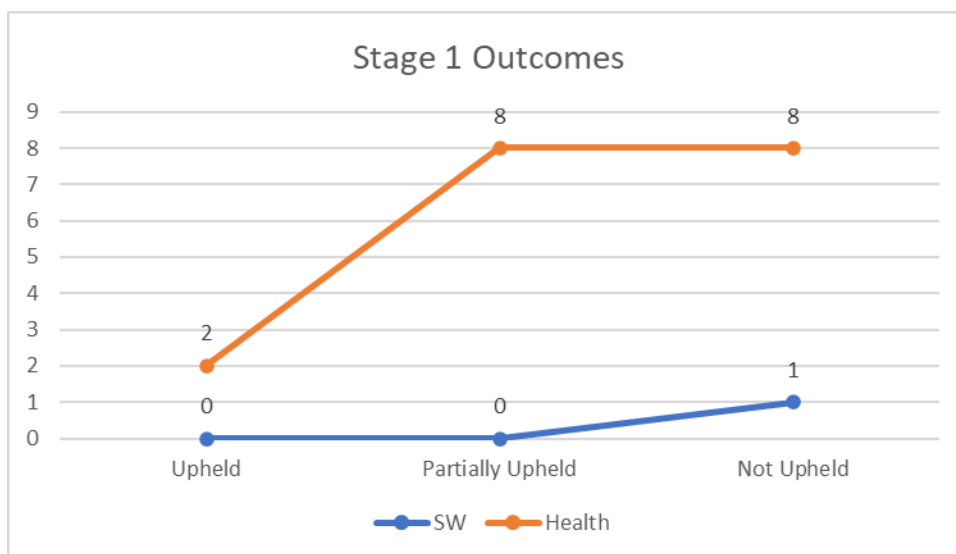
Stage 2 Esc	Q1		Q2		Q3		Q4	
Social Care	0	-	2	100%	0	-	0	-
Health	0	-	4	80%	4	67%	3	50%

5.13 We recognise the importance of completing complaints within timescales. Our feedback teams are working together and regularly reviewing open complaints to understand where improvements can be made in ensuring timescales can be met. However, due to the nature of our services, there will be complaints which cannot be completed within timescales due to their complexities.

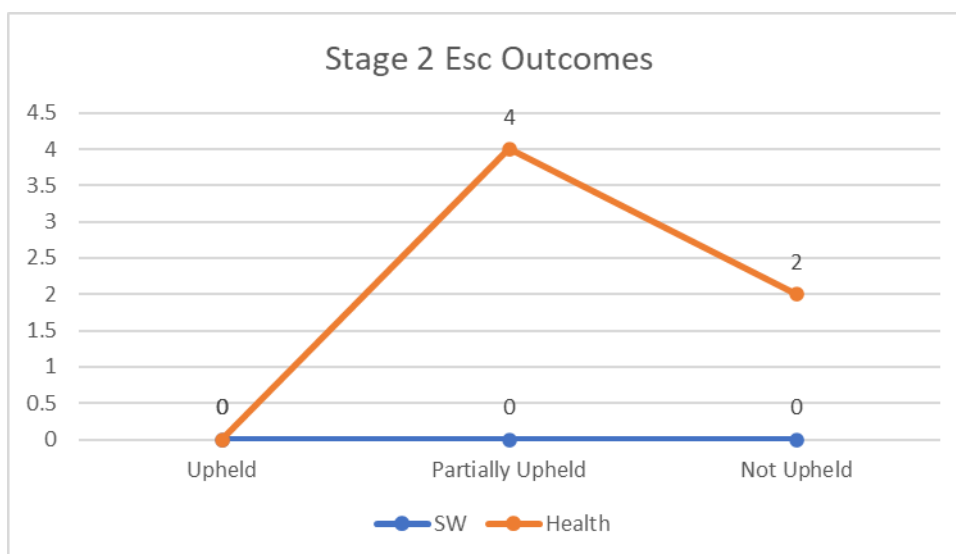
**6 Complaint Outcomes**

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

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







Social Work had no complaints escalated from Stage 1 to stage 2 this quarter.

**7 Planned Service Improvements**

- 7.1 There were 26 partially upheld or upheld complaints for social care which have all identified a cause and have service improvements planned to address these. By putting these planned service improvements in place, we look to minimise complaints of the same nature being received.
- 7.2 An example of this is a complaint which was received regarding an inadequate response to a stage 1 complaint. This was reviewed by a Head of Service and found that the initial response had only completely responded to two of the 6 issues and partially to another two while two were not addressed at all.
- 7.3 These issues were raised with the staff member and advised to improve communication and ensure accuracy of the response before sending out.

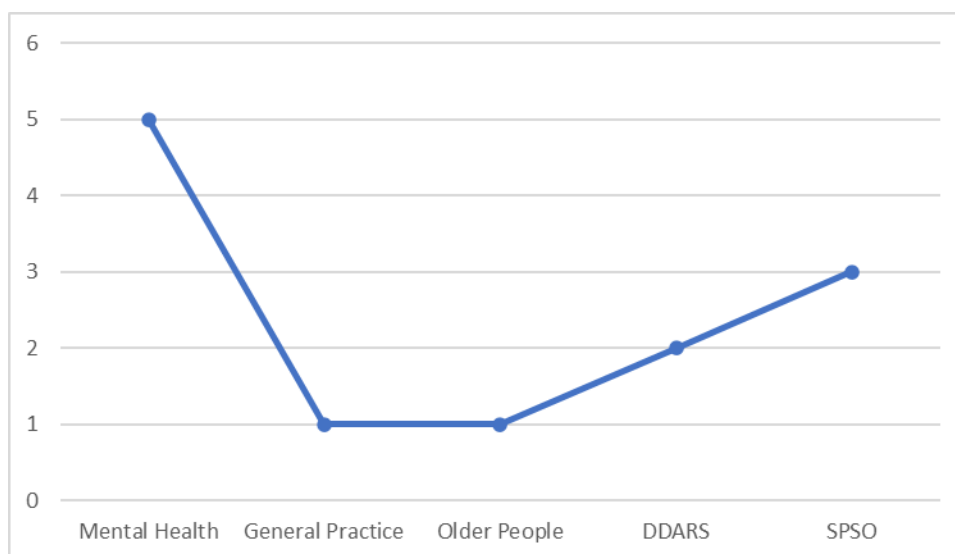
**8 Open Complaints**

8.1 Below is a table of complaints open by length of time at the end of August 2024.

	Total Open	20 days or less	21-39 days	40-99 days	100 days +	180 days +	Average Days
SW	3	1	0	1	1	0	93
Health	9	5	4	0	0	0	20

- 8.2 Health open complaints are now being managed with weekly meetings taking place to discuss developments and issues with a small selection of staff across the service.
- 8.3 Five of the open complaints currently sit within the Mental Health Service which by the nature of the service are more complex and can take longer to resolve.
- 8.4 The longest open complaint within Health sits with Drug and Alcohol Services and is a stage 2 complaint. The response has been prepared.
- 8.5 The longest open complaint within social care is a stage 2 and is sitting with the Learning Disabilities Service. The complaint is complex, and the Investigation Officer is in regular contact with the complainant.

## 8.6 Snapshot of Health open complaints across services



As the graph above shows, when you consider the three open cases with the SPSO, there are 12 complaints in total.

## 9 Compliments

9.1 Below are a selection of compliments received by Dundee Health and Social Care Partnership in the first quarter.

9.2 **April 2024:** Go to physiotherapy at Kings Cross and I feel more confident after it. Really makes a difference and the staff I've seen - XX and XX - have been great.

**June 2024:** I was diagnosed with rheumatoid arthritis several years ago and the care I was given was superb. I recently had a flare up in my hand and contacted the occupational department in Ninewells. I was seen within 2 weeks and have now had 2 sessions, the end result being that my hand is improving. The professional I saw was just that, professional, but kind and caring. I'm still not right but I am working hard on the exercises and am grateful for the support.

9.3 **June 2024:** Following diagnosis of a pathological break in my right humerus I had a nail inserted during an operation at Ninewells Hospital, Dundee. I was then referred to MSK Physiotherapy at Kings Cross HCCC. I am in my 80's and with a diagnosis of leukaemia I was feeling very sorry for myself. The physiotherapist was very positive and reassuring at our first meeting. A planned programme was outlined, and I was urged to throw away my sling! This was a major step for me as the sling had become a physical and psychological crutch. I followed the detailed exercise programme at home and was provided with an illustrated printout. I religiously followed the programme of exercises 3xdaily and although I had some discomfort at the outset it soon became apparent that I was making progress. This was confirmed at my next appointment when I was prescribed additional exercises. I have been discharged but encouraged to continue with the exercise programme. Having been apprehensive at the outset my consultations gave me the encouragement and assurance that I needed. Most importantly the programme I followed strengthened my arm and shoulder and gave me back my quality of life.

## 10 IJB Complaints

No complaints about the Integration Joint Board have been received.

## **11 Care Opinion Implementation**

- 11.1 Dundee Health and Social Care Partnership has subscribed to the Care Opinion platform and work is underway with a small team to develop our service area prior to staff training and launch.
- 11.2 Training dates for Care Opinion Staff Awareness, Responder, Administration, and Framing the Ask have been set for late October and November.

## **12.0 POLICY IMPLICATIONS**

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

## **13.0 RISK ASSESSMENT**

This report has not been subject to a risk assessment as it is provided for information and does not require a policy decision from the PAC.

## **14.0 CONSULTATIONS**

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

## **15.0 BACKGROUND PAPERS**

None

Kathryn Sharp  
Acting Head of Service, Strategic Services

DATE: 21 August 2024

Cheryl Russell  
Customer Care and Governance Officer

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**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 25 SEPTEMBER 2024

**REPORT ON:** DHSCP STRATEGIC RISK REGISTER UPDATE

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC33-2024

## **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to update the Performance and Audit Committee in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the content of this Strategic Risk Register Update report.
- 2.2 Note the extract from the Strategic Risk register attached at Appendix 1 to this report.

## **3.0 FINANCIAL IMPLICATIONS**

3.1 None

## **4.0 MAIN TEXT**

- 4.1 The Dundee HSCP Strategic Risk Register is available to Dundee City Council Risk and Assurance Board through the Ideagen Risk Management system.
- 4.2 Operational Risks are reviewed by the Clinical Care and Professional Governance forum with any significant areas of concern which may impact on the ability of the IJB to deliver its Strategic and Commissioning Plan reported to the PAC through the Clinical Care and Professional Governance Group's Chairs Assurance Report.
- 4.3 Operational Risks which should be escalated are identified through Senior Management meetings, the Clinical Care and Professional Governance Risk forum and are reported through reports to the PAC or IJB as appropriate.

## **5.0 STRATEGIC RISK REGISTER UPDATE**

- 5.1 There are currently six risks scoring at 20 or 25, which are High Risk Categories.
- 5.2 There are three risks which score at the maximum score of 25 are Staff Resource; Lack of Capital Investment in H&SC Integrated Community Facilities (including Primary Care) and Unable to Maintain IJB Spend.
- 5.3 The Unable to Maintain IJB Spend risk has increased to a score of 25 as the IJB has now entered Financial Recovery.
- 5.4 The Staff Resource risk has remained at the highest score since 2021. The latest risk update highlights how staff resource impacts on the ability to progress the strategic plan actions. The implementation of the Safe Staffing Act is also demonstrating areas where staff resource is

less than the standard. The impact of the half hour reduction of NHS workforce for Agenda for Change will also mean that across services available working week hours will reduce.

- 5.5 Lack of Capital Investment in H&SC Integrated Community Facilities (including Primary Care) remains at the maximum of 25. The Scottish Government 2024/25 Capital Investment Resources available to LAs and NHS Boards has been severely restricted leading to minimal likelihood of resources being made available for community facilities.
- 5.6 The other financial risk: Restrictions on Public Spending remains at the same level of 20. Control factors continue to be updated.
- 5.7 The Primary Care Sustainability risk remains at a score of 20. The most recent update highlights closures of medical practices and Scottish Government funding.
- 5.8 Capacity of Leadership Team remains at a score of 16. This reflects the retirement of a Head of Health and Community Care and Chief Social Work Officer. Control factors include response from partner bodies, review of team structure and sharing of management team duties.
- 5.9 Data Quality risk remains at a score of 16. The Strategy and Performance team are working with operational staff to improve data quality. Forthcoming changes to IT systems include the move from Oracle to SQL for hosting Mosaic and the change from DCC IT system Citrix which will impact on reporting mechanisms. Quality, Data, and Intelligence team are working with IT to improve reporting mechanisms and decide on most efficient and resilient reporting systems (e.g. Power BI, Crystal).
- 5.10 Increased Bureaucracy risk remains at a score of 16. This is due to the potential for additional bureaucracy through the Scottish Government Covid Enquiry and National Care Service development.
- 5.11 National Care Service risk has decreased to a score of 20 (Impact 4 x Likelihood 5). We are still not able to assess the impact of the National Care Service on the IJB's ability to carry out its Strategic Plan.
- 5.12 The Viability of External providers risk remains at a score of 16 and the most recent update highlights the difficulties external providers face in staff recruitment and increasing reliance on agency staff.

## **6.0 POLICY IMPLICATIONS**

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

## **7.0 RISK ASSESSMENT**

- 7.1 No risk assessment is necessary for this report.

## **8.0 CONSULTATIONS**

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

**9.0 BACKGROUND PAPERS**

9.1 None

Kathryn Sharp  
Acting Head of Service, Strategic Planning, Health Improvement and  
Commissioning

DATE: 29 August 2024

Clare Lewis-Robertson  
Lead Officer (Strategic Planning and Business Support)

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Description	Lead Director/Owner	Current Assessment			Status	Date Last Reviewed
		L	C	Exp		
<p><b>Unable to maintain IJB Spend</b> IJB is unable to maintain spend within allocated resources which could lead to being unable to deliver on the Strategic &amp; Commissioning Plan.</p> <p><b>Latest update</b> The IJB has now moved into Financial Recovery</p> <p>Control factors</p> <ul style="list-style-type: none"> <li>• Financial monitoring systems</li> <li>• Increase in reserves</li> <li>• Management of vacancies and discretionary spend</li> <li>• MSG and external audit recommendations</li> <li>• Savings and Transformation Plan</li> <li>• Financial Recovery</li> </ul>	Dundee HSCP Chief Finance Officer	5	5	25	↑	28/08/2024
<p><b>Staff Resource</b></p> <p>The volume of staff resource required to develop effective integrated arrangements while continuing to undertake existing roles / responsibilities / workload of key individuals may impact on organisational priorities, operational delivery to support delivery of effective integrated services. Corporate processes in partner bodies can lead to delays in recruitment. Market conditions can impact on ability to appoint suitable staff in a timely way. Impact on levels of staff absence impact on staff resource.</p> <p><b>Latest update</b></p> <p>Ability to progress strategic plan actions are impacted by staff resource available.</p> <p>Implementation of safe staffing act is demonstrating the levels of staffing operationally.</p> <p>Impact of half hour reduction of NHS workforce for Agenda for Change will mean that across services available working week hours will reduce.</p> <p><b>Control factors</b></p> <ul style="list-style-type: none"> <li>• Additional focus on Absence Management</li> <li>• Development of new models of care</li> <li>• Organisational Development Strategy</li> </ul>	Dundee HSCP Chief Officer	5	5	25	→	28/08/2024

<ul style="list-style-type: none"> <li>Recruitment</li> <li>Safe Staffing Act recording tools</li> <li>Service Redesign</li> <li>Workforce plan</li> <li>Workforce wellbeing actions.</li> </ul>						
<p><b>Lack of Capital Investment in Community Facilities (including Primary Care)</b> Restrictions in access to capital funding from the statutory partner bodies and Scottish Government to invest in existing and potential new developments to enhance community based health and social care services.</p> <p>Latest update Scot Gov 2024/25 Capital Investment Resources available to LAs and NHS Boards has been severely restricted leading to minimal likelihood of resources being made available for community facilities.</p> <p><b>Control factors</b> Development of IJB Property Strategy Joint working with Partner Bodies over alternative opportunities Reshaping non-acute care project</p>	Dundee HSCP Chief Officer and Chief Finance Officer	5	5	25	→	28/08/2024
<p><b>National Care Service</b></p> <p>The recent legislation published on the establishment of the National Care Service sets out plans to introduce Local Care Boards with the abolition of Integration Joint Boards</p> <p><b>Latest update</b> Our ability to assess the impact of the National Care Service is not fully known.</p>	Dundee HSCP Chief Officer	4	5	20	→	28/08/2024
<p><b>Primary Care Sustainability</b></p> <p>Continued challenges around the sustained primary care services, arising from recruitment, inadequate infrastructure including IT and location, and inadequate funding to fully implement the Primary Care improvement plan.</p> <p><b>Latest update</b></p>	Dundee HSCP Chief Officer	4	5	20	→	28/08/2024

<p>The recent closure of Invergowrie, Ryehill and Park Avenue Medical Practices has meant that the Primary Care Risk remains high. Progress around development of Primary Care Improvement Plan has been impacted by the Scottish Government's changed stance on funding through instructing IJB's to utilise primary care improvement funding reserves before drawing down Scottish Government funding. The Capital Planning for 2027 means that planning for leases will be challenging.</p>						
<p><b>Restrictions on Public Sector Funding</b></p> <p>Continuing restrictions on public sector funding will impact on Local Authority and NHS budget settlements in the medium term impacting on the ability to provide sufficient funding required to support services delivered by the IJB. This could lead to the IJB failing to meet its aims within anticipated timescales as set out in its Strategic and Commissioning Plan.</p> <p><b>Latest Update</b></p> <p>Scot Gov medium term financial strategy published in May 2023, this highlights a significant gap in Scottish funding over the next 4 financial years. We await the May 24 publication, however national scot gov to NHS and LA's highlight the deteriorating position and ongoing challenges.</p> <p>Mitigating factors - include the development of the IJB's financial 5 year framework and transformation programme alongside strategic investment of IJB's reserves.</p> <p>Control factors</p> <ul style="list-style-type: none"> <li>Budgeting Arrangements</li> <li>MSG and external audit recommendations</li> <li>Savings and Transformation Plan</li> </ul>	<p>Dundee HSCP Chief Finance Officer</p>	<p>5</p>	<p>4</p>	<p>20</p>	<p>→</p>	<p>28/08/2024</p>
<p><b>Dundee Drug and Alcohol Recovery Service</b></p> <p>Several risks for the Drug and Alcohol Recovery Service (formerly Integrated Substance Misuse Service) escalated from the Operational Risk Register. These include:</p> <ul style="list-style-type: none"> <li>Insufficient numbers of staff in integrated substance misuse service with prescribing competencies.</li> <li>Increasing Patient demand in excess of resources</li> </ul>	<p>Dundee HSCP Chief Officer</p>	<p>4</p>	<p>4</p>	<p>16</p>	<p>→</p>	<p>28/08/2024</p>

<ul style="list-style-type: none"> <li>• Current funding insufficient to undertake the service redesign of the integrated substance misuse service</li> <li>• COVID-19 Maintaining Safe Substance Misuse Service</li> <li>• Nursing Workforce</li> </ul> <p><b>Latest Update</b></p> <p>There has been a reduction in risk that is evidenced by the progress made in Dundee on the MAT standards .Feedback from the Mat standards implementation team (MIST)</p> <p>Dundee (in fact Tayside) was on monthly reporting to support early steps of progress against the background of a need to reduce risk and improve</p> <p>A vital role in the progress is also feedback we have had from the people that use our services. This dialogue with those who have lived experience and those who care for them is at an early stage, but this will be a primary driving force throughout all the work we are doing to improve and reduce risk of harm from drug and/or alcohol use</p> <p>There continue to be improvements that are required due to the level of drug death being higher than anyone would hope or expect. Figures show there has been some reduction but it's too early to confirm that has been due to steps we have taken so far. It is hoped that by sustaining the progress on MAT standards 1-5 and now starting major work on Standards 6-10 we will continue to see progress and a downward trend of risk and drug deaths.</p>						
<p><b>Cost of Living Crisis</b></p> <p>Cost of living and inflation will impact on both service users and staff , in addition to the economic consequences on availability of financial resources. This is likely to have a significant impact on population health and the challenge this will present to the IJB in delivering its strategic priorities.</p> <p>Latest update</p> <p>The increased cost of living and inflation will impact on service users and staff , in addition to the economic consequences on availability of financial resources. This is likely to have a significant impact on population health</p> <p>Actions reflected in the HSCP's delivery plan to implement the priorities in the IJB's strategic plan will take cognisance of this impact.</p>	Dundee HSCP Chief Officer and Chief Finance Officer	4	4	16	→	28/08/2024

<p>The work being undertaken by Engage Dundee continues to inform DHSCP and will aid efforts to tackle inequalities and support residents to cope in the current financial climate</p> <p>Control Factors</p> <ul style="list-style-type: none"> <li>Engage Dundee</li> <li>Fairness and Equality Workstreams</li> <li>Focus of Services identifying those most vulnerable</li> </ul>						
<p><b>Viability of External Providers</b></p> <p>Financial instability / potential collapse of key providers leading to difficulty in ensuring short / medium term service provision. * Inability to source essential services</p> <p>* Financial expectations of third sector cannot be met</p> <p>* Increased cost of service provision</p> <p>* Additional burden on internal services</p> <p>* Quality of service reduces</p> <p>Latest update</p> <p>IJB continues to support the external care providers through its budget process.</p> <p>External providers facing staff recruitment challenges with increased use of agency staff.</p> <p><b>Control factors</b></p> <ul style="list-style-type: none"> <li>Consistent engagement with service providers</li> <li>Internal audit review to partnership's approach to viability of external providers</li> <li>Potential Local or Scottish Government Intervention</li> <li>Robust Contract Monitoring</li> <li>Co-ordination to provider services</li> </ul>	Dundee HSCP Chief Officer	4	4	16	→	28/08/2024
<p><b>Mental Health Services</b></p> <p>There are system wide risks in the Mental Health Service. These include workforce and demand issues.</p> <p>Latest update</p>	Dundee HSCP Chief Officer	4	4	16	→	28/08/2024

<p>Tayside Mental Health Strategy continues to make progress, developments such as the Community Wellbeing Centre will enhance community supports for people with mental health issues.</p> <p>Control factors</p> <ul style="list-style-type: none"> <li>• Development of Tayside Mental Health Strategy</li> <li>• Opening of Hope Point Community Wellbeing Centre</li> </ul>						
<p><b>Escalation of Property Safety Issues</b></p> <p>The Health and Social Care Partnership faces a significant strategic risk due to the due to the ability of the partner bodies to effectively repair and maintain critical health and social care infrastructure, crucial for the safe delivery of care and other essential support services</p> <p>Latest update</p> <p>Current areas of concern highlighted are at Kingsway Care Centre, RVH and DCC Records Store.</p> <p>Control factors include Property Rationalisation programme and escalation of these issues by Chief Officer.</p>	Dundee HSCP Chief Officer	4	4	16	→	28/08/2024
<p><b>Capacity of Leadership Team</b></p> <p>Capacity of management team</p> <p>Latest update</p> <p>Several factors have contributed to the increase in likelihood for this risk, including the planned retirement of a Head of Health and Community Care and Chief Social Work Officer.</p> <p>The leadership team continue to be impacted by workload pressures of the wider workforce recruitment challenges. This is likely to be exacerbated as preparations for the introduction of the NCS develop over the coming period. The implementation of the new Leadership structure on a permanent basis will consolidate and provide clarity to roles.</p> <p>Control factors</p> <ul style="list-style-type: none"> <li>• Response from Partner bodies</li> <li>• Review of Senior Management Team Structure</li> <li>• Sharing of Management Team duties</li> </ul>	Dundee HSCP Chief Officer	4	4	16	→	28/08/2024
<p><b>Data Quality</b></p>	Senior Manager	4	4	16	→	28/08/2024

<p>Data Quality of information on Mosaic case recording system is not accurate leading to difficulties in providing statutory government returns and accurate billing for billable services delivered.</p> <p><b>Latest Update</b></p> <p>Strategy and Performance research team are working with operational staff to improve data quality.</p> <p>Forthcoming changes to IT systems include the move from Oracle to sql for hosting Mosaic and the change from DCC IT system Citrix which will impact on reporting mechanisms.</p> <p>Quality, Data and Intelligence team are working with IT to improve reporting mechanisms and decide on most efficient and resilient reporting systems (e.g. Power BI, Crystal).</p>						
<p><b>Increased Bureaucracy</b></p> <p>Governance mechanisms between the IJB and partners could lead to increased bureaucracy in order to satisfy the assurance arrangements required to be put in place.</p> <p><b>Latest update</b></p> <p>Potential for additional bureaucracy through Scot Gov Covid enquiry and National Care Service development.</p> <p><b>Control factors</b></p> <ul style="list-style-type: none"> <li>• Support and roles</li> <li>• Work with partner bodies to streamline report requirements for respective accountabilities</li> </ul>	Dundee HSCP Chief Officer	4	4	16	→	28/08/2024
<p><b>Changes to IT Systems</b></p> <p>There are significant changes coming to IT systems across DHSCP. These include move from Citrix to AWS. There are also moves from hosting Mosaic, Case Management system from Oracle to sql and issues arising from changes to reporting. There are also difficulties in ensuring access to information on Sharepoint between DCC and NHST. Hybrid working is being affected by these challenges. Morse is being implemented in NHST.</p> <p><b>Latest Update</b></p> <p>Short timescales for implementation of change from Citrix is</p>	Dundee HSCP Chief Officer	4	4	16	→	28/08/2024
<p><b>Implementation of Safe Staffing</b></p> <p>Risk is around management teams capacity to ensure staff awareness and utilise appropriate recording systems.</p>	Dundee HSCP Head Of Health and Community Care	3	4	12	→	28/08/2024

<p>Latest Update</p> <p>Control factors being developed to ensure: Safe level recording in real time; Gap Mitigation; Escalation systems; Identification of Chronic Issues.</p>						
<p><b>Employment Terms</b></p> <p>Differing employment terms could expose the partnership to equality claims and impact on staff morale.</p> <p>Latest Update</p> <p>Management continue to have an overview of where issues arise within integrated teams with differing employment terms, and continue to assess and review within integrated teams.</p>	Dundee HSCP Chief Officer	3	3	9	→	28/08/2024
<p><b>Category One Responder</b></p> <p>Additional responsibilities associated with Category 1 responder status are not supported by additional resources from Scottish Government and existing resources are not sufficient to meet statutory duties.</p> <p>Latest Update</p> <p>A report was taken to the IJB in June 2024 on Category One Responder arrangements.</p>	Dundee HSCP Chief Officer	2	4	8	→	28/08/2024
<p><b>Governance Arrangements being Established fail to Discharge Duties</b></p> <p>Clinical, Care &amp; Professional Governance arrangements being established fail to discharge the duties required.</p> <p>The IJB's Governance arrangements were assessed as weak/unsatisfactory.</p> <p>Latest update</p> <p>Reports from CCPG to the PAC consistently provide a level of reasonable assurance of good and sound governance. leading to a reduction in the likelihood of this risk occurring..</p> <p>This risk will be revisited when we receive the Internal and External Audit governance report conclusions, with a view to potentially archiving.</p> <p>Control factors</p> <ul style="list-style-type: none"> <li>Development of IJB Member Governance development sessions</li> <li>Implement Governance Action Plan</li> </ul>	Dundee HSCP Chief Officer	2	4	8	→	28/08/2024



• Review of processes established							
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New Risks for entry

Information Governance							
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Archived

No risks have been archived since the last Risk Register update							
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Risk Status	
↑	Increased level of risk exposure
→	Same level of risk exposure
↓	Reduction in level of risk exposure
x	Treated/Archived or Closed

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**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 25 SEPTEMBER 2024

**REPORT ON:** MENTAL HEALTH SERVICES INDICATORS – 2023/24 QUARTER 4

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC26-2024

## **1.0 PURPOSE OF REPORT**

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

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the content of this report, including current performance against the suite of mental health service indicators (section 6 and appendix 1).
- 2.2 Note the operational and strategic supporting narrative in the context of the trends in performance and activity (section 7).

## **3.0 FINANCIAL IMPLICATIONS**

3.1 None.

## **4.0 BACKGROUND INFORMATION**

- 4.1 The suite of mental health measures (Appendix 1) for Dundee is intended to provide assurance and allow for scrutiny of mental health services delegated to Dundee Integration Joint Board. The suite of indicators is dynamic and can be revised and enhanced based on feedback from PAC members and other stakeholders.
- 4.2 In all data reports with public accessibility, content and disaggregation has been reviewed in order to comply with General Data Protection Regulation and ultimately to ensure that individuals cannot be identified.

## **5.0 LOCAL CONTEXT**

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

- 5.2 There is a higher rate of people with mental health conditions living in Lochee, East End and Coldside than in other Local Community Planning Partnership areas (LCPPs). East End has more than double the rate of people with a mental health condition, compared with The Ferry.
- 5.3 In the 2011 Census (2022 figures not yet available) 31% of people with mental health conditions in Dundee rated their health as bad or very bad. There is variation between LCPP areas in terms of self-reported mental health conditions, ranging from 35% in the East End to 25% in the West End, of people who rated their health as bad or very bad.
- 5.4 In Dundee life expectancy is ten years lower for people with a mental health condition (66.8 years) compared with the general Dundee population (76.8 years).
- 5.5 It is estimated from Scottish Health Survey data that around a third (33%) of all adults age 16+ in Dundee have a limiting long-term physical or mental health condition. Results from the Scottish Burden of Disease study suggest that the population of Dundee experiences a higher rate of burden of disease (a combined effect of early deaths, and years impacted by living with a health condition) compared with Scotland, for a number of health conditions, including cardiovascular disease, COPD, Mental Health and Substance Use disorders, and diabetes.
- 5.6 The effects of COVID-19 on the population has further widened the social and health inequalities gap and many people are finding it more difficult than ever to cope across many aspects of their life. Engage Dundee found that the most common difficulties reported by respondents during the pandemic were regarding mental health (37%).
- 5.7 The Kings Fund review of long-term conditions and mental health reported that those with long-term conditions and co-morbid mental health problems disproportionately lived in deprived areas with access to fewer resources.
- 5.8 Dundee on average has around 70 children on the child protection register at any one time and around one third are placed on the register due to parental mental illness.
- 5.9 In August 2023, the National Records of Scotland published its statistics for probable deaths by suicide in 2022. Across Scotland there was an increase in probable suicides (9 deaths) from the 2021 figures, with a total of 762 deaths in 2022. In Dundee specifically, in 2022, 29 people died by probable suicide, this is an increase of four people from 2021 (for comparison 2000=34, 2019=33, 2018=34). The rate was higher than the Scottish average in Highland, Dundee City, East Ayrshire and Perth and Kinross council areas. Suicide rates for males are still twice as high as females however it is worth recognising that female deaths across Scotland in 2022 increased by 18 and males decreased by 9 on the previous year.

## **6.0 WHAT THE DATA IS TELLING US**

- 6.1 The rate of Mental Health admissions for the under 65 age group has increased across all hospital admissions and emergency admissions and the rate of Mental Health admissions for the age 65+ age group decreased across all hospital admissions and emergency admissions. For both age groups, there is substantial variation by Local Community Planning Partnership (LCPP), with the most deprived localities having the highest rate of admissions.
- 6.2 The rate of Mental Health bed days for the under 65 and 65+ age groups has increased across all hospital admissions and emergency admissions. For both age groups, there is substantial variation by LCPP, with the most deprived localities having the highest rate of admissions.
- 6.3 When benchmarked across the 8 Family Group Partnerships and compared with Scotland, Dundee has the 2<sup>nd</sup> highest rate of mental health emergency bed days for ages 18-64 and for ages 65+.
- 6.4 The number of new referrals to psychological therapies has increased with most new referrals coming from Lochee (549 referrals).
- 6.5 The % of patients referred to psychological therapies who commenced their treatment within 18 weeks of referral (completed waits) has risen from 46% in Q1 21/22 to 71% in Q4 23/24.

- 6.6 The number of community-based mental health appointments from Dundee Crisis Team has decreased, whereas the number from Dundee Community Mental Health West Team has increased. The number from Dundee Community Mental Health East Team has remained constant over the reporting period. The number of people discharged without being seen decreased from 907 in "021/22 Q1 to 458 in 2023/24 Q4. The number of community-based mental health return appointments for every new patient seen is currently an average of 11.
- 6.7 The number of new referrals to Psychiatry of Old Age dipped at Q1 22/23 and has since increased. The % of referrals accepted has decreased since Q3 22/23. At Q4 23/24, the highest number of new referrals came from The Ferry and the lowest number came from West End. The average number of return appointments for every patient seen is 12.
- 6.8 The number of new referrals to Learning Disabilities services has increased from 177 in Q1 21/22 to 356 in Q4 23/24. The highest number of new referrals was from Coldside and the lowest number was from The Ferry. The % of referrals accepted decreased from 75% at Q1 21/22 to 57% at Q4 23/24. The average number of return appointments for every new patient seen at Q4 23/24 was 11, which has decreased from 18 in Q1 21/22.
- 6.9 The number of new referrals to the Social Work Mental Health Officer Team and the Community Mental Health Team for younger age groups has decreased during the reporting period. The number of new referrals to the Social Work Community Mental Health Team for older people increased from 131 at Q4 21/22 to 189 at Q4 23/24.
- 6.10 The number of local authority guardian applications was 60 during Q4 2023/24 and the number of Private Guardianship applications increased from 53 in Q1 21/22 to 73 in Q4 23/24.

## **7.0 OPERATIONAL CONTEXT / ACHIEVEMENTS / AREAS FOR FURTHER DEVELOPMENT**

- 7.1 Hope Point Dundee continues to provide an initial contact point for anyone in Dundee who experience distress. At the end of Q4 23/24 the service had received 2,466 contacts. The service, where appropriate, captures information from people about their level of distress at the start and end of their contact with them; 100% of people who were asked reported a decrease in their level of distress (average 3.6 point reduction on a scale of 1 to 10).
- 7.2 The Patient Assessment and Liaison Mental Health Service (PALMS), hosted by Dundee Adult Psychological Therapies Service, continues to utilise the expertise of Mental Health Nurses within GP practices to support adults who are not already engaged with statutory mental health or psychology services. This is part of a range of support available to people via GP practices, which also includes the NHS Tayside Community Listening Service, Sources of Support Service and Distress Brief Interventions (DBIs). Between April 2023 and March 2024, 834 individuals were referred to DBI in Dundee. 82 referrals were from Police Scotland and 752 from Primary Care
- 7.3 Progress within the Mental Health and Learning Disability Whole Systems Change Programme was reported to the IJB in August 2024 (report DIJB51-2024 refers). Key areas of progress highlighted within the report included:
- Model of Care Development – a Steering Group has been established, including membership from advocacy organisations. An early draft of the model, which aims to deliver a community mental health framework that integrates secondary, primary and community mental health services, has been produced and will now be subject to further stakeholder involvement.
  - Learning Disabilities Services Redesign – the V&A Dundee design accelerator event has led to the establishment of a number of task and finish workstreams, including crisis support, individualised care, alliance commissioning approaches and improved voice for people with learning disabilities.

- Engagement and co-production – the ‘Care and Share Together’ approach is being used to ensure ongoing sustainable and meaningful engagement and a dedicated co-production development officer is now in place.

In addition, work has been progressed in relation to the development of Neurodiversity pathways. This includes pathways for ASD (Autistic Spectrum Disorder) and ADHD, as well as EUPD (Emotionally Unstable Personality Disorder). NHS Tayside is a national pathfinder for Early Intervention in Psychosis (EIP) services where there has been evidence of positive outcomes and reduced in-patient re-admissions, with work ongoing to consider resource and roll-out.

- 7.4 Scottish Autism were commissioned to introduce a Test of Change Project which started in May 2024. The Connections service provides information, advice and support for adults who identify as Autistic. The service can be provided via the telephone or face-to-face and includes an offer of Peer Support Groups. There has been a recent formal launch event with associated publicity to encourage individuals, carers and families to contact the service.
- 7.5 Work has commenced on a Joint Advocacy Strategy (JAS) Project for Dundee. The post of Project Manager has been funded through the Whole Family Wellbeing Fund for two years. Project work will include supporting people’s voices to be heard across a number of different strategies and creating a forum of Independent and non-independent advocacy provision.
- 7.6 The Learning Disability Strategic Planning Group (SPG) continues to meet in person on a 2 monthly basis. The meetings include regular input from Advocators from Advocating Together who provide feedback from the local population gained through involvement activity and self-advocacy groups.
- The SPG receive regular updates about the Dundee information on the Scottish Government Dynamic Support Register. The anonymised information advises about the number of people who are placed out of Dundee area, people who are placed out of area inappropriately, people who are in hospital experiencing a delayed discharge and people who are at risk of a placement breakdown. The purpose of the register is support us with information about individuals needs to try to enable more people with complex needs to live within their local communities. It should be noted that there are no inappropriate out-of-area placements of Dundee people.
  - A series of speakers have been arranged to share a spotlight on services and support. These have included an update on the multi-agency New Beginnings Service from a Community Learning Disability Nurse who support parents who have a learning disability from pre-birth and after baby is born.
  - Information about the review of the local Housing Strategy was shared with the SPG and arrangements made for consultation with relevant stakeholders and local people with a Learning Disability. Close liaison continues between Housing Services and Health and Social Care Partnership managers to optimise future planning for anticipated levels of future needs and to ensure care needs are anticipated and met when suitable housing becomes available.
  - The series of Local Information and Engagement Events have continued with the most recent one being for Maryfield Ward at Boomerang Centre. Events are planned for each Electoral ward with 4 areas still outstanding. An additional discussion style event held in late 2023 specifically for carers at the Dundee Carers Centre which had low attendance. The carers who attended confirmed that the local information Events were one of the best ways for them to engage if they wanted to do so.
  - SPG members, in particular Advocating Together, continue robust connections with other local and national Agencies and Forums including Keys to Life Group Participation, Scottish Consultancy for Learning Disability, National Involvement Network and The Assembly.
  - Dundee Learning Disability Providers Forum has reformed following cessation of funding for this to ARC from Scottish Government. The group has been supported in this process by the local Independent Sector (Scottish Care) Lead who will continue to offer support and co-

ordination. This support has been welcomed by this group and brings additional benefit because of the Leads connections to other providers Forums for other services in Dundee.

## 8.0 POLICY IMPLICATIONS

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

## 9.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	Poor performance could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan.
<b>Risk Category</b>	Financial, Governance, Political
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"> <li>- Continue to develop a reporting framework which identifies performance and activity.</li> <li>- Continue to report data to the PAC to highlight performance and activity.</li> <li>- Support operational managers by providing in depth analysis regarding areas of poor performance.</li> <li>- Ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
<b>Approval recommendation</b>	Given the moderate level of planned risk, this risk is deemed to be manageable.

## 10.0 CONSULTATIONS

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

11.0 BACKGROUND PAPERS

11.1 None.

Christine Jones  
Chief Finance Officer

**DATE:** 20 August 2024

Lynsey Webster  
Lead Officer: Quality, Data and Intelligence

Shahida Naeem  
Senior Officer, Finance and Strategic Services

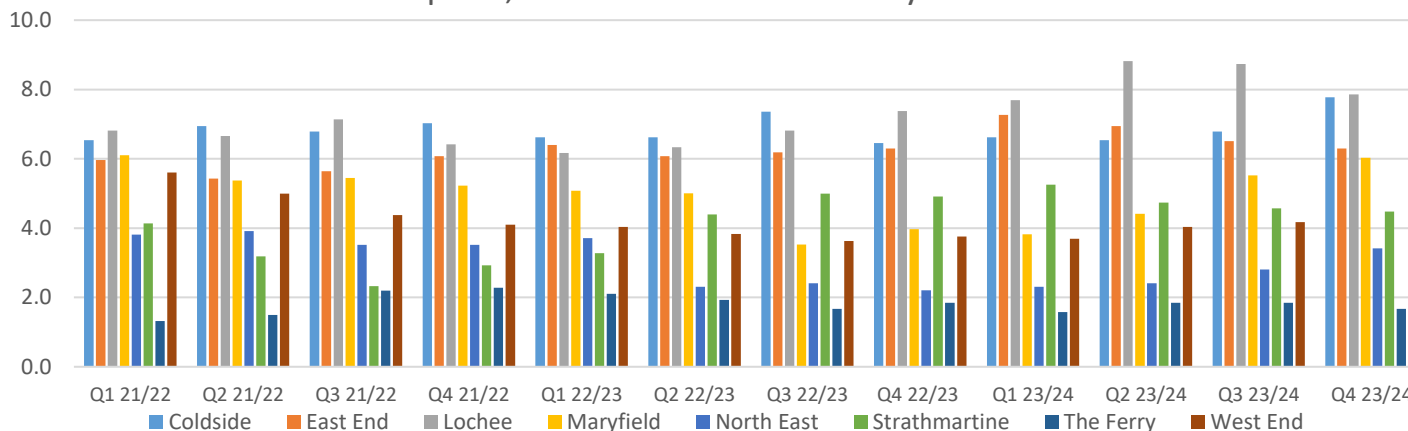
Linda Graham  
Clinical Lead for Mental Health and Learning Disabilities



## APPENDIX 1 – MENTAL HEALTH SERVICES INDICATORS

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Comments/ Analysis
<b>Admissions Summary</b>													
Number of Mental Health <u>ALL</u> Admissions for people aged 18-64	485	456	448	447	443	435	433	437	451	472	489	498	Increasing trend since Q2 21/22.
Number of Mental Health <u>EMERGENCY</u> Admissions for people aged 18- 64	345	333	326	323	307	290	281	287	306	319	338	351	Increasing trend since Q3 22/23.
Rate per 1,000 Mental Health <u>ALL</u> Admissions for people aged 18-64	5.1	4.8	4.7	4.7	4.7	4.6	4.6	4.6	4.8	5.0	5.2	5.2	Increasing trend. Variation by LCPP although note that rates are not standardised. Highest rates in Lochee, followed by Coldside and lowest rates in The Ferry.

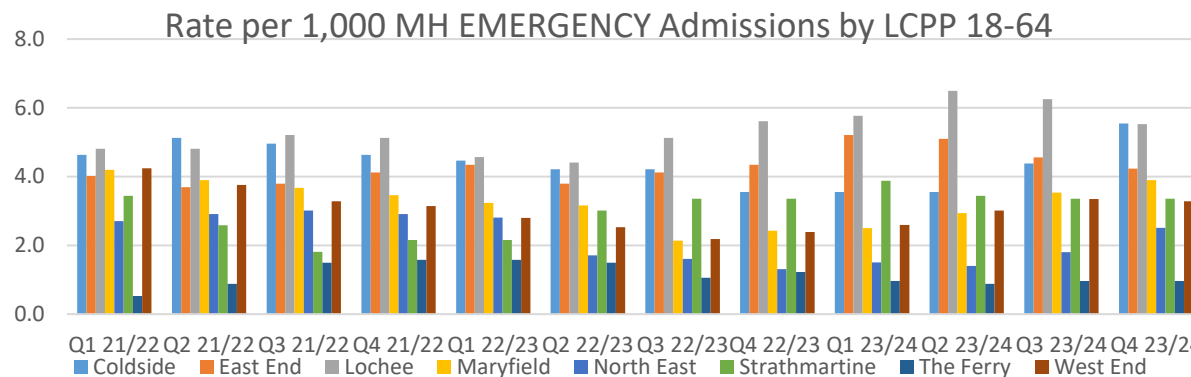
Rate per 1,000 MH ALL Admissions by LCPP 18-64



Rate per 1,000  
Mental Health  
EMERGENCY  
Admissions for  
people aged 18-  
64

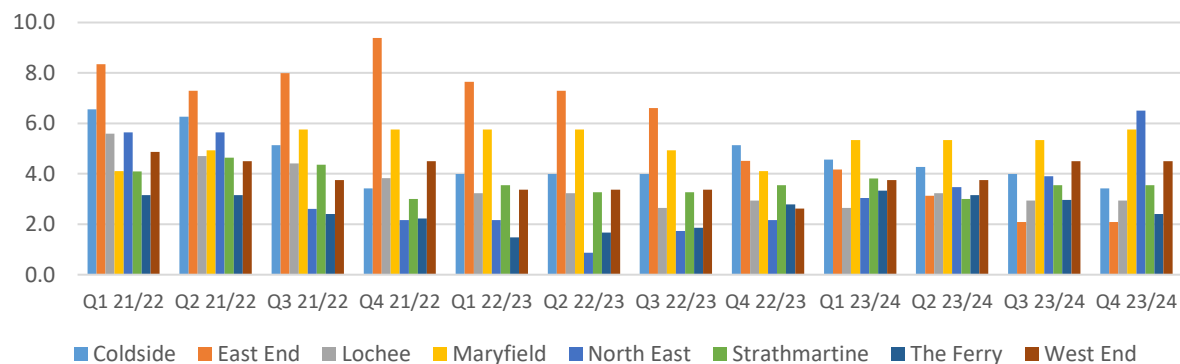
3.6	3.5	3.4	3.4	3.2	3.1	3.0	3.0	3.2	3.4	3.6	3.7
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Increasing trend since Q3 2022/23  
Highest rate in Lochee and Coldside (5.5 rate per 1,000)  
Lowest rate in The Ferry with a rate of 1.0 per 1,000 population.



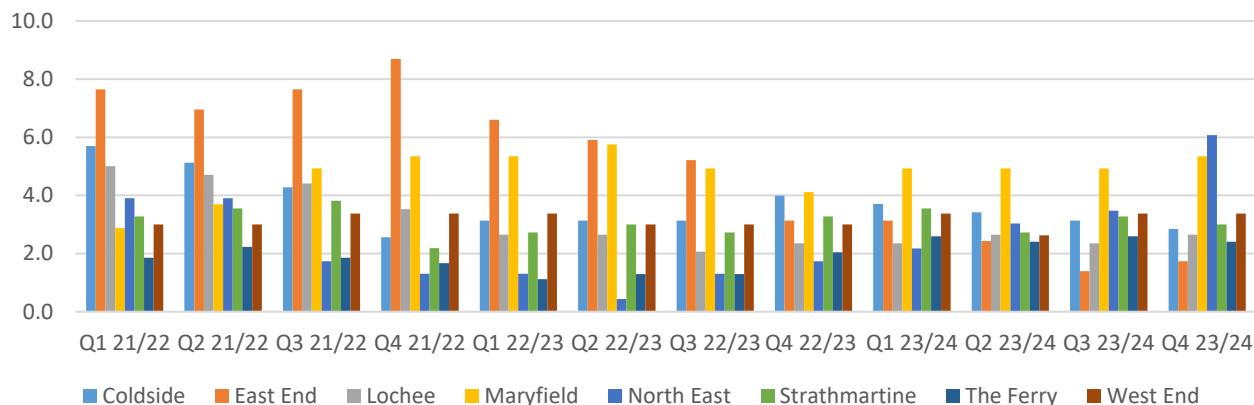
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Comments/ Analysis
Number of Mental Health <u>ALL</u> Admissions for people aged 65+	134	130	115	106	96	92	89	91	99	94	93	95	Downward trend since 21/22.
Number of Mental Health <u>EMERGENCY</u> Admissions for people aged 65+	105	106	10	90	80	79	74	75	83	76	78	83	Downward trend since 21/22.
Rate per 1,000 Mental Health <u>ALL</u> Admissions for people aged 65+	5.1	5.0	4.4	4.0	3.7	3.5	3.4	3.5	3.8	3.6	3.5	3.6	Downward trend. Variation by LCPP although note that rates are not standardised. Highest rates in North East, followed by Maryfield and lowest rate in Eastend.

Rate per 1,000 MH ALL Admissions by LCPP 65+



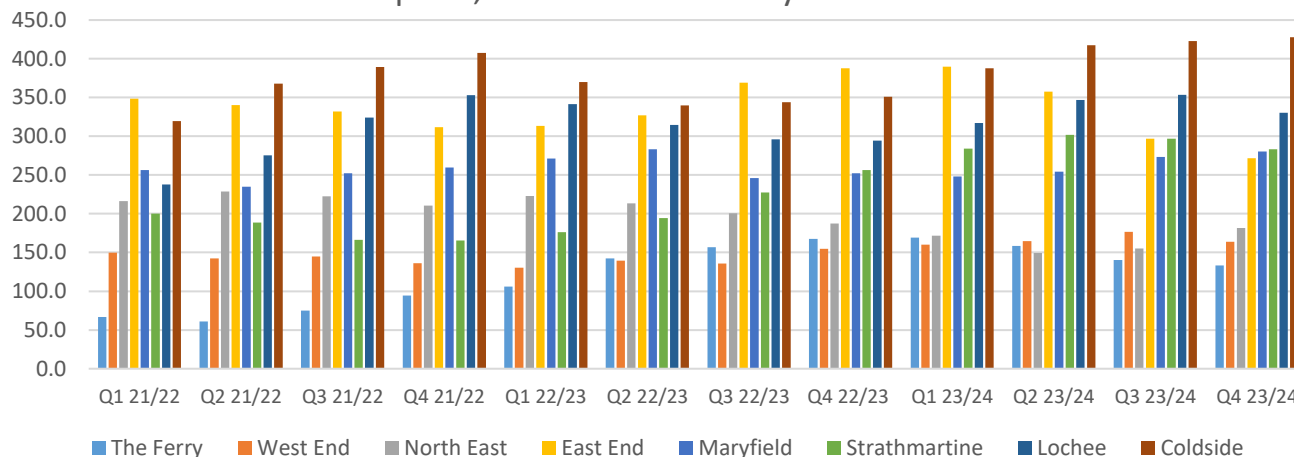
Rate per 1,000 Mental Health <u>EMERGENCY</u> Admissions for people aged 65+	4.0	4.0	3.8	3.4	3.0	3.0	2.8	2.9	3.2	2.9	3.0	3.2	Downward trend. Variation by LCPP although note that rates are not standardised. Highest rates in North East, followed by Maryfield and lowest rate in East End. Downward trend for East End since Q1 21/22.
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Rate per 1,000 MH EMERGENCY Admissions by LCPP 65+



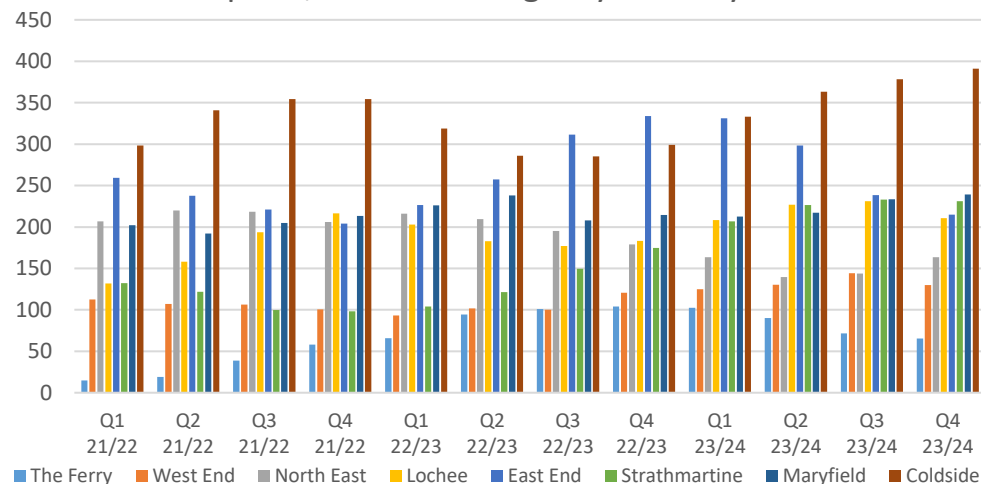
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Comments/ Analysis
Number of Mental Health <u>ALL</u> Bed Days for people aged 18-64	20962	21449	22354	22819	22683	22935	23009	23926	24800	25326	25146	24614	Increasing trend since Q1 2021/22.
Rate per 1,000 Mental Health <u>ALL</u> Bed Days for people aged 18-64	220.8	225.9	235.4	240.3	238.9	241.6	242.3	252	262	266.7	264.8	259.2	An increasing trend, with the highest rate in Coldside and the lowest in The Ferry.

Rate per 1,000 ALL MH Bed Days 18-64

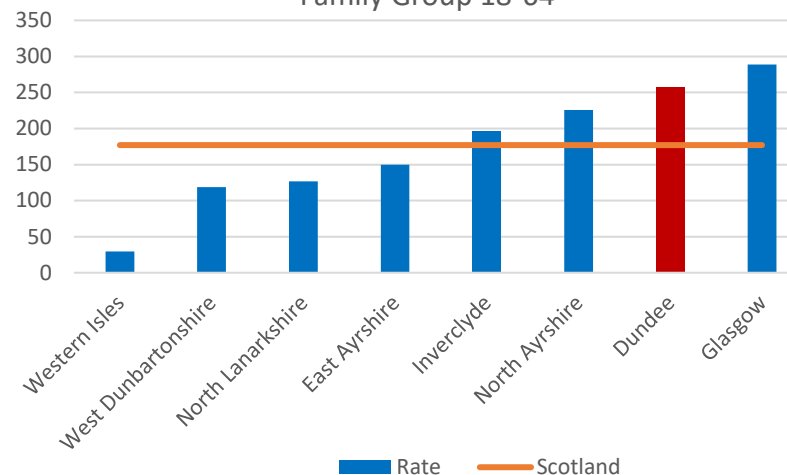


Number of Mental Health <u>EMERGENCY</u> Bed Days for people aged 18-64	15805	16280	16850	17095	17020	17401	17652	18650	19601	19874	19888	19547	Increasing trend for emergency bed days.
Rate per 1,000 Mental Health <u>EMERGENCY</u> Bed Days for people aged 18-64	166.5	171.5	177.5	180	179.3	183.3	185.9	196.4	206.4	209.3	209.5	205.9	Increasing trend with Coldside having the highest rate per 1,000 and The Ferry having the lowest.

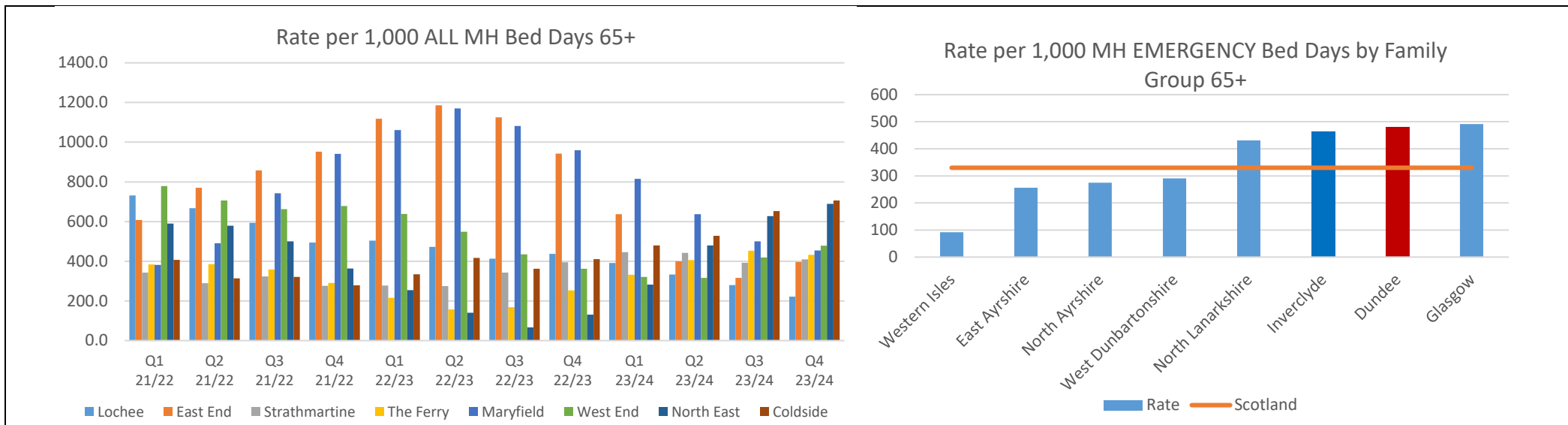
Rate per 1,000 MH Emergency Bed Days 18-64



Rate per 1,000 MH EMERGENCY Bed Days by Family Group 18-64



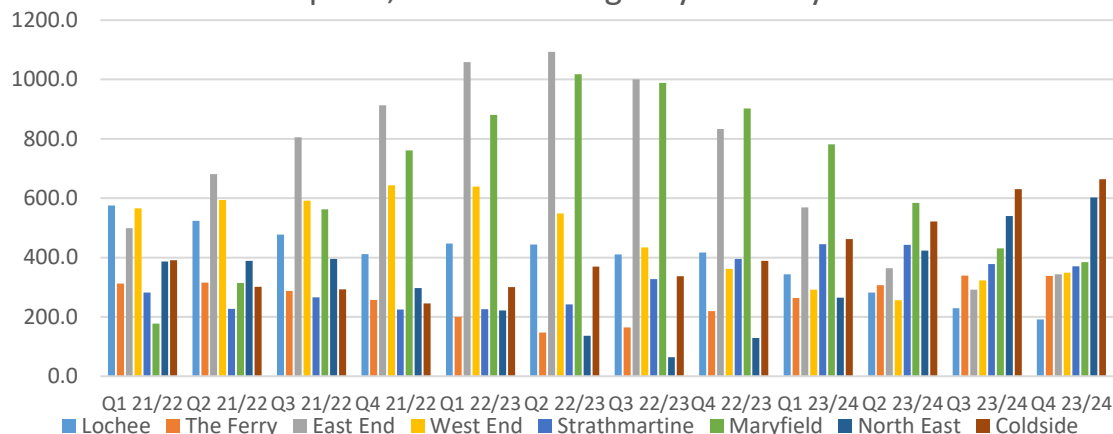
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Comments /Analysis
Number of Mental Health <u>ALL</u> Bed Days for people aged 65+	13354	13134	13454	12908	13148	12971	12019	12052	11754	11438	11806	12173	Downward trend since Q1 21/22.
Rate per 1,000 Mental Health <u>ALL</u> Bed Days for people aged 65+	508.9	500.5	512.7	491.9	501	494.3	458	459.2	447.9	435.8	449.9	463.9	Downward trend. The highest rate is in Coldside and the lowest is in Lochee.



Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Comments /Analysis
Number of Mental Health <u>EMERGENCY</u> Bed Days for people aged 65+	10309	10575	11351	11353	11882	11881	11257	11268	10769	10188	10202	10407	After an increasing trend there has been a decreasing trend for the past few quarters.
Rate per 1,000 Mental Health <u>EMERGENCY</u> Bed Days for people aged 65+	392.8	403	432.5	432.6	452.8	452.7	429	429.4	410.4	388.2	388.8	396.6	Highest rate in Coldside and the lowest in Lochee.

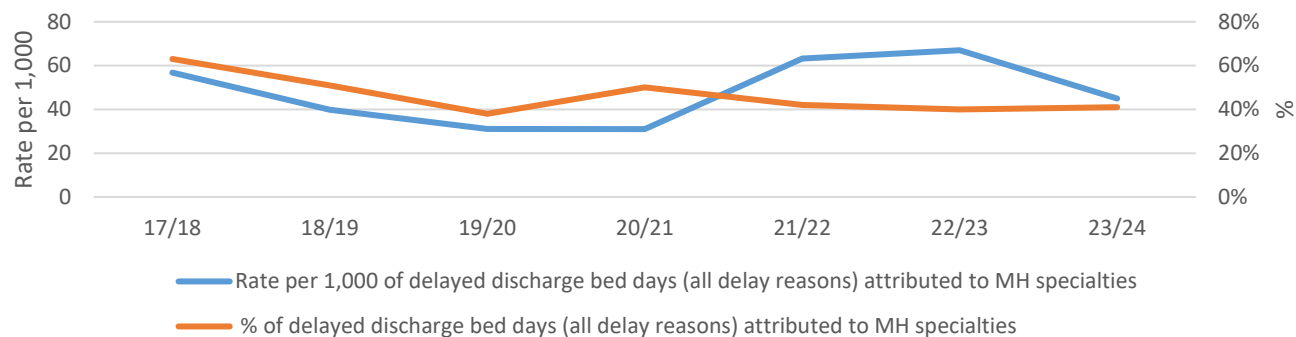


Rate per 1,000 MH Emergency Bed Days 65+



Delayed Discharge for Mental Health Specialities

All Delay Reasons Bed Days

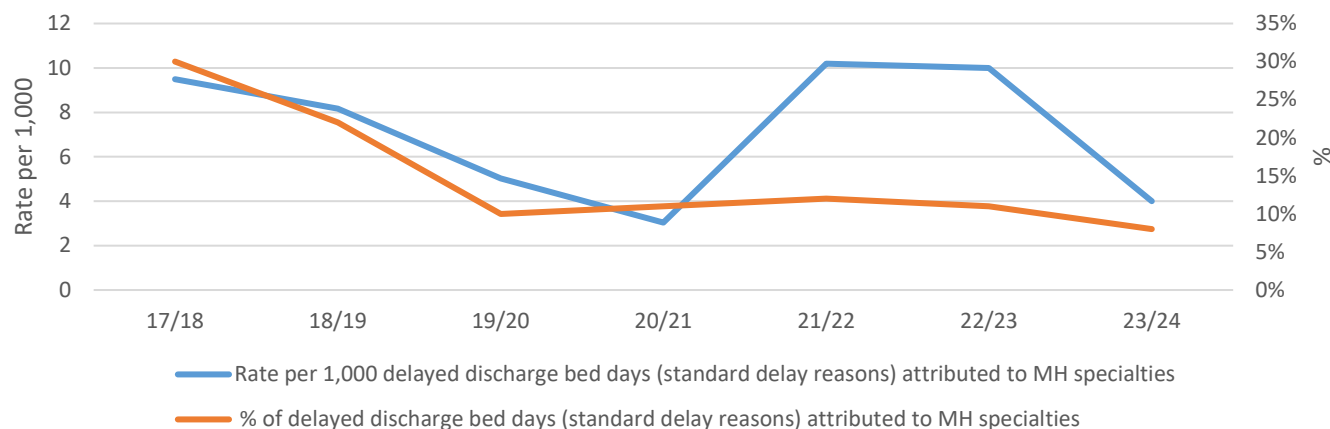


**Comments /Analysis**

Rate per 1,000 delayed discharge bed days (all reasons) attributed to MH specialties increased between 2021/22 and 2022/23 was higher than previous years but had come down for 2023/24. % of delayed discharge bed day (all delay reasons) attributed to MH specialties has been steady in the past few years.

Source: PHS Publication June 2024, Delayed discharges in NHS Scotland annual  
This data is available annually and not available by LCPP level

### Standard Delay Reasons Bed Days

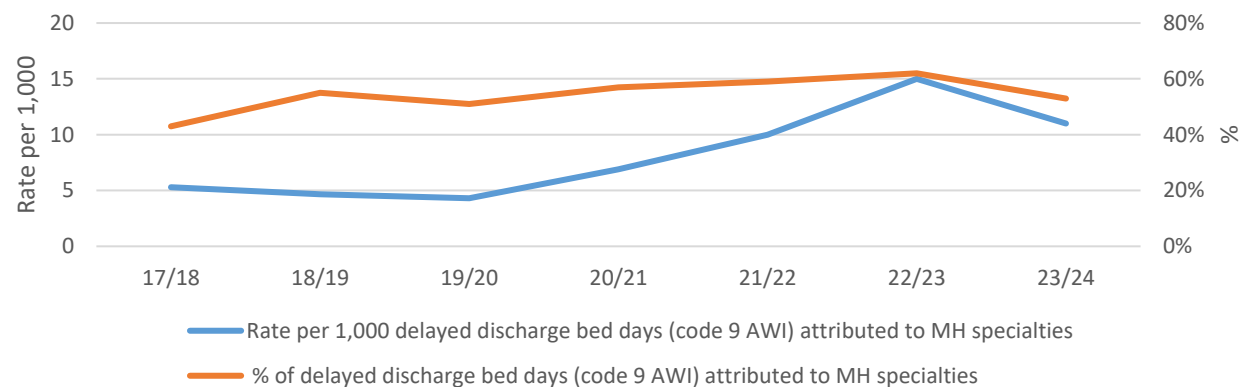


#### Comments /Analysis

Rate per 1,000 delayed discharge bed days (standard delay reasons) attributed to MH specialties has fallen since 2022/23.  
 % of delayed discharge bed days (standard delay reasons) attributed to MH specialties has a decreasing trend.

Source: PHS Publication June 2024, Delayed discharges in NHSScotland annual  
 This data is available annually and not available by LCPP level

### Code 9 AWI Bed Days

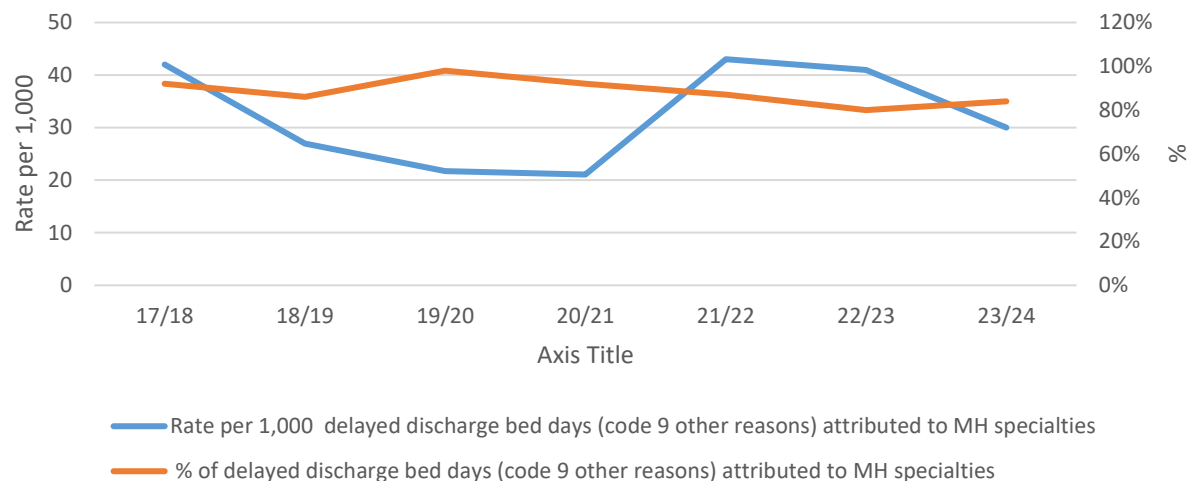


#### Comments /Analysis

Rate per 1,000 delayed discharge bed days (code 9 AWI) attributed to MH specialties has fallen in 2023/24 after an increase in the previous reporting year.  
 % of delayed discharge bed days (code 9 AWI) attributed to MH specialties has decreased in 2023/24.

Source: PHS Publication June 2024, Delayed discharges in NHS Scotland annual  
 This data is available annually and not available by LCPP level

Code 9 Other Reasons (Bed Days)

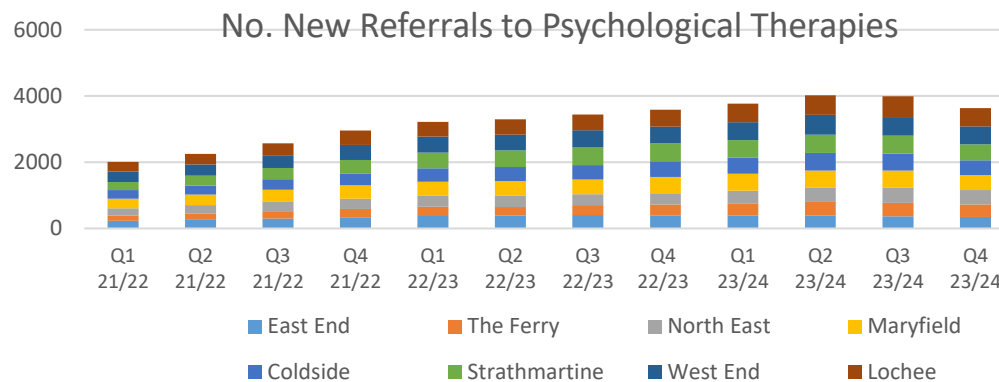


**Comments /Analysis**

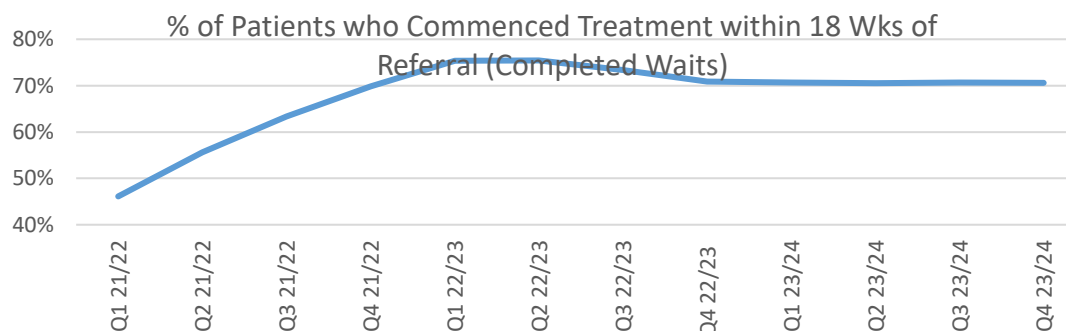
Rate per 1,000 delayed discharge bed days (code 9 other reasons) attributed to MH specialties decreased from 41 in 2022/23 to 30 in 2023/24. % of delayed discharge bed days (code 9 other reasons) attributed to MH specialties increased from 80.21% in 2022/23 to 84% in 2023/24.

Source: PHS Publication June 2024, Delayed discharges in NHS Scotland annual  
This data is available annually and not available by LCPP level

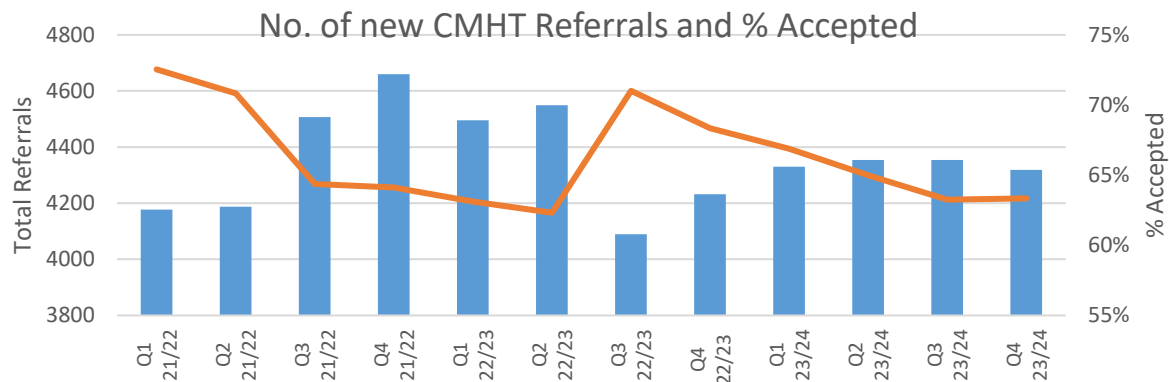
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Comments/ Analysis
<b>Psychological therapies</b>													
Number of NEW referrals to psychological therapies (ALL)	1308	1554	1858	2146	2383	2514	2735	2926	3152	3423	3520	3631	Increasing trend. Most new referrals are from Lochee (549) followed by West End (540) for Q4 23/24).



Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Comments/ Analysis
% of patients referred to psychological therapies who commences their treatment within 18 weeks of referral (completed waits)	46%	56%	63%	70%	75%	75%	73%	71%	71%	71%	71%	71%	Steady trend in the past year.

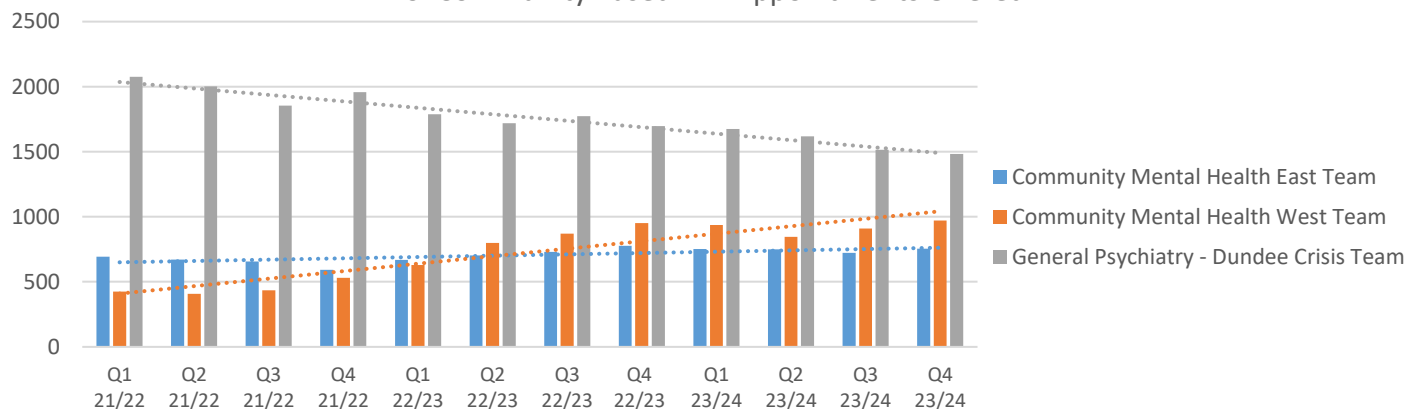


Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Comments /Analysis
Number of ongoing waits – snap shot	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	120	144	This indicator has changed from what was previously reported. This is snap shot data on the number of ongoing wait at the end of that period.
<b>CMHT teams (Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team)</b>													
Number of new referrals to CMHT (and % accepted)	4177 (73%)	4188 (71%)	4507 (64%)	4660 (64%)	4496 (63%)	4549 (62%)	4090 (71%)	4232 (68%)	4330 (67%)	4354 (65%)	4354 (63%)	4319 (63%)	The number of referrals have fluctuated between 4090 Q3 2022/23 and 4660 and at Q4 21/22. The % accepted has fluctuated between 62% and 73%.



Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Comments /Analysis
Number of community based mental health appointments offered (included attended and DNA)	3194	3077	2942	3077	3083	3216	3365	3414	3362	3214	3147	3207	

No. Community Based MH Appointments Offered



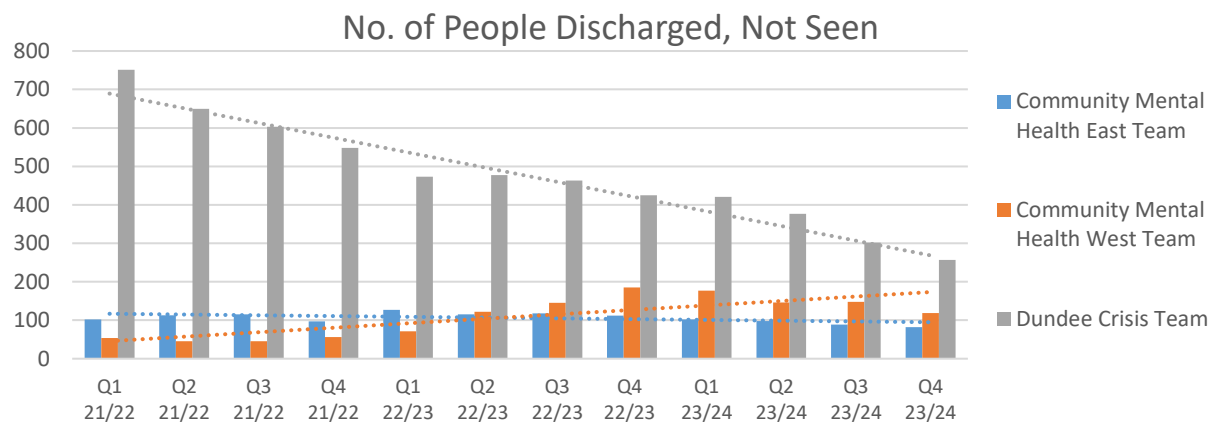
**Comments / Analysis**

Reduction in number of appointments offered from Dundee Crisis Team. The number of appointments offered from Dundee Community Mental Health East Team has increased slightly. The number of appointments offered from Dundee Community Mental Health West Team has more than doubled since Q1 22/22.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Comments/ Analysis
<b>CMHT teams (Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team)</b>													
No. of return appointments for every new patient seen. (average per month over the previous 12 months)	12	13	14	13	13	13	12	11	11	11	12	11	Fluctuated between 11 and 14.
Number of people discharged without being seen	907	807	758	697	665	706	720	712	700	621	539	458	
<b>Comments / Analysis</b>													
Reduction in number of people discharged without being seen from Dundee Crisis Team from 751 at Q1 21/22 to 257 at Q4 23/24. The number of people discharged without being seen from Dundee Community Mental Health East Team has reduced from 102 at Q1 21/22 to 82 at Q4 23/24. There has been an increase in the number of people discharged without being seen from Dundee Community Mental Health West Team from 54 at Q1 21/22 to 119 at Q4 23/24.													

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Comments /Analysis
<b>Psychiatry of Old Age</b>													
Number of accepted referrals to Psychiatry of Old Age (and % accepted)	891 (75%)	814 (71%)	727 (72%)	652 (72%)	596 (70%)	646 (72%)	720 (72%)	758 (64%)	800 (63%)	811 (60%)	791 (58%)	816 (61%)	
<b>Comments / Analysis</b> The number of new referrals dipped to 596 at Q1 22/23 and has since increased to 816 at Q4 23/24. There is a downward trend in % referrals accepted. At Q4 23/24, the highest number of new referrals came from The Ferry (159) and the lowest number came from West End (78).													
Number of return appointments for every new patient seen.	8	9	9	9	9	9	9	9	11	11	12	12	Increasing trend.
Number of people discharged without being seen	390	351	285	282	348	355	384	370	322	375	401	478	
<b>Comments / Analysis</b> Increasing trend. The largest number of people discharged without being seen are from Strathmartine (88) and the lowest number are from Maryfield (33).													

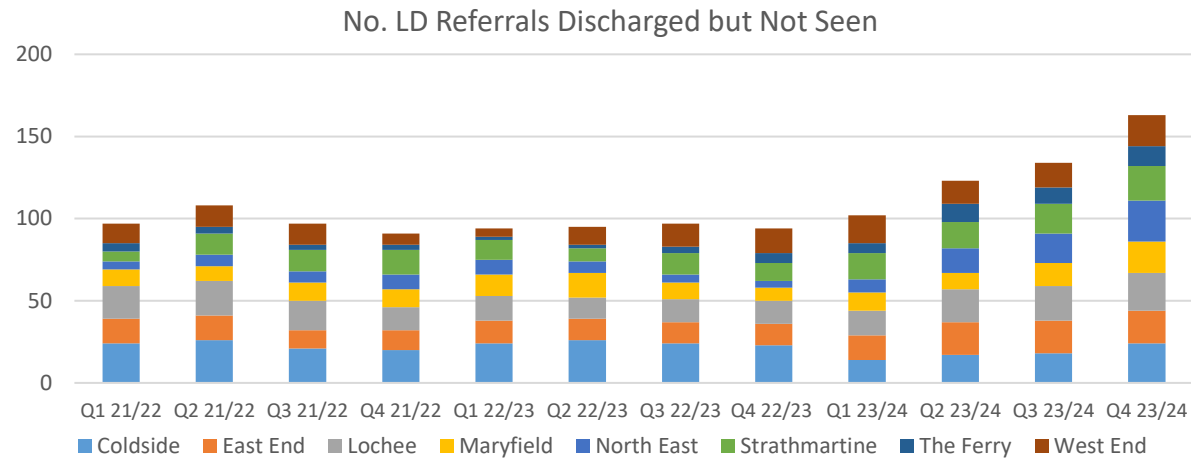




% of those referred for post diagnostic support who received a minimum 12 months of support.

Published data only available to 20/21 (Published Dec 22). At that point Dundee was at 93.4%.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Comments /Analysis																																																																																																																																		
<b>Learning Disability</b>																																																																																																																																															
Number of new referrals to LD (and % accepted)	177 (75%)	208 (74%)	228 (75%)	203 (75%)	210 (74%)	178 (72%)	173 (68%)	224 (69%)	237 (51%)	301 (56%)	344 (57%)	356 (57%)																																																																																																																																			
<b>Comments / Analysis</b>																																																																																																																																															
Increasing trend since Q1 21/22. At Q4 23/24, highest number of new referrals was from Coldside (70) and the lowest number was from The Ferry (26). % accepted decreased from 75% at Q1 21/22 to 57% at Q4 23/24.																																																																																																																																															
<p style="text-align: center;">No. New LD Referrals and % Accepted</p> <table border="1" style="display: none;"> <caption>Data for No. New LD Referrals and % Accepted</caption> <thead> <tr> <th>Quarter</th> <th>Coldside</th> <th>East End</th> <th>Lochee</th> <th>Maryfield</th> <th>North East</th> <th>Strathmartine</th> <th>The Ferry</th> <th>West End</th> <th>% Accepted</th> </tr> </thead> <tbody> <tr><td>Q1 21/22</td><td>50</td><td>30</td><td>20</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>75%</td></tr> <tr><td>Q2 21/22</td><td>50</td><td>30</td><td>20</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>74%</td></tr> <tr><td>Q3 21/22</td><td>50</td><td>30</td><td>20</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>75%</td></tr> <tr><td>Q4 21/22</td><td>50</td><td>30</td><td>20</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>75%</td></tr> <tr><td>Q1 22/23</td><td>50</td><td>30</td><td>20</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>74%</td></tr> <tr><td>Q2 22/23</td><td>50</td><td>30</td><td>20</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>68%</td></tr> <tr><td>Q3 22/23</td><td>50</td><td>30</td><td>20</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>68%</td></tr> <tr><td>Q4 22/23</td><td>50</td><td>30</td><td>20</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>69%</td></tr> <tr><td>Q1 23/24</td><td>50</td><td>30</td><td>20</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>51%</td></tr> <tr><td>Q2 23/24</td><td>50</td><td>30</td><td>20</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>56%</td></tr> <tr><td>Q3 23/24</td><td>50</td><td>30</td><td>20</td><td>10</td><td>10</td><td>10</td><td>10</td><td>10</td><td>57%</td></tr> <tr><td>Q4 23/24</td><td>70</td><td>30</td><td>20</td><td>10</td><td>10</td><td>10</td><td>26</td><td>10</td><td>57%</td></tr> </tbody> </table>														Quarter	Coldside	East End	Lochee	Maryfield	North East	Strathmartine	The Ferry	West End	% Accepted	Q1 21/22	50	30	20	10	10	10	10	10	75%	Q2 21/22	50	30	20	10	10	10	10	10	74%	Q3 21/22	50	30	20	10	10	10	10	10	75%	Q4 21/22	50	30	20	10	10	10	10	10	75%	Q1 22/23	50	30	20	10	10	10	10	10	74%	Q2 22/23	50	30	20	10	10	10	10	10	68%	Q3 22/23	50	30	20	10	10	10	10	10	68%	Q4 22/23	50	30	20	10	10	10	10	10	69%	Q1 23/24	50	30	20	10	10	10	10	10	51%	Q2 23/24	50	30	20	10	10	10	10	10	56%	Q3 23/24	50	30	20	10	10	10	10	10	57%	Q4 23/24	70	30	20	10	10	10	26	10	57%
Quarter	Coldside	East End	Lochee	Maryfield	North East	Strathmartine	The Ferry	West End	% Accepted																																																																																																																																						
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Number of return appointments for every new patient seen.	18	17	15	15	14	14	14	13	12	12	11	11	Reduced from 18 to 11.																																																																																																																																		
Number of people discharged without being seen	97	108	97	91	94	95	97	94	102	123	134	163	Increasing trend Highest number not seen were in Maryfield and lowest in The Ferry.																																																																																																																																		



Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Comments /Analysis
<b>Social Work Information</b>													
MHO new referrals and Assessment	325	342	329	339	337	321	298	292	292	283	264	265	Downward trend.
CMHT (SW team) new referrals	158	159	166	167	149	136	151	145	134	121	78	66	Downward trend.
CMHT older people (SW team)	195	171	156	131	136	140	159	165	174	190	186	189	Downward trend to Q1 23/24, increase between Q1 and Q2 23/24.
LA Guardianship applications	39	37	34	47	41	48	49	40	52	54	55	60	Slight increase.





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**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 25 SEPTEMBER 2024

**REPORT ON:** DRUG AND ALCOHOL SERVICES INDICATORS – 2023/24 QUARTER 4

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC23-2024

### 1.0 PURPOSE OF REPORT

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

### 2.0 RECOMMENDATIONS

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

- 2.1 Note the data presented in this report, including the improvements in key indicators relating to access to drug treatment services during 2023/24 (section 6 and appendix 1).
- 2.2 Note the range of ongoing improvement activity being progressed across drug and alcohol services (section 7).

### 3.0 FINANCIAL IMPLICATIONS

None.

### 4.0 BACKGROUND INFORMATION

- 4.1 Dundee has one of the lowest employment rates and highest rates of people who are economically inactive in Scotland; contributing to overall high levels of deprivation within the city. Approximately 24,000 (25.5%) people in Dundee are recorded as economically inactive, this is 2% higher than the Scotland percentage of 23.5%. Health and wellbeing is known to vary by deprivation; lifestyles that include smoking, unhealthy diet, the consumption of excess alcohol and recreational drugs are more prevalent in the most deprived localities. In general, people whose lifestyles include all or some of these factors have, or will have, poorer health and can experience a range of other risks to their wellbeing or safety.
- 4.2 Dundee has the second lowest life expectancy in Scotland; 76.7 years compared with 79.1 years in Scotland as a whole. Life expectancy varies substantially by deprivation level and the occurrence of morbidity, including drug and alcohol use and mental illness. A significant proportion of the difference in life expectancy between Dundee and many other Partnerships can be accounted for by deaths at a young age from drugs, alcohol and by suicide. Drug and alcohol use disproportionately affects the most vulnerable and socio-economically deprived people in Dundee's communities and is associated with other health and social problems, including poor mental health, crime, domestic abuse and child neglect and abuse. Drug and alcohol use is recognised both at a national and local level as a major public health and health equity issue.
- 4.3 In Dundee City, drug and alcohol services are provided by a range of organisations, including the Dundee Drug and Alcohol Recovery Service (DDARS), offering a mixed-model approach delivered by a multidisciplinary team in collaboration with social work, community justice and third sector services. The aim of this service model is to offer the right care, in the right place, at the right time for every person. It consists of both drop-in and appointment-based services alongside an assertive outreach component and additional services for children, families and

intensive input for expectant mothers. All elements of the service seek to provide same day access to treatment (Medication Assisted Treatment (MAT) Standard 1) and assertive outreach to those at the most risk of harm (MAT Standard 3).

## 5.0 DRUG AND ALCOHOL SUITE OF INDICATORS

- 5.1 Since November 2022, PAC has regularly received a suite of indicators focused on performance in drug and alcohol service, which were developed in collaboration with information and pharmacy colleagues in the Alcohol and Drug Partnership (ADP) and utilised many indicators already developed by the ADP for assurance and scrutiny purposes (article VI of the minute of the meeting of the Dundee IJB Performance and Audit Committee held on 23 November 2022 refers).
- 5.2 The aim of this dataset is to provide oversight and assurance regarding activity and performance in drug and alcohol services. It contains a summary of data, alongside accompanying analytical narrative. In all data reports with public accessibility, content and disaggregation is assessed in order to comply with General Data Protection Regulation and ultimately to ensure that individuals cannot be identified.
- 5.3 Data for indicators 1 to 14 presents rolling averages for each quarter. This includes the reporting quarter plus the previous 3 quarters, to give an annual pattern based on the reporting quarter. For example, Q4 23/24 also includes data for Q1 23/24, Q2 23/24 and Q3 23/24. Reporting in this way allows for longitudinal comparison between the reporting quarter and previous years data.

## 6.0 WHAT THE DATA IS TELLING US

- 6.1 The number of suspected non-fatal overdose incidents reported by Scottish Ambulance Service and Police Scotland remained the same between Q4 2022/23 (192) and Q4 2023/24 (192).
- 6.2 The proportion of people who started treatment within 21 days of referral has remained high and only slightly decreased from 96% at Q4 2022/23 to 94% at Q4 23/24. The waiting times standard continues to be met.
- 6.3 The number of referrals for alcohol treatment decreased from 638 at Q4 22/23 to 583 at Q4 23/24 and there was also a decrease in the number of individuals starting alcohol treatment from 638 at Q4 2023/24 to 535 at Q4 2023/24. Statutory services are working to improve waiting times and they have experienced above average numbers of people disengaging prior to treatment.
- 6.4 The number of referrals for drug treatment services increased from 537 at Q4 22/23 to 589 at Q4 23/24. The number of individuals starting drug treatment services increased by 23% during the same period (from 399 at Q4 2022/23 to 491 at Q4 2023/24).
- 6.5 The number of Alcohol Brief Interventions (ABIs) increased by 42% between Q4 22/23 (996 ABIs) and Q4 23/24 (1415). ABI delivery was significantly impacted by the pandemic due to the reduction in face-to-face contact. That position is now beginning to improve; an ABI Co-ordinator has been appointed and is implementing a new training and improvement plan to increase delivery.
- 6.6 The number of unplanned discharges where the service user disengaged increased by 38% between Q4 22/23 and Q4 23/24 (from 255 to 353).
- 6.7 In addition to the suite of indicators contained in appendix 1, the National Records of Scotland published their statistical report on drug-related deaths in Scotland in 2023 (report available in full at: [Drug-related Deaths in Scotland in 2023 | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk)). In 2023 there were 1,272 deaths due to drug misuse in Scotland; this is 221 more deaths than in 2022. In 2023 in Dundee, there were a total of 46 deaths; this is an increase of 8 deaths from 2022 (although remains at the second lowest annual level since 2018). After adjusting for age, Dundee City had the second highest rate of drug misuse deaths in Scotland, behind Glasgow which has the highest rate (please note this is calculated over the five-year period 2019-2023).








## 7.0 SERVICE IMPROVEMENT AND PRIORITIES

7.1 The implementation of the national Medication Assisted Treatment (MAT) Standards has been a key aspect of the work of all ADPs across Scotland during 2023/24. The national 2024 benchmarking report on MAT implementation was published on 9 July 2024 (see [MAT Benchmarking 2024](#) for full report). The 2024 report demonstrated considerable progress made in Dundee:

Table 1: **MAT Standards Benchmarking by Reporting Year - Dundee**

	MAT 1	MAT 2	MAT 3	MAT 4	MAT 5	MAT 6	MAT 6 & 10	MAT 7	MAT 8	MAT 9	MAT 10
2022	Red	Provisional Amber	Provisional Amber	Provisional Amber	Provisional Amber	N/A	N/A	N/A	N/A	N/A	N/A
2023	Provisional Amber	Provisional Green	Provisional Green	Provisional Green	Provisional Green	Amber	N/A	Provisional Amber	Provisional Amber	Amber	Provisional Amber
2024	Green	Green	Green	Green	Green	N/A	Provisional Green	Provisional Green	Provisional Green	Provisional Green	N/A

	Red	2022	MAT 6 to MAT 10 were not assessed
	Provisional Amber	2023	MAT 6 and MAT 10 were assessed separately
	Amber	2024	MAT 6 and MAT 10 were assessed jointly
	Provisional Green		
	Green		

Except for two ADP areas (Dumfries & Galloway and Greater Glasgow) these are the highest scores achieved at this at this stage. It is now the case that individuals in Dundee have fast access to treatment, a choice of medication prescribed to them and wraparound supports and are supported to remain in treatment for as long as required. Those who have experienced a non-fatal overdose are quickly identified and supported to access treatment. Individuals can opt out to be supported by the new shared-care arrangements with Primary Care and everyone can access the support of independent advocators at any stage of their recovery journey. Harm reduction support and equipment is available at any stage for those accessing MAT.

7.2 There has been a significant increase of individuals from Dundee accessing residential rehab. During 2023-24 18 people from Dundee accessed residential rehab establishments. This has included more women accessing residential rehabilitation than ever before, and almost all people embarking on residential support completing their full treatment. All these individuals are supported through the dedicated pathway to enter the residential treatment, during their stay and on their return to the community.

7.3 The Drug Service Redesign Project continues to test ways of working to provide holistic shared care with general practice for those on Opioid Substitution Therapy (OST). Following a low uptake for this option, during 2023-24 there was an increase of individuals opting for this option. Key workers managed by the Third sector, as well as DDARS staff, continue to support participating GPs and other Primary Care staff to provide the care. Community pharmacy and the Dundee Independent Advocacy Service (DIAS) are also key partners supporting this project. During 2023/24 there were 18 people referred for keyworker support under the Shared Care arrangements (of whom 3 did not engage)

7.4 A short life group was established in response to reports of increased ketamine related harm in local areas. Through the group, there has been awareness raising amongst Primary Care colleagues across Tayside regarding possible clinical presentations that might indicate ketamine use and prompt enquiry. Opportunities for additional training of relevant staff are being explored with Scottish Drugs Forum, and the group is exploring options for school-based education around ketamine with a view to improving the consistency and impact of the messages. The group is also considering options for local work to explore young people's awareness of ketamine related risks and develop harm reduction messaging.

7.5 Long-term funding has been allocated by the ADP to Positive Steps to support and develop the assertive outreach project. Staff from Positive Steps work jointly with DDARS to support

individuals in crisis to access treatment services. The Near Fatal Overdose Rapid Response and Assertive Outreach services ensured that 75% of those people experiencing a high-risk event during 2023-24 were contacted within 24 hours.

- 7.6 A Non-Opioid Pathway to services and support is being developed and implemented, led by Third Sector organisations and funded by the ADP. Although there have been some delays to the planned review of the alcohol pathway, a dedicated member of staff is now in place and is progressing this as part of the wider programme of work on the non-opioids pathway.

## 8.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	Risk of IJB not being sufficiently sighted on performance related to alcohol or drug services in Dundee.
<b>Risk Category</b>	Governance, Political
<b>Inherent Risk Level</b>	Likelihood 3 X Impact 3 = Risk Score 9 (High)
<b>Mitigating Actions</b> (including timescales and resources)	<ul style="list-style-type: none"> <li>- Develop a dataset which will provide a suitable level of detail.</li> <li>- Agree on the frequency of reporting.</li> <li>- Liaise with the information and pharmacy colleagues in the ADP to ensure timeous reporting.</li> <li>- Liaise with operational managers to inform analysis and contribute improvement information.</li> </ul>
<b>Residual Risk Level</b>	Unlikely 2 x Minor 2 = Risk Score 4 (Moderate)
<b>Planned Risk Level</b>	Unlikely 2 x Minor 2 = Risk Score 4 (Moderate)
<b>Approval recommendation</b>	The PAC is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

## 9.0 POLICY IMPLICATIONS

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

## 10.0 CONSULTATIONS

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

## 11.0 BACKGROUND PAPERS

None.

Christine Jones  
Chief Finance Officer

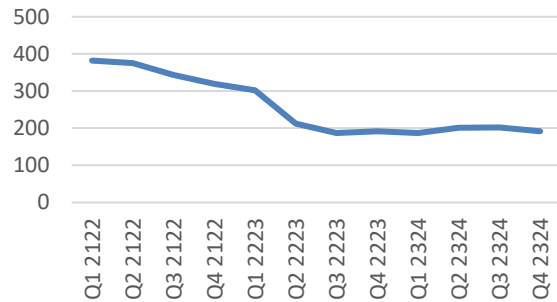
DATE: 20 August 2024

Lynsey Webster  
Lead Officer: Quality, Data and Intelligence

Shahida Naeem  
Senior Officer, Quality, Data and Intelligence

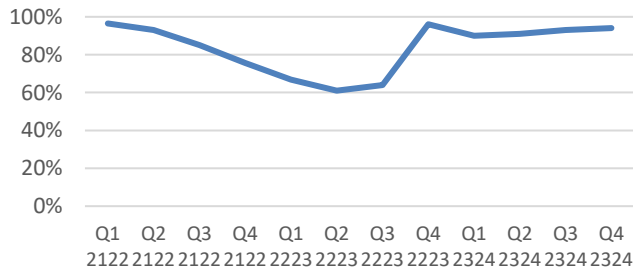
**Appendix 1  
Drug and Alcohol Services Indicators – Q4 2023/24**

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4
1. The number of suspected non-fatal overdose incidents reported by Scottish Ambulance Service (and Police)	382	375	343	319	302	212	187	192	187	201	202	192



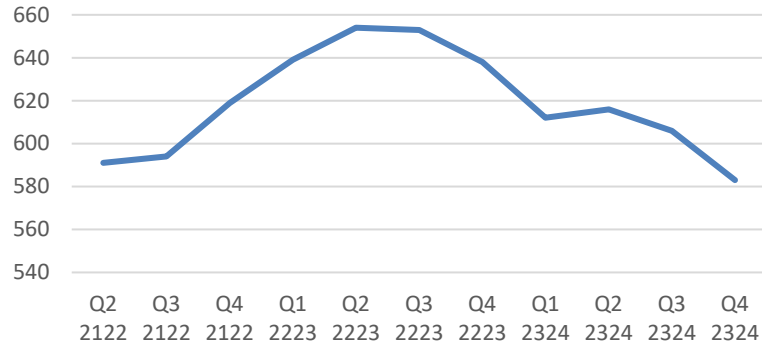
**Comments / Analysis**  
No notable change in the last year.

2. Percentage of people referred to services who begin treatment within 21 days of referral	96.5%	93.1%	85.1%	75.7%	66.8%	61%	64%	96%	90%	91%	93%	94%
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**Comments / Analysis**  
No notable change in the last year.

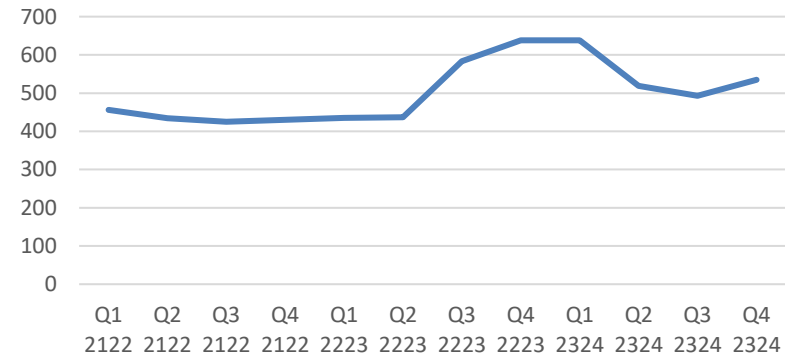
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4
3. Number of referrals to alcohol treatment	626	591	594	619	639	654	653	638	612	616	606	583



**Comments / Analysis**

There continues to be a high number of new alcohol referrals.

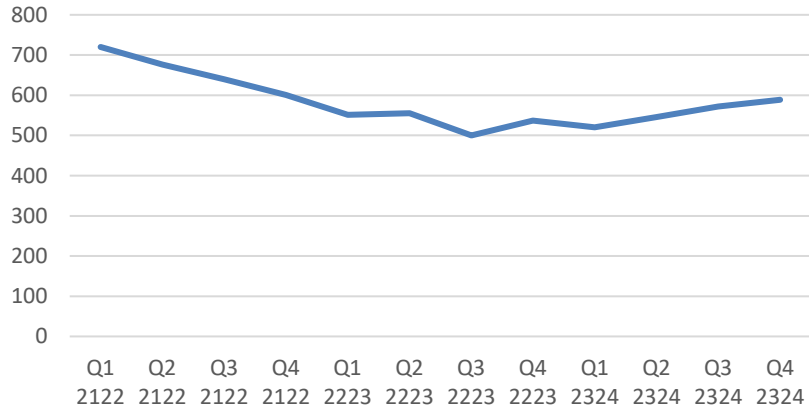
4. Number of individuals starting alcohol treatment per quarter	456	434	425	430	435	437	583	638	638	519	493	535
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**Comments / Analysis**

This is starting to decline following large numbers of treatment starts at the end of 22/23.

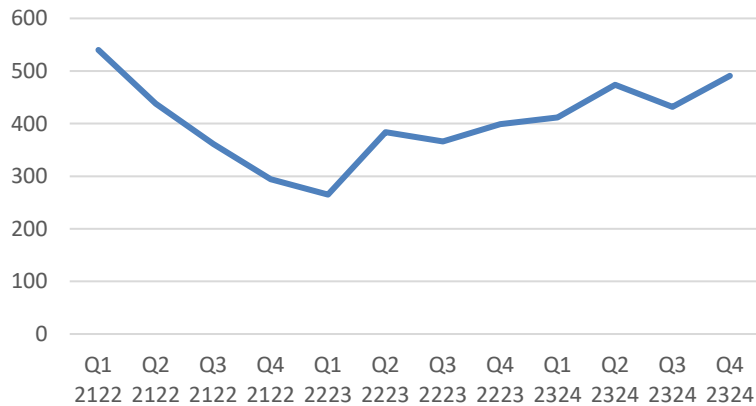
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4
5. Number of referrals to drug treatment	720	676	640	601	551	555	500	537	520	546	572	589



**Comments / Analysis**

There continues to be a steady number of new referrals.

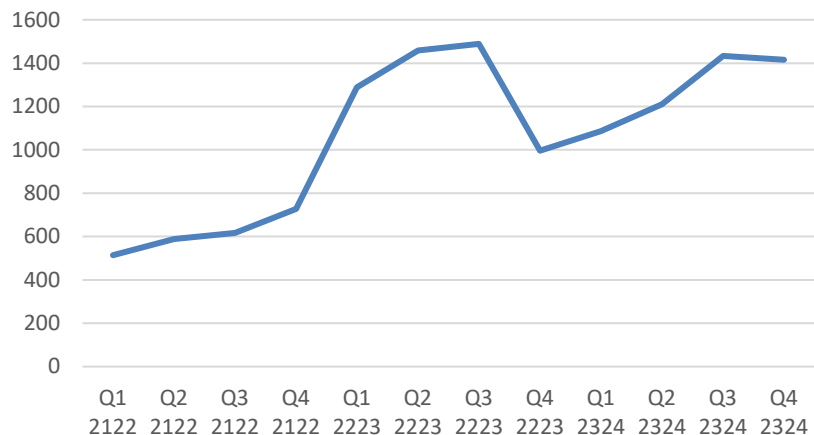
6. Number of individuals starting drug treatment per quarter	540	438	361	294	265	384	366	399	412	474	432	491
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**Comments / Analysis**

The number of treatment starts in relation to referrals remains high at 75% similar to the same time last year. However, the drop from 86% last quarter may be indicative of drug type and treatment options.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4
7. Number of alcohol brief interventions (ABI's) provided in Dundee	514	589	617	727	1289	1459	1489	996	1087	1210	1434	1415



**Comments / Analysis**

ABI delivery was significantly impacted by the pandemic due to the reduction in face-to-face contact. That position is now beginning to improve as restrictions have eased. An ABI coordinator has been appointed and is implementing a new training and improvement plan to increase delivery.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4
8. Number of unplanned discharges (service user disengaged) recorded in DAISY	293	220	151	91	128	210	272	255	295	193	169	353

**Comments / Analysis**

Increase compared with Q4 2022/23, particular increase between Q3 and Q4.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4
9. Number (rate per 1,000 18+ population) of emergency admissions where reason for admission was due to drug use					466 (3.8)	456 (3.8)	438 (3.6)	422 (3.5)	462 (3.8)	488 (4.0)	472 (3.9)	487 (4.0)
<b>Comments / Analysis</b> Stable trend.												
10. Number (rate per 1,000 18+ population) of emergency admissions where reason for admission was due to alcohol use					356 (2.9)	287 (2.4)	260 (2.1)	256 (2.1)	260 (2.1)	288 (2.4)	282 (2.3)	274 (2.3)
<b>Comments / Analysis</b> Stable trend.												
11. Naloxone Spend in Dundee				£67,417	£64,098	£70,622	£80,675	£77,134	£82,549.4	£68,926.6	£55,817.9	£43,239.8
<b>Comments / Analysis</b> An overpayment was identified which was refunded to Dundee Health and Social Care Partnership in February 2024.												
12. Naloxone – Resupply Used				195	353	388	398	410	323	293	268	255
<b>Comments / Analysis</b> All repeats have been consistently reported as it is accepted some may not disclose 'used' as the reason for repeat supply.												

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q3
13. Total number of Naloxone Kits Issued				1569	1944	1715	1602	1630	1528	1548	1456	1222

**Comments / Analysis**

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

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

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	23/24 Q2 (Not rolling)	23/24 Q3 (Not Rolling)	23/24 Q3 (Not Rolling)
14. Total Spend on prescriptions generated by Dundee Drug and Alcohol Recovery Service (DDARS and Dundee Drug Treatment Service (DDT))				£616,692	£589,455	£531,573	£492,637	£426,306	Data for Q1 23/24 not	£204,204.64	£196,178.98	£238,702.33

**Comments / Analysis**

Prescription data for prescriptions generated by DDARS and DTTO, dispensed in community pharmacy (report from prescribing support unit).  
 Please note that this data describes prescription costs for methadone and oral formulations of buprenorphine. DDARS now holds stock of Buvidal (long acting subcutaneous buprenorphine). The cost of this stock is not included in prescription data. The number of people choosing Buvidal as OST has increased.

Note rolling data will recommence Q1 2024/25.





**REPORT TO:** PERFORMANCE AND AUDIT COMMITTEE – 25 SEPTEMBER 2024

**REPORT ON:** UNSCHEDULED CARE

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC28-2024

## 1.0 PURPOSE OF REPORT

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

## 2.0 RECOMMENDATIONS

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

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

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

## 3.0 FINANCIAL IMPLICATIONS

3.1 None.

## 4.0 MAIN TEXT

### 4.1 Background to Discharge Management

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

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

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

4.1.3 Within Dundee key staff work collaboratively with the Tayside Urgent and Unscheduled Care Board in order to deliver on the strategic plan as set out by the National Urgent and Unscheduled Care Collaborative. The focus of this work is to deliver care closer to home for citizens of Dundee and to minimize hospital inpatient stays wherever appropriate.

4.1.4 The Tayside Urgent and Unscheduled Care Board is chaired jointly by the Associate Locality Manager for Acute and Urgent Care in Dundee Health and Social Care Partnership and the Associate Director for Medicine in NHS Tayside. Membership of the Board is made up of senior staff from key clinical areas. The Dundee position is represented by the Associate Locality Manager for Acute and Urgent Care. Liaison between the local Board and the national team is

undertaken by a Programme Manager within the NHS Tayside Improvement Team alongside the Programme Leadership Team.

4.1.5 This year, the programme of work is split across 4 key workstreams:

Optimising Access

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

Performance 95

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

Community Urgent Care

Linked closely to the Optimising Access workstream, this focuses on improving and expanding the role of Urgent Care services in the community setting. In Dundee this specifically relates to improvement work ongoing within the Dundee Enhanced Care at Home Team (DECAHT).

Optimising Flow

A continuation of the Discharge Without Delay work undertaken last year, focussing on supporting every ward area in Tayside to achieve upper quartile length of stay in relation to the national benchmarking data.

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

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

This includes:

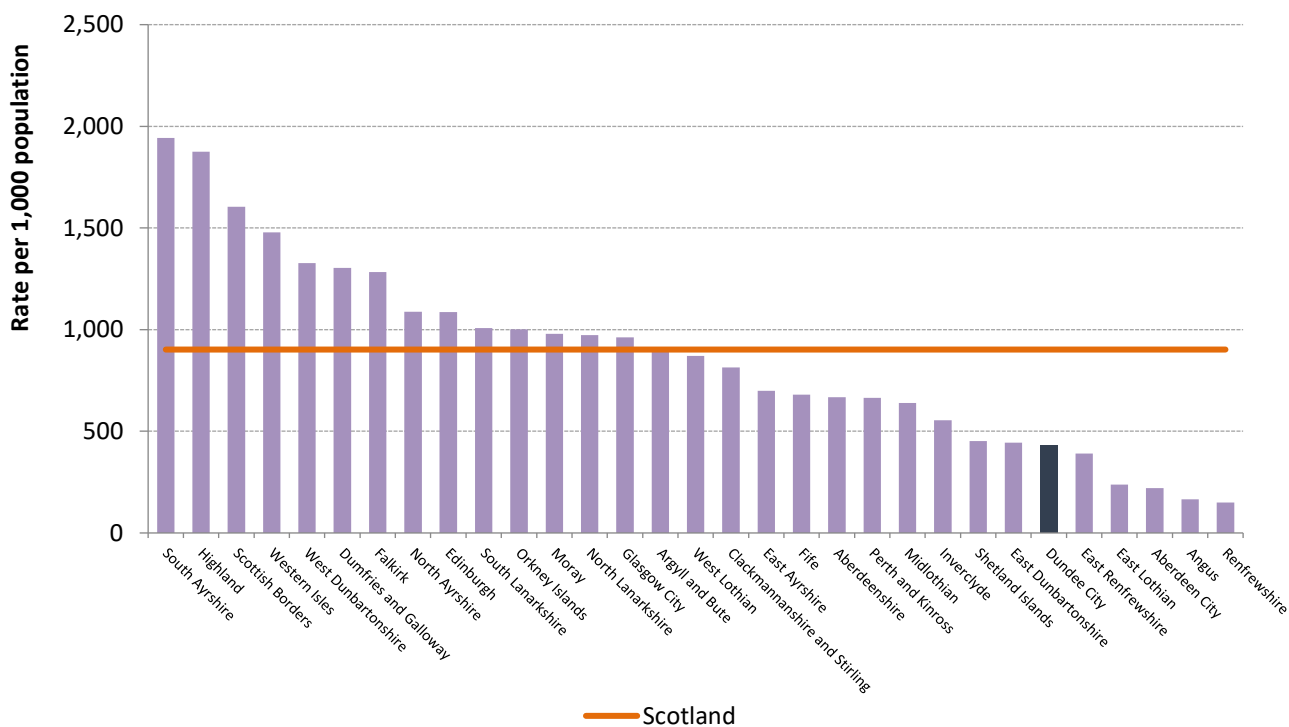
- Daily management and reporting of 'RAG' status across all sites;
- Weekly Dundee Oversight Report detailing performance across Partnership services including delayed discharge;
- Weekly Tayside level 'Discharge Without Delay' key measurement;
- DECAHT performance report; and,
- Community hospital length of stay datapack monthly.

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

## 5.0 CURRENT PERFORMANCE TOWARDS NATIONAL INDICATORS

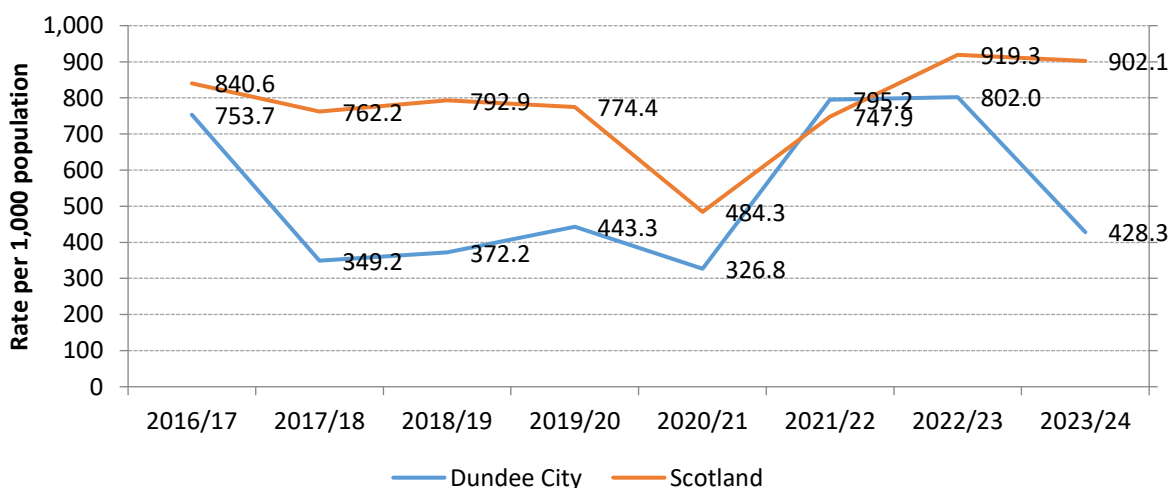
5.1 The National Indicator is 'Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population' and the chart below presents the 2023/24 annual performance for every HSCP.

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



- 5.2 Dundee performs well against the National Indicator and is 6<sup>th</sup> best in Scotland with a rate of 428 per 1,000 population compared with the Scotland rate of 902 per 1,000 population.
- 5.3 Longitudinally, Dundee performance has fluctuated but for every year except 2021/22 performance has been better than Scotland
- 5.4 Dundee’s performance broken down by LCPPs and complex and non-complex delays is monitored quarterly and included in the PAC Quarterly Performance Reports.
- 5.5 In addition to the National Indicator, HSCPs are monitored against an Indicator agreed by the Ministerial Strategic Group and this monitors the rate of bed days lost per 1,000 of the 18+ population. This data is also monitored quarterly and included in the PAC Quarterly Performance Report.

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



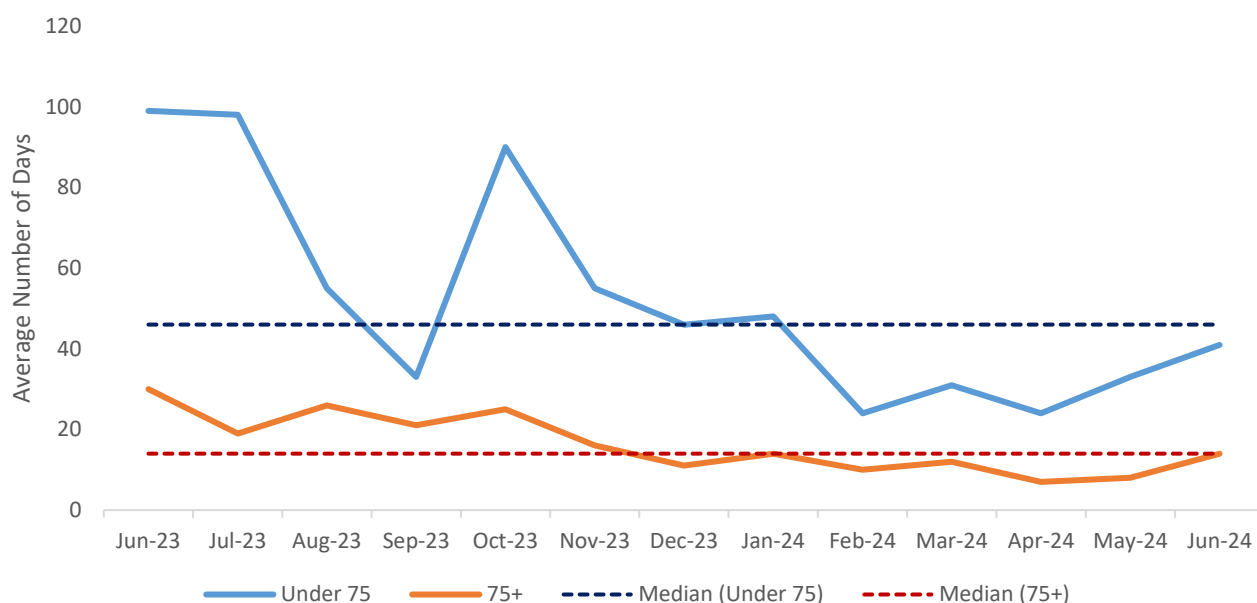
Source: PHS Scotland

- 5.6 Comparing 2023/24 performance with the 2018/19 baseline shows a deterioration in performance. However, the rate of bed days lost improved between 2022/23 and 2023/24 and at 2023/24 performance was back to pre-Covid rates and was less than half the national position.

## 6.0 Average Duration of Delay

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

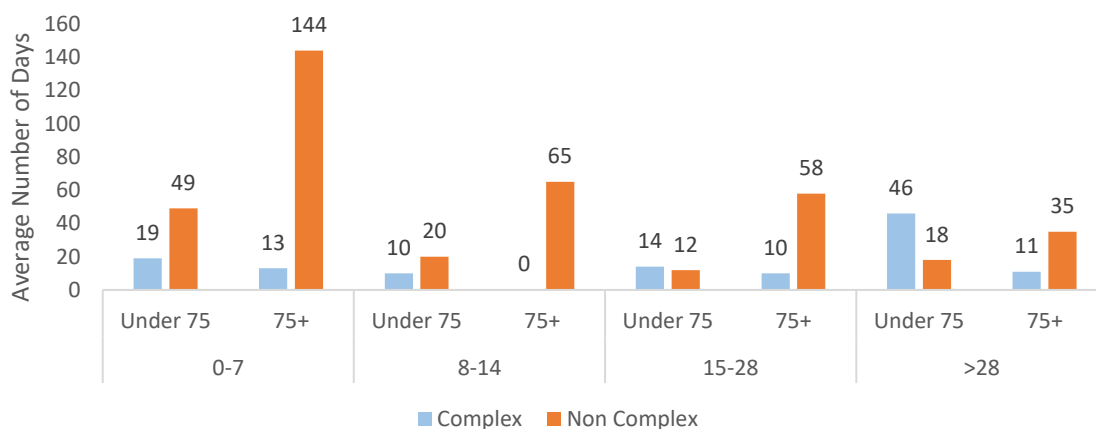
**Chart 3 Average Duration of Delay by Age Group**



Source: Health and Business Intelligence Unit NHS Tayside

- 6.2 Chart 3 illustrates the average length of delay per month. Using the data available between June 2023 and June 24, the average length of delay for people under 75 is 52 days. This reflects the complexity often associated in the younger adult inpatient population, particularly within General Adult Psychiatry and Learning Disability. Of note there also is an increase in younger adults in the acute hospital who have more complex needs and therefore longer delay.
- 6.3 The average length of delay for people over 75 is 16 days, reflecting the improvement work which has taken place to maximise capacity within social care services which largely supports discharge of older adults within the acute hospital.
- 6.4 Chart 4 illustrates that the majority of delays greater than 28 days are within the complex delay category, whereas non-complex delays tend to be shorter.

**Chart 4 Average Duration of Delay by Type and Age Group June 2023 – June 2024**

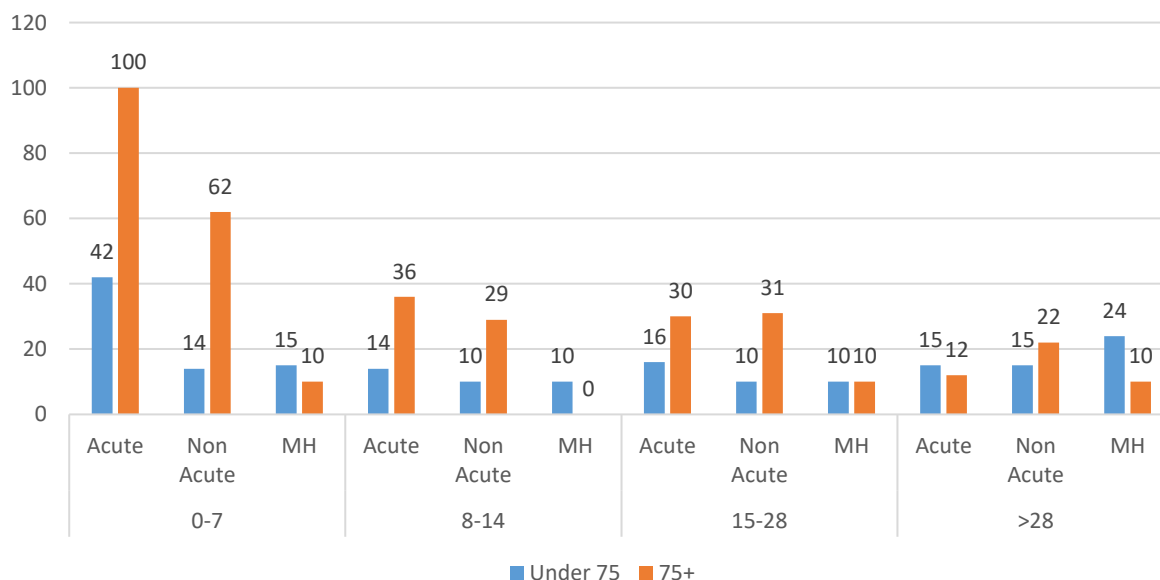


Source: Health And Business Intelligence Unit NHS Tayside

Note: the 8-14 day delays for under 75 complex delays and 25-28 day delays for 75+s have been rounded up to 10 to comply with GDPR.

6.5 Chart 5 illustrates that bed days lost of more than 28 days are most prevalent for the under 75s who are located in mental health specialties.

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



Source: Health and Business Intelligence Unit NHS Tayside

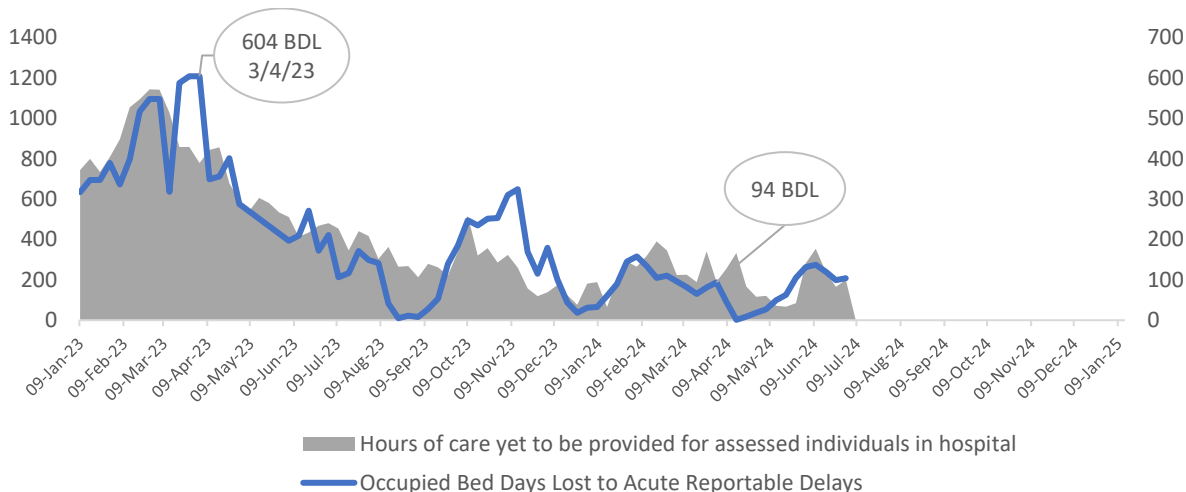
Note: The following data groupings have been rounded up to ten in order to comply with GDPR

- Under 75:
  - 8-14 Non-Acute and Mental Health
  - 15-28 Non-Acute and Mental Health
- 75+
  - 0-7 Mental Health
  - 15-28 Mental Health

- >28 Mental Health

**7.0** As a result of the ongoing improvement work within DHSCP Care at Home services, the bed days lost to delay has gradually reduced over the year. In April 2023, 604 acute bed days were lost due to reportable delays, compared to 94 in April 2024.

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



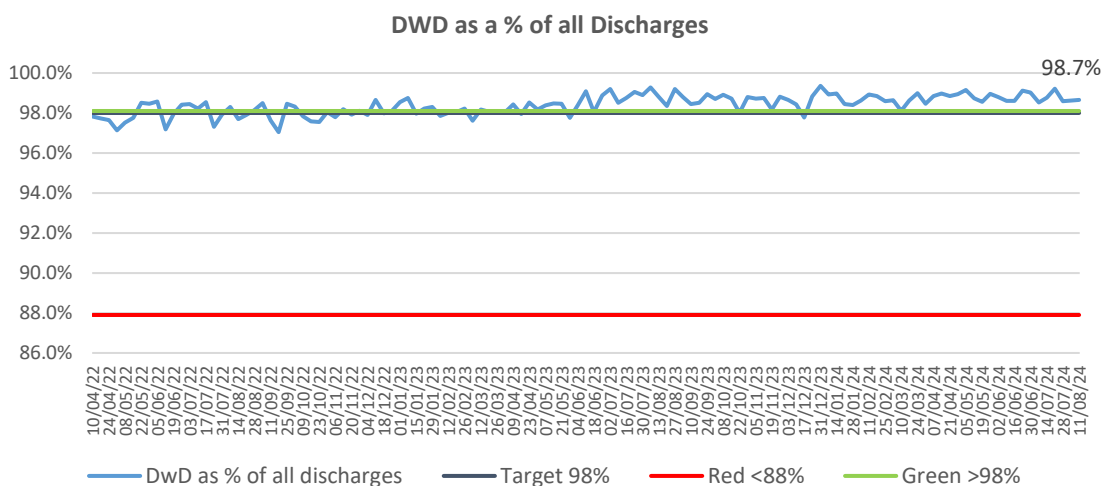
**7.1** An increase in unmet need resulted in an increase in bed days lost in June, showing the impact social care unmet need has on delays within the hospital system.

**7.2** The average cost of a delay bed day in 2023-24 is around £320. That means in April 2023, NHS Tayside was faced with a potential cost pressure of £193,280 compared to April 2024 where the cost has decreased to £30,080 – a difference of around £163,000 overall.

**8.0 Discharge Without Delay**

**8.1** The majority of discharges across the whole system take place without delay. Chart 7 illustrates that Tayside has consistently performed at or above the 98% national performance target.

**Chart 7 Discharge Without Delay (DWD) as a % of all Discharges (Tayside)**



## 9.0 Key Outcome Focussed Actions

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

- Continue to implement agreed actions identified within the Strategic Commissioning Plan.
- Continue to develop Community Urgent Care service as part of the Urgent and Unscheduled Care (UUC) Board Optimising Access workstream aimed at reducing hospital presentations by 5%.
- Continue to maintain and sustain GREEN RAG status for delayed discharge performance towards the suite of improvement measures across urgent and unscheduled care.
- Now that the Medicine for the Elderly Medical Team is aligned to GP clusters and Dundee Enhanced Care at Home Team (DECAHT), there is a suite of improvement measures targeted at reducing harm caused by polypharmacy and creating 'virtual wards' to support primary care.
- Targeted work to reinvigorate GP cluster meetings as a means of returning to 'early intervention and prevention' approach.
- Royal Victoria Hospital improvement plan in place and upper quartile length of stay achieved in all Medicine for the Elderly wards.
- Allied Health Professional Consultant appointed to lead the developing Stroke and Neuro Rehabilitation Centre (SNRC).
- Target Operating Model for SNRC further developed and at testing stage.
- Testing of extended hours into Out of Hours period for DECAHT continues.
- Senior Nurse UUC leads clinically on Optimising Flow workstream targeted at achieving upper quartile length of stay in all wards areas in Tayside.
- Evaluation of flow coordinator role ongoing.
- Plan to open further frailty unit which will complete the cluster focussed frailty pathway scheduled for mid-September.
- Commissioned social care service (D2A) working with multidisciplinary team in Frailty Unit with aim of supporting early discharge and achieving zero delays in this area.
- Alignment between Allied Health Professional assessment in the inpatient and community settings

## 10.0 POLICY IMPLICATIONS

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

## 11.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	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.
<b>Risk Category</b>	Financial, Governance, Political
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
<b>Mitigating Actions</b> (including timescales and resources)	<ul style="list-style-type: none"> <li>- daily review of all delays.</li> <li>- Range of improvement actions underway to reduce risk of delays.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
<b>Planned Risk Level</b>	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
<b>Approval recommendation</b>	The PAC is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

## 12.0 CONSULTATIONS

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

## 13.0 BACKGROUND PAPERS

13.1 None.

Christine Jones  
Acting Chief Finance Officer

DATE: 20 August 2024

Lynne Morman  
Associate Locality Manager, Acute and Urgent Care

Lynsey Webster  
Lead Officer, Quality Data and Intelligence

Joanna Henderson  
Project Manager, Acute and Urgent Care





**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 25 SEPTEMBER 2024  
**REPORT ON:** HEALTH AND CARE EXPERIENCE SURVEY 2023-24 ANALYSIS  
**REPORT BY:** CHIEF FINANCE OFFICER  
**REPORT NO:** PAC25-2024

## **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to update the Performance and Audit Committee on the responses from the 2023-24 Health and Care Experience Survey, which is used to provide measurement for National Health and Wellbeing Indicators 1 to 9.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the content of this report, including the results of the 2023-24 survey for Dundee Health and Social Care Partnership (appendix 1).
- 2.2 Note the longitudinal changes to performance over the last three biennial surveys (section 5).
- 2.3 Notes the performance of Dundee Health and Social Care Partnership against the Scottish average and eight Family Group Partnerships (section 6).

## **3.0 FINANCIAL IMPLICATIONS**

3.1 None.

## **4.0 BACKGROUND**

- 4.1 The Scottish Health and Care Experience Survey is a postal survey that is administered to a random sample of people who were registered with a GP in Scotland. The survey has been run every two years since 2019 and forms part of the Scottish Care Experience Excellence Programme, which is a suite of national surveys aiming to provide local and national information on the quality of health and care services from the perspective of those using them. The results of the 2023-24 survey for Dundee Health and Social Care Partnership are contained within appendix 1.
- 4.2 The survey results are used nationally to inform planning and monitoring performance, to monitor the NHS Scotland Local Delivery Plan standards on accessing GP services and to inform 9 out of the 23 health and wellbeing outcome indicators under the Public Bodies (Joint Working) (Scotland) Act 2014.
- 4.3 The survey results are used locally by GP practices and associated cluster groups and Health and Social Care Partnerships to gain some understand of people's experiences of services and supports and allows benchmarking with other areas. However, it should be noted that the format of the survey questions places some limitations on the usefulness of the data at a Health and Social Care Partnership level; this includes the lack of qualitative response to accompany respondents' perception ratings that might better explain experiences and more usefully inform any subsequent

improvement activity. For this reason, Partnership services continue to gather information regarding service user / patient experiences through a wide range of activities and mechanisms. In 2024-25 this will include implementing Care Opinion across all Partnership services.

## 5.0 LONGITUDINAL ANALYSIS

5.1 In order to only report responses of people who receive services from the Health and Social Care Partnerships, responses are filtered. Health and Social Care Partnerships are required to monitor performance from the pre integration 2015-16 position to the current position or the previous five years. It is not possible for this to be done for Indicators 1-7 and 9 because; the survey is biennial and also because the methodology for filtering respondents was changed by the Scottish Government prior to the 2019-20 survey. The Scottish Government has advised that comparing the results pre 2019-20 should not be done, however we can now compare 3 surveys years 2019-20, 2021-22 and 2023-24.

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

## 6.0 FAMILY GROUP ANALYSIS

6.1 Dundee performed in the top 3 out of the 8 family group partnerships for 5 out of the 9 indicators.

6.2 Dundee performed the same as or better than the Scottish average for 7 out of the 9 indicators (5 out of 9 in previous survey).

6.3 Of particular note, Dundee performed out with the top 3 in the family group and below the Scottish average for 2 indicators:

- National Indicator 1: Percentage of adults able to look after their health very well or quite well.
  - All family group members, other than the Western Isles, performed below the Scottish average.
  - The Scottish average has been declining for the last 3 survey years.
  - It is likely that this result is directly related to the socio-demographic profile of Dundee and challenges that this presents in terms of people having access to the resources they require to look after their own health.
- National Indicator 5: Percentage of adults receiving any care or support who rate it as excellent or good.
  - Performance in Dundee has declined from just above the Scottish average in 2021-22 to just below in 2023-24.
  - Other sources of information, for example Care Inspectorate inspection gradings, provide a more robust and objective assessment of services performance. These alternative measures are closely monitored on an ongoing basis via Clinical, Care and Professional Governance arrangements. Although performance fluctuates across services and time, most recent data does not indicate any decline in service quality between 2021-22 and 2023-24.

## 7.0 GENERAL PRACTICE

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

## 8.0 POLICY IMPLICATIONS

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

## 9.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	Poor performance against national indicators could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan.
<b>Risk Category</b>	Financial, Governance, Political
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"> <li>- Continue to report data to the PAC to monitor performance longitudinally and benchmark across family group partnerships and Scotland.</li> <li>- 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.</li> <li>- Work with operational managers to identify areas of poor performance that result in operational risk and undertake additional analysis as required.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
<b>Approval recommendation</b>	Given the moderate level of planned risk, this risk is deemed to be manageable.

## 10.0 CONSULTATIONS

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

## 11.0 BACKGROUND PAPERS

11.1 None.

Dave Berry  
Chief Officer

**DATE:** 2 July 2024

Lynsey Webster  
Lead Officer Data Quality and Intelligence

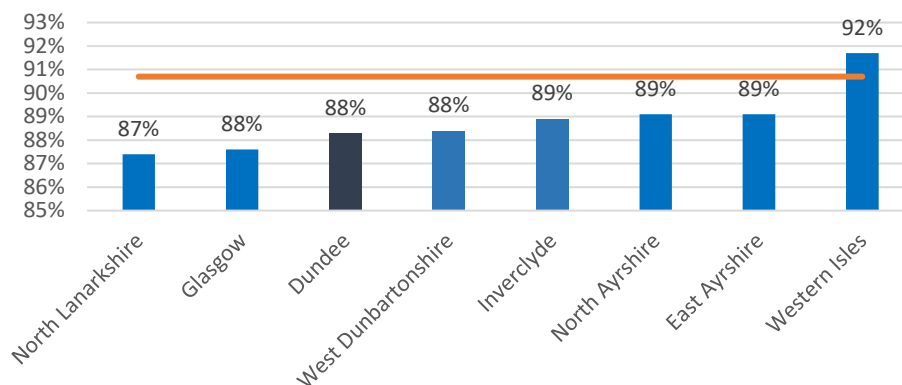
Lisa Traynor  
Strategy and Performance Assistant

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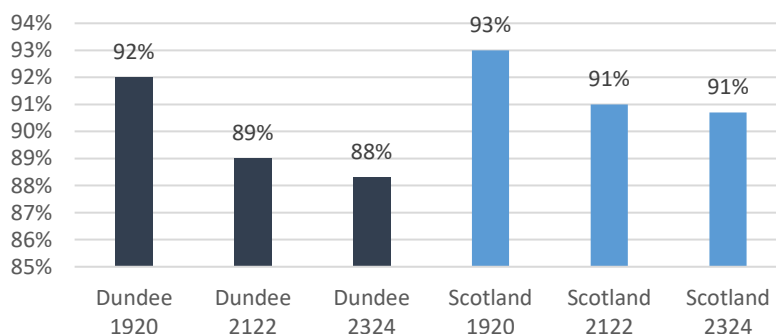
APPENDIX 1

National Indicators 1-9 Family Group Analysis

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

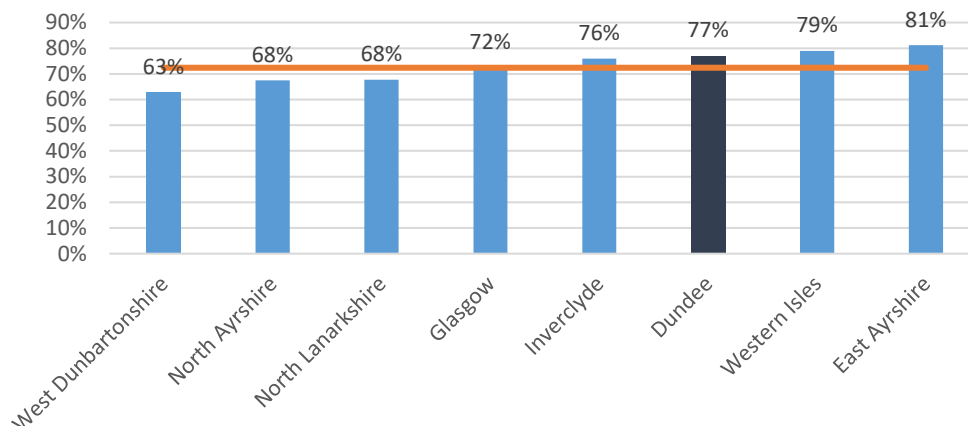


- All family group partnerships except Western Isles performed poorer than the Scottish average.
- Dundee performed 3<sup>rd</sup> poorest in the family group and poorer than the Scottish average.

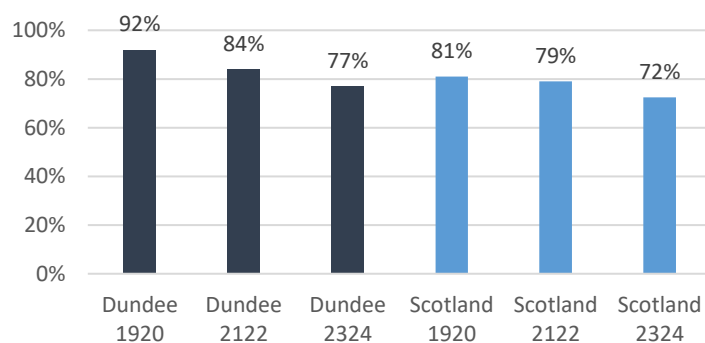


- Dundee has performed poorer than Scotland for 3 consecutive surveys.
- There was a decline in performance in both Dundee and Scotland for 3 consecutive surveys.

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

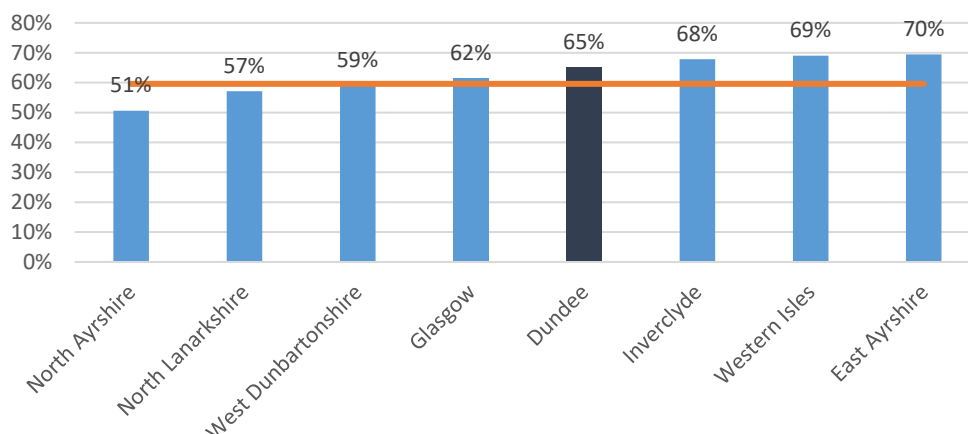


- Dundee performed 3<sup>rd</sup> best in the family group and better than the Scottish average.
- 5 of the 8 family group partnerships performed the same or better than the Scottish average.

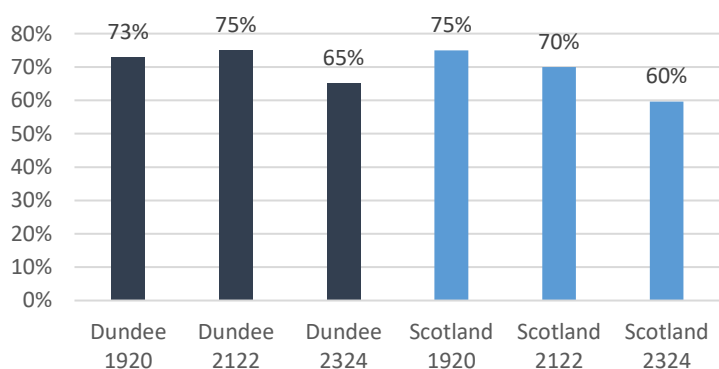


- Dundee has performed better than Scotland for 3 consecutive surveys.
- There was a decline in performance in both Dundee and Scotland for 3 consecutive surveys.

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

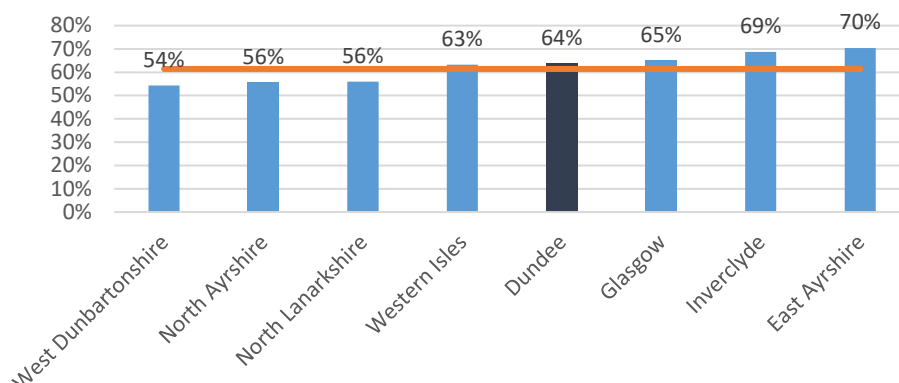


- Dundee performed 4<sup>th</sup> best in the family group and better than the Scottish average.
- 6 of the 8 family group partnerships performed within 1% or better than the Scottish average.

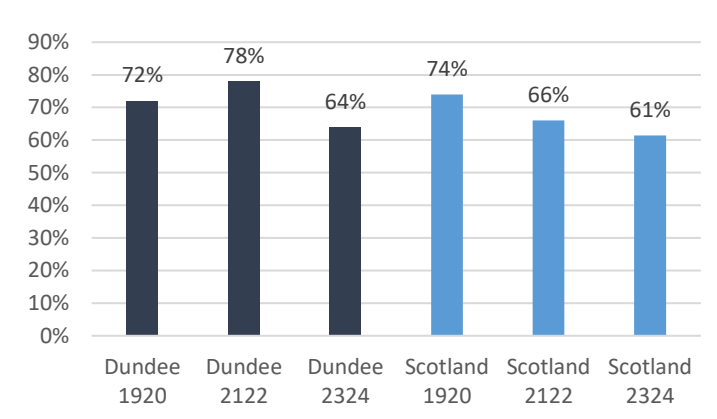


- Dundee performed poorer than Scotland in 1920, however better than Scotland in the 21/22 and 23/24 surveys.
- Performance has declined in Dundee between the 21/22 and 23/24 surveys and performance declined in Scotland for 3 consecutive surveys.

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



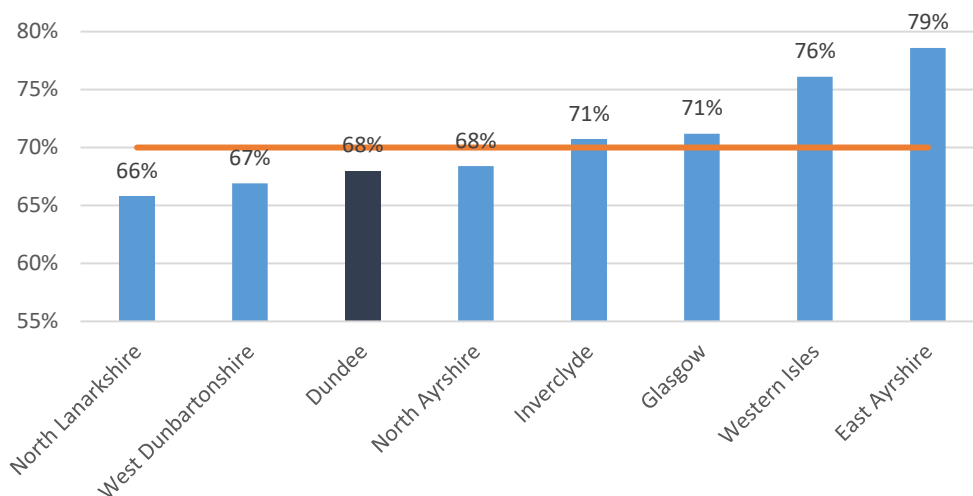
- Dundee performed 4<sup>th</sup> best in the family group and better than the Scottish average.
- 5 of the 8 family group partnerships performed better than the Scottish average.



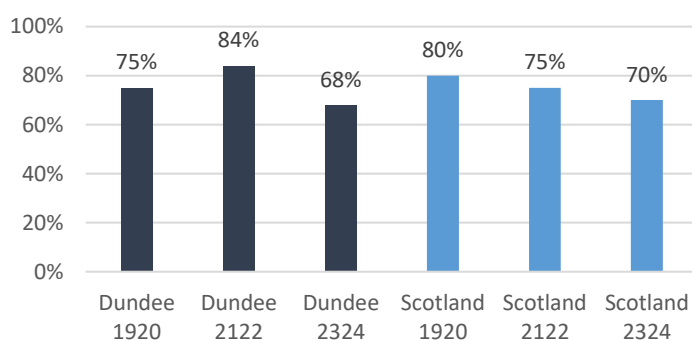
- Dundee performed poorer than Scotland in 19/20, however better than Scotland in the 21/22 and 23/24 surveys.
- Performance declined considerably in Dundee between the 21/22 and 23/24 surveys and performance declined in 3 consecutive surveys for Scotland.



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

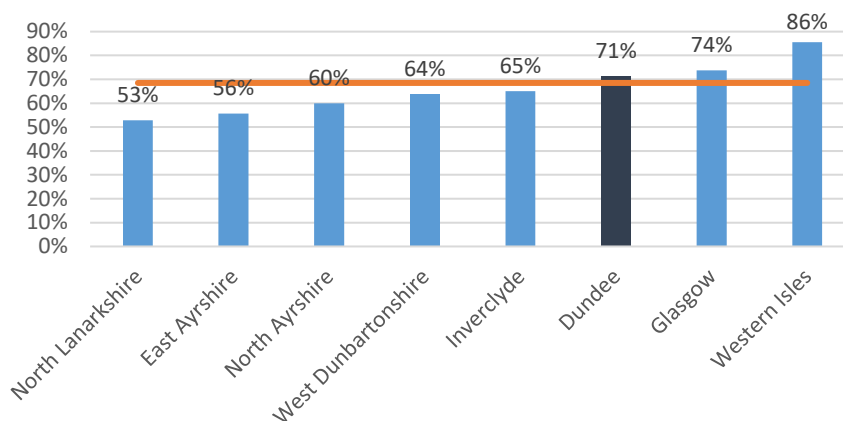


- Dundee performed 3<sup>rd</sup> poorest in the family group and poorer than the Scottish average.
- 4 of the 8 family group partnerships performed better than the Scottish average.

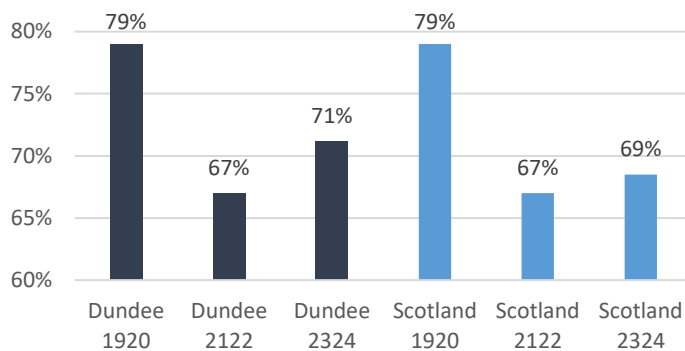


- Dundee's performance was considerably better than Scotland in 21/22, however was slightly poorer than Scotland in 23/24.
- Performance declined considerably in Dundee between the 21/22 and 23/24 surveys, and it also declined in Scotland for 3 consecutive surveys.

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

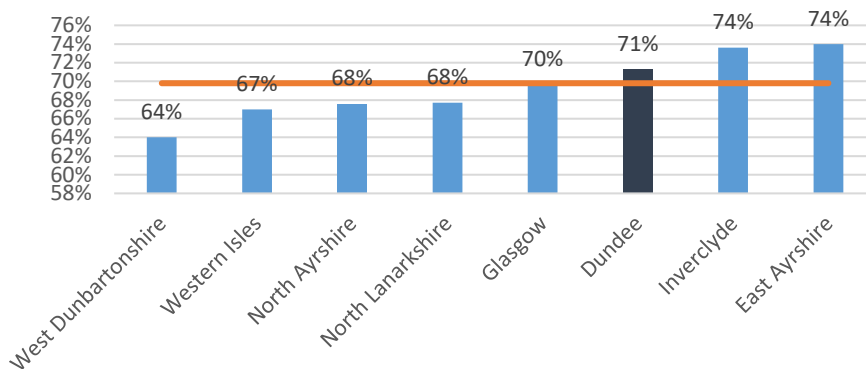


- Dundee performed 3<sup>rd</sup> best in the family group and better than the Scottish average.
- 3 of the 8 family group partnerships performed better than the Scottish average.

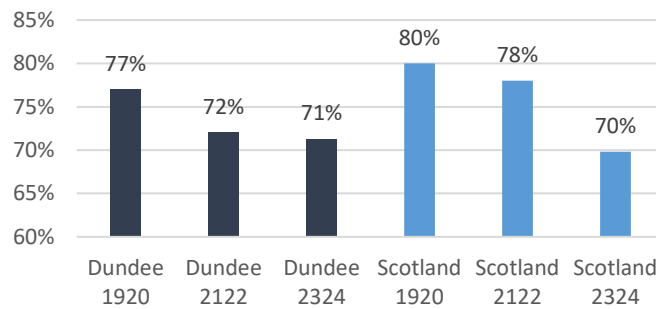


- Dundee performed the same as Scotland in 19/20 and 21/22 and slightly better than Scotland in the 23/24 survey.
- Performance improved in both Dundee and Scotland between the 21/22 and 23/24 surveys.

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

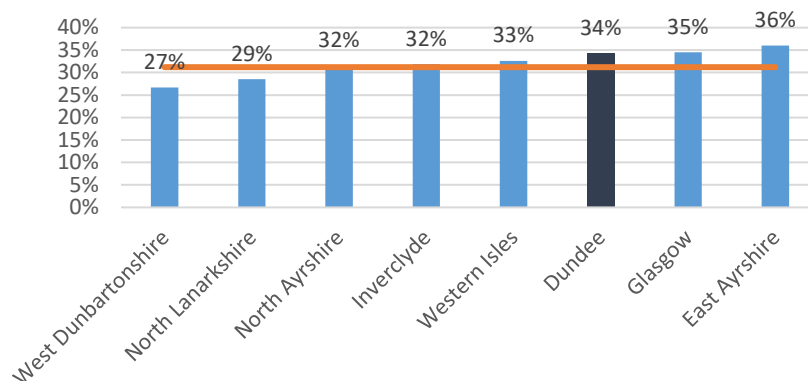


- Dundee’s performance was 3<sup>rd</sup> best in the family group and better than the Scottish average.
- 4 of the 8 family group partnerships performed the same or better than the Scottish average.

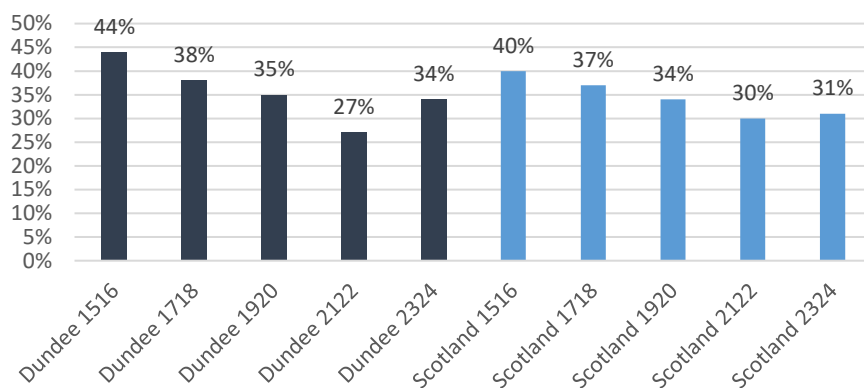


- Dundee’s performance was poorer than Scotland in both 19/20 and 21/22 but slightly better than Scotland in 23/24.
- Performance declined in both Dundee and Scotland for 3 consecutive surveys.

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

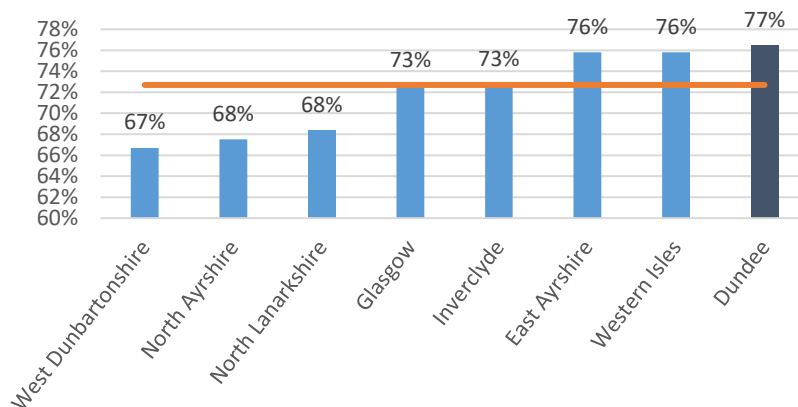


- Dundee performed 3rd best in the family group and better than the Scottish average.
- 6 of the 8 family group partnerships performed better than the Scottish average.

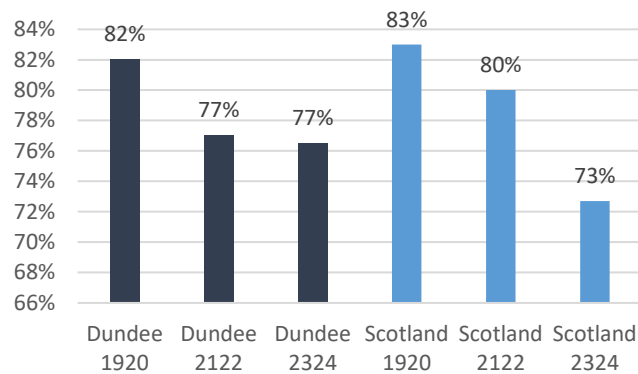


- In 15/16, 17/18, 19/20 and 23/24 Dundee's performance was better than Scotland, in 21/22 it was poorer than Scotland.
- Performance declined in both Dundee and Scotland between the 15/16 and 21/22 surveys. In the 23/24 survey both Dundee and Scotland's performance improved.
- This question was answered by everyone who states they provide unpaid care, which means that the cohort is wider than those unpaid carers supported by the Partnership and Dundee Carers Centre.

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



- Dundee performed the best in the family group and considerably better than the Scottish average.
- 5 of the 8 family group partnerships performed the same or better than the Scottish average.



- Dundee's performance was poorer than Scotland in the 19/20 and 21/22 surveys, however better than Scotland in the 23/24 survey.
- Dundee's performance stayed the same between the 21/22 and 23/24 surveys however, Scotland's performance has declined for 3 consecutive surveys and more notably between the 21/22 and 23/24 surveys.

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**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 25 SEPTEMBER 2024

**REPORT ON:** CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/ OLDER PEOPLE AND OTHER ADULT SERVICES 2023-24

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC22-2024

## 1.0 PURPOSE OF REPORT

The purpose of this report is to summarise for the Performance and Audit Committee the gradings awarded by the Care Inspectorate to Dundee registered care homes for adults/older people and other adult services in Dundee for the period 1 April 2023 to 31 March 2024.

## 2.0 RECOMMENDATIONS

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

- 2.1 Note the scale and scope of Care Inspectorate led inspections carried out in 2023-24 during the reporting year (section 4.1)
- 2.2 Note the contents of this report and the gradings awarded as detailed in the attached performance report (Appendix 1) and highlighted in section 4.2.
- 2.2 Note the range of continuous improvement activities progressed during 2023-24 as described in section 4.3 and Appendix 1.

## 3.0 FINANCIAL IMPLICATIONS

None

## 4.0 MAIN TEXT

### 4.1 Background

- 4.1.1 The Care Inspectorate is responsible for the inspection and regulation of all registered care services in Scotland. The regulatory authority ensures that care service providers meet the Health and Social Care Standards<sup>1</sup> that came into effect in April 2018. The Care Inspectorate use a six-point grading system against which certain key themes are graded. The grades awarded are published in inspection reports and on the Care Inspectorate's website at [www.careinspectorate.com](http://www.careinspectorate.com).
- 4.1.2 During 2023-24 the Care Inspectorate continued to work with the different sectors to produce new scrutiny frameworks and update existing ones. This has included the development of self-evaluation templates for providers to ensure they can evidence through inspection that identified core assurances are being met. The current inspection framework for adult services is supported by a series of sector specific quality frameworks, which support providers to self-evaluate their own performance and are used by inspectors to provide independent assurance about the quality of care and support. As well as supporting inspection these quality frameworks

<sup>1</sup> <https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2017/06/health-social-care-standards-support-life/documents/health-social-care-standards-support-life/health-social-care-standards-support-life/govscot%3Adocument/health-social-care-standards-support-life.pdf>

are also designed to support improvement activity. The full range of relevant frameworks can be accessed at: [Quality frameworks for care services | Care Inspectorate Hub](#) (care homes for adults and older people, care at home, support services, and housing support services). Whilst there is variation across each framework, some core areas of focus are:

- How well people’s wellbeing is supported.
- How good the leadership of the service is.
- How good the staff team is.
- How good the setting (physical environment) within the service is.
- How well care is planned.

4.1.3 The Care Inspectorate base their inspection priorities for each service on risk and intelligence and have set out a baseline for which key questions will be evaluated at each inspection dependent on grade and whether there are high scrutiny or medium/ low scrutiny requirements. Two key questions (elements of Key Question 1 – How well do we support people’s wellbeing? and Key Question 2 – How good is our leadership?) are the minimum for all services, with the Care Inspectorate having discretion to look at and evaluate any further key question(s) and quality indicator(s) in addition to this if there are any practice concerns or concerns arising from the assessment of the core assurances during the actual inspection.

## 4.2 Gradings Awarded

4.2.1 Across the 46 registered services listed in the performance report contained within appendix 1, 69 inspections were undertaken during 2023-24. This included 44 inspections carried out across 24 care homes and 25 inspections carried out across 22 other adult services. Three care homes operated by Dundee Health and Social Care Partnership were inspected during the reporting year.

4.2.2 Table 2 illustrates the number of services receiving a grade of 1-6 in one or more key question along with a comparison from 2022-23.

Table 2: Grade Received by Service	Care Homes		Other Adult Services	
	2023-24	2022-23	2023-24	2022-23
Number of Services Inspected	24	22	22	18

6 ‘excellent’ in one or more key questions	2	8%	1	5%	0	0	0	0
5 ‘very good’ in one or more key questions	5	21%	6	27%	11	50%	9	50%
4 ‘good’ in one or more key questions	17	71%	13	59%	17	77%	12	67%
3 ‘adequate’ in one or more key questions	15	63%	12	55%	7	32%	7	39%
2 ‘weak’ in one or more key questions	4	17%	4	18%	0	0	2	11%
1 ‘unsatisfactory’ in one or more key questions	-	-	-	-	-	-	-	-

4 ‘good’ and above in all grades (first annual inspection)	9	38%	9	41%	17	77%	10	56%
3 ‘adequate’ or below in all grades (first annual inspection)	8	33%	3	14%	0	0	2	11%

The number of inspections for both care homes and other adult services increased during 2023-24 from the previous year. The gradings data evidences a significant improvement in grades



between 2022-23 and 2023-24 for other adult services, whilst care home grades remained similar with a noted increase in the number of care homes receiving a grade of 'adequate' or less in all assessed aspects. Whilst other adult services did not receive an 'excellent' in any Key Question they also did not receive a 'weak'. No inspected service received a grade 1 (unsatisfactory).

- 4.2.3 A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010, its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law. Requirements were placed on 13 of the 24 care homes and 6 of the 22 other adult services following inspection during 2023-24 (this is a small reduction from the proportion in 2022-23 which was 19 out of 40). Details of the improvement support provided to some of these services is set out in section 4.3 and appendix 1.
- 4.2.4 Enforcement is one of the Care Inspectorate's core responsibilities and is central to protecting residents and bringing about an improvement in the quality of care services. There was one enforcement measure put in place for one care home service during 2023-24. This took the form of an Improvement Notice. Further details regarding enforcement measures and improvement support from Dundee Health and Social Care Partnership to the service provider are contained within appendix 1.
- 4.2.5 Table 3 shows the overall percentage awarded at grades 1 to 6 for care homes. Of the 24 care homes inspected, 105 grades were awarded against the key questions noted below:

Table 3: Grade 2023-24	Overall	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
6 'excellent'	3%	1 (3%)	2 (7%)	0	0	0
5 'very good'	7%	3 (9%)	2 (7%)	1 (6%)	0	1 (7%)
4 'good'	35%	10 (30%)	11 (38%)	7 (44%)	3 (25%)	6 (40%)
3 'adequate'	42%	14 (43%)	12 (41%)	4 (25%)	8 (67%)	6 (40%)
2 'weak'	13%	5 (15%)	2 (7%)	4 (25%)	1 (8%)	2 (13%)
1 'unsatisfactory'	0	0	0	0	0	0

Table 3 demonstrates that grades of 'very good' or excellent' were more likely to be awarded against key questions relating to supporting people's wellbeing and leadership of care home services. Where grades of 'weak' were awarded these were more likely to be associated with supporting people's wellbeing, quality of staffing and quality of care and support planning.

Of the 3 Partnership operated care homes inspected during 2023-24, one ended the year with an evaluation of 'good' against all Key Questions inspected; another with an evaluation of 'adequate' against all Key Questions inspected; and the third with a mix of 'good' and 'adequate' against all Key Questions inspected.

**Table 3(a) Tenancy Support (3 inspections / 6 grades awarded)**

Table 3(a): Grade 2023-24	Overall	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
6 'excellent'	0	0	0	0	0	0
5 'very good'	0	0	0	0	0	0
4 'good'	83%	2 (100%)	2 (67%)	0	0	1 (100%)
3 'adequate'	17%	0	1 (33%)	0	0	0
2 'weak'	0	0	0	0	0	0
1 'unsatisfactory'	0	0	0	0	0	0

Table 3(b) Support Services – Not Care at Home (3 inspections / 6 grades awarded)

Table 3(b): Grade 2023-24	Overall	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
6 'excellent'	0	0	0	0	0	0
5 'very good'	67%	2 (67%)	2 (67%)	0	0	0
4 'good'	33%	1 (33%)	1 (33%)	0	0	0
3 'adequate'	0	0	0	0	0	0
2 'weak'	0	0	0	0	0	0
1 'unsatisfactory'	0	0	0	0	0	0

Table 3(c) Support Services – With Care at Home (9 inspections / 26 grades awarded)

Table 3(c): Grade 2023-24	Overall	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
6 'excellent'	0	0	0	0	0	0
5 'very good'	27%	3 (43%)	2 (25%)	1 (17%)	0	1 (20%)
4 'good'	42%	3 (43%)	3 (37.5%)	2 (33%)	0	3 (60%)
3 'adequate'	31%	1 (14%)	3 (37.5%)	3 (50%)	0	1 (20%)
2 'weak'	0	0	0	0	0	0
1 'unsatisfactory'	0	0	0	0	0	0

Table 3(d) Care at Home with Housing Support (9 inspections / 26 grades awarded)

Table 3(d): Grade 2023-24	Overall	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
6 'excellent'	0	0	0	0	0	0
5 'very good'	35%	5 (56%)	2 (22%)	1 (25%)	0	1 (25%)
4 'good'	58%	4 (44%)	6 (67%)	3 (75%)	0	2 (50%)
3 'adequate'	7%	0	1 (11%)	0	0	1 (25%)
2 'weak'	0	0	0	0	0	0
1 'unsatisfactory'	0	0	0	0	0	0

Tables 3(a) to 3(d) for other adult services cover a variety of service provision models therefore comparisons cannot be made against each model for the purposes of this report. A small number of inspections were undertaken within each model of service however data evidences that all services are meeting expected standards, with no grades of 'weak' awarded. Key Question 4 is not inspected against in the majority of other adult services as they are primarily provided in the service user's own home.

### 4.3 Continuous Improvement

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

adequately addressed. Appendix 1 contains further information about the range of improvement support available to providers across care home, care at home, housing support and other adult services.

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

- Enhanced contract monitoring arrangements;
- Additional support from the Care Home Team; and
- Commencement of Adult Support and Protection Large Scale Investigations, supported by a voluntary embargo on new admissions.

Feedback from care home providers who have experienced issues within their care homes has been positive with regard to the above interventions from the Partnership. In 2 of the 3 care homes grades have now improved and enhanced monitoring and support has concluded.

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

## 5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

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

## 7.0 CONSULTATIONS

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

## 8.0 BACKGROUND PAPERS

None.

Dave Berry  
Chief Finance Officer

DATE: 31 August 2024

Rosalind Guild  
Contracts Officer

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## APPENDIX 1 - PERFORMANCE REPORT – CARE INSPECTORATE GRADINGS

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

1 APRIL 2023 – 31 MARCH 2024

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#### INTRODUCTION

The purpose of this report is to summarise for members the findings and gradings awarded by the Care Inspectorate to registered care homes for adults/older people and other adult services within Dundee for the period 1 April 2023 to 31 March 2024.

The Care Inspectorate regulate care services for people of all ages in Scotland. Their work includes registering services, inspecting and grading them, dealing with complaints, carrying out enforcement action where necessary and helping services to improve.

The Care Inspectorate also champion good quality care whenever encountered across the thousands of inspections carried out each year in Scotland. They work closely with all care providers to support them to improve all the time and collaborate and take action where experiences and outcomes are not meeting individuals' needs.

The role of the Care Inspectorate is to regulate and inspect care services so that:

- vulnerable people are safe;
- the quality of service delivered is high and continues to improve;
- people know the standards they have a right to expect;
- reports are made available publicly on the quality of services across Scotland; and
- they can support the review and development of how services are delivered.

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

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



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

The grading scale used is:

**6** excellent

5	very good
4	good
3	adequate
2	weak
1	unsatisfactory

## CHANGE OF FOCUS FOR CARE INSPECTIONS SINCE 2022-2023

During 2023-24 the Care Inspectorate continued to work with the different sectors to produce new scrutiny frameworks and update existing ones. This has included the development of self-evaluation templates for providers to ensure they can evidence through inspection that identified core assurances are being met. The current inspection framework for adult services is supported by a series of sector specific quality frameworks, which support providers to self-evaluate their own performance and are used by inspectors to provide independent assurance about the quality of care and support.

The Care Inspectorate base their inspection priorities for each service on risk and intelligence and have set out a baseline for which key questions will be evaluated at each inspection dependent on grade and whether there are high scrutiny or medium/ low scrutiny requirements. Two key questions (elements of Key Question 1 – How well do we support people’s wellbeing? and Key Question 2 – How good is our leadership?) are the minimum for all services, with the Care Inspectorate having discretion to look at and evaluate any further key question(s) and quality indicator(s) in addition to this if there are any practice concerns or concerns arising from the assessment of the core assurances during the actual inspection.

## OVERVIEW OF THE SERVICES INSPECTED

A total of 69 inspections were carried out in 46 services during 2023-24 (see Appendices A and B):

- 44 inspections in 24 care homes
- 25 inspections in 22 other adult services

Where there are performance concerns at an inspection resulting in a number of requirements being imposed, a follow up visit is arranged. This can result in further action being taken or grades being amended. This is relevant in 13 care home services and 6 other adult services during 2023-24. A breakdown of the requirements IS listed in Appendix C for care homes if grades were grade 2 (weak) or lower at any time during the initial or follow-up inspections. There were no adult services inspected with grade 2 (weak) or lower with requirements.

Inspection/investigations are also carried out if complaints are made against a service and can result in a change to grades. Complaint investigations which resulted in the complaint(s) being upheld in services not inspected during 2023-24 applies to one care home and 4 other adult services.

Table 1 shows which sectors received an inspection during 2023-24:

<b>Table 1: Inspected Services - Sector Data</b>	<b>DHSCP</b>	<b>Private</b>	<b>Voluntary</b>	<b>Total</b>
<b>Number of Care Homes</b>	<b>3</b>	<b>20</b>	<b>1</b>	<b>24</b>
<b>%</b>	13%	83%	4%	100%
<b>Number of Other Adult Services</b>	<b>5</b>	<b>1</b>	<b>16</b>	<b>22</b>
<b>%</b>	23%	4%	73%	100%

## Summary of the gradings awarded in Dundee

Table 2 illustrates the number of services who received the undernoted gradings in one or more of the key questions inspected and the comparison from previous year, 2022-23.

Table 2: Grade Received by Service	Care Homes		Other Adult Services	
	2023-24	2022-23	2023-24	2022-23
Number of Services Inspected	24	22	22	18

6 'excellent' in one or more key questions	2	8%	1	5%	0	0	0	0
5 'very good' in one or more key questions	5	21%	6	27%	11	50%	9	50%
4 'good' in one or more key questions	17	71%	13	59%	17	77%	12	67%
3 'adequate' in one or more key questions	15	63%	12	55%	7	32%	7	39%
2 'weak' in one or more key questions	4	17%	4	18%	0	0	2	11%
1 'unsatisfactory' in one or more key questions	-	-	-	-	-	-	-	-

4 'very good' and above in all grades (first annual inspection)	9	38%	9	41%	17	77%	10	56%
3 'adequate' or below in all grades (first annual inspection)	8	33%	3	14%	0	0	2	11%

The number of inspections for both care homes and other adult services increased during 2023-24 from the previous year. The gradings data evidences a significant improvement in grades between 2022-23 and 2023-24 for other adult services, whilst care home grades remained similar with a noted increase in the number of care homes receiving a grade of 'adequate' or less in all assessed aspects. Whilst other adult services did not receive an 'excellent' in any Key Question they also did not receive a 'weak'. No inspected service received a grade 1 (unsatisfactory).

**Table 3 – Care Homes (44 inspections, 105 grades awarded)**

Table 3: Grade 2023-24	Overall	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
6 'excellent'	3%	1 (3%)	2 (7%)	0	0	0
5 'very good'	7%	3 (9%)	2 (7%)	1 (6%)	0	1 (7%)
4 'good'	35%	10 (30%)	11 (38%)	7 (44%)	3 (25%)	6 (40%)
3 'adequate'	42%	14 (43%)	12 (41%)	4 (25%)	8 (67%)	6 (40%)
2 'weak'	13%	5 (15%)	2 (7%)	4 (25%)	1 (8%)	2 (13%)
1 'unsatisfactory'	0	0	0	0	0	0

Table 3 demonstrates that where grades of 'very good' or excellent' were awarded these were against key questions relating to supporting people's wellbeing and leadership of care home services. Where grades of 'weak' were awarded these were more likely to be associated with supporting people's wellbeing, quality of staffing and quality of care and support planning. Of the 3 Partnership operated care homes inspected during 2023-24, one ended the year with an evaluation of 'good' against all Key Questions inspected; another with an evaluation of 'adequate' against all Key Questions inspected; and the third with a mix of 'good' and 'adequate' against all Key Questions inspected.

Table 3(a) Tenancy Support (3 inspections / 6 grades awarded)

Table 3(a): Grade 2023-24	Overall	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
6 'excellent'	0	0	0	0	0	0
5 'very good'	0	0	0	0	0	0
4 'good'	83%	2 (100%)	2 (67%)	0	0	1 (100%)
3 'adequate'	17%	0	1 (33%)	0	0	0
2 'weak'	0	0	0	0	0	0
1 'unsatisfactory'	0	0	0	0	0	0

Table 3(b) Support Services – Not Care at Home (3 inspections / 6 grades awarded)

Table 3(b): Grade 2023-24	Overall	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
6 'excellent'	0	0	0	0	0	0
5 'very good'	67%	2 (67%)	2 (67%)	0	0	0
4 'good'	33%	1 (33%)	1 (33%)	0	0	0
3 'adequate'	0	0	0	0	0	0
2 'weak'	0	0	0	0	0	0
1 'unsatisfactory'	0	0	0	0	0	0

Table 3(c) Support Services – With Care at Home (9 inspections / 26 grades awarded)

Table 3(c): Grade 2023-24	Overall	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
6 'excellent'	0	0	0	0	0	0
5 'very good'	27%	3 (43%)	2 (25%)	1 (17%)	0	1 (20%)
4 'good'	42%	3 (43%)	3 (37.5%)	2 (33%)	0	3 (60%)
3 'adequate'	31%	1 (14%)	3 (37.5%)	3 (50%)	0	1 (20%)
2 'weak'	0	0	0	0	0	0
1 'unsatisfactory'	0	0	0	0	0	0

Table 3(d) Care at Home with Housing Support (9 inspections / 26 grades awarded)

Table 3(d): Grade 2023-24	Overall	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
6 'excellent'	0	0	0	0	0	0
5 'very good'	35%	5 (56%)	2 (22%)	1 (25%)	0	1 (25%)
4 'good'	58%	4 (44%)	6 (67%)	3 (75%)	0	2 (50%)
3 'adequate'	7%	0	1 (11%)	0	0	1 (25%)
2 'weak'	0	0	0	0	0	0
1 'unsatisfactory'	0	0	0	0	0	0



Tables 3(a) to 3(d) for other adult services cover a variety of service provision models therefore comparisons cannot be made against each model for the purposes of this report. A small number of inspections were undertaken within each model of service however data evidences that all services are meeting expected standards, with no grades of 'weak' awarded. Key Question 4 is not inspected against in the majority of other adult services as they are primarily provided in the service user's own home.

## Enhanced Support and Monitoring – Care Homes

**Balhousie St Ronan's Care Home** (owned by Balhousie Holdings Limited) – An inspection was carried out on 8 June 2023 which resulted in grades of (3) adequate and (2) weak with a number of requirements identified. At a follow-up inspection on 12 July 2023 the Care Inspectorate issued an Improvement Notice as none of the initial requirements had been met within timescale.

Prior to these inspections taking place and due to concerns having already arisen within this service, Dundee Health and Social Care Partnership (the Partnership) had commenced the Adult Support and Protection Large Scale Investigation process (LSI) in January 2023. The findings of these inspections and additional complaints investigations upheld by the Care Inspectorate were included in the LSI as the Care Inspectorate are a partner in this process. The provider agreed to place a voluntary embargo on new admissions to the care home throughout this time.

The LSI continued until September 2023. This was followed up with Enhanced Contract Monitoring by the Partnership up until February 2024 when it was considered the care home had made sufficient sustainable improvements in the delivery of care and support to their residents and the Care Inspectorate in their subsequent follow-up visits had re-graded the service favourably.

However, at a further inspection held on 5 March 2024 the care home again received grades of (3) adequate and (2) weak and Enhanced Contract Monitoring re-commenced to continue to support the care home make and sustain improvement.

**Ballumbie Court** (owned by HC-One Ltd) – A Large Scale Investigation had been ongoing in this care home from February 2023 with a voluntary embargo in place for new admissions.

A care inspection visit held on 25 April 2023 resulted in (3) adequate and (2) weak grades which were incorporated into the LSI process. A follow up inspection on 26 May 2023 showed improvement and grades were changed by the Care Inspectorate to 3 (adequate). The LSI ended in July 2023 as all outstanding requirements had been met, grades improved and sustainable improvement evidenced by all those involved. Enhanced Monitoring was in place to support the care home which was reduced to 3 monthly contract monitoring meetings by 21 February 2024 as continued improvement was evidenced throughout this time.

**Lochleven Care Home** (owned by Thistle Healthcare Ltd) – A Care inspection visit on 18 May 2023 resulted in a number of requirements being but in place. At a follow up visit on 29 August 2023 the requirements had not been met within timescale and resulted in the home being re-graded in Key Question 1 from 3 (adequate) to 2 (weak). This along with a number of Adult Support and Protection concerns raised by the Partnership resulted in a Large Scale Investigation commencing and a voluntary embargo on admissions to the care home. The LSI continued until 4 December 2023 during which time grades had improved and improvement evidenced in the provision of care and support to residents. Enhanced Contract Monitoring followed to ensure the improvements were sustained.

## Care Inspectorate Key Messages – High Performing Services

### Harestane Care Home – Priority Care Ltd

- Staff were warm, kind, and respectful of people's wishes and choices.
- Management had excellent oversight of the home. They were viewed as approachable and responsive by people who lived at Harestane Nursing Home and their relatives/ representatives.
- There was a full activity programme in place which included the local community.
- The management team encouraged a positive, reflective learning ethos within the staff team.

### Balcarres Care Home – HC-One Ltd

- There was a track record of exceptionally high-quality care.
- People were supported by a skilled and consistent staff team.

- People were at the heart of decision making in Balcarres.
- There was a person led approach to the delivery of care.
- Quality assurance processes were effective in identifying and driving innovative change.
- The service was committed to achieving the best possible experiences for people living in Balcarres.

#### **Capability Scotland (Support Service with Care at Home)**

- We saw that staff were caring and compassionate and had enough time to do their jobs well.
- People told us that there were plenty of meaningful things for them to do.
- We heard from the people who use the service that they participated in how it was developed; this promoted inclusion.
- The service had clear and well written policies and procedures in place, which were available in an easy to read and accessible format.
- Staff told us that their leaders were approachable and knowledgeable and their colleagues were supportive.
- Staff attended a wide range of training courses, which helped them to do their jobs well.
- The service had effective audit processes and quality assurance policies in place.
- We heard a few comments, from relatives and staff that some aspects of the service's communication should be improved.
- We concluded that the service had the desire and capacity to strive for excellence.

#### **DCC Home Care - Enablement and Support Citywide and Community Mental Health Older People Team**

- People experiencing care felt well supported and had positive relationships with staff.
- People were supported with compassion, dignity and respect.
- The service promoted a strong culture of person-centred care.
- The service had an experienced, well trained staff team.

#### **The Richmond Fellowship Scotland – Dundee Services (Care at Home/Housing Support)**

- The people who were supported by the service received very good support.
- The people we spoke to, who used the service, told us that they were very happy with their support and spoke positively about the staff.
- We found that the staff group were competent and knowledgeable and approached their work in a caring and sensitive way.
- Staff told us that their seniors were very supportive.
- We found that the service had a few staff vacancies, but overall staffing levels were reasonably good.
- At times the outreach service was under pressure, but we heard that staff managed to maintain high quality support for people.
- The service had a wide range of well written and relevant policies and procedures in place, which underpinned the quality of support it provided.
- Although we saw that the service was very well led and provided very good support for people, we identify some potential challenges facing the service.

### **Requirements**

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

Requirements were placed on 13 of the 24 (54%) care homes inspected and 6 of the 22 (27%) other adult services inspected.

## Complaints

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

During 2023-24 the Care Inspectorate received one or more complaints relating to 8 care home services and 5 other adult services in Dundee. Of these, all were upheld or at least one of the following elements upheld.

Complaints – Care Homes	Complaints – Other Adult Services
<p><b>Wellbeing</b></p> <ul style="list-style-type: none"> <li>• Other</li> <li>• Social</li> </ul> <p><b>Healthcare</b></p> <ul style="list-style-type: none"> <li>• Palliative care</li> <li>• Inadequate healthcare or healthcare treatment</li> <li>• Continence care</li> <li>• Infection control issues</li> <li>• Medication issues</li> <li>• Tissue viability</li> <li>• Oral health</li> <li>• Other</li> </ul> <p><b>Staff</b></p> <ul style="list-style-type: none"> <li>• Levels</li> <li>• Other fitness issues</li> <li>• Training/qualifications</li> </ul> <p><b>Access</b></p> <ul style="list-style-type: none"> <li>• To other services eg advocacy/health</li> <li>• Other</li> </ul> <p><b>Communication</b></p> <ul style="list-style-type: none"> <li>• Between staff and service users/relatives/ carers</li> </ul> <p><b>Choice</b></p> <ul style="list-style-type: none"> <li>• Activities</li> <li>• Care and treatment</li> </ul> <p><b>Property</b></p> <ul style="list-style-type: none"> <li>• Loss of/missing</li> </ul> <p><b>Environment</b></p> <ul style="list-style-type: none"> <li>• Inadequate facilities</li> </ul> <p><b>Food</b></p> <ul style="list-style-type: none"> <li>• Choice</li> </ul> <p><b>Privacy and Dignity</b></p> <ul style="list-style-type: none"> <li>• Privacy and Dignity</li> </ul>	<p><b>Communication</b></p> <ul style="list-style-type: none"> <li>• Between staff and service users/relatives/carers</li> <li>• Information about the service</li> </ul> <p><b>Staff</b></p> <ul style="list-style-type: none"> <li>• Other</li> <li>• Training/qualifications</li> <li>• Levels</li> </ul> <p><b>Healthcare</b></p> <ul style="list-style-type: none"> <li>• Medication issues</li> <li>• Inadequate healthcare or healthcare treatment</li> </ul> <p><b>Wellbeing</b></p> <ul style="list-style-type: none"> <li>• Other</li> </ul> <p><b>Environment</b></p> <ul style="list-style-type: none"> <li>• Security</li> </ul> <p><b>Record-keeping</b></p> <ul style="list-style-type: none"> <li>• Personal plans/agreements</li> </ul>

## **Enforcements**

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

There was one enforcement measure put in place for a care home service during 2023-24. See above information regarding Balhousie St Ronan's Care Home.

## **CONTINUOUS IMPROVEMENT**

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

### **Care Home Services**

The Care Home Team continues to provide support to all care homes in Dundee with enhanced supports available at times of concern for individual homes. The Care Home Team recruited an Occupational Therapist in 2023 who has been providing support to the care homes.

Dundee Health and Social Care Partnership continue to host Care Home Providers Forums on a monthly basis which is now co-chaired with the Scottish Care Independent Sector Lead. Regular meetings also take place between the Partnership and the Care Inspectorate.

There is now a respite unit within Turriff House to cater to older people in order to facilitate carers breaks for those who meet the criteria. The respite unit at Mackinnon Centre now has multi-use which includes facilitating hospital discharges for people with complex needs until such a time as appropriate accommodation/care is sourced.

Works are being undertaken to install WiFi within all older peoples' care homes in 2024.

### **Care at Home Services**

The approach of paying providers commissioned to deliver care at home services on a shift hours model - which means paying them for any gaps/downtime, cancelled services and full travel time - was established as the way forward following a successful test of change. This helped services continue to experience good levels of staff retention during 2023-24 and, along with other improvement measures within the Resource Matching Unit (RMU), had a positive impact on providers being able to deliver care and thus keep the level of unmet need as low as possible.

The RMU receives the majority of referrals for people who have been assessed as requiring an ongoing care at home service. The RMU then engages with providers to source packages of care for these individuals. Typically this was achieved by sending out lists of service requests by email or supporting providers to build new runs for staff who have recently been recruited. Improvement measures were introduced by the RMU and they started to arrange bite sized meetings with groups of providers, to make runs of work more efficient by collectively reducing gaps and to proactively try and address unmet need in specific areas of the city. Further work is ongoing to develop an electronic system that can more readily identify any gaps, which the RMU will then look to fill to make the runs as efficient as possible. The RMU also established a new support worker role to actively monitor and review people who are waiting on a service and to try and ensure the service requests that providers are considering are as accurate as possible.

### **Care At Home/Housing Support (Learning Disability and Mental Health)**

During 2023-24 work has continued on Strategic Housing Investment Plan (SHIP) developments. These are new housing developments that provide supported accommodation to service users with a variety of assessed learning disability/mental health needs in Dundee. Three developments were handed over to the Partnership during this year, following completion of building work. Providers are appointed via the Dundee Collaborative Group, which uses a partnership working approach to decision making and is

viewed positively by providers involved in the process. The Partnership is working in collaboration with the support providers and other stakeholders to establish the new services and support services users to transition into their new homes, which will better meet their support needs.

There is ongoing work to consider the re-provisioning of services and this may have an impact on commissioned services. In 2023-24, one development was handed back to the housing provider as it was recognised that other services could better meet the needs of service users. Staff and tenants from this service transferred to a new service in one of the developments that had recently been handed over.

In 2023-24 discussions took place regarding a planned Test of Change to support individuals pre- and post- diagnostic support to individuals with Autism, as well as those not seeking a formal diagnosis, and who may not be meet thresholds for receiving support from other commissioned services. The planned service is intended to address a gap in need and provide direct support as well as signposting individuals to other supports available across the city and work in partnership with other stakeholders to achieve this. The Test of Change is taking place during 2024-25.

**DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP  
CARE INSPECTORATE GRADINGS FOR CARE HOMES IN DUNDEE - 1 APRIL 2023 TO 31 MARCH 2024**

Name of Care Home and Provider Organisation	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	KQ1	KQ2	KQ3	KQ4	KQ5	Requirements	Upheld Complaint(s) received during 23-24	Enforcement / Notice of Improvement	
				How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?				
Balcarres HC-One Limited	Care Home (Older People)	Private	11.12.23	6	6	-	-	-	No	No	No	
Balhousesie Clement Park Balhousesie Holdings Limited	Care Home (Older People)	Private	Upheld Complaint						No	Yes	No	
Balhousesie St Ronan's Balhousesie Holdings Limited	Care Home (Older People)	Private	08.06.23	2	2	2	3	2	Yes	Yes	No	
			12.07.23	No change to grades – Improvement Notice issued 19/07/23						Yes	Yes	Yes
			04.09.23	3	-	3	-	-	Yes	Yes	No	
			14.11.23	-	3	-	-	3	No	Yes	No	
			05.03.24	2	-	2	-	3	Yes	Yes	No	
Ballumbie Court HC-One Limited	Care Home (Older People)	Private	25.04.23	2	3	2	3	3	Yes	No	No	
			26.05.24	3	-	3	-	-	Yes	No	No	
			06.07.23	No change to grades						Yes	No	No

			28.11.23	No change to grades					No	No	No
<b>Benvie</b> Duncare Ltd	Care Home (Older People)	Private	04.07.23	3	3	-	-	-	Yes	Yes	No
<b>Bridge View</b> Sanctuary Care	Care Home (Older People)	Private	31.07.23	3	3	-	-	-	No	Yes	No
			28.08.23	4	4	-	-	-	No	No	No
<b>The Bughties</b> Enhance Healthcare Ltd	Care Home (Older People)	Private	14.06.23	3	3	-	-	-	Yes	No	No
			01.02.24	4	4	-	-	-	No	No	No
<b>Carmichael House</b> Carmichael House (Dundee) Limited	Care Home (Older People)	Private	08.02.24	3	3	4	3	3	Yes	No	No
<b>Ellen Mhor</b> Cygnnet Healthcare	Care Home (Learning Dis)	Private	14.12.23	4	4	-	-	-	No	No	No
<b>Ferry House</b> Committee of Management	Care Home (Older People)	Voluntary	Care Home Closed 31.03.24								
<b>Forebank Care Home</b> Brookesbay Care Group	Care Home (Older People)	Private	29.06.23	3	3	-	-	-	Yes	No	No
			02.10.23	4	4	-	-	-	No	No	No
<b>Harestane Care Home</b> Priority Care Group Limited	Care Home (Older People)	Private	11.10.23	5	6	-	-	-	No	No	No
<b>Janet Brougham House</b> Dundee HSCP	Care Home (Older People)	Dundee HSCP	19.03.24	4	3	-	-	-	Yes	No	No
<b>Lochleven</b> Thistle Healthcare Ltd	Care Home (Older People)	Private	18.05.23	3	3	4	3	4	Yes	No	No

			29.08.23	2	-	-	-	-	Yes	No	No
			03.10.23	No change to grades					Yes	Yes	No
			07.11.23	3	-	-	-	-	Yes	Yes	No
			09.01.24	No change to grades					No	Yes	No
<b>McGonagall House</b> Enhance Healthcare Limited	Care Home (Adults-ARBD)	Private	01.06.23	4	4	4	4	3	Yes	No	No
			07.11.23	-	-	-	-	4	No	No	No
<b>Mackinnon Centre</b> Dundee HSCP	Care Home (Phys/Sensory Impairment - Respite)	Dundee HSCP	Last Inspected 24.02.23						No	No	No
<b>Menziesshill House</b> Dundee HSCP	Care Home (Older People)	Dundee HSCP	09.02.24	3	3	-	-	-	Yes	No	No
<b>Moyness Care Home</b> Balhousie Holdings Limited	Care Home (Older People)	Private	25.04.23	4	5	-	-	-	No	No	No
<b>Orchar Nursing Home</b> Orchar Care Ltd	Care Home (Older People)	Private	26.07.23	5	4	-	-	-	No	Yes	No
<b>Pitkerro Care Centre</b> Hudson Healthcare Ltd	Care Home (Older People)	Private	14.02.24	5	4	5	4	5	No	No	No
<b>Redwood House</b> Redwood House (Broughty Ferry) Limited	Care Home (Older People)	Private	04.03.24	4	5	4	3	4	No	No	No
<b>Riverside View Care Home</b> HC-One Limited	Care Home (Older People)	Private	20.07.23	3	4	4	3	4	Yes	No	No



			25.10.23	No change to grades					No	No	No
<b>Sense Scotland Dundee Respite</b> Sense Scotland	Care Home (Learning Dis)	Private	01.07.22	-	4	-	-	-	No	No	No
<b>St Columba's Care Home</b> Priority Care Group Limited	Care Home (Older People)	Private	04.10.23	3	3	4	3	4	Yes	No	No
			22.02.24	3	-	3	-	-	No	Yes	No
<b>St Margaret's Home – Dundee</b> Trustees of St Margaret's Home	Care Home (Older People)	Voluntary	16.05.23	2	2	2	2	2	Yes	Yes	No
			02.06.23	No change to grades					Yes	No	No
			11.07.23	No change to grades					Yes	No	No
			05.10.23	3	3	3	3	3	Yes	Yes	No
			Care Home issued notice to close on 30 January 2024 and subsequently closed in April 2024								
<b>Thistle Care Home</b> Cygnet Social Care	Care Home (Learning Disabilities)	Private	09.01.24	4	4	4	4	4	No	No	No
<b>Turriff House</b> Dundee HSCP	Care Home (Older People)	Dundee HSCP	25.01.24	4	4	-	-	-	No	No	No
<b>White Top</b> Dundee HSCP	Care Home (Learning Dis - Respite)	Dundee HSCP	Last Inspected 09.08.22						No	No	No

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

Appendix B

**DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP  
CARE INSPECTORATE GRADINGS FOR ADULT SERVICES (EXCLUDING CARE HOMES) - 1 APRIL 2023 TO 31 MARCH 2024**

Name of Care Home and Provider Organisation	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	KQ1	KQ2	KQ3	KQ4	KQ5	Requirements	Upheld Complaints	Enforcement / Notice of Improvement
				How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?			

**TENANCY SUPPORT**

<b>Dundee Survival Group</b> Dundee Survival Group Charitable Company Limited	Housing Support Service	Voluntary	08.09.23	4	4	-	-	-	No	No	No
<b>Hillcrest Homes Tenancy Support Services</b> Hillcrest Homes (Scotland) Ltd	Housing Support Service	Voluntary	26.05.23	4	3	-	-	-	Yes	No	No
			21.02.24	No change to grades						No	No
<b>Positive Steps (East)</b> The Positive Steps Partnership	Housing Support Service	Voluntary	25.08.23	-	4	-	-	4	No	No	No

**SUPPORT SERVICES – NOT CARE AT HOME**

<b>Capability Scotland Dundee</b> (City Quay Support Service)	Support Service	Voluntary	18.08.23	5	5	-	-	-	No	No	No
<b>Hillcrest Futures Dundee – Student Support Service</b> Hillcrest Futures Limited	Support Service	Voluntary	05.05.23	4	5	-	-	-	No	No	No

<b>Penumbra Dundee Nova Service</b>	Support Service	Voluntary	14.12.23	5	4	-	-	-	No	No	No
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**SUPPORT SERVICES – WITH CARE AT HOME**

<b>Avenue Care Services Perth/ Dundee</b> Avenue Care Services Ltd	Support Service	Private		<b>Upheld Complaint</b>					No	Yes	No
<b>Blackwood North East Care and Support Services</b> Blackwood Homes and Care	Housing Support Service	Voluntary	21.04.23	5	4	5	-	5	No	No	No
<b>Call-In Homecare Ltd (Dundee)</b>	Support Service	Private		<b>Upheld Complaint</b>					No	Yes	No
<b>Capability Scotland Community Living and Family Support Services (Dundee) – Care at Home</b>	Support Services – Care at Home	Voluntary	01.08.23	5	5	-	-	-	No	No	No
<b>DCC – Home Care – Enablement and Support Citywide &amp; Community MH Older People Team</b>	Housing Support Service	Dundee HSCP	25.10.23	5	5	-	-	-	No	No	No
<b>Dundee Specialist Mental Health Outreach</b> Scottish Action for Mental Health	Housing Support Service	Voluntary	29.09.23	4	4	3	-	4	Yes	No	No
<b>The Inclusion Group Support Services – Care at Home</b> The Inclusion Group (Dundee)	Support Services – Care at Home	Voluntary	16.01.24	4	4	4	-	4	No	No	No
<b>Integrity Social Care Solutions Housing Support with Care at Home</b>	Housing Support with Care at Home	Private	24.04.23	3	3	4	-	3	Yes	No	No

Integrity Social Care Solutions Ltd											
			01.11.23	No change to grades					No	No	No
<b>My Care Tayside</b> My Care (Tayside) Limited	Support Services - care at home and housing support combined	Voluntary	Upheld Complaints					No	Yes	No	
<b>My Homecare (Dundee) Ltd Support Service</b> My Homecare (Dundee) Ltd	Support Service – Care at Home	Private	Upheld Complaint					No	Yes	No	
<b>TLA Neighbourhood Services</b> TLA Neighbourhood Services Limited	Support Services – Care at Home	Private	27.07.23	4	3	3	-	4	Yes	No	No
			07.02.24	-	3	3	-	-	No	No	No

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

<b>Capability Scotland – Dundee Housing Support Service</b> Capability Scotland	Care at Home/ Housing Support	Voluntary	18.08.23	5	5	5	-	5	No	No	No
<b>Dudhope Villa and Sister Properties</b>	Care at Home/ Housing Support	Private	29.06.23	4	3	4	-	3	Yes	No	No
<b>Hillcrest Futures Dundee – Alexander Street, Lismore Terrace, Longfield Drive</b> Hillcrest Futures	Care at Home/ Housing Support	Voluntary	24.04.23	4	4	-	-	-	No	No	No

<b>The Inclusion Group (Dundee)</b>	Housing Support Service	Voluntary	16.01.24	4	4	4	-	4	No	No	No
<b>Jericho Society</b> The Jericho Benedictine Society	Care at Home/ Housing Support	Voluntary	25.07.23	5	4	-	-	-	No	No	No
<b>Magdalen House</b> Priority Care Limited	Care at Home/ Housing Support	Private	03.11.23	<b>Core Assurance Inspection Visit (Pilot) – no change to grades from previous visit held on 20.09.22</b>					No	No	No
				5	4	-	-	-	No	No	No
<b>The Richmond Fellowship Scotland – Dundee Services</b> Richmond Fellowship Scotland Limited	Care at Home/ Housing Support	Voluntary	07.08.23	5	5	-	-	-	No	Yes	No
<b>Transform Community Development</b>	Care at Home/ Housing Support	Private	01.03.24	4	3	4	-	4	Yes	No	No
<b>Turning Point Scotland – Dundee</b> Turning Point Scotland	Care at Home/ Housing Support	Voluntary	11.08.23	5	4	-	-	-	No	No	No

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

## APPENDIX C

## DUNDEE HEALTH &amp; SOCIAL CARE PARTNERSHIP – CARE HOME SERVICES

## CARE INSPECTORATE REQUIREMENTS 2023-24

Date of Inspection	Name of Org/Service	Service Type	How well do we support people's wellbeing	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
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08.06.23	Balhousie St Ronan's	Care Home - Private	2	2	2	3	2
12.07.23	No change to grades		(2)	(2)	(2)	(3)	(2)
04.09.24			3	-	3	-	-
14.11.23			-	3	-	-	3
05.03.24			2	-	2	-	3

**Requirement 1**

By 06 July 2023, the provider must ensure that service users are provided with meals, snacks, drinks which are appropriate to meet their needs, and are supported to eat and drink in accordance with their nutrition and hydration needs and preferences. To do this, the provider must, at a minimum:

- Ensure that service users' care plans record their nutrition and hydration needs and preferences.
- Ensure that nursing and care staff are familiar with, and can implement, service users' nutrition and hydration needs identified in care plans.
- Ensure that nursing and care staff are able to identify, and respond to, any change to a service user's nutrition and hydration needs and review and update personal plans accordingly.

**Requirement 2**

By 06 July 2023, the provider must keep people safe from harm by managing the administration of medication safely. To do this, the provider, must at a minimum:

- Create a complete, accurate and auditable record of all prescribed medication in the care home.
- Ensure that staff receive and record completion of appropriate training to enable them to administer medication safely.
- Ensure that staff demonstrate competency in medication administration and managers implement a system for ongoing evaluation of staff practice.
- put in place and effectively implement a system to audit people's medication records to provide assurance that people are having their prescribed medication administered in accordance with their individual needs.
- ensure that monitoring arrangements identify any errors in administration or recording of a service user's medication and appropriate actions are taken.

**Requirement 3**

By 06 July 2023, the provider must ensure that service users experience care in an environment that is clean and safe, and that minimises the risk of infection. To do this, the provider must, at a minimum:

- Ensure the care home environment, furnishings, and equipment are kept in a good state of repair and are safe, clean, and tidy at all times.
- Ensure there are appropriate procedures in place for the prevention and control of infection and staff are familiar with these and implement them.

**Requirement 4**

By 20 August 2023, the provider must ensure that the care service is led and managed in a manner that results in service users' health, safety and wellbeing needs being met. To do this, the provider must, at a minimum:

- a) Ensure the quality of service users' care and the environment is continuously assessed by knowledgeable, skilled and competent staff using a range of methods.
- b) Ensure that where quality assurance identifies areas for improvement, appropriate action is taken
- c) develop action plans which take into consideration views of staff, people and their representatives and include specific, measurable actions designed to lead to continuous improvements

**Requirement 5**

By 20 August 2023, the provider must ensure that service users experience care delivered by staff that have appropriate training to allow them to undertake their role safely. This is to support the health, safety and welfare of service users. To do this, the provider must, at a minimum:

- a) Ensure a review is conducted to identify all areas of staff training required for each staff member.
- b) Ensure identified training is provided to staff and completion of any training is recorded.
- c) Ensure observations of care practice and staff competency are regularly assessed and recorded.
- d) Ensure training and development records are in place for all staff including supervision and appraisal meetings

**Requirement 6**

By 20 August 2023, you, the provider, must ensure that there are, at all times, enough suitably qualified and competent individuals working in the care service to provide safe and high quality services to ensure the best health care outcomes for people. To do this, you, the provider, must, at a minimum consider and record:

- a) the appropriate mix of staff skills required to meet the needs of people using the service over a 24 hour period. This should include nursing staff, care staff, wellbeing co-ordinators, and medication administration as well as ancillary staff;
- b) how and where staff are deployed;
- c) the location of the service and time taken for additional support to arrive if needed; d) significant events, for example, end of life care, people starting to use or leaving the service.

**Requirement 7**

By 20 August 2023, the provider, must promote the health, welfare, and safety of those who use the service by ensuring that all personal plans, risk assessments and care plans:

- a) accurately reflect the current health and care needs of the person and accurately describe the support required to meet those needs;
- b) accurately identify any risks to the person's health, and include an assessment of those risks and the steps that are to be taken to reduce or mitigate them;
- c) have up to date records of the person's representative and the circumstances under which they wish to be contacted
- d) contain an accurate record of communication with people's representatives in line with their wishes
- e) are always implemented
- f) are reviewed every six months with the person and/or their representative

Follow up inspection 12.07.23 – **Requirements 1 and 2 NOT MET and extended to 20.08.23.**  
**Requirement 3 NOT MET – Improvement Notice issued by Care Inspectorate on 19.07.23.**

Follow up inspection 04.09.23 – Improvement Notice requirement met but one element unmet added as a further requirement:

By 30 October 2023, the provider must ensure that service users experience care in an environment that is safe and minimises the risk of infection. To do this, the provider must, at a minimum: ensure that clinical waste is disposed of promptly, safely and in a manner which takes account of the most up-to-date guidance.

**Requirements 1, 2, 4 and 7 NOT MET – timescales extended to 30.10.23**  
**Requirements 5 and 6 MET**

14.11.23 – **All outstanding requirements MET**

## 05.03.24 – 6 requirements added:

**Requirement 1**

By 19 April 2024 the provider must ensure that people are provided with meals, snacks, and drinks which are appropriate to meet their needs, and are supported to eat and drink in accordance with their nutrition and hydration needs and preferences. To do this, the provider must, at a minimum:

- a) Ensure that care plans record people's nutrition and hydration needs accurately.
- b) Ensure effective and accurate monitoring of people's oral intake so staff can identify, and respond to, any potential health risks

**Requirement 2**

By 31 May 2024, the provider must ensure that medication is administered and managed in a manner that protects the health and wellbeing of people. To do this the provider must, at a minimum:

- a) Ensure correct medication recording and administration processes are followed.
- b) Ensure information within medication documents and care plans is accurate, up to date, consistent and used by staff to direct people's support

**Requirement 3**

By 31 May 2024, the provider must ensure people receive personal care and hygiene support that is consistent with their needs, wishes and preferences. To do this the provider must, at a minimum:

- a) Ensure information within care plans is accurate, up to date, and used by staff to direct people's support

**Requirement 4**

By 31 May 2024, the provider must ensure people receive wound care and treatment support that is consistent with their needs, wishes and preferences. To do this the provider must, at a minimum:

- a) Ensure information within care plans is accurate, up to date, and used by staff to direct people's support.
- b) Ensure that staff are aware of and follow any external professional advice and this is recorded in the care plans.

**Requirement 5**

By 31 May 2024, the provider must ensure people working in the care service have been safely recruited. To do this, the provider must, at a minimum:

- a) Ensure all essential pre-employment checks are carried out prior to commencing employment in the service.
- b) Ensure leaders have an understanding of their responsibilities in the safe recruitment of staff

**Requirement 6**

By 31 May 2024, the provider must ensure that there are, at all times, enough suitably qualified and competent individuals working in the service to provide safe and effective care to ensure the best health outcomes and experiences for people. To do this the provider must, at a minimum:

- a) ensure the number of staff and mix of staff skills are appropriate to meet the needs of people using the service.
- b) ensure staffing reflects changes to levels of need impacted by significant events, for example, end of life care, people starting to use or leaving the service.

25.04.23	Ballumbie Court	Care Home - Private	2	3	2	3	3
26.05.23	Re-grading		3	-	3	-	-
06.07.23	No change to grades		(3)	-	-	-	-
28.11.23	No change to grades		(3)	(3)	(2)	(3)	(3)



**Requirement 1**

By 30 June 2023 the provider must ensure that all activity care plans are of sufficient quality and are used to inform and guide staff practice to ensure people get the most out of life. To do this, the provider must at a minimum

- a) Ensure that activity support plans are meaningful, and person centred by completing a quality review of all support plans and implementing changes as identified.
- b) Ensure all staff are aware of their role in participating in and facilitating activities and have sufficient resources to do so.
- c) Ensure that risk assessments are completed prior to undertaking activities and/or outings to encourage a positive risk-taking attitude towards activities.

**Requirement 2**

By 23 May 2023 the provider must ensure that staff IPC practice is safe and effective and takes account of best practice guidance to ensure people in the care home are kept safe from infection. To do this the provider must at a minimum:

- a) ensure the environment, equipment and furnishings are clean and fit for purpose
- b) ensure all staff follow IPC guidelines for safe use of PPE, frequent handwashing and disposal of clinical waste
- c) ensure that cleaning schedules are completed in full and effectively audited

**Requirement 3**

By 30 June 2023 the provider must ensure better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This must include but is not limited to:

- a) assessment of the service's performance through effective audits such as IPC, medication and care plans;
- b) develop action plans which take into consideration views of staff, people and their representatives and include specific, measurable actions designed to lead to continuous improvements

**Requirement 4**

By 23 May 2023 the provider must ensure that people are confident in staff because they are appropriately and safely recruited. To do this, the provider must at a minimum:

- a) ensure that authentic and appropriate references are sought and recorded properly and; Inspection report Inspection report for Ballumbie Court page 7 of 16
- b) ensure recruitment files are audited to ensure safe recruitment practices and company policy are followed.

**Requirement 5**

By 30 June 2023 the provider must ensure the care plans and risk assessments are comprehensive, accurate and comply with legislation to ensure they accurately reflect people's choices and needs. In particular the provider must:

- a) Ensure and record that people and/or their representatives are involved in six-monthly care reviews and there is a robust system in place to monitor and record this.
- b) ensure the use of restraint, such as sensor beams and lap belts, is supported by evidence of assessment, discussion and agreement with the person and/or their representative.
- c) ensure they accurately reflect and assess any identified risks to the person's health such as falls, wounds and adequate hydration and detail the steps to be taken to reduce these risks.
- d) ensure care plans are actively used to direct support

Follow up inspection 26.05.23 – **Requirements 1 and 2 MET**

Follow up inspection 06.07.23 – **Requirement added**

By 13 August 2023, the provider must ensure that service users are safe from harm by administering medication safely and effectively. To do this, the provider must, at a minimum:

- a) ensure that people receive their time sensitive medications, at the prescribed time
- b) ensure that medication administration records are completed accurately

c) ensure that monitoring arrangements are effective in responding to any errors or delays in the administration or recording of a service user's medication.

Follow up inspection 28.11.23 – **All Requirements MET**

18.05.23	Lochleven	Care Home - Private	3	3	4	3	4
29.08.23			2	-	-	-	-
03.10.23	No change to grades		(2)	-	-	-	-
07.11.23			3	-	-	-	-

#### Requirement 1

By 9 June 2023, you must ensure that service users experience care in an environment that is safe and minimises the risk of infection. In particular you must:

- ensure that the internal premises, furnishings and equipment are safe, clean and tidy
- ensure that there is a plan in place for the refurbishment of the kitchen areas within a reasonable timeframe

Follow up inspection 29.08.23 – **Requirement 1 NOT MET and another added**

By 28 September 2023, you must ensure that service users experience care in an environment that is safe and minimises the risk of infection. In particular you must:

- ensure that the internal premises, furnishings and equipment are safe, clean and tidy
- ensure that when the integrity of mattress protectors and chairs are compromised, they are replaced promptly
- ensure that any rusty equipment is replaced.

By 28 September 2023, the provider must ensure that service users experience care in an environment that is safe. In particular you must:

- ensure all sluices are locked and harmful chemicals are stored securely

Follow up inspection 03.10.23 – **Requirement 1 NOT MET – timescale extended**

By 30 October 2023, you must ensure that service users experience care in an environment that is safe and minimises the risk of infection. In particular you must:

- ensure that the internal premises, furnishings and equipment are safe, clean and tidy
- ensure that when the integrity of chairs are compromised, they are replaced promptly
- ensure that all mattresses are clean and free from dirt, stains and malodour.

By 30 October 2023 the provider must ensure that service users experience care in an environment that is safe and minimises the risk of infection. In particular you must ensure that all pullcords are replaced, cleanable and subject to routine cleaning

Follow up inspection 07.11.23 – **Requirements MET**

Follow up inspection 09.01.24 – **Requirement made on 7 November 2023 (outcome of an outstanding complaint) - MET**

By 21 December 2023, the provider must use current good practice guidance to develop effective falls prevention strategies. In order to achieve this, the provider must:

- ensure that risk assessment information is being used to inform personalised and meaningful falls prevention care plans. These should be regularly reviewed and updated, to reflect changes in individual circumstances, presentations, and care needs.
- be able to demonstrate adequate monitoring and supervision when people are identified as at risk of falls.

c) Be able to show evidence of regular ongoing monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities in relation to falls and can demonstrate this through their practice.

16.05.23	St Margaret's	Care Home - Voluntary	2	2	2	2	2
02.06.23	No change to grades		(2)	(2)	(2)	(2)	(2)
11.07.23	No change to grades		(2)	(2)	(2)	(2)	(2)
05.10.23			3	3	3	3	3

**Requirement 1**

By 31 July 2023, the provider must, having regard to the size and nature of the care service, the stated aims and objectives and the number and needs of the service users, always ensure suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users. To do this the provider must:

- a) Ensure that staff levels consider the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals.
- b) Consider the physical layout of the building, staff training and staff supervision needs

**Requirement 2**

By 30 June 2023, you must ensure medication is managed in a manner that protects the health and wellbeing of service users. In order to achieve this, the provider must:

- a) Ensure that all handwritten entries are signed and dated by two members of staff and reference is made to the prescriber.
- b) Ensure that medications are stored appropriately in a clean, hygienic, temperature controlled environment.
- c) Ensure that people receive their medication within the prescribed timescales. d) Ensure appropriate recording of 'as required' medication

**Requirement 3**

By 30 May 2023, you must ensure that service users experience care in an environment that is clean and safe, and that minimises the risk of infection. In particular you must demonstrate that:

- a) There are adequate numbers of domestic staff working on each shift to maintain a clean and safe environment.
- b) The care home environment, furnishings, and equipment are kept in a good state of repair and are safe, clean, and tidy at all times.
- c) Commodes are cleaned immediately after use.
- d) Clinical and offensive waste is disposed of appropriately.
- e) That beds are regularly checked to ensure that both the mattress cover and mattress are not soiled.
- f) Members of staff are familiar with, and implement, current best practice guidance on how to prevent and control infection in a care home setting.
- g) Regular quality assurance checks of the environment are undertaken in order to ensure that the cleanliness of the environment is maintained and that current best practice guidance on how to prevent and control infection in a care home setting is always being followed

**Requirement 4**

By 30 June 2023, you must ensure that service users are provided with meals, snacks, drinks, and support to eat and drink in accordance with their nutrition and hydration needs and preferences. In order to achieve this you must demonstrate that:

- a) Service users' care plans record their nutrition and hydration needs and preferences.
- b) Catering staff are familiar with each service user's nutrition and hydration needs and that they have the knowledge and skills to provide meals, snack and drinks which meet those needs.
- c) Care staff are familiar with, and implement, service users' nutrition and hydration needs care plan.
- d) Care staff are able to identify, and respond to, any change to a service user's nutrition and hydration needs

**Requirement 5**

By 30 June 2023, you must ensure that the care service is led and managed in a manner that results in service users' health, safety and wellbeing needs being met. In particular you must ensure that:

- a) The quality of service users' care and the environment must be continuously assessed by knowledgeable, skilled and compassionate staff in leadership roles using a range of methods. This may include but is not limited to observation of service users' care experiences, observation of staff practice and communication, seeking service user and staff views and review of care and housekeeping documentation.
- b) Where quality assurance identifies areas for improvement, leaders must take action and make any achievable improvements to service users' care and the environment at the time. This may include but is not limited to role-modelling, providing feedback, direction and guidance to individuals or groups of staff and reviewing service users' care plans.
- c) The quality assurance must be used to identify any further staff training or support that is necessary to ensure service users' health, safety and wellbeing needs are met.
- d) Action planning must be used to assist the service to plan, make and measure improvement. This must include putting in place reasonable timescales for completing and measuring the impact of improvement activities on service users' experiences and outcomes

**Requirement 6**

For people to be protected the provider must, by 31 July 2023, evidence:

- a) Effective audit of staff recruitment and induction to identify gaps in safer recruitment and induction procedures.
- b) Recruitment policies are in place and implemented thoroughly on every occasion.
- c) Induction is thorough and developed to meet the needs of people living in St. Margaret's and subsequent staff learning needs are identified and supported through their probationary period

**Requirement 7**

By 30 June 2023, the provider must promote the health, welfare and safety of those who use the service by ensuring that all personal plans, risk assessments and care plans:

- a) Accurately reflect the assessed current health and care needs of the person.
- b) Describe in detail the need and abilities of the person and the support required to meet those needs.
- c) Accurately reflect any identified risks to the person's health and includes an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks.
- d) Are always implemented; and
- e) Are reviewed every six months.

Follow up inspection 02.06.23 - **Requirement not met within timescale – requirement extended**

Follow up inspection 11.07.23 - **Requirement 2 met outwith timescale – outstanding requirement extended**

Follow up inspection 05.10.23 – **Requirements met outwith timescale**

Key:

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

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**REPORT TO:** PERFORMANCE AND AUDIT COMMITTEE – 25 SEPTEMBER 2025

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

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC30-2024

## **1.0 PURPOSE OF REPORT**

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

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the content of the report and the progress made in relation to the review of the Governance Action Plan.
- 2.2 Instruct the Chief Finance Officer to provide a full report on the progress against all actions within the revised Governance Action Plan no later than 20 November 2024.

## **3.0 FINANCIAL IMPLICATIONS**

3.1 None.

## **4.0 MAIN TEXT**

4.1 The Governance Action Plan was first presented and approved at the PAC meeting of the 25 March 2019 (Article VIII of the minute of the meeting refers) in response to a recommendation within Dundee Integration Joint Board's Annual Internal Audit Report 2017/18. This action plan enables the PAC to regularly monitor progress in implementing actions and understand the consequences of any non-achievement or slippage in strengthening its overall governance arrangements. The PAC remitted the Chief Finance Officer to present an update progress report to each PAC meeting.

4.2 In May 2023, PAC agreed that an exercise would be facilitated by Internal Audit to reprioritise outstanding recommendations to ensure completeness of actions with a view to developing separate reporting for Internal Audit Report recommendations, External Audit recommendations, external review recommendations, governance statement improvement actions and the PAC action tracker. This exercise was completed at the end of 2023, with work to upload the live actions to the Ideagen system (previously known as Pentana) now also complete. The Ideagen system will allow a clear link between the source of each action, progress made to date and further progress required.

4.3 Officers across the Partnership are now in the process of updating each of the actions uploaded to Ideagen; a full overview of progress across all actions on the Governance Action Plan will therefore be available for submission to PAC at the November 2024 meeting.

## **5.0 POLICY IMPLICATIONS**

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not

been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

## 6.0 RISK ASSESSMENT

Risk 1 Description	Lack of progress toward completion of actions within the Governance Action Plan may undermine the sustainability of governance arrangements and assurances within the IJB.
Risk Category	Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is an Moderate Risk Level)
Mitigating Actions (including timescales and resources )	<ul style="list-style-type: none"> <li>• All actions have now been uploaded to Ideagen system to support efficient and effective monitoring arrangements.</li> <li>• The process of updating the progress against each action currently being undertaken by officers across the Partnership.</li> <li>• Governance Action Plan updates will now be available from November 2024.</li> </ul>
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 moderate level of planned risk, this risk is deemed to be manageable.

## 7.0 CONSULTATIONS

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

## 8.0 BACKGROUND PAPERS

8.1 None.

Christine Jones  
Chief Finance Officer

DATE: 28 August 2024

Clare Lewis-Robertson  
Lead Officer, Strategic Planning and Business Support





**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 25 SEPTEMBER 2024

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

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC34-2024

## 1.0 PURPOSE OF REPORT

1.1 This paper provides the Performance and Audit Committee (PAC) with an update on progress on the 2023/24 Internal Audit Plan and non-discretionary aspects of the 2024/25 internal audit plan. This report also includes internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs are considered relevant for assurance purposes to Dundee IJB.

## 2.0 RECOMMENDATIONS

It is recommended that the PAC:

2.1 Notes the progress on the 2023/24 internal audit plan and initial work on the 2024/25 plan.

## 3.0 FINANCIAL IMPLICATIONS

3.1 None.


## 4.0 MAIN TEXT



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

4.2 The PAC approved the 2023/24 Internal Audit Plan at the September 2023 meeting and progress is set out in Appendix 1.

4.3 The draft 2024/25 Internal Audit Plan is presented to this Committee for approval as a separate agenda item. We have made an adjustment to the planning cycle and the 2024/25 Plan now includes the 2024/25 Annual Internal Audit Report, as well as other planned outputs. Internal audit work undertaken in 2024/25 is also set out in Appendix 1.

4.4 Working with our partners in Dundee City Council, we are committed to ensuring that internal audit assignments are reported to the target PAC. The progress of each audit has been risk assessed and a RAG rating added showing an assessment using the following definitions:

Risk Assessment		Definition
Green		On track or complete

Amber		<b>In progress with minor delay</b>
Red		<b>Not on track (reason to be provided)</b>

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

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

#### **NHS Tayside reports:**

<b>Report Description</b>	<b>Assurance</b>	<b>Key findings</b>
T06/25 - Annual Internal Audit report 2023/24	Reasonable	<p>The Chief Internal Auditor concluded that:</p> <ul style="list-style-type: none"> <li>The Board has adequate and effective internal controls in place.</li> <li>The 2023/24 Internal Audit Plan has been delivered in line with Public Sector Internal Audit Standards</li> </ul> <p>The following areas related to IJBs in Tayside were highlighted within the report:</p> <ul style="list-style-type: none"> <li>There have been a number of changes within the Non-Executive and Executive cohorts, including interim and acting appointments within NHS Tayside and the IJBs. A new Chief Executive has been appointed and is expected to take up post by the end of July 2024. Leadership capacity will require to be carefully managed over the coming period as the organisation works to deliver healthcare services and navigates the financial challenge alongside developing its new Strategy.</li> <li>IJB minutes and Briefings continue to be presented to the NHS Tayside Board, with the Chief Officer typically in attendance to provide briefings to the Board.</li> <li>As we reported in our 2023/24 ICE the significant financial challenge for NHS Tayside and its IJB partners, and the unprecedented 2024/25 financial challenges in the wider health and social care sector will require NHS Tayside and the IJBs to fully work together in partnership. Collaborative governance, a key feature of the Blueprint for Good Governance, requires a clear understanding of where responsibilities lie and requires trust and willingness from all parties to work together, with the right culture in place to support all those involved.</li> </ul>

		<ul style="list-style-type: none"> <li>• When health and social care systems come under pressure, there is a risk that collaborative governance is not achieved. Partners will need to work together to ensure that they deliver on the integration agenda and must ensure they are clear on their responsibilities in line with the Integration Schemes, and that they fulfil their roles accordingly in the true spirit of integration.</li> <li>• Reporting arrangements for the CGC were updated in line with the Integration Schemes and now include provision for 'feedback to each of the three IJBs on the outcome of discussion on their assurance report, confirming the level of assurance that was provided and highlighting any action required'. The Clinical Governance Committee Terms of Reference agreed for 2024/25 clarify that this will be the responsibility of the Lead Executives.</li> </ul> <p>The summary report was presented to the NHS Tayside Audit and Risk Committee in June 2024 and can be accessed at page 9 in the following link:  <a href="https://idcplg.scot.nhs.uk">idcplg (scot.nhs.uk)</a></p> <p>The full report, with management responses, was finalised in August 2024 and will be presented to the NHS Tayside Audit and Risk Committee on 12 September 2024.</p>
T10/23 – Public Health Governance	Limited assurance	<p>We concluded that whilst there is evidence to demonstrate that the Public Health Directorate and Committee have achieved much in recent years, there are significant and increasing expectations on public health as a key driver to support the delivery of sustainable health services, now and into the future. The report included recommendations to ensure that Public Health objectives are clearly articulated, there is clear visibility of the population health risk within the organisation, development of the public health performance framework and for the Public Health Committee's assurance reporting to mature. The management responses show work is already in progress in a number of these areas and provided details of plans going forward.</p> <p>The full report can be accessed on page 277 here:  <a href="https://idcplg.scot.nhs.uk">idcplg (scot.nhs.uk)</a></p>
T33/23 – Departmental Review: Property Dept – Facilities Directorate	Reasonable Assurance	<p>The key findings from the review are summarised:  <u>Property and Asset Management</u></p> <p>The Property and Asset Management Strategy (PAMS) does not reflect the current changed environment following the end of the pandemic, nor the materially different financial landscape. The recent shift to Whole System Planning is an opportunity for the Board to move on from previously intractable issues, to learn the lessons from the past and to ensure that the new approach is, from the very start, informed by senior clinical and service leads. Implementation of property and asset strategy is a complex area that needs to be service-led and the continued lack of engagement from senior clinical and service leads presents a risk to success.</p> <p>The process to prioritise projects could be improved through better clinical and service involvement. The Asset Management Group (AMG) is currently considering all Strategic Assessments and other proposals without a filtering mechanism to screen out any projects that are not viable, a role previously fulfilled by the</p>

		<p>Strategic Assessment Review Group, which itself had challenges in securing adequate and appropriate senior clinical and service level membership and engagement.</p> <p>In response to the report findings, the Director of Facilities is reviewing the current arrangements for the Service Planning Group and, in collaboration with Head of Corporate Governance, is to extend the group remit of the Asset Management Group. A key function of this group is the development and review of an annual workplan. This plan will include the principal objectives and deliverables related to asset management including financial outcomes.</p> <p>The Property and Finance teams will work together to update the SFIs, and the Capital Approvals Process and Business Case Guide will be reviewed to reflect the requirements of DL (2024)02. These will be assessed by the AMG and formally approved as part of Code of Corporate Governance updates to the Board and Audit and Risk Committee.</p> <p><u>Environmental Management</u></p> <p>NHS Tayside have put in place a framework of governance and reporting which should allow the Board to receive the required assurances on compliance with DL (2021) 38 - A Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development. Resourcing, in particular financial, is a key risk and it is recommended early work is undertaken to quantify the projected costs, and any potential savings in delivering the DL requirements.</p> <p>In response, management advised that given the scale of the task ahead due to the dispersed and complex infrastructure of the NHS Tayside estate, timeframe for delivery of net zero and recent announcements by the Scottish Government regarding changes to national target completion dates, we do not anticipate that fully costed compliance projections will be available before April 2026.</p>
T30/23 Interim report - Missing Clinical Psychology Case Records – Follow up review	N/A – review completed at request of Management	<p>This audit concluded on whether:</p> <ul style="list-style-type: none"> <li>• Actions taken to address the recommendations within internal audit report T29/22 - Missing Clinical Psychology Records have alleviated the identified control risks.</li> <li>• The Oversight Group is operating in line with its Terms of Reference, specifically ensuring that the recommendations from both the internal audit report and ICO report are addressed.</li> </ul> <p>The full report can be accessed on page 310 here:  <a href="https://idcplg.scot.nhs.uk">idcplg (scot.nhs.uk)</a></p>
T24/24 NHS Scotland National Payroll System – ePayroll updates	Substantial	<p>This audit substantively tested changes to national payroll masterfiles, specifically changes to pay scales, paybands and allowance/deduction codes amendments and considered whether amendments to the pay scale/band masterfile were as notified in the update letters and whether amendments processed had been authorised.</p> <p>Audit testing confirmed that all amendments to the pay scale/band masterfile were as notified in the update letters and all amendments processed had been appropriately authorised.</p>
T12/24 Compliance with Laws and Regulations	Limited Assurance	<p>Internal Audit provided limited assurance that the Board has received and actioned all circulars and directions received from Scottish Government. There is a risk that a direction or regulation could inadvertently be breached.</p>

		<p>Management have accepted all recommendations and a robust action plan is in place to drive improvement.</p> <p>The audit opinion reflects the following key issues:</p> <ul style="list-style-type: none"> <li>• The control spreadsheet containing details of Circulars received is incomplete, 15 out of 115 (13%) are missing when compared with the list of Circulars and other publications issued by NHS Scotland. A reconciliation between the two is not carried out.</li> <li>• Testing identified non-compliance with the NHS Tayside procedure 'Identification and Communication of Legislation, NHS Circulars, The procedure requires to be updated to reflect the controls in operation</li> <li>• The NHS Tayside procedure stipulates a quarterly follow-up process, but we found no evidence of any quarterly follow-up of responses, or follow-up with Managers who have not met the 28 days to return Status Forms.</li> </ul>
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**Dundee City Council reports:**

<p>Adaptations and Equipment for People with Disabilities</p>	<p>Limited Assurance</p>	<p>The Community Independent Living Service (CILS) together with Dundee H&amp;SCP management should examine options to ensure that electronic client records are consistently accessible to all staff, within the integrated teams, regardless of the pathway by which a particular client accesses the service. To support integration, prevent duplication, ensure client safety, provide consistency and efficient &amp; effective communication, this should include consideration of all CILS staff using Mosaic as their main system for recording client assessment information.</p> <p>The Community Occupational Therapy Team should put in place arrangements and secure adequate administrative support to collate management information sufficient to provide assurance that its processes are operating effectively and underpin the management of risk. This should include monitoring timescales for the completion of client visits and assessments and recording the completion and outcomes of case note audits.</p> <p>The Community Occupational Therapy Team Manager should explore whether automated reports could be provided by the Strategy and Performance team for statistics such as the actual time taken from receipt of the referral to the client being visited. Depending on the success of the automated reports, this could be considered for further development within the other teams working within the partnership.</p> <p>The funding arrangements for adaptations to the homes of people with disabilities should be reviewed with a view to simplifying the arrangements. The Council should consider whether any or some of the budgets can be pooled and thus made accessible via a single process, reducing duplication and the risk of differential treatment as a consequence of the interaction of the criteria and the budget from which funding is drawn. This should be done with reference to the "Guidance on the Provision of equipment and adaptations," published in January 2023 by the Scottish Government, but also considering Housing Revenue Account (HRA) funding requirements and rules.</p> <p>Consideration should be given to whether it would be appropriate for assistance currently categorised as adaptation to be provided as equipment. Potential implications for budgets, client needs, and</p>
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		<p>health and safety should be considered and addressed as part of considerations.</p> <p>The Private Sector Services Unit (PSSU) and the Community Occupational Therapy Team within the CILS should seek guidance from the Corporate Procurement Team on bringing their processes into compliance with procurement legislation and Council policies. This should include investigating making use of the National Framework for Property Maintenance and Refurbishment.</p> <p>In advance of the Corporate Procurement Manager developing a Contract Strategy for adaptations, the PSSU and the Community Occupational Therapy Team should carefully consider what is required in terms of adaptations contracts to ensure that an efficient, cost effective, flexible, and timely service can be provided.</p>
Procurement	Substantial Assurance	<p>Several areas of good practice were identified:</p> <p>Key Governance documents required by statutory guidance are in place, including a Procurement strategy and periodic reporting on progress against the objectives of the strategy and on procurement activity within the Council.</p> <p>Procurement processes, as they are applied in practice, are consistent with published good practice guidance, including procedures for evaluation and scoring of tenders.</p> <p>There is a process to capture, approve, and report on instances in which the Council makes use of exceptions to the procurement regulations permitted by the governing legislation.</p> <p>The following areas for improvement were identified:</p> <p>Development of comprehensive process documentation is underway, however at present procedural requirements are distributed across different documents and sources of guidance. Clearly documenting processes removes ambiguity and promotes consistency, reducing the Council's exposure to compliance risk.</p> <p>Once contracts are awarded, there is limited guidance or supporting policy to define responsibility for ongoing contract management and maintenance of supplier relationships. Establishing principles for determining when formal contract management is required, and a consistent approach across Services would help to ensure that the Council continues to receive best value throughout the life of awarded contracts.</p> <p>The level of authority required to instigate non-regulated procurements should be clarified. In practice the risk of unauthorised procurement is mitigated by purchasing controls, however including a check within the procurement process would further mitigate the risk.</p> <p>Record keeping and the maintenance of audit trails is complicated by the absence of a single repository for documentation which is required to demonstrate compliance with procurement regulations. Implementing a single location which holds all critical documentation in relation to each procurement exercise will reduce the risks presented by the possibility of challenge by unsuccessful tenderers.</p> <p>While adequate information is retained where approval is granted to waive procurement processes, the justification for their use could be more clearly recorded. While the process of recording approvals is robust, not all of the relevant information is captured in the register which is compiled to support scrutiny and reporting. Strengthening these record keeping processes reduces the risk of the Council being unable to demonstrate compliance, if called upon to do so.</p>

Service Design and Business Improvement	Substantial Assurance	<p>A number of areas of good practice were identified:</p> <p>Senior Management carried out a review of the previous phase of the Transformation Programme and incorporated its findings into the development of the current phase.</p> <p>A Governance Structure has been implemented in the form of the Transformation Board, and its work is underpinned by a framework of processes designed to provide assurance that projects comply with reasonable standards of project management.</p> <p>The selected project management approach includes clear requirements for proposal and approval of projects.</p> <p>The process for project proposal and approval includes a requirement for identification and consultation with stakeholders, including other Services where appropriate.</p> <p>The Council's approach to Change and Transformation is consistent with that of Peer Local Authorities.</p> <p>The following areas for improvement were identified:</p> <p>The Transformation Board has not clearly evaluated or addressed the need to upskill staff in transformation, improvement, and project management methodologies. While this is recognised in the initial proposals for the composition of the Transformation Programme, it is unclear whether proposed work to deliver training reached all required individuals.</p> <p>The content of the Transformation Programme is not well defined and does not proceed according to a clearly articulated plan. As a consequence, it is difficult to gain assurance that its objectives are being delivered. A delivery plan prepared with due cognisance of available resource would allow management to gain clearer insight into the extent to which the programme is on track.</p> <p>Projects do not explain in their initiation documentation how the benefits that form the basis of their business case have been estimated or can be subsequently measured to confirm that the project has achieved its objectives. Robust reporting of the realisation of project benefits can only be accomplished where measurable benefits are clearly articulated at the outset of projects.</p> <p>The adopted approach to service redesign is narrow in scope relative to other Councils, as it relies on reviews of specific business processes or functions being proposed and approved individually, as opposed to the implementation of a broader programme of service design reviews.</p>
Community Justice Liaison with COPFS and the Courts	Substantial Assurance	<p>A number of areas of good practice were identified:</p> <p>Administration Processes for the receipt and triage of Orders and requests from the Courts are generally robust and provide assurance that the service proactively identifies expected incoming requests.</p> <p>The Service derives assurance over the level of qualification and continuing professional development of staff from professional registration requirements, which can be verified with reference to the Scottish Social Services Council.</p> <p>There is a clear delineation of responsibility where an individual's case management plan involves a partner organisation, ensuring that there is always a specified individual responsible for overseeing the implementation of a case management plan.</p>

		<p>The Community Justice Outcome Improvement Plan reflects the key requirements established in national guidance and defines a clear governance structure.</p> <p>The plan includes performance indicators and actions which are designed to support statutory reporting requirements and performance management of the Service.</p> <p>The following areas for improvement were identified:</p> <p>Process documentation has been prepared to support training of administrative staff which, if formalised, would help to ensure consistency of working practice and enhance the resilience of the Service.</p> <p>Processes for monitoring the outcomes of Court appearances work well, however there is scope for ambiguity in record keeping. Our testing found that in certain circumstances records could be unclear if a Court appearance does not take place as originally diarised.</p> <p>Management information related to workloads is used to inform decisions on allocating reports and Orders. This is enhanced by the operation of monitoring and supervisory processes. However, there is potentially scope to free up management time if key information could be reported automatically as opposed to manually compiled.</p> <p>Tracing report preparation from requests through to their return to the Court found no significant issues, although we observed some instances in which “Nil reports” were returned to the Court without clear approval in instances where individuals could not be contacted, and reports could not be prepared. The Service plans to review its internal guidance following the Scottish Government's update of the National Outcomes and Standards. As part of its review, the Service should clarify the circumstances in which approval is required before reports are returned to the Court.</p> <p>A structured quarterly process for case review and quality assurance has been established, but capacity issues meant one report could not be completed and tracking issues and trends over time will also provide a more robust basis for continuous improvement.</p> <p>Reporting arrangements outlined in the current Community Justice Outcome Improvement Plan had not yet operated in practice at time of review. The Plan was approved in November of 2023, and commits the service to quarterly reporting. Implementing the planned reporting arrangements will enhance scrutiny and accountability.</p>
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**Other Tayside IJB reports:**

No applicable reports currently.

**5.0 POLICY IMPLICATIONS**

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

**6.0 RISK ASSESSMENT**

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



**7.0 CONSULTATIONS**

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




**8.0 BACKGROUND PAPERS**





8.1 None.


Christine Jones  
Chief Finance Officer

**Date:** 30/08/2024

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Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
<b>2023/24</b>								
D01-24	Audit Planning	Audit Risk Assessment & Operational Planning.	Complete 	✓	✓	✓	✓	N/A
D02-24	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at PAC.	Ongoing/ May 2024 	✓	✓	✓	✓	N/A
D03-24	Annual Internal Audit Report (2022/23)	CIA annual assurance statement to the IJB and fieldwork to support this.	June 2023 (IJB) 	✓	✓	✓	✓	N/A
D04-24	Governance & Assurance	All actions have now been added to the Ideagen performance management system following completion of the mapping exercise by Internal Audit. Officers across the Partnership are now in the process of updating each of the actions uploaded to Ideagen; a full overview of progress across all actions on the Governance Action Plan	September 2023 May 2024 <del>September 2024</del> November 2024	✓	✓	✓		

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work Progress in	Draft Report	Completed	Grade
		will therefore be available for submission to PAC at the November 2024 meeting.						
D05-24	Internal Control Evaluation	Holistic assessment of the internal control environment in preparation for production of 2023/24 Annual Internal Audit Report. Follow-up of previous agreed governance actions including Internal Audit recommendations. Incorporated into the Annual Internal Audit report 2023/24 and reported to the June 2024 IJB meeting	Dundee IJB meeting June 2024 	✓	✓	✓	✓	N/A
D06-24	Workforce	Related risk: Staff Resource Scope: coherent, co-ordinated, adequate and effective approach to managing significant workforce risks. Strategic & operational responses across the totality of the workforce, including contracted services and 3rd sector. IJB officers reviewed the description and mitigations for the relevant risk. The scope has now been agreed with the Acting Chief Officer and audit fieldwork is ongoing.	February 2024 <del>September 2024</del> November 2024 	✓	✓			
<b>2024/25</b>								
D01-25	Audit Planning	Audit Risk Assessment & Operational Planning.	Complete 	✓	✓	✓	✓	N/A

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
			See separate agenda item					
<b>D02-25</b>	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at PAC.	Ongoing/ May 2025 	✓	✓			

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**REPORT TO:** PERFORMANCE AND AUDIT COMMITTEE – 25 SEPTEMBER 2024

**REPORT ON:** INTERNAL AUDIT PLAN 2024/25

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC35-2024

## **1.0 PURPOSE OF REPORT**

1.1 The purpose of this paper is to seek approval of the 2024/25 Annual Internal Audit Plan for Dundee City Integration Joint Board (IJB) and the revised and updated Internal Audit Charter, and to agree the appointment of the Chief Internal Auditor for the financial year.

## **2.0 RECOMMENDATIONS**

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

- Agree the continuation of Fife, Tayside and Forth Valley Audit Internal Audit (FTF) as the IJB's lead internal auditors and therefore continuing the role of Chief Internal Auditor for 2024/25.
- Approve the 2024/25 Annual Internal Audit Plan as set out in Appendix 1.
- Approve the revised and updated Internal Audit Charter set out in Appendix 2

## **3.0 FINANCIAL IMPLICATIONS**

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

## **4.0 MAIN TEXT**

4.1 As stated in the Integrated Resources Advisory Group (IRAG) guidance, it is the responsibility of the IJB to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This includes determining who will provide the internal audit service for the IJB and nominating a Chief Internal Auditor (CIA). Following a meeting of Dundee IJB in May 2016, FTF were appointed as the IJB's Internal Audit Service. Both Dundee City Council Internal Audit Service and FTF provide resources under the terms of the joint working arrangements already in place. The CIA role will continue to be provided by FTF in 2024/25.

4.2 Resources to deliver the 40 days available for the 2024/25 plan will be provided by the NHS Tayside and Dundee City Council Internal Audit Services and have been included in the draft 2024/25 Internal Audit Plan for NHS Tayside and the approved 2024/25 Internal Audit Plan for Dundee City Council.

4.3 At its meeting in September 2020, the Performance and Audit Committee agreed that future changes to the Internal Audit Charter would be approved as part of the IJB's Annual Internal Audit Plan. The Charter is attached at Appendix 1 with some minor updates.

4.4 Public Sector Internal Audit Standards set out the need to establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation's goals.

The audit plan is designed to provide the CIA with sufficient evidence to form an opinion on the adequacy and effectiveness of internal controls. It therefore includes the delivery of standard products required each year, and is further based on professional judgement of audit need based on the IJB's risk environment. In addition, account is taken of assurance which can be provided to the IJB based on work performed under the Internal Audit plans of both parties. The Internal Audit Plan describes how the available resources will be utilised during the year. The plan is predicated on the basis that operational controls over services are maintained and assured through the partners. An Internal Audit Joint Working Protocol and a Protocol for sharing Internal Audit Outputs are in place.

- 4.5 Internal Audit have reviewed the extant strategic risks of the organisation, several of which have been the subject of previous audit coverage. Discussions between management and Internal Audit have taken place to ensure the substantive audit assignments in 2024/25 add maximum value.
- 4.6 It is proposed that in 2024/25, the Internal Control Evaluation (ICE) work will be undertaken in early 2025 with management advised of key findings by April 2025. This approach will minimise demands on officers time at year end with the outcome of the ICE fieldwork being incorporated into the Annual Internal Audit Report 2024/25.
- 4.7 The scope of the ICE will be a holistic overview of governance within Dundee IJB to provide assurance that there is a sound system of internal control that supports the achievement of the IJB's objectives. Completion of this work will allow detailed consideration of the control environment and will provide early warning of any significant issues that may affect the Governance Statement, allowing management to take any required remedial action before year-end. It also means that year end work to produce the Annual Internal Audit Report providing the CIA's opinion will be more efficient, building on the detailed ICE work and reducing demands on management time during the annual accounts process. Annual Report work will focus on year-end assurances and confirmation that previously agreed actions have been implemented.
- 4.8 Together, the ICE audit work and the Annual Internal Audit Report 2024/25 will provide assurance on the overall systems of internal control, incorporating the findings of any full review undertaken during the year. The allocation of days for completing the Annual Internal Audit Report was traditionally included in the plan for the following year.
- 4.9 This year, we have made an adjustment to the planning cycle and the 2024/25 Annual Internal Audit Report is now included in the current year plan. The allocated days for the ICE and Annual Report 2024/25 reflect our assessment of the resources required to provide robust, comprehensive annual assurance, based on our previous experience. Historically 10 days were allocated for the provision of annual assurance, however as the IJB governance arrangements have matured, it has become increasingly challenging to complete the required work within the allocated days. Therefore, for 2024/25 a more realistic total of 18 days has been allocated for ICE and Annual Report work, and as a result one discretionary audit has been included in the plan.
- 4.10 A discretionary audit of 'Lead Partner Services' is included in the proposed Annual Plan, with fieldwork to be carried out by the Dundee Council Internal Audit team. The scope of this audit is under discussion with Angus and Perth & Kinross IJB and Internal Audit colleagues, with a view to potentially producing a Tayside wide report. The indicative budget for this audit is based on the audit judgement of the CIA (Corporate Finance), as discussed with the FTF internal audit team.

## **5.0 POLICY IMPLICATIONS**

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



**6.0 RISK ASSESSMENT**

6.1 The internal audit planning process which produced this proposed Annual Internal Audit Plan takes into account the strategic risk profile of the organisation. Individual internal audit assignments identify the key risks at the planning stage and our work is designed to evaluate whether appropriate systems are in place and operating effectively to mitigate the risks identified. Legislative requirements are a core consideration in planning all internal audit reviews.

The allocation of days within the proposed 2024/25 annual plan has been allocated in order to mitigate the risk that the Chief Internal Auditor's annual audit opinion is not based on appropriate and sufficient audit evidence.

**7.0 CONSULTATIONS**

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

**8.0 BACKGROUND PAPERS**

8.1 None.

Christine Jones  
Acting Chief Finance Officer

DATE: 30<sup>th</sup> August 2024

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The proposed 2024/25 Annual Internal Audit Plan is set out below:

<b>Ref</b>	<b>Audit</b>	<b>Indicative Scope</b>	<b>Days</b>	<b>Target Audit Committee</b>
<b>D01-25</b>	Audit Planning	Audit Risk Assessment & Operational Planning.	2 (NHS auditors)	September 2024
<b>D02-25</b>	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at Audit Committee.	6 (5 NHS, 1 Council auditors)	Ongoing
<b>D03-25</b>	Internal Control Evaluation (reported in March)	Holistic assessment of the internal control environment in preparation for production of 2024/25 Annual Report. Follow-up of previous agreed governance actions including Internal Audit recommendations.	13 (8 NHS, 5 Council auditors)	May 2025
<b>D04-25</b>	Annual Report 2024/25 (reported in July)	CIA annual assurance statement to the IJB and fieldwork to support this.	5 (NHS auditors)	September 2025 (IJB meeting June 2025)
<b>D05-25</b>	Lead Partner services	Lead Partner Governance and Assurance arrangements Scope to review status of information sharing related to finance / financial outlook / risks / clinical & care governance / activity and strategic planning. (Scope to be finalised)	14 (Council auditors)	May 2025
<b>Total</b>			<b>40</b>	

**Dundee IJB Internal Audit Charter**

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## **Introduction**

Public Sector Internal Audit Standards (PSIAS) require each organisation to agree an Audit Charter which is annually updated following approval by the Board, in this case through the Performance & Audit Committee of Dundee IJB. This Charter is complementary to the relevant provisions included in the organisation's own Standing Orders (SOs) and Standing Financial Instructions (SFIs), which include provision for the delivery of audit services to Dundee IJB.

The terms 'Board' and 'senior management' are required to be defined under the Standards and therefore have the following meaning in this Charter:

- Board means the Integration Joint Board (IJB) with responsibility to direct and oversee the activities and management of the organisation. The Board has delegated authority to the Audit Committee in terms of providing a reporting interface with internal audit activity; and
- Senior Management means the Chief Officer as being the designated Accountable Officer for Dundee IJB. The Chief Officer has made arrangements within this Charter for an operational interface with internal audit activity through the Chief Finance Officer;

In addition, for clarity, the following definitions are explained:

- FTF Internal Audit (FTF) are the Internal Auditors for NHS Tayside and, following a meeting of Dundee IJB in May 2016, were appointed as Dundee IJB's Internal Audit Service, with the current Chief Internal Auditor (CIA) for NHS Tayside also fulfilling this role for Dundee IJB. Both FTF and Dundee City Council Internal Audit commit resources to support Dundee IJB's internal audit requirements and allow delivery of the internal audit function.
- Accountable Officer means the Chief Officer;
- Partner bodies means Dundee City Council and NHS Tayside.

## **Purpose and responsibility**

Within the organisation, responsibility for internal control rests fully with management to ensure that appropriate and adequate arrangements are established. *"Internal audit is an independent, objective assurance and consulting function designed to add value and improve the operations of NHS Tayside. Internal audit helps the organisation accomplish its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of governance, risk management and control processes." Its mission is to enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.* (See Annex 1 for FTF Mission Statement).

Internal Audit is responsible for providing an independent and objective assurance opinion to the Accountable Officer, the Board and the Performance & Audit Committee on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. In addition, internal audit's findings and recommendations are beneficial to management in securing improvement in the audited areas.

The Shared Services Agreement and associated Service Specification between FTF and NHS Tayside set out their specific responsibilities as Internal Auditors to NHS Tayside and by extension, to Dundee IJB.

## **Authority and Accountability**

Internal Audit derives its authority from the Integration Joint Board, the Accountable Officer and Audit Committee. These authorities are established in Standing Orders and Standing Financial Instructions adopted by the Board.

The CIA leads the internal audit activity and assigns a named contact to Dundee IJB. For line management (e.g. individual performance) and professional quality purposes (e.g. compliance with the PSIAS), the Regional Audit Manager reports to the CIA. A Reporting protocol has been agreed between Dundee City Council and NHS Tayside internal audit services to ensure work is performed to the required standards.

The CIA reports on a functional basis to the Accountable Officer and to the Performance & Audit Committee on behalf of the Board. Accordingly the CIA has a direct right of access to the Accountable Officer, the Chair of the Performance & Audit Committee and the Chair of the IJB if deemed necessary.

The Performance & Audit Committee approves all Internal Audit Plans and may review any aspect of its work.

To facilitate its assessment of governance within the organisation, Internal Audit is granted access to attend meetings of the IJB and any committee, sub-committee or group of the Board charged with aspects of governance. This includes access to the minutes and papers of open and closed meeting sessions.

### **Scope**

Internal Audit evaluates the adequacy and effectiveness of the organisation's governance, risk management arrangements, systems of internal control, and the quality of performance. It includes but is not limited to:

- Reviewing the reliability and integrity of financial and operating information and the means used to identify measure, classify, and report such information;
- Reviewing the systems established to ensure compliance with those policies, plans, procedures, laws, and regulations;
- Reviewing assurances received on internal controls operating through partner bodies;
- Reviewing and appraising the economy and efficiency with which resources are employed, this may include benchmarking and sharing of best practice;
- Reviewing assurances received that directions are consistent with the organisation's objectives and goals are being carried out as planned;
- Reviewing specific operations at the request of the Performance & Audit Committee or management;
- Monitoring and evaluating the effectiveness of the organisation's risk management arrangements and the overall system of assurance (see below);
- Ensuring effective co-ordination, as appropriate, with external auditors; and
- Reviewing the Annual Governance Statement prepared by senior management.

Internal Audit will devote particular attention to any aspects of the risk management, internal control and governance arrangements affected by material changes to the organisation's risk environment.

If the CIA or the Performance & Audit Committee consider that the level of audit resources or the Charter in any way limit the scope of internal audit or prejudice the ability of internal audit to deliver a services consistent with the definition of internal auditing, they will advise the Accountable Officer and Board accordingly.

## **Risk Management**

Internal Audit will liaise with both the Performance & Audit Committee and senior management as part of our annual internal audit planning process to discuss the alignment of audit priorities to strategic and emerging risks. This will include the strategic risks not being audited in-year to enable a discussion about coverage and the level of audit resource.

Periodically, a detailed review of risk management arrangements will be undertaken by internal audit as well as an annual high level review as part of the governance assessment to inform the Annual Internal Audit report and specifically the CIA's opinion on the adequacy and effectiveness of internal control.

## **Irregularities, Fraud & Corruption**

It is the responsibility of management to maintain systems that ensure the organisation's resources are utilised in the manner and on activities intended. This includes the responsibility for the prevention and detection of fraud and other illegal acts.

Internal Audit shall not be relied upon to detect fraud or other irregularities. However, Internal Audit will give due regard to the possibility of fraud and other irregularities in work undertaken. Additionally, Internal Audit shall seek to identify weaknesses in control that could permit fraud or irregularity.

If Internal Audit discovers suspicion or evidence of fraud or irregularity, this will immediately be reported to the organisation's Fraud Liaison Officer/ Fraud Officer in accordance with the relevant partner's Fraud policy/Plan.

## **Independence and Objectivity**

Audit independence as described in the PSIAS is the freedom from conditions that threaten the ability of the internal audit activity to carry out internal audit responsibilities in an unbiased manner. To achieve the degree of independence necessary to effectively carry out the responsibilities of the internal audit activity, the CIA will have direct and unrestricted access to the Board and Senior Management, in particular the Chair of the Performance & Audit Committee and the Accountable Officer.

Organisational independence is effectively achieved when the auditor reports functionally to the Audit Committee on behalf of the Board. Such functional reporting includes the Performance & Audit Committee:

- approving the internal audit charter;
- approving the risk based internal audit plan;
- receiving outcomes of all internal audit work together with the assurance rating; and
- reviewing internal audit activity's performance relative to its plan.

Whilst maintaining effective liaison and communication with the organisation, as provided in this Charter, all internal audit activities shall remain free of untoward influence by any element in the organisation, including matters of audit selection, scope, procedures, frequency, timing, or report content to permit maintenance of an independent and objective attitude necessary in rendering reports.

Internal Auditors shall have no executive or direct operational responsibility or authority over any of the activities they review. Accordingly, they shall not develop nor install systems or procedures, prepare records, or engage in any other activity which would normally be subject to Internal Audit.

This Charter makes appropriate arrangements to secure the objectivity and independence of internal audit as required under the standards. The Specification for Internal Audit Services between FTF and NHS Tayside sets out the operational independence of FTF as internal

auditors. In particular it states '*FTF may be called upon to provide advice on controls and related matters, subject to the need to maintain objectivity and to consider resource constraints. Normally FTF will have no executive role nor will it have any responsibility for the development, implementation or operation of systems. Any internal audit input to systems development work will be undertaken as specific assignments. To preserve independence and objectivity, any such involvement in systems development activities will be restricted to the provision of advice and supporting management to ensure key areas in respect of control are addressed.*'

FTF have controls in place to ensure compliance with the relevant aspects of the PSIAS and the wider requirement to conform with NHSScotland standards of conduct regulations.

Similarly, Dundee City Council Internal Audit has a Charter in place which sets out how to maintain the internal auditors' independence and objectivity.

### **Appointment of CIA and Internal Audit Staff, Professionalism, Skills & Experience**

Under the Service Specification for FTF, NHS Fife, as the host body, is responsible for appointing a CIA who is a member of a CCAB Institute or CMIIA with experience equivalent to at least five years post-qualification experience and at least three years of audit.

The Specification also sets out the required qualified skill-mix as well as specifying the responsibility of FTF to ensure staff are suitably trained with appropriate skills with a formal requirement for preparation and maintenance of Personal Development Plans and where relevant, fulfilling professional CPD requirements. These provisions apply to the totality of the service provided to NHS Tayside and are also applicable to Dundee IJB, although not specifically measured for them.

### **Relationships**

The CIA will liaise with the Chief Finance Officer who has been nominated by the Accountable Officer as executive lead for internal audit.

Internal Audit teams will work closely with each other as well as IJB Management in planning its work programme. Co-operative relationships between the audit teams and with management enhance the ability of internal audit to achieve its objectives effectively. Audit work will be planned in conjunction with partner auditors as well as management, particularly in respect of the timing of audit work.

Internal Audit will meet regularly with the external auditor to consult on audit plans, discuss matters of mutual interest, discuss common understanding of audit techniques, method and terminology, and to seek opportunities for co-operation in the conduct of audit work.

Internal Audit strives to add value to the organisation's processes and help improve its systems and services. To support this Internal Audit will obtain an understanding of the organisation and its activities, encourage two way communications between internal audit and operational staff, discuss the audit approach and seek feedback on work undertaken.

Subject to the availability of resources, FTF and its staff shall co-operate and respond to reasonable requests or give support in situations, whether or not they are detailed in the specification.

### **Standards, Ethics, and Performance**

Internal Audit must comply with the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics, the Standards, and the Institute of Internal Auditors' Definition of Internal Auditing.

Internal Audit will report progress against the annual internal audit plan to each meeting of the Performance & Audit Committee.



## **Reporting arrangements**

Arrangements for reporting individual assignments are contained within the Audit Joint Working Protocol approved through the Tayside Chief Internal Auditor Group as well as the Output Sharing Protocol approved by the Performance & Audit Committee.

Internal Audit will produce an Annual Internal Audit Report each audit year in time to provide the assurance required in considering the Board's Annual Accounts.

The Annual Audit Report should contain:

- *An opinion on whether:*
  - ✧ *Based on the work undertaken, there were adequate and effective internal controls in place throughout the year;*
  - ✧ *The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role;*
  - ✧ *The Internal Audit Plan has been delivered in line with PSIAS.*
- *Analysis of any changes in control requirements during the year, and*
- *Comment on the key elements of the control environment.*

## **Assurances provided to parties outside the organisation;**

Internal Audit will not provide assurance on activities undertaken by Dundee IJB to outside parties without specific instruction from Dundee IJB or as per the approved output sharing protocol.

## **Approach**

To ensure delivery of its scope and objectives in accordance with the Charter, the lead Internal Audit team has arrangements in place for annual and strategic planning, individual audit assignment planning and reporting. Fieldwork allocated to either or both Internal Audit teams will be conducted in accordance with the normal audit approach adopted by that team, including appropriate quality assurance processes.

## **Access and Confidentiality**

Internal Audit shall have the authority to access all the organisation's information, documents, records, assets, personnel and premises that it considers necessary to fulfil its role. This shall extend to the resources of the third parties that provide services on behalf of the organisation.

All information obtained during the course of an audit review will be regarded as strictly confidential to the organisation and shall not be divulged to any third party without the prior permission of the Accountable Officer. S6.6 of the SSA sets out those circumstances in which reports and working papers will be shared with the statutory External Auditors and the application of the Freedom of Information (Scotland) Act 2002.

## **Quality Assurance**

The CIA has established a quality assurance programme designed to give assurance through internal and external review that the work of Internal Audit is compliant with the PSIAS and to achieve its objectives. A commentary on compliance against PSIAS will be provided in the Annual Internal Audit Report.

**Resolving Concerns**

The CIA will be responsible for managing the delivery of the internal audit service. The CIA will be available to meet with the Chief Finance Officer as required to discuss the service and any issues arising. If the matter is not resolved to the satisfaction of the Client, the matter shall be presented to the next available meeting of the Audit Committee.

**Review of the Internal Audit Charter**

This Internal Audit Charter shall be reviewed annually and approved by the Performance & Audit Committee.

**Date: September 2024**

**Date of next review: September 2025**

## **Annex 1 FTF Mission Statement**

### **Mission and values**

The purpose of the internal audit function has been defined within the Public Sector Internal Audit Standards (PSIAS). FTF, following discussion with internal audit staff and the Partnership Board has developed a mission and vision statement which incorporates this definition as well as additional elements reflecting our way of delivering the audit function as follows:

#### **WORKING TOGETHER TO PROVIDE ASSURANCE AND ADD VALUE**

We achieve this by following the Public Sector Internal Audit Standards:

*“Internal Audit is an independent, objective **assurance** and consulting activity designed to **add value** and **improve** an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes”.*

We work with our clients to provide an excellent service by understanding their values, their objectives and risks and the environment in which they operate. We value and listen to our staff and ensure that they have the skills and knowledge they require to help us to succeed, continuously assessing and improving the service we provide.

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**PERFORMANCE AND AUDIT COMMITTEE – ATTENDANCES - JANUARY 2024 TO DECEMBER 2024**

<b>COMMITTEE MEMBERS - (* - DENOTES VOTING MEMBER – APPOINTED FROM INTEGRATION JOINT BOARD)</b>					
<u>Organisation</u>	<u>Member</u>	<u>Meeting Dates 2023</u>			
		31/01	22/5	25/9	20/11
Dundee City Council (Elected Member)	Ken Lynn **	A/S	✓		
Dundee City Council (Elected Member)	Dorothy McHugh *	✓	✓		
NHS Tayside (Non Executive Member)	Beth Hamilton		✓		
NHS Tayside (Non Executive Member)	David Cheape		✓		
NHS Tayside (Non Executive Member)	Sam Riddell *	✓			
NHS Tayside (Non Executive Member)	Donald McPherson*	✓			
Chief Officer	Vicky Irons	A	A		
Chief Finance Officer/Acting Chief Officer	Dave Berry	✓	✓		
Acting Chief Finance Officer	Christine Jones		✓		
NHS Tayside (Registered Medical Practitioner – not providing primary medical services)	Sanjay Pillai		✓		
NHS Tayside (Registered Medical Practitioner – not providing primary medical services)	James Cotton	A			
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓			
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	A	A		
Carers' Representative	Martyn Sloan	✓	✓		
Chief Internal Auditor ***	Jocelyn Lyall	✓	✓		

✓ Attended

A Submitted apologies

A/S Submitted apologies and was substituted

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

\* Denotes Voting Members

\*\* Denotes Office Bearer. Periods of appointment are on fixed terms in accordance with legislation.

\*\*\* 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).

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